The Natural History of Depression

- Likelihood that a person will develop depression or dysthymia in his/her lifetime 6.1
- Likelihood that a person will suffer some depressive symptoms in his/her lifetime 23.1
- Average age of first/onset of major depression 18-29
- Average duration of depressive episodes 20 weeks
- Percent of patients who recover within a year after onset of symptoms 74%
- Likelihood of a second or more episode of major depression 80%
- Likelihood of a second or more episode of mild depression 100%
- Median number of major depressive episodes during a patient’s lifetime 4
- Percent of patients whose depression takes a chronic/unremitting course 12%
- Incidents of depression in women/men 3.62 vs 1.98 per 1,000 per year
- Rank of unipolar major depression in the world leading to disabling diseases in 1999 4
- Rank of unipolar major depression among disabling diseases in Westernized countries 2
- Rank of depression among disabling diseases the world wide projected in 2020 2

Depression

All of us have felt unhappy, “down,” or discouraged at times in our lives. Often the result is caused by a change either in the form of a setback, a loss, or simply as Freud said, “Everyday misery.” The painful feelings that accompany these events are usually appropriate, necessary, and transitory. They can present an opportunity for personal growth.

Depressed feelings that persist and impair one’s daily life, however, may be an indication of a depressive disorder. Sadness may not always be the dominant feeling of a depressed person. Depression can also be experienced as a numb or empty feeling maybe even a lack of awareness of feeling at all. Severity, duration, and the presence of other symptoms are the factors that distinguish normal sadness or discouragement from a depressive disorder. The transition from discouragement to clinical depression can be gradual and leave even the most enlightened person thinking, “What is wrong with me?”

We may slow down, experience changes in appetite, become irritable, neglect responsibilities and/or self-care, or have difficulty remembering things. Our professors may comment on our inability to concentrate in class. Supervisors may notice we do not seem to be as productive as usual. Family members may notice changes in our appetite or sleep patterns. We may experience tension and tend to dwell more on our shortcomings than on our achievements. This can become a vicious cycle. The more we focus on negative feedback the more depressed we become and the more negative feedback we receive. Left untreated, clinical depression can last 9-12 months or more.

A depressive disorder is a “whole body” illness involving your body, mood, and thoughts. It is not a sign of weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely pull themselves together and get better.
The good news is that depression is readily treatable with counseling and/or medication. According to the American Psychiatric Association 80%-90% of all cases can be treated effectively. However, two thirds of the people suffering from depression don’t get the help they need. Many people fail to identify their symptoms or attribute them to lack of sleep or a poor diet. Meanwhile, others may be too fatigued or embarrassed to seek help. It may help to know that clinically diagnosed depression often represents a chemical imbalance in the brain and not a shadowy personality problem.

The initial onset of clinical depression often occurs in people between the ages of 18 to 29. Many common stressors are inherent to these years, which may contribute to the onset of clinical depression. Separating physically and psychologically from one’s family, managing the increase in freedom, dealing with the successes and disappointments that occur in academic, athletic, and extracurricular activities, developing and losing love relationships (many people experience death for the first time during these years), choosing a major or specialty area, finding a job, leaving the familiarity and security of college for the real world, and forming new families are all tasks associated with these years. Left untreated, depression can result in years of needless pain for both the depressed person and his or her family. In certain instances it can alter that person’s ultimate career and life decisions.

**Types of Depression**

Depressive disorders come in different forms. Three more common presentations of clinical depression are major depressive disorder, dysthymic disorder, and bipolar disorder.

- **Major depressive episodes** are characterized by a combination of symptoms that interfere with the person’s ability to work, sleep, eat, and enjoy once pleasurable activities. Disabling episodes may occur one or more times over a person’s lifetime.

- **Dysthymia** is a chronic, depressive set of symptoms that are not disabling but that prevent the person from feeling good and functioning well. People with dysthymia may also experience major depressive episodes.

- **Bipolar disorder** is characterized by cycles of depression and elation, or mania. Mood changes can be dramatic and rapid but are more often gradual. It is often a chronic condition.

Other forms of depressive episodes include Seasonal Affective Disorder, Postpartum Depression, adjustment disorders, and atypical depression.

