TREATMENT OPTIONS

Treatment may include:

- Anti-depressant medication or
- Depression-focused psychotherapy, or
- A combination of the two.

There are other therapies such as electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and vagal nerve stimulation, but these are used in more resistant cases of severe depression. [3, 9]

HOW EFFECTIVE ARE ANTIDEPRESSANTS?

Antidepressants differ in the way they work, how they interact with other medications, their side effects and how easily the dosage can be adjusted. If you don't respond well to one type of antidepressant, it doesn't mean that you won't respond well to another one. [10]

When starting an antidepressant, your doctor will generally prescribe a lower dose for a minimum of four weeks before increasing the dose or changing your medication. [11] It may take six to eight weeks for you to respond to the medication initially, although some improvement is usually noted from two weeks onwards. [3, 12]

It is generally recommended that antidepressant therapy be continued for:

- A year following the onset of symptoms for the first episode
- At least two years if you have any additional risk factors

Additional risk factors include severe (difficult-to-treat) depression without improvement, older people and people with other associated diseases. [12]

WHAT IS PSYCHOTHERAPY?

Psychotherapy is a "talk therapy" to help sufferers to develop healthy coping mechanisms to deal with daily stress. When undertaken in conjunction with prescribed medication, it can address and even resolve MDD. [9]

WHERE TO GO FOR HELP

The vast majority of people with depression respond well to treatment. The first step in treating depression is to discuss your symptoms with your general practitioner or a healthcare professional at your local day clinic or hospital.

Please Note: This is an educational information leaflet only and should not be used for diagnosis. For more information on depression and mental illness, consult your healthcare professional.

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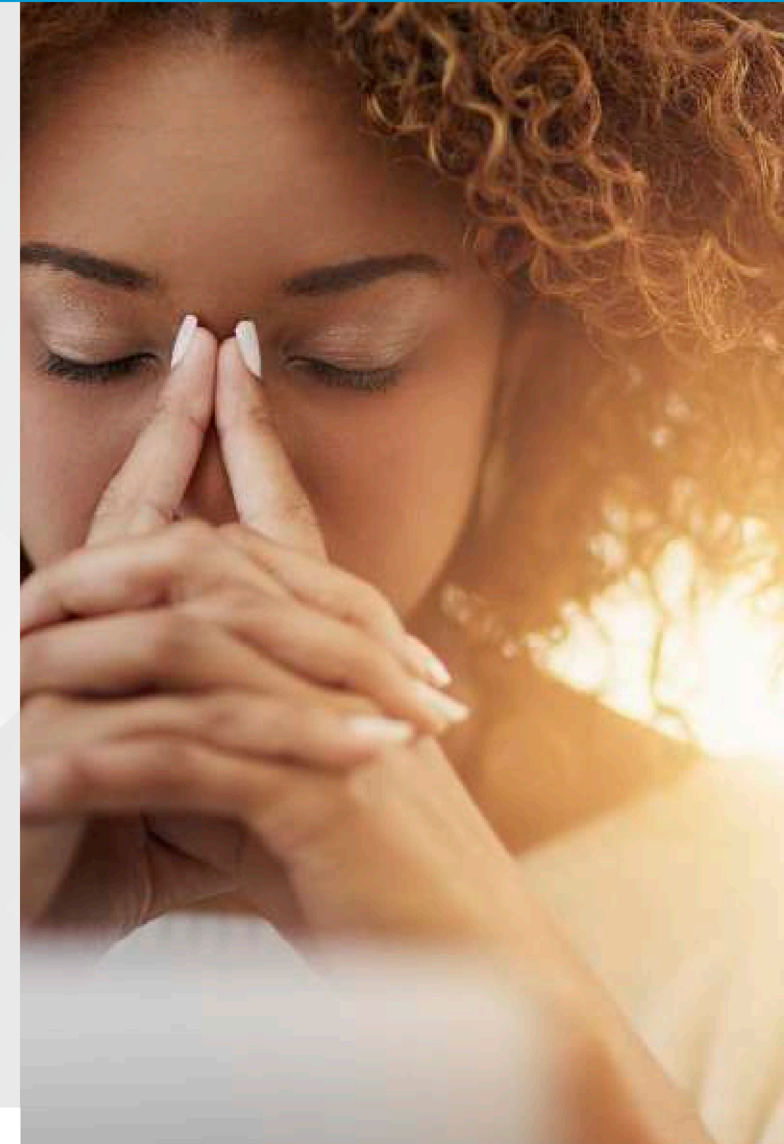

