



TRAINING GUIDE

Bid Adieu to all your Mental Sufferings
Today & Mitigate the Affliction of
Depression!!!

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Final Words of Advice

Introduction

“Depression is the inability to construct a future”

Everyone experiences feelings of sadness, hopelessness and cranky at some time or another. And the experience of every person's depression is different as there are a wide variety of symptoms associated with it. Many people feel down occasionally, or go through bad patches, but have areas in their lives that make them feel good and like things about themselves. For some people though, life is more of a struggle. They feel bad about themselves and their lives in most ways. At times they feel complete despair. If a person feels like this, then he or she may be depressed.

For all such people or their near-and-dear ones, facing the blues of depression we have created a unique, written by experienced professionals this book - “Goodbye Depression”. This guide is inclusive of detailed information (15 chapters in total) all containing the latest and up-to-date content related to the highly important and wide subject of Depression.

The World Health Organization has recently listed depression as the leading cause of ill health and disability worldwide. It's a global problem and one for which many possible solutions have been explored. Depression is prolonged and persistent mood which can color and interfere with many aspects of one's life. It is characterized by feelings of worthlessness, excessive guilt, loneliness, sadness, hopelessness, self-doubt and guilt which interrupt in everyday activities of a persona. Suicidal thoughts may also be present in most of the severe depression cases.

The people suffering from this problem often end up losing their health, appetite, job, and sometimes even their life. They become disinterested in activities which were once of interest. Such people also withdraw themselves from their friends and family and cut down their social circle by isolating themselves from others.

Depression increases the risk of an early death by up to THREE TIMES: Mental health condition suppresses the immune system, putting people at risk of several illnesses. Thus, it is very important to recognize the symptoms of depression and treat it in time before it gets too late.

It is a severe disorder and one that can often go undetected in some people's lives because it can creep up on you. Depression doesn't need to strike all at once; it can be a gradual and nearly unnoticeable withdrawal from your active life and enjoyment of living.

So, check out our book and go through the various chapters to fight depression.

Win the battle of depression and emerge out victorious with this top-notch content!





Chapter – 1

DEPRESSION: AN OVERVIEW

1.1 What is Depression?



Most people feel sad or depressed at times. It's a normal reaction to loss or life's struggles. But when intense sadness -- including feeling helpless, hopeless, and worthless -- lasts for many days to weeks and keeps you from living your life, it may be something more than sadness. You could have clinical depression-- a treatable medical condition.

Sadness, feeling down, having a loss of interest or pleasure in daily activities - these are symptoms familiar to all of us. But, if they persist and affect our life substantially, it may be depression. Depression is a common and serious medical illness that negatively affects the way you feel, think and how you act. It causes feelings of sadness and/or a loss of interest in activities once enjoyed.



- **An illness that involves the body, mood, and thoughts**

Depression is a disease which not only affects the physical health of a person but also his mind and the way he thinks. It affects a person's day-to-day activities like eating, sleeping and everything else. The way he perceives a situation changes if he is in a state of depression.

- **Depression is not same as passing a blue mood**

Many people confuse depression with a state of anxiety, worry or tension. It is clearly not being in a blue or a bad mood. It is not a sign of any personal weakness or a condition that can be wished away. Depression is a mental disorder which is characterized by a sad state of mind which goes above and beyond normal sadness or grief.

- **It is a clinical syndrome**

Depression is a clinical syndrome which means it is accompanied by a group of symptoms like changes in bodily functions like eating, sleeping, taking, etc. along with changes in thoughts and the whole process of thinking and reacting towards specific situations. Depression is not just one change, but it involves many symptoms which define it.

- **Depression can be diagnosed only clinically**

Situations like death or loss of a loved one, loss of a job, or the ending of any relationship are very hard and difficult for a person to endure and accept. It is very normal for feelings of sadness or grief to develop in response to such situations. And therefore, it becomes very obvious for people to misinterpret and express themselves as 'depressed' during experiencing such loses.