- **Seasonal Affective Disorder** (SAD) is a pattern of depressive illness in which symptoms recur every winter. This form of depressive illness often is accompanied by such symptoms as marked decrease in energy, increased need for sleep, and carbohydrate craving. Photo therapy (exposure to a bright, full spectrum of light) can often be dramatically helpful.
Postpartum depression can be extremely serious for both a mother and the child of the mother. Mild moodiness and sadness are very common after having a baby, but when symptoms are more than mild or last more than a few days, help should be sought.

Adjustment disorder with depressed mood is a type of depression that results when something negative happens to a person that depresses him or her. It generally fades as time passes and the person gets over whatever caused the distress.

Atypical depression A person experiencing depression with atypical features generally has an increased appetite and sleeps more than usual. A person with atypical depression may be able to enjoy pleasurable circumstances despite being unable to seek out such circumstances. This is in contrast to “typical” depression in which decreased appetite, insomnia, and anhedonia (an absence of pleasure in anything) generally occur. Despite its name, atypical depression may be more common than other types of depression.

Symptoms of Depression

- Persistently sad and/or anxious
- Feelings of hopelessness and/or pessimism
- Loss of interest or pleasure in hobbies and activities that were once enjoyed
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Decreased energy and fatigue
- Thoughts of death or suicide
- Restlessness and irritability
- Difficulty concentrating, remembering, and making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Symptoms of Mania

- Inappropriate elation
- Inappropriate irritability
- Severe insomnia
- Grandiose motions/behavior
- Increased talking
- Disconnected and racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor Judgment
- Inappropriate social behavior
Coping with Depression

There are many things people can do to help cope with depression. One of the best steps to take is to make an appointment with a trained counselor/therapist to evaluate the nature of the depression and the most appropriate methods and strategies to help deal with it.

You should also assess how depression may have impacted other areas of your life, including relationships with family and friends, finances, and academic responsibilities. Discussing these problems with the people involved or with an understanding friend may resolve some of the issues before feelings of depression become more serious. You may also want to consider the following:

- Reduce or eliminate the use of alcohol and drugs
- Exercise or engage in some form of physical activity
- Eat a proper, well-balanced diet
- Obtain an adequate amount of sleep
- Seek emotional support from friends and family
- Seek contact with people with whom you may develop meaningful and rewarding relationships
- Focus on positive aspects of your life
- Pace yourself, modify your schedule and set realistic goals
- Eliminate or reduce unnecessary tasks so that your schedule is more manageable
- Consult with a physician if you are experiencing any medical problems
- **Contact the Student Counseling Services at (405) 271-7336 to arrange an appointment with a therapist**
- **Seek early intervention which may modify the severity of your depression**
- **Don’t** make long-term commitments or important decisions unless necessary
- **Don’t** assume things are hopeless
- **Reduce** your involvement in activities which are stressful or overwhelming
- **Don’t** engage in “emotional reasoning” (e.g. “because I feel awful, my life is terrible”)
- **Don’t** assume responsibility for events which are outside of your control
- **Don’t avoid treatment as a way of coping**

Depressed?

Please score your response for each of the 20 items.

<table>
<thead>
<tr>
<th>1. I feel downhearted, blue, and sad.</th>
<th>None or a little of the time</th>
<th>Some of the time</th>
<th>Good part of the time</th>
<th>Most or all of the time</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>
2. Morning is when I feel the best.        4 3 2 1
3. I have crying spells or feel like it.    1 2 3 4
4. I have trouble sleeping through the night  1 2 3 4
5. I eat as much as I used to.      4 3 2 1
6. I enjoy looking at, talking to, and being        with attractive men/women.  4 3 2 1
7. I notice that I am losing weight.       1 2 3 4
8. I have trouble with constipation.      1 2 3 4
9. My heart beats faster than usual.       1 2 3 4
10. I get tired for no reason.             1 2 3 4
11. My mind is as clear as it used to be.   4 3 2 1
12. I find it easy to do the things I used to do.  4 3 2 1
13. I am restless and can’t keep still.    1 2 3 4
14. I feel hopeful about the future.       4 3 2 1
15. I am more irritable than usual.        1 2 3 4
16. I find it easy to make decisions       4 3 2 1
17. I feel that I am useful and needed.    4 3 2 1
18. My life is pretty full.                4 3 2 1
19. I feel that others would be better off if
    I was dead.                           1 2 3 4
20. I still enjoy the things I used to do.  4 3 2 1

