

Depression and Anxiety

When depression and anxiety interfere with your life, professional help can offer valuable support.

What are the differences between normal sadness and depression and anxiety? Sometimes it's not so easy to determine the differences.

Where do I find help if I think I am suffering from depression or anxiety?

A psychiatrist is the most qualified person to treat mental health issues. Depression can be difficult to diagnose because the signs and symptoms are often vague; and there are several different types of depression, including Seasonal Affective Disorder (S.A.D.), Dysthymia, and major depression. The first step in identifying a depressive disorder is to rule out physical causes of behavior or mood change. In people who have Spina Bifida and shunted hydrocephalus, this is especially important because many signs and symptoms of depression may actually be caused by medical conditions (shunt malfunction, infections, or medications) rather than depression. In those situations, the symptoms disappear when the underlying medical condition is treated or corrected.

Along with a physical assessment, it is critical to know the patient's medical history which includes behaviors such as drug use, eating habits, sleep, and physical activity, and other pertinent information including: family history of mental health problems, recent trauma, and support systems that may be in place for the patient.

What should a health care provider do if he/she suspects depression?

Two screening questions are asked:

- 1) During the past month, have you felt down, depressed or hopeless?
- 2) During the past month, have you been bothered by decreased interest or pleasure in life?

If the person answers "yes" to either or both questions, more screening is needed. Sometimes you can learn a lot by simply asking: Are you depressed? Few doctors ask this. If the answer is "yes," even fewer doctors ask the patient whether they've thought about suicide. These are very important questions to ask.

What should family or friends consider if they suspect depression?

How are daily experiences affecting my loved one? Does he interact with peers and family? Does she sleep well? How is his appetite? Has she lost interest in pleasurable things? Is he able to go to work, do his homework, study and concentrate? Is she complaining about being generally unwell? Everyone has been sad, anxious, or even a little depressed; but clinical depression is more serious. Symptoms of depression are more severe, last longer and generally don't go away on their own. Clinical depression affects daily functioning.

What are the symptoms of clinical depression?

According to the National Institute of Mental Health, symptoms of depression may include:

- Difficulty concentrating, remembering details, and making decisions
- Fatigue and decreased energy
- Feelings of guilt, worthlessness, and/or helplessness
- Feelings of hopelessness and/or pessimism
- Insomnia, early-morning wakefulness, or excessive sleeping
- Irritability, restlessness
- Loss of interest in activities or hobbies once pleasurable, including sex
- Overeating or appetite loss
- Persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment
- Persistent sad, anxious, or "empty" feelings
- Thoughts of suicide, suicide attempts

What causes depression?

Most experts believe that depression is caused by problems with certain chemicals in the brain. These chemicals, called neurotransmitters, send signals from one nerve to the other. There are many of these chemicals, but there are three that control our moods: 1) norepinephrine, 2) serotonin and 3) dopamine.



Who is at high risk for depression?

The following people are at high risk of depression: people with Spina Bifida and hydrocephalus, chronic pain sufferers, women, especially those with hormonal imbalances. In addition, people with Attention Deficit Hyperactivity Disorder (ADHD) and/or learning disorders have higher rates of depression. This may be because of school failures, low self-esteem or a chemical imbalance in the brain. Research suggests that depression is more common among people in northern climates, especially in winter.

Depression is linked to family history. If one person has depression, his family members are more likely to have depression at some time. In identical twins this link is clear. If one twin is depressed, the chance of the other twin being depressed is high.

Stress, especially chronic stress, plays a role in depression. This stress could be from home, school or work, or from something else like a surgery. Depression is more common following a major personal loss, such as the death of a loved one.

Low self-esteem is associated with depression, and is one reason why people with Spina Bifida are more likely to be depressed. Other risk factors include decreased social support and isolation. Learned helplessness—where people feel that there is nothing they can do to improve their situations—may contribute to depression.

How is anxiety related to depression?

If someone is anxious, he or she is more likely to be depressed. The reverse also is true. Many drugs used to treat depression are used to treat anxiety. Like depression, anxiety runs in families. Symptoms of anxiety include feeling tense or afraid, having a persistent sense of dread, panic or terror. People who are anxious may worry a lot. Anxiety breaks up concentration and tends to result in a focus on oneself.

One type of anxiety disorder is obsessive-compulsive disorder (OCD). Signs include repeated, purposeful behaviors that try to reduce anxiety. Behaviors may include repeated hand washing, counting objects and needing objects to be arranged in a certain order. Severe OCD interferes with functioning and should be treated. The good news is that anxiety and depression are treatable!

How are depression and anxiety treated?

There are many ways to treat depression and anxiety. Studies show that exercise can have a great effect. The National Center on Physical Activity and Disability (NCPAD) offers great information on physical activity and health for people who have difficulty with mobility. Sports provide a good workout and make it easy to meet people. Horseback riding is fun, too. It stretches the muscles and joints.

Beyond exercise, drugs and counseling may be needed. Drugs of choice are Selective Serotonin Re-uptake Inhibitors. Each drug has side effects that can be different in each person. Sometimes side effects can be severe, so at least initially after starting a new medication, patients must have frequent communication with the psychiatrist.

Counseling (including a type called cognitive-behavioral therapy) can be valuable, especially with anxiety. Counseling also helps if the person has low self-esteem. Sometimes it's very helpful for the entire family to receive counseling. Drugs alone won't improve self-esteem.

How long do you treat depression with drugs?

For people who have severe depression, troubles at home, low self-esteem or a struggle to take care of themselves, drugs and counseling are often necessary. Depression is very different for each person who suffers from it; and similarly, the treatment is customized to the needs of the patient. For someone who has mild depression for the first time, treatment usually lasts for two to three months and then the drug is tapered off, but counseling may need to continue for weeks, months or longer.

Get help

If you or someone you know seems to be depressed, talk to a doctor or nurse. If you try to talk about depression or anxiety and your health care provider doesn't react the way you think he or she should, find another provider who will listen. You can also find help by calling your local mental health hotline.

Contributing Editor

Gregory S. Liptak, MD, MPH

Content distributed in
Canada in partnership with

HYDROCEPHALUS
CANADA

with the financial support of



This information does not constitute medical advice for any individual. As specific cases may vary from the general information presented here, SBA advises readers to consult a qualified medical or other professional on an individual basis.