But both these conditions of being sad or being depressed are different. The grieving process is natural and unique to each individual and shares some of the same features of depression. Both grief and depression may involve intense sadness and withdrawal from usual activities. But still they are different from each other in a lot many ways:

1. Feelings

- In the state of grief, feelings often come in waves, both high and low, intermixed with positive memories of their loss. It may be a deceased person or a departed love, or anything else.
- In situations of major depression, the mood, interests, and pleasures of a person are decreased consistently for a longer duration of time, at least two weeks.

2. Self-Esteem

- In grief, self-esteem and self-confidence are usually maintained.
- In major depression, feelings of worthlessness and self-loathing are common.

3. Mood Variations

- In case of grief, we often experience mood swings. Sometimes of the day we feel extremely sad and at the other times we feel less sad and try to overcome the sad state by indulging in activities like watching TV, going out, meeting people, etc. But this is not true in case of depression, where we generally lock ourselves in a room and confine our lives to a certain limit.
- Depression colors all aspects of our lives, making everything around us negative. The things around us start losing their importance and worth for a longer duration, thus decreasing our abilities to experience joy, pleasure, excitement satisfaction, etc.



4. Eating and Dietary Habits

- While being in a state of sadness and feeling blue, you still are able to maintain your desire to eat breakfast, take a step to the office, work if you want, and get a rough amount of sleep.
- Depression leads to abnormal eating patterns and sleeping patterns. It leads to a serious problem of becoming an insomniac or the reverse, sleeping more than normal and not willing to get out of your bed. Eating disruptions are often a manifestation of the "everything is pointless" thinking of depression; what's the point of making a healthy dinner, or indeed eating at all?

5. Self- Punishing and Self-Critical Thoughts

- During grief or sadness, you might feel bad or upset temporarily but at some point in time you overcome the feeling of worthlessness or guilt and tend to move away from those feelings.
- Depression has its own special host of accompanying thought patterns, some of which are particularly strange. One of its most distinctive features is that your thoughts often become incredibly self-punishing; it's difficult to see yourself as anything except rotten, bad, worthless and to blame for everything.

6. Self-Harming Thoughts

- Suicidal ideation is not typically associated with normal levels of non-depressive sadness. A person suffering from regular levels of sadness does not intend to commit suicide or harm himself in any manner.

- Severe depression may sometimes take the self-harming thoughts to one level higher where they get this notion of death by attempting to suicide.

Depression is different from the fluctuations in mood that people experience as a part of normal life. Temporary emotional responses to the challenges of everyday life do not constitute depression.

Likewise, even the feeling of grief resulting from the death of someone close is not itself depression if it does not persist. Depression can, however, be related to bereavement - when depression follows a loss, psychologists call it a "complicated bereavement."

