

Major Depressive Disorder

Between 10-15% of people will experience a major depressive episode at some stage in their lives. Major depression is characterized by persistent low mood, loss of enjoyment and biological symptoms.

Its features include:

- Low mood or feelings of sadness or irritability, most of the time. The mood may be worse at certain times of day, typically in the morning.
- Loss of interest in one's surroundings, loss of enjoyment in activities, decreased sex drive.
- Sleep disturbance: difficulty getting off to sleep, or waking in the early hours of the morning and finding yourself unable to get back to sleep.
- Negative thoughts regarding yourself, surroundings and future. Often a person may become guilty over real or perceived misdeeds. In severe depressions of a 'psychotic' type, the person may develop untrue beliefs regarding themselves and others, and may experience hallucinations.
- Appetite disturbance: increase or decreased, which may be accompanied by weight changes.
- Fatigue and loss of energy
- Physical symptoms such as vague abdominal discomfort and headaches, often associated with anxiety.
- Problems with concentration and memory difficulties.
- Feelings of agitation or feeling 'slowed down'.
- Thoughts of death or suicide: such thoughts indicate the need for professional help.

What treatments work?

Antidepressant medication:

Severe depression appears to be associated with a reduction in the chemicals in the brain. Antidepressant medication is designed to correct the imbalance of chemical messages between nerve cells (neurons) in the brain. These drugs slowly build up the levels of the chemical neurotransmitters, (serotonin, noradrenaline and dopamine), and help the brain work better. They can put you back in charge of your thoughts and add spring back in your step. They are not addictive, and are not in the tranquilliser class such as Valium. They may take 4 to 6 weeks to achieve the desired benefit.

Changing routines & behavioral therapy: (separate sheet)

Depressed people often find themselves losing enjoyment of their surroundings and activities. The logical response to this is to stop doing things and become socially withdrawn. Strategies to help include:

- **Stress Management**
- Includes muscle relaxation & slow breathing exercises - (separate sheet)
- **Activity planning**
- Generally the less you do, the worse you feel
- **Pleasant event scheduling**
- Scheduling in on a daily basis an activity which you had previously enjoyed, or will give you a sense of achievement.
Some researchers have found that regular exercise results in the resolution of mild depression.
- **Sleep-wake cycle management** - (separate sheet)
- Depression is usually associated with poor quality sleep (not enough deep sleep & dream sleep)
- **Structured problem solving** - (separate sheet)
- Gaining a clear definition of the problem or goal is a vital step in problem solving. Defining problems or goals helps to focus thinking on the issue at hand and minimises the possibility of getting side-tracked onto other issues.
- **Cognitive therapy**
- Depressed people typically have a negative view of themselves, the world and the future. Cognitive therapy aims at identifying unhelpful patterns of thinking, and replacing these habits with more helpful, realistic thoughts.

Electro-convulsive therapy (ECT)

Usually reserved for severe life threatening depression or depression unresponsive to other treatments

Extracted from: Clinical Research Unit for Anxiety & Depression .. www.crufad.org

* All information is intended as a guide only and should be used in association with your health professional from Anxiety & Depression resources: www.nevdgp.org.au/depression.htm