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DEPRESSION

Depression or major depressive disorder (MDD) is a broad term used to describe a large number of disorders characterised by a depressed mood and a loss of interest in usual activities. [1]

It can occur as a single episode or on a recurring basis.[2] Depressed mood and loss of interest or pleasure in almost all activities must be present for a correct diagnosis plus four or more of the following symptoms:[3]

- Significant weight loss or gain or an increase or decrease in appetite
- Sleeping disturbances such as insomnia or sleeping far more than usual
- Tiredness or loss of energy
- Difficulty thinking and concentrating or indecisiveness
- Agitation
- Feelings of worthlessness, hopelessness or excessive/ inappropriate guilt
- Recurring thoughts of death – fear of dying or suicide

WHO IS AT RISK?

Depression is one of the most commonly diagnosed disorders. [4] It can occur at any age, even childhood and adolescence, but the twenties and thirties are generally the most common age groups. [3] Risk factors include age and gender with women being higher risk than men.

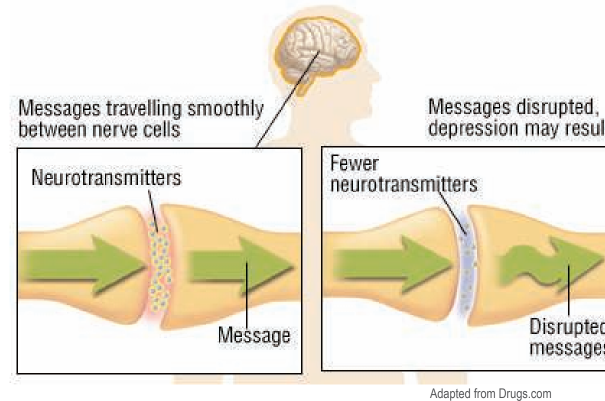
! Women are approximately 50% higher risk than men [1, 3]

WHAT CAUSES DEPRESSION?

Many factors contribute to depressive symptoms and disorders. These include genetics (family history), stress, environmental and social factors, but the exact cause is unclear. [5] What we do know is that there are three major neurotransmitters in the brain called serotonin, noradrenaline and dopamine, which are linked to depression.

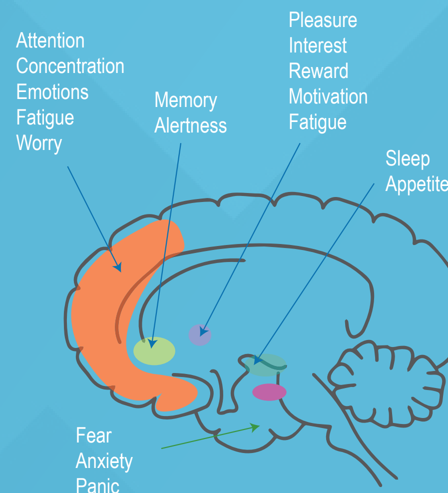
These three systems regulate mood, anxiety, pleasure, reward and cognitive function (thought processing). [6]

Additionally, sufferers may also have problems with the way specific hormones are regulated in the body. [5]



Adapted from Drugs.com

BRAIN AREAS LINKED TO SYMPTOMS OF DEPRESSION



DEPRESSED MOOD

Depressed mood is one of the two required symptoms for MDD diagnosis. It is the most widely recognised symptom and the one most often targeted by treatment. [8]

Serotonin and **noradrenaline** influence mood. Antidepressants that act on either serotonin, noradrenaline or both have been associated with the normalisation of these circuits. This can potentially explain how antidepressants can improve feelings of sadness and depressed mood. [8]

HOW DEPRESSION IMPACTS QUALITY OF LIFE

The World Health Organisation (WHO) ranks depression as the single most burdensome disease in the world. It is a chronic disorder and can severely affect every aspect of people's lives and ability to function. [4] Even mild depression can affect quality of life. Statistics show that the rate of suicide in depressed patients is increasing. [9]

CAN DEPRESSION BE TREATED?

Most patients return to normal functioning once an episode is over but, untreated, approximately 50 - 85% of sufferers will eventually have another episode. [3, 9] The main treatment goal is remission (no depressive symptoms), so that sufferers can regain their ability to function properly and improve their quality of life. Treatment can also reduce depression symptoms and limit the recurrence of future depressive episodes. [9]