1.3 Important Facts about Depression

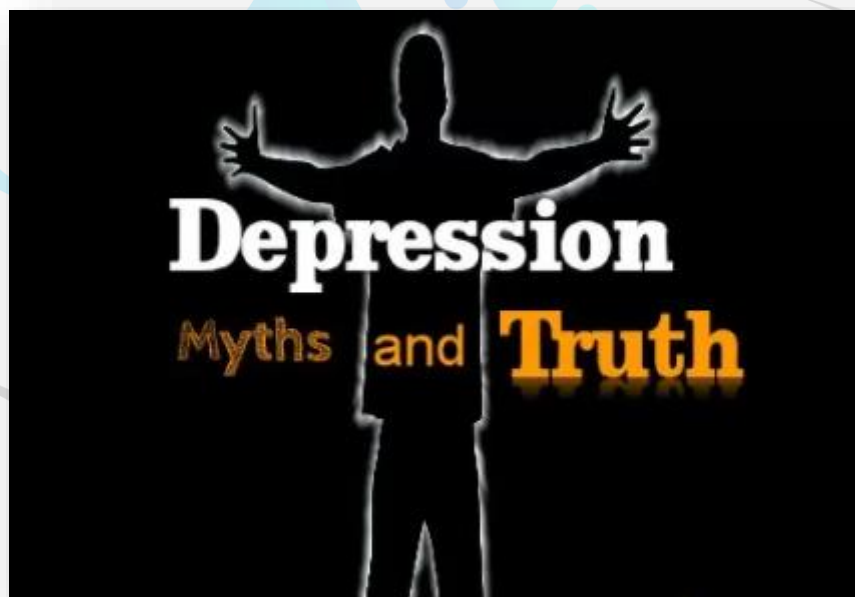


1. One in 10 people will have a depression in their lifetime.
2. Because depression can lead to self-harm including suicide, it is important to note that one of every 25 suicide attempts results in death.
3. Some types of depression, especially bipolar depression, run in families.

4. While there are many social, psychological, and environmental risk factors for developing depression, some are particularly prevalent in one gender or the other, or in particular age or ethnic groups.
5. There can be some differences in signs and symptoms of depression depending on age, gender, and ethnicity.
6. The first step in getting appropriate treatment for a depressive disorder is a complete physical and psychological evaluation to determine whether the person, in fact, has a depressive disorder.
7. Depression is not a weakness but a serious mental illness with biological, psychological, and social aspects to its cause, symptoms, and treatment. A person cannot will it away. Untreated or undertreated, it can worsen or return.
8. There are many safe and effective medications, particularly the SSRI antidepressants that can be of great help in the treatment of depression.
9. For full recovery from a mood disorder, regardless of whether there is a precipitating factor or it seems to come out of the blue, treatments with medications, phototherapy and/or electroconvulsive therapy (ECT) or transcranial magnetic stimulation (TMS), as well as psychotherapy and participation in support groups are often necessary.
10. Adolescents who suffer from depression are at risk for developing and maintaining obesity.
11. Depression can coexist with virtually every other mental health condition, aggravating the status of those who suffer the combination of both depression and the other mental illness.
12. Depression in the elderly tends to be chronic, has a low rate of recovery, and is often undertreated. This is of particular concern given that elderly men, particularly elderly white men have the highest suicide rate.

13. Depression can increase the risks of developing coronary artery disease and asthma, contracting the human immunodeficiency virus (HIV) and many other medical illnesses.
14. Depression is usually first identified in a primary-care setting, not in a mental health professional's office. Moreover, it often assumes various disguises, which causes depression to be frequently underdiagnosed.
15. Some will only experience one depressive episode in a lifetime, but for most, depressive disorder recurs. Without treatment, episodes may last a few months to several years.

1.4 Common Myths about Depression



1. If you think somebody is depressed, the best way to help is to try to cheer them up!

No, the above isn't true. If an individual is suffering from this serious disorder of depression, you should encourage them to talk to their doctor or a mental health

professional. Just trying to lift their spirits may make them feel misunderstood. Share your support and offer hope that they will feel better with treatment and time.

2. Depression is Mental Weakness

This stigma is one of the main reasons why so many people elect to suffer in silence rather than seek the help they need. However, no one *chooses* to develop depression. It is a complex mental disorder that affects a person biologically, psychologically and socially, and does not discriminate. If anything, there is great resilience in the person that feels truly debilitated by this condition but makes an effort to work through it on a daily basis.

3. Real men don't get depressed

Just because women are twice as likely to develop depression doesn't mean men should suffer in silence. In fact, middle-aged white men have experienced the greatest increase in a number of suicides committed each year, and the majority of them can be linked back to depression. Men often express depression differently than women which make depression among men easier for society to overlook. Afraid of appearing less masculine, strong and stable, men often feel less able to speak up and receive the help they need. This makes depression even more dangerous for men, because they avoid treatment, tend to complicate their condition with substance abuse and are far more successful in suicide attempts, should their condition worsen to that level.

4. You'll need medication for the rest of your life

Depression treatment is entirely customized to the person exhibiting symptoms. Some people use medication for short-term assistance, some stick to a consistent regimen over the course of their lives and some opt for no medication at all. Several forms of psychotherapy can offer effective treatment; for an estimated 40 percent of people dealing with depression, it works even better than medication. Experienced doctors run through all of the treatment options with their patients to ensure that they are getting the care that they need and feel comfortable with the route ultimately taken.

