

Depression

“Don’t BRING ME DOWN”

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Nine Question Self-Test For Diagnosing Depression

- 1. Have you had feeling of sadness nearly every day?
- 2. Have you lost interest or enjoyment in nearly all your activities?
- 3. Has your appetite changed or have you lost more than five pounds without trying to diet?
- 4. Have you had difficulty going to sleep or are you waking too early?
- 5. Have your thoughts or behavior slowed so much that others people notice?
- 6. Have you had low energy or been fatigued nearly every day?
- 7. Have you had feelings of worthlessness or guilt?
- 8. Have you had difficulty thinking or concentrating or making decisions?
- 9. Have you been thinking of death or suicide, or have you planned or tried suicide.

How to score

Step 1. If you did not check either question 1 or 2 above, stop-you probably do not have unipolar major depression. If you checked question 1 or 2 go to step 2.

Step 2. If you checked five or more of questions 1-9, go to step 3.

Step 3. If the sum of all these problems is severe enough to interfere with your work, school, family relationships, or social activities, you meet the official criteria for unipolar major depression. Go to a doctor who can evaluate you to determine if you really do have the disorder.

How is depression classified?

Unipolar Major Depression – a lengthy, all-encompassing depressive state that permeates every part of your life. Unipolar depression is also known as major depression and is a devastating mental disorder characterized by paralyzing sadness.

Bipolar Disorder - a lifelong condition that can affect both how you feel and how you act. It is a mood disorder thought to be caused by chemical imbalances in the brain that can result in extreme swings in mood ranging from manic highs to depressive lows.

Dysthymia – is a depressive mood disorder characterized by a chronic set of behavioral symptoms. Many people with dysthymia describe a lifelong depression. By definition, this condition has duration of at least two years in adults and one year in children. It is manifested as a depressed mood, or irritable mood in children for most of the day, occurring more days than not.

Boarderline Personality Disorder- is a mental health disorder that generates significant emotional instability. This can lead to a variety of other stressful mental and behavioral problems. With borderline personality disorder, you may have a severely distorted self-image and feel worthless or fundamentally flawed. Anger, impulsiveness and frequent mood swings may push others away, even though you may desire to have loving and lasting relationships..

Symptoms

Unipolar Major Depression- agitation, sleeping problems, appetite and weight changes, difficulty concentrating, lack of energy, and feeling worthless and hopeless.

Bipolar Disorder- the primary symptoms of this disorder is a dramatic and unpredictable mood swing. The various types of bipolar disorder range from mild to severer mood swings.

Borderline Personality Disorder

- Impulsive and risky behavior, such as risky driving, unsafe sex, gambling sprees or illegal drug use.
- Awareness of destructive behavior, including self-injury, but sometimes feeling unable to change it.
- Wide mood swings.
- Short but intense episodes of anxiety or depression.
- Difficulty controlling emotions or impulses.
- Suicidal behavior
- Feeling misunderstood, neglected, alone, empty or hopeless.
- Fear of being alone.
- Feeling of self-hate and self-loathing

Dysthymia- usually comes and go over a period of years and the intensity can change over time. Typically symptoms don't disappear for more than two months at a time. In general, you may find it hard to be upbeat even on happy occasions. You may be described as having a gloomy personality. When dysthymia starts before age 21 it's called early-onset dysthymia. When it starts after that, it's called late-onset dysthymia.

Possible Causes

Unipolar Major Depression- originates in genetics and family inheritance. If one of your brothers or sisters has unipolar major depression, then you have a 20 percent chance of inheriting it yourself.

Bipolar Disorder- is believed to be a disorder caused by an underlying problem with specific brain circuits and the balance of brain chemicals called neurotransmitters. Three brain chemicals- noradrenalin, serotonin, and dopamine are involved in both brain and bodily functions effected by this disorder.

Dysthymia- The exact cause is not known. However Dysthymia may have causes similar to manor depression including Biochemical, Genes, and Environment.

