# Dealing with depression

The word ‘depression’ is often used incorrectly. Depression is a genuine mental health condition, which can affect anyone at difficult times.

Multiple studies show that 5-6% of the population (500,000 to 700,000 people in our country!) suffers from depression.

The chance of someone developing depression is up to 15-17%. 1.5 to 1.7 million Belgians will be affected at some point.

Unfortunately, most people still view depression as a lack of will power, character, perseverance and energy. In their view, someone who is depressed is just someone “who let go”.

## Symptoms

Everyone goes through spells of feeling down: your stock portfolio crashed, your football team was defeated 5-0, ... These moments, however, are often short-lived and aren’t a sign of a genuine depression.

Depression is characterised by certain symptoms that persist for more than two weeks. (Usually they even persist for months). These symptoms can be both psychological (dealing with the psyche, or the mind) and neurobiological (dealing with the way our brain functions).

The most important psychological symptoms are:

- Experiencing low mood or sadness
- Not getting any enjoyment out of life
- Losing interest in everyday things
- Losing interest in work
- Neglecting family
- No longer enjoying anything
- Wanting to be left alone
- Feeling guilt-ridden
- Having suicidal thoughts or thoughts of death
- In the worst-case scenario, attempting suicide.

The neurobiological symptoms indicate the severity of the depression. To treat these symptoms, antidepressants are needed.

The most common symptoms are:

- Disturbed sleep (for example, often waking up at night and finding it hard to fall asleep again)
- Feelings of exhaustion in the mornings
- Eating disorders: anorexia and weight loss or bulimia and weight gain
- Cognitive impairment which hinders daily life and work: concentration problems, forgetfulness
- Slowed reactions with in between bouts of anxiety

## Causes

Depression usually has more than one cause. Different causes combined can trigger depression: marital problems, family problems, dismissal, bereavement, illness, personal problems.

Another, more severe, type of depression exists that is triggered without any cause. It comes and goes when the seasons change (hence: seasonal affective disorder or “winter depression”).

Furthermore, there is bipolar disorder. This is a condition where periods of depression alternate with periods of mania. During the latter, the patient will barely sleep and act very excited. He will, however, feel high and in good shape.

These two types of depression are, however, very rare (less than 10% of all cases) and usually require specialised psychological treatment.

## Further evolution

It is often said that depression only lasts for a couple of weeks. This is usually incorrect, especially when the intensity has to be treated with antidepressants.

* In 40-50% of cases, depression occurs only once.
* In all other case, there was a relapse, often multiple times.

The chance of a relapse becomes greater if the depression wasn’t treated correctly. Obviously, the causes (psychological, physical, professional causes; stress) need to be dealt with. A treatment using antidepressants needs to be administered long enough. These treatments always need to be combined with psychotherapy. Recurrent depressions can take on dramatic forms for both the patient and his surroundings.

Depressions have a high impact on daily life. With the slightest improvement, both patient and his surroundings (too) quickly assume he is cured. Too often they falsely belief he has gotten rid of the problem for good.

To counter such false optimism, both the patient and his surroundings need to be made aware of the danger of a possible relapse. Only then will they do everything necessary to avoid it.

## How to treat depression?

Someone who is feeling down obviously has no need for antidepressants.

If there are only psychological symptoms and no neurobiological symptoms (see previous page), it is often sufficient to discuss the patient's problems with the patient himself and come to a solution together. If, however, there are neurobiological symptoms, psychotherapy and medication is needed. The former will deal with the psychological problems, the latter with the neurobiological problems.

The treatment of a severe depression always needs to consist of the following three elements:

**1. Individual sessions of psychotherapy**

Someone who suffers from depression needs support and empathy for his condition. He especially needs help to understand the causes that triggered the depression: family or relationship problems, personal difficulties etc.

If it isn't the first occurrence of depression, it needs to be determined which new circumstances have triggered the relapse. Psychotherapy can be given by a GP, a psychologist or a psychiatrist. Because it takes three to four weeks for the antidepressants to take effect, psychotherapy during this time is vital.

**2. Medication (psychiatric medication)**

Neurobiological symptoms always require a treatment with antidepressants. However, watch out for physicians who prescribe antidepressants like they're antibiotics, with the advice – to put it excessively - to "take the full packet and to return if nothing improves". Any treatment with antidepressants requires a serious therapeutic relationship between patient and GP or psychiatrist. One session per week is the bare minimum. The patient and his surroundings need to be aware that these medications have side effects and will only show results after three to four weeks.