5. Talking about it only makes it worse

Because we have treated the issue of depression with kid gloves for so long, it instinctually feels uncomfortable to talk about it at first. But we can't will it away or expect it to heal on its own. By abandoning the stigma associated with the disorder and being receptive to those who are concerned for their well-being or that of a loved one, we are able to initiate the conversation in a proactive, helpful way rather than reinforce destructive, negative feelings. More people will express how they feel before those feelings become more severe -- or even fatal -- and begin seeking the support they truly need.

6. Antidepressants always cure depression



Depression is treatable. Among other interventions, your doctor may prescribe antidepressant medications. These drugs alter your brain chemistry. They can help address deep-rooted biological issues that may be contributing to your condition.

But for many people, antidepressants alone aren't enough. Your doctor may also recommend psychotherapy or talk therapy. Combining medications with talk therapy is a common treatment strategy.

7. Depression is something that strong people can “snap out of” by thinking positively

No one chooses to be depressed, just like no one chooses to have any other health condition. People with depression cannot just “snap out of” their depression any

more than someone with diabetes can. It is not a sign of weakness or laziness to be depressed; it is a health problem resulting from changes in brain structure or function due to environmental and biological factors.

8. Depression will just go away on its own.

While for some people, depression may go away without treatment, this is not usually the case. Without treatment, symptoms of depression can continue for weeks, months or even years. Depression can lead to suicide, the third leading cause of death for 18 to 24-year-olds, reinforcing the importance of seeking treatment. The good news is that most people do get better with treatment.

Conclusion

Depression is more than just feeling sad or going through a rough patch. It is a serious mental health condition that requires understanding and medical care. Left untreated, depression can be devastating for those who have it and their families. There are a variety of causes, including genetic, biological, environmental, and psychological factors which we shall discuss in the upcoming chapters in detail.



Chapter – 2

CAUSES OF DEPRESSION



WHAT CAUSES DEPRESSION?

The causes of depression are not fully understood and may not be brought down to a single source. A number of factors and things are linked to depression. Depression usually results from a combination of recent events and other longer-term or personal factors, rather than one immediate issue or event.

It's often said that depression results from a chemical imbalance, but that figure of speech doesn't capture how complex the disease is. Research suggests that depression doesn't spring from simply having too much or too little of certain brain chemicals. Rather, there are many possible causes of depression, including faulty mood regulation by the brain, genetic vulnerability, stressful life events, medications, and medical problems. It's believed that several of these forces interact to bring on depression.

To be sure, chemicals are involved in this process, but it is not a simple matter of one chemical being too low and another too high. Rather, many chemicals are involved, working both inside and outside nerve cells. There are millions, even billions, of chemical reactions that make up the dynamic system that is responsible for your mood, perceptions, and how you experience life.

With this level of complexity, you can see how two people might have similar symptoms of depression, but the problem on the inside, and therefore what treatments will work best, may be entirely different.

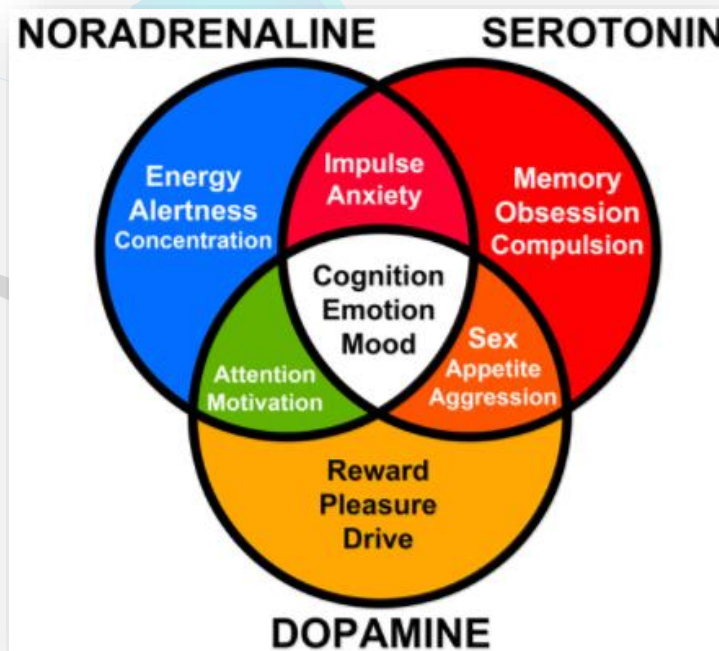
2.1 Major Causes of Depression

Depression may be caused by one factor alone or a combination of factors. These factors can be classified into 4 broad categories including **biological, psychological, environmental and personal factors**.

2.1.1 Biological Factors

The Biological factors refer to the ones which are caused by improper functioning of the body, for example, the brain, nerves or any other body part.

1. One of the predominant theories proposes that depression is caused by an imbalance of naturally occurring substances called neurotransmitters in the brain and spinal cord. **Neurotransmitters** are naturally occurring brain chemicals that likely play a role in depression.
2. Serotonin and norepinephrine are two main neurotransmitters in the brain that appear to be involved in the symptoms of depression.



3. Recent research indicates that changes in the function and effect of these neurotransmitters and how they interact with neuro-circuits involved in maintaining mood stability may play a significant role in depression and its treatment.
4. Depression might also be affected by changes in the functioning of certain other signaling chemicals in the brain.

2.1.2 Psychological Factors

Every individual's thoughts determine how he or she will experience life, which affect his mood, often tending to affect and have a strong impact on the mind often leading to depression.

Few of these Psychological Factors are:

1. Childhood and Upbringing

People who have disturbing experiences in childhood are more likely to have depression. It may be from brain changes caused by trauma at a young age. For example, a strict and severe upbringing in which negative comments and criticism predominate can shape the way one views the world, in most likely a negative way, thus leading to depression.



2. Personality

Every person on the Earth has a different personality and hence, carries a persona to perceive things, comments or criticism. Some people may be at risk of depression because of their personality, particularly if they have a tendency to worry a lot, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical and negative.

2.1.3 Environmental Factors

The major and most common environmental factors leading to depression include:

1. Major Life Events

Continuing and growing difficulties – long-term unemployment, living in an uncaring or faulty relationship, long-term isolation or loneliness, prolonged work stress – are more likely to cause depression than recent life stresses. Many researchers also suggest that sometimes even good events such as starting a new job, graduating, or getting married can lead to depression. Other traumatic or stressful events, such as a difficult relationship, or financial problems also leads to depression in certain cases.



2. Abuse

Past physical, sexual, or emotional abuse can increase the vulnerability to clinical depression later in life. Even child abuse underpins adult depression. In almost every case of significant adult depression, some form of abuse was experienced in childhood, either physical, sexual, emotional or, often, a combination.



3. Medication

Medications such as barbiturates, benzodiazepines, and the acne drug isotretinoin (formerly sold as Accutane, now Absorica, Amnesteem, Claravis, Myorisan, Zenatane) have sometimes been associated with depression, especially in older people. Likewise, medications such as corticosteroids, opioids (codeine, morphine), and anticholinergics took to relieve stomach cramping can sometimes cause changes and fluctuations in mood.

4. Death or Loss

Sadness or grief from the death or loss of a loved one, though natural, may increase the risk of depression. This happens generally when a person is unable to accept the death or loss of his loved one, or when the sudden tragic

death of the individual leaves you alone, with nobody around to share the sorrow or grief.



5. Age

Teenagers and old aged people more often fall prey to depression when compared to the other age groups. However, Depression is a common problem in older adults. It impacts older people differently than younger people. In particular to the elderly, depression is a side product of other medical illnesses and disabilities and lasts longer.