Borderline Personality Disorder- as with other mental disorders, the causes of this disorder are not fully understood. Experts agree, though, that the disorder results from a combination of the following factors:

- Genetics. Some studies of twins and families suggest that personality disorders may be inherited or strongly associated with other mental disorders among family members.
- Environmental factors. Many people with borderline personality disorder have a history of childhood abuse, neglect and separation from caregivers or loved ones.
- Brain abnormalities. Some research has shown changes in certain areas of the brain involved in emotion regulation, impulsivity and aggression. In addition, certain brain chemicals that help regulate mood, such as serotonin, may not function properly.

Treatments

Unipolar Major Depression- antidepressants are commonly used to treat unipolar depression. Tricyclic antidepressants, monoamine oxidase inhibitors and selective serotonin re-uptake inhibitors are the types of medications used in treatment. They are designed to alter a person's brain chemistry by targeting specific neurotransmitter areas.

Bipolar Disorder- treatment often involves a combination of education, medication, and therapy, including psychotherapy, or "talk therapy." There are a number of different medications that have been shown to be effective in people with bipolar disorder, including Seroquel XR.

Dysthymia- The best treatment approach for people with dysthymia appears to be a combination approach — psychotherapy combined with antidepressant medication. One large multisite study in the New England Journal of Medicine by Keller and colleagues (2000), for instance, had patients randomly assigned to one of three treatments: a depression-focused cognitive-behavioral therapy (CBT) program, the antidepressant Serzone (nefazodone), or to a combination of the two. About three-quarters responded to the combination, compared with about 48 percent for each individual condition.

Borderline Personality Disorder- Usually, BPD is treated with a combination of medication and psychotherapy. In addition, during times of crisis, individuals with BPD may require brief periods of hospitalization to remain safe. More recently, self-help tools have been developed to supplement traditional treatments for BPD.

Coping Methods

Unipolar Major Depression- one rather extreme coping strategy is called dissociation. This type of coping strategy is often observed in people who have experienced a traumatic event. Dissociation is a coping strategy that is characteristic of post-traumatic stress disorder. The ability of the mind to separate and compartmentalize thoughts, memories, and emotions. Two other methods are adaptive and maladaptive.

Bipolar Disorder- using a mood chart to track your own episodes and symptoms has proven to be one of the most effective coping methods. A chart can be a good preventative tool to help identify early warning signs for relapse. A record for physicians and family to help assess the efficacy of different medications and treatments are also helpful.

Dysthymia- dealing with this disorder is an ongoing process. Stay motivated by practicing the following items:.

- Simplify your life.
- Keep a journal.
- Read reputable self-help books recommended by your doctor or therapist.
- Take care of yourself.
- Join a support group.
- Learn relaxation and stress management.

- Borderline Personality Disorder - Learn about the disorder so that you understand its causes and treatments
- Stick to your treatment plan
- Attend all therapy sessions

- Take medications as directed and report to your doctor the benefits and side effects you experience
- Practice healthy ways to ease painful emotions and prevent impulsive behaviors, such as self-inflicted injuries
- Don't blame yourself for having the disorder but recognize your responsibility to get it treated
- Learn what may trigger angry outbursts or impulsive behavior
- Don't feel embarrassed by the condition
- Get treatment for related problems, such as substance abuse
- Reach out to others with the disorder to share insights and experiences
- Keep up a healthy lifestyle, such as eating a healthy diet, being physically active and engaging in social activities

Advice For Family and Friends

We have all experienced storms, the night filled with flashes of thunder and lighting, torrential rains, and violent winds. Then comes the morning sun peeking over the horizon, its strong rays slowly but surely covering the landscape. Little blades of grass twinkle with the last remnants of the rain, and the air is filled with the sound of birds twittering as they hop from branch to branch. The beauty of the aftermath of a storm is an experience to savor, to revel in with each tiny discovery as you let the warmth of the new day seep down into the depths of your being.

Recovery from depression is similar to coming out of a terrible storm into the light of new life and newness all around you. People who are depressed do get better. More than 80 percent of those people who seek treatment for depression do indeed recover. With the right medication and the right therapy, they can come to a stage of happiness they may never have felt before.

Citation Page

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