**3. Support from a partner or one's surroundings**
Physicians often don't fully realise the desperation of the partner or other family members caused by depression. It is therefore essential that the partner and/or the parents are actively involved in the treatment. Only then will the necessary adherence to the treatment be possible and will the patient take his antidepressants as prescribed.

## Antidepressants: some clarifications

**There is a lot of misinformation about antidepressants**

Firstly, antidepressants are not sleeping tablets or tranquilisers. The latter might help you sleep better or help with feelings of anxiety, but they are nothing more than a plaster on a wooden leg. They only alleviate the symptoms, but do not treat the depression. Moreover, benzodiazepines lose their effectiveness over time and cause physical and psychological dependence.

This is, however, not the case for antidepressants. A treatment with this type of medication will over time lead to a better sleeping pattern, more energy and normal cognitive functioning.

Until 1987, when fluoxetine was first introduced, only monoamine-oxidase inhibitors (MAOI's) and tricyclic antidepressants were available. These medications did produce results, but had strong side effects (dry mouth, considerable weight gain, orthostatic hypotension or low blood pressure after changing positions, drowsiness...). In case of an accidental or intentional overdose, the risk of a fatal outcome was significant. They were also only effective in sufficiently high dosages, making regular blood samples necessary to determine the correct dosage. Because of the side effects, the risk of a fatal outcome in case of a suicide attempt and the low tolerance to treatment outside hospital, these medications often required a stay at a psychiatric unit. Moreover, the duration of the treatment was limited due to the side effects. Three to six months usually was the maximum.

In 1987, fluoxetine was first introduced. Nowadays, many of these selective serotonin reuptake inhibitors are available (citalopram, fluoxetine, fluvoxamine, paroxetine, sertraline), to which serotonin-noradrenaline reuptake inhibitors (venlafaxine) have recently been added. These medications have certain advantages, making them easier to use outside of hospital. They have less side effects (mainly digestive problems, headaches at the start of the treatment, long-term loss of libido in one patient out of five), a high tolerance, no risk of a fatal outcome in case of an overdose, and the possibility of using single doses. Blood samples to determine the correct dosage are therefore no longer needed.

Because of these medications, far fewer people need to be admitted to a psychiatric unit for depression. But the success of these new antidepressants has its drawbacks. They are often used on the basis of, to put it mildly, questionable symptoms. A passing bout of feeling down should for example NOT be treated with these antidepressants. Moreover, contrary to popular belief, these medications do not bring about permanent weight loss and are therefore NOT suitable to fight obesity.

We should also not forget that there is no such thing as a happy pill. Happiness can never be achieved through chemicals.

**Duration of treatment**

All international studies reach the following conclusions:

• In case of a single bout of depression, treatment should be continued for another six months after the symptoms have diminished or have disappeared. Psychotherapy should be continued for another 12 months.

• In case of severe and recurrent depression (more than two periods of depression in five years, that is either severe or accompanied by excessive alcohol consumption or anxiety), treatment (with both medications and psychotherapy) should be continued for another two years minimum. During this time, the patient needs to take the same dosage of antidepressants he took during the height of his depression that resulted in an improvement in symptoms.

**Antidepressants: fact or fiction?**

• Antidepressants do not cause dependence or addiction. The reason is rather straightforward. Addictive substances (amphetamines, benzodiazepines etc.) begin to work very quickly. The user will experience the first effects within 30 minutes. Antidepressants, however, have to be taken for three to four weeks before they take effect. They are therefore not addictive.

• Antidepressants are not the cause of suicide, aggression or manslaughter. Quite the opposite, these medications prevent many suicides or suicide attempts. These medications are often portrayed in a negative manner by the media. They don't change someone's personality, nor do they incite criminal behaviour. The underlying personality of the patient is obviously very important. Any personality disorder can be the cause for problems that are sometimes attributed to antidepressants.

• To stop taking antidepressants will not lead to dramatic situations. One essential condition is, however, that the treatment continued for a sufficient time and was accompanied by psychotherapy with a GP, psychiatrist or psychologist. Most people start functioning again as before when they stop taking their medication. In some rare cases, however, it can lead to a form of relapse. This is not because of addiction, but it is indicative of a further need for antidepressants, because the anomalies in the way the brain functions haven't yet been adjusted sufficiently.

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