

The Invisible Disease

Depression

Depression is a serious medical condition. In contrast to the normal emotional experiences of sadness, loss, or passing mood states, clinical depression is persistent and can interfere significantly with an individual's ability to function. There are three main types of depressive disorders: major depressive disorder, dysthymic disorder, and bipolar disorder (manic-depressive illness).

Symptoms and Types of Depression

Symptoms of depression include sad mood, loss of interest or pleasure in activities that were once enjoyed, change in appetite or weight, difficulty sleeping or oversleeping, physical slowing or agitation, energy loss, feelings of worthlessness or inappropriate guilt, difficulty thinking or concentrating, and recurrent thoughts of death or suicide. A diagnosis of *major depressive disorder* is made if a person has 5 or more of these symptoms and impairment in usual functioning nearly every day during the same two-week period. Major depression often begins between ages 15 to 30 but also can appear in children.¹ Episodes typically recur.

Some people have a chronic but less severe form of depression, called *dysthymic disorder*, which is diagnosed

when depressed mood persists for at least 2 years (1 year in children) and is accompanied by at least 2 other symptoms of depression. Many people with dysthymia develop major depressive episodes.

Episodes of depression also occur in people with *bipolar disorder*. In this disorder, depression alternates with mania, which is characterized by abnormally and persistently elevated mood or irritability and symptoms including overly inflated self-esteem, decreased need for sleep, increased talkativeness, racing thoughts,

distractibility, physical agitation, and excessive risk taking. Because bipolar disorder requires different treatment than major depressive disorder or dysthymia, obtaining an accurate diagnosis is extremely important.

Facts About Depression

- Major depression is the leading cause of disability in the U.S. and worldwide.²
- Depressive disorders affect an estimated 9.5 percent of Americans ages 18 and over in a given year,³ or about 18.8 million people in 1998.⁴
- Nearly twice as many women



(12 percent) as men (7 percent) are affected by a depressive disorder each year.³

Depression can be devastating to family relationships, friendships, and the ability to work or go to school. Many people still believe that the emotional symptoms caused by depression are "not real," and that a person should be able to shake off the symptoms.

Because of these inaccurate beliefs, people with depression either may not recognize that they have a treatable disorder or may be discouraged from seeking or staying on treatment due to feelings of shame and stigma. Too often, untreated or inadequately treated depression is associated with suicide.⁵

Treatments

Antidepressant medications are widely used, effective treatments for depression.⁶ Existing antidepressants influence the functioning of certain chemicals in the brain called neurotransmitters. The newer medications, such as the selective serotonin reuptake inhibitors (SSRIs), tend to have fewer side effects than the older drugs, which include tricyclic antidepressants (TCAs) and monoamine oxidase inhibitors (MAOIs). Although both generations of medications are effective in relieving depression, some people will respond to one type of drug, but not another. Other types of antidepressants are now in development.

Certain types of psychotherapy, specifically cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT), have been found helpful for depression. Research indicates that mild to moderate depression often can be treated successfully with either therapy alone;

however, severe depression appears more likely to respond to a combination of psychotherapy and medication.⁷ More than 80 percent of people with depressive disorders improve when they receive appropriate treatment.⁸

In situations where medication, psychotherapy, and the combination of these interventions prove ineffective, or work too slowly to relieve severe symptoms such as psychosis (e.g., hallucinations, delusional thinking) or suicidality, electroconvulsive therapy (ECT) may be considered. ECT is a highly effective treatment for severe depressive episodes. The possibility of long-lasting memory problems, although a concern in the past, has been significantly reduced with modern ECT techniques. However, the potential benefits and risks of ECT, and of available alternative interventions, should be carefully reviewed and discussed with individuals considering this treatment and, where appropriate, with family or friends.⁹

One herbal supplement, *hypericum* or St. John's wort, has been promoted as having antidepressant properties. However, results from the first large-scale, controlled study of St. John's wort for major depression, which was funded in part by NIMH, revealed that the herb was no more effective than placebo for treating major depression of moderate severity.¹⁰ More research is needed to confirm the role of St. John's wort in managing less severe forms of depression.

Note: There is evidence that St. John's wort can reduce the effectiveness of certain medications. Use of any herbal or natural supplements should always be discussed with your doctor before they are tried.