Now, total your score. If your score is:

- Below 50: Within normal range, no psychopathology is indicated
- 50 – 59: Presence of minimal to mild depression is indicated
- 60 – 60: Presence of moderate to marked depression is indicated
- 70 and over: Presence of severe to extreme depression is indicated

**Depression - Current Research**

Depression ranks as the Western countries’ second – and the world’s fourth – most disabling ailment (after heart disease). It may appear as a primary disorder or it may accompany a wide variety of other psychiatric or medical disorders. In an attempt to assess the suffering inflicted by this disorder, numerous studies have been conducted to determine its cause and cure.

In the past three years, refined imaging techniques have begun providing an unprecedented look into the neurobiology of depression, showing what goes on in the brains of patients as they process positive and negative experiences. Though in its infancy, the work is already forcing a radically revised view of depression.
The newest evidence indicates that recurrent depression is in fact a neurodegenerative disorder, disrupting the structure and function of brain cells, destroying nerve cell connections, even killing certain brain cells, and precipitating cognitive decline. At the very least, depression sets up a neural roadblock to the processing of information and keeps us from responding to life’s challenges.

Human emotions take shape in a neural circuit involving several key brain structures, including the hippocampus, the amygdala, and the prefrontal cortex. In depression, faulty circuitry fails both in generating positive feelings and inhibiting disruptive negative ones.

Stress-related events may kick off 50% of all depression, and early life stress can prime people for later depression. Ongoing research in animals and in people demonstrates that early strain can alter nerve circuits that control emotion, exaggerating later responses to stress and creating the neurochemical and behavioral changes of depression.

Regarding depression as just a chemical imbalance misconstrues the disorder. “It is not possible to explain either the disease or its treatment based solely on level of neurotransmitters,” says Ronald Duman, Ph.D. Yale University.

New research both in animals and in people demonstrates that stress early in life permanently sensitizes neurons and receptors throughout the central nervous systems so that they perpetually over respond to stress. Early experience can establish a lifelong pattern of brain activity.

The adult brain appears to have a degree of plasticity that is astonishing researchers. Researchers have tracked the inside operations of nerve cells and found evidence that depressed people have a deficit in specific nerve growth factors, the substances that make possible the sprouting of new nerve cell connections. One in particular is brain-derived neurotrophic factor. BDNF strengthens synaptic connections in the hippocampus and enhances the growth of neurons that respond to serotonin.

Ronald Duman’s (associate professor of psychiatry and pharmacology at Yale) studies show that long-term antidepressant treatment increases receptors for serotonin at the cell surface. They also kick off a cascade of molecular steps that wind up amplifying a neuron’s own production of BDNF and the sprouting of new connections. They do this in parts of the brain that have been linked to depression, such as the hippocampus. The real power of antidepressants then may be summed up as neuronal plasticity. “We thought that after birth, the brain was a stable organ like a computer that just works away, and no more new nerve cells are produced. The idea that there are long-lasting, even permanent, changes in structure and function that can affect the way brains process information is the most important part of what we’re doing in the lab.”

Depression is not just a disorder from the neck up but a disorder involving many body systems. It both leads to heart disease in otherwise healthy adults and magnifies the deadliness of existing cardiac problems. In addition, it accelerates changes in bone mass that lead to osteoporosis.

In treating depression, the age-old questions always arise: “Is the brain a biological organ and psychotherapy another way to influence the brain? Or is drug therapy an adjunct to
psychotherapy?” Many new theories continue to arise and whatever pathways depression takes through the brain and the body, it is still experienced as a disorder of the whole person.

It is not surprising then, that a recent meta-analysis of 595 patients with major depressive disorder, as reported in the Archives of General Psychiatry, concluded that the best treatment plan involves a combination of psychotherapy and drug therapy.

Information contained in this piece was extracted from an article in the March/April, 1999 issue of Psychology Today titled Depression: Beyond Serotonin. For more in-depth information, please refer to the article.