6. A past head injury

Research has found that patients with TBI (Traumatic Brain Injury) are more likely to experience depression than those who have not had a brain injury. People who experience serious head injuries often require days -- if not weeks -- of medical care to get back on their feet. For most of them, the mental aftershocks will last long after they've checked out of the hospital. According to a study, more than half of all people who suffer a traumatic brain injury will become depressed in the year after the injury, a rate eight times higher than in the general population. The reason is that the brain injuries themselves may cause changes in brain structure and function that predispose people to depression.



7. Having a past episode of major depression

Having had one episode of major depression in the past increases the risk of a subsequent one. About half of the people who experience an episode of depression for the first time will remain well. For the other half, depression can return one or more times throughout their lives. It is most likely to return within 3 years after a first episode but varies from person to person.

2.1.4 Personal Factors

The Personal factors leading to depression are the ones that are personal or confined to an individual. For example, family history, addiction to some particular thing, or overuse of a drug, etc. are included in this.

1. Genetics/ Family History

Depression can run in families and some people will be at an increased genetic risk. It's thought that depression is a complex trait, meaning that there are probably many different genes that each exert small effects, rather than a single gene that contributes to disease risk. However, having a parent or close relative with depression doesn't mean you'll automatically have the same experience. Life circumstances and other personal factors are still likely to have an important influence.



2. Bullying

Bullying and depression are often related. Researchers have discovered a strong link between bullying and depression. Depression is an illness that is not totally understood and may have a variety of causes, but it is clear that it has a relationship to bullying. Both bullies and their victims are more likely to suffer from depression than youth who are not involved in bullying. This connection can be long-lasting; people who are bullied as children are more likely to suffer from depression as an adult than children not involved in bullying.



3. Social Isolation

Problems such as social isolation due to other mental illnesses or being cast out of a family or social group can contribute to the risk of developing clinical depression. These problems often end up leaving a person desolated, anxious and in a state of loneliness thus leaving him in a depressed state.

4. Medical Illness

The stress and worry of coping with a serious illness can lead to depression, especially if you're dealing with long-term management and/or chronic pain. These chronic and disabling medical conditions that may have no cure can raise your risk of becoming depressed. These categories of illnesses include cancer, heart diseases, stroke, thyroid problems, or any other chronic pain, which make depression more likely.

5. Drug Overuse

Drugs can lead to and result from depression. Many people dealing with depression are also found to be addicted to drugs mostly overusing them. In fact, it has also been found that nearly 30% of people with substance abuse problems also have major or clinical depression. Not only recreational drugs, but also a few of the prescribed drugs like corticosteroids, some beta-blockers, interferon, and others lead to depression.



6. Alcohol Abuse and Smoking

Abuse of alcohol is strongly linked to depression. Having a regular intake of excessive alcohol may lead to depression. Smoking also has long been linked with depression, though it's a chicken-or-egg scenario: People who are depression-prone may be more likely to take up the habit. However, nicotine is known to affect neurotransmitter activity in the brain, resulting in higher levels of dopamine and serotonin (which is also the mechanism of action for antidepressant drugs). Avoiding cigarettes—and staying smoke-free—could help balance your brain chemicals.



7. Conflicts

Depression in someone who has the biological vulnerability to develop depression may result from personal conflicts or disputes with family members or friends. Sometimes, poor sibling relationship also becomes a major cause of depression. Psychiatry found that men who didn't get along with their siblings before age 20 were more likely to be depressed later in life than those who did. Researchers suggest that effective sibling relationships could help children develop the ability to relate to peers and socialize, thus diminishing the depression trigger.

2.2 Other Factors Driving Depression

1. Hormones

Changes in the body's balance of hormones may be involved in causing or triggering depression. Hormone changes can result in pregnancy and during the weeks or months after delivery (postpartum) and from thyroid problems, menopause or a number of other conditions.

2. Poor Sleep Habits

It's no surprise that sleep deprivation can lead to irritability, but it could also increase the risk of depression. If you don't sleep, you don't have time to replenish [brain cells], the brain stops functioning well, and one of the many factors that could lead to is depression.