Research Findings

- Brain imaging research is revealing that in depression, neural circuits responsible for moods, thinking, sleep, appetite, and behavior fail to function properly, and that the regulation of critical neurotransmitters is impaired.¹¹
- Genetics research, including studies of twins, indicates that genes play a role in depression. Vulnerability to depression appears to result from the influence of multiple genes acting together with environmental factors.¹²
- Other research has shown that stressful life events, particularly in the form of loss such as the death of a close family member, may trigger major depression in susceptible individuals.¹³
- The hypothalamic-pituitary-adrenal (HPA) axis, the hormonal system that regulates the body's response to stress, is overactive in many people with depression. Research findings suggest that persistent overactivation of this system may lay the groundwork for depression.¹⁴
- Studies of brain chemistry, mechanisms of action of antidepressant medications, and the cognitive distortions and disturbed interpersonal relationships commonly associated with depression, continue to inform the development of new and better treatments.

Clinical Trials

NIMH conducts and supports a range of clinical trials—research studies that involve patients—on depressive disorders in both adults and children. Trials may test methods for diagnosis, treatment, risk assessment/prediction, or prevention of depressive disorders and are conducted with well-crafted safeguards to protect participants. For more information about ongoing trials, visit the Clinical Trials: Mood Disorders page of the NIMH Web site.

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References

- ¹Birmaher B, Ryan ND, Williamson DE, et al. Childhood and adolescent depression: a review of the past 10 years. Part I. *Journal of the American Academy of Child and Adolescent Psychiatry*, 1996; 35(11): 1427-39.
- ²World Health Organization. *The World Health Report 2001—Mental Health: New Understanding, New Hope*. Geneva, World Health Organization, 2001.
- ³Regier DA, Narrow WE, Rae DS, et al. The de facto mental and addictive disorders service system. Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services. *Archives of General Psychiatry*, 1993; 50(2): 85-94.
- ⁴Narrow WE. One-year prevalence of depressive disorders among adults 18 and over in the U.S.: NIMH ECA prospective data. Population estimates based on U.S. Census estimated residential population age 18 and over on July 1, 1998. Personal communication.
- ⁵Conwell Y, Brent D. Suicide and aging I: patterns of psychiatric diagnosis. *International Psychogeriatrics*, 1995; 7(2): 149-64.
- ⁶Mulrow CD, Williams JW Jr., Trivedi M, et al. Evidence report on treatment of depression—newer pharmacotherapies. *Psychopharmacology Bulletin*, 1998; 34(4): 409-795.
- ⁷Hyman SE, Rudorfer MV. Depressive and bipolar mood disorders. In: Dale DC, Federman DD, eds. *Scientific American@ Medicine. Volume 3*. New York: Healtheon/WebMD Corp., 2000, Sect. 13, Subsect. II, p. 1.
- ⁸National Advisory Mental Health Council. Health care reform for Americans with severe mental illnesses. *American Journal of Psychiatry*, 1993; 150(10): 1447-65.
- ⁹U.S. Department of Health and Human Services. *Mental health: a report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.
- ¹⁰Hypericum Depression Trial Study Group. Effect of Hypericum perforatum (St. John's wort) in major depressive disorder: a randomized, controlled trial. *Journal of the American Medical Association*, 2002; 287(14): 1807-14.
- ¹¹Soares JC, Mann JJ. The functional neuroanatomy of mood disorders. *Journal of Psychiatric Research*, 1997; 31(4): 393-432.
- ¹²NIMH Genetics Workgroup. *Genetics and mental disorders*. NIH Publication No. 98-4268. Rockville, MD: National Institute of Mental Health, 1998.
- ¹³Mazure CM, Bruce ML, Maciejewski PW, et al. Adverse life events and cognitive-personality characteristics in the prediction of major depression and antidepressant response. *American Journal of Psychiatry*, 2000; 157(6): 896-903.
- ¹⁴Arborelius L, Owens MJ, Plotsky PM, et al. The role of corticotropin-releasing factor in depression and anxiety disorders. *Journal of Endocrinology*, 1999; 160(1): 1-12.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH • NATIONAL INSTITUTE OF MENTAL HEALTH

NIH Publication No. 01-4591
Printed January 2001;
Updated August 2003

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National Institute
of Mental Health