3. Social Media Overload

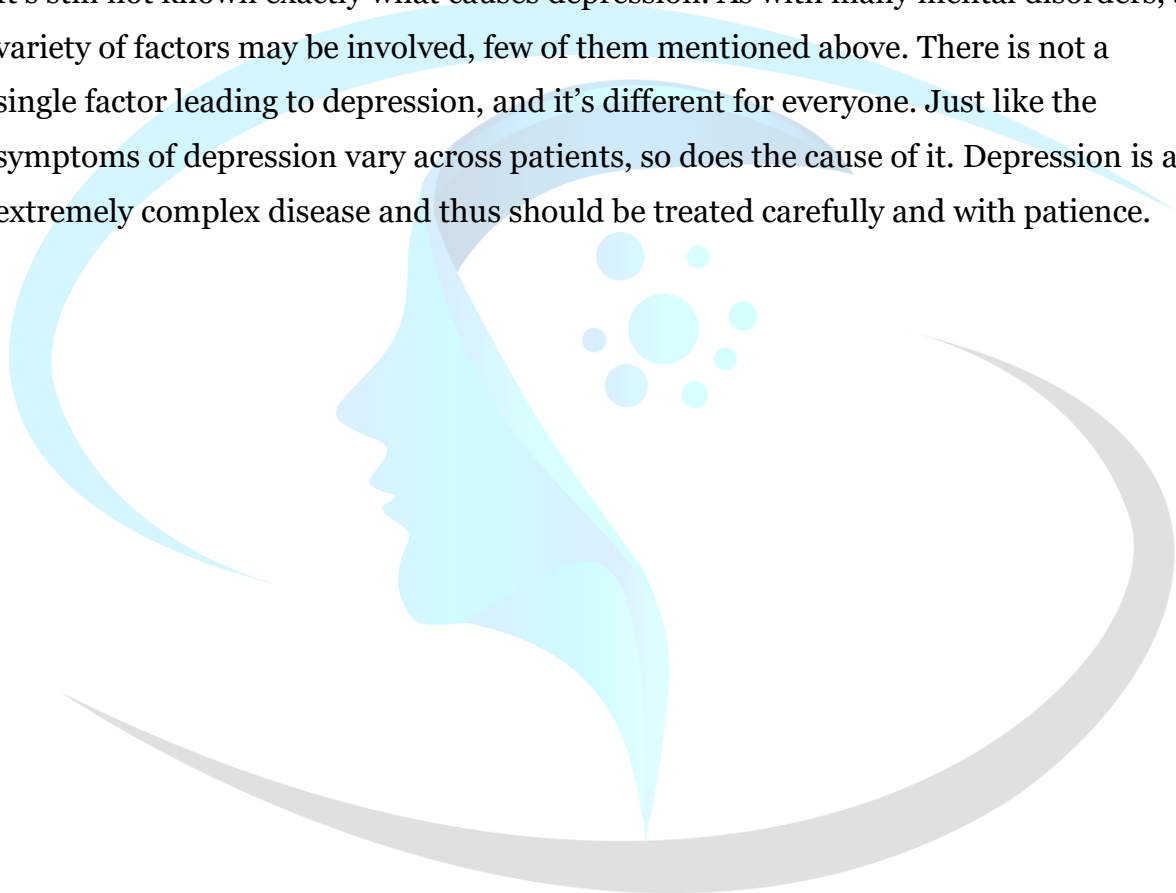
Spending too much time in chat rooms and on social-networking sites like Facebook can be associated with depression, particularly in teens and preteens. Internet addicts may struggle with real-life human interaction and a lack of companionship, and they may have an unrealistic view of the world. Some experts even call it "Facebook depression." In a study, researchers found that about 1.2% of people ages 16 to 51 spent an inordinate amount of time online and that they had a higher rate of moderate to severe depression. However, the researchers noted that it is not clear if Internet overuse leads to depression or if depressed people are more likely to use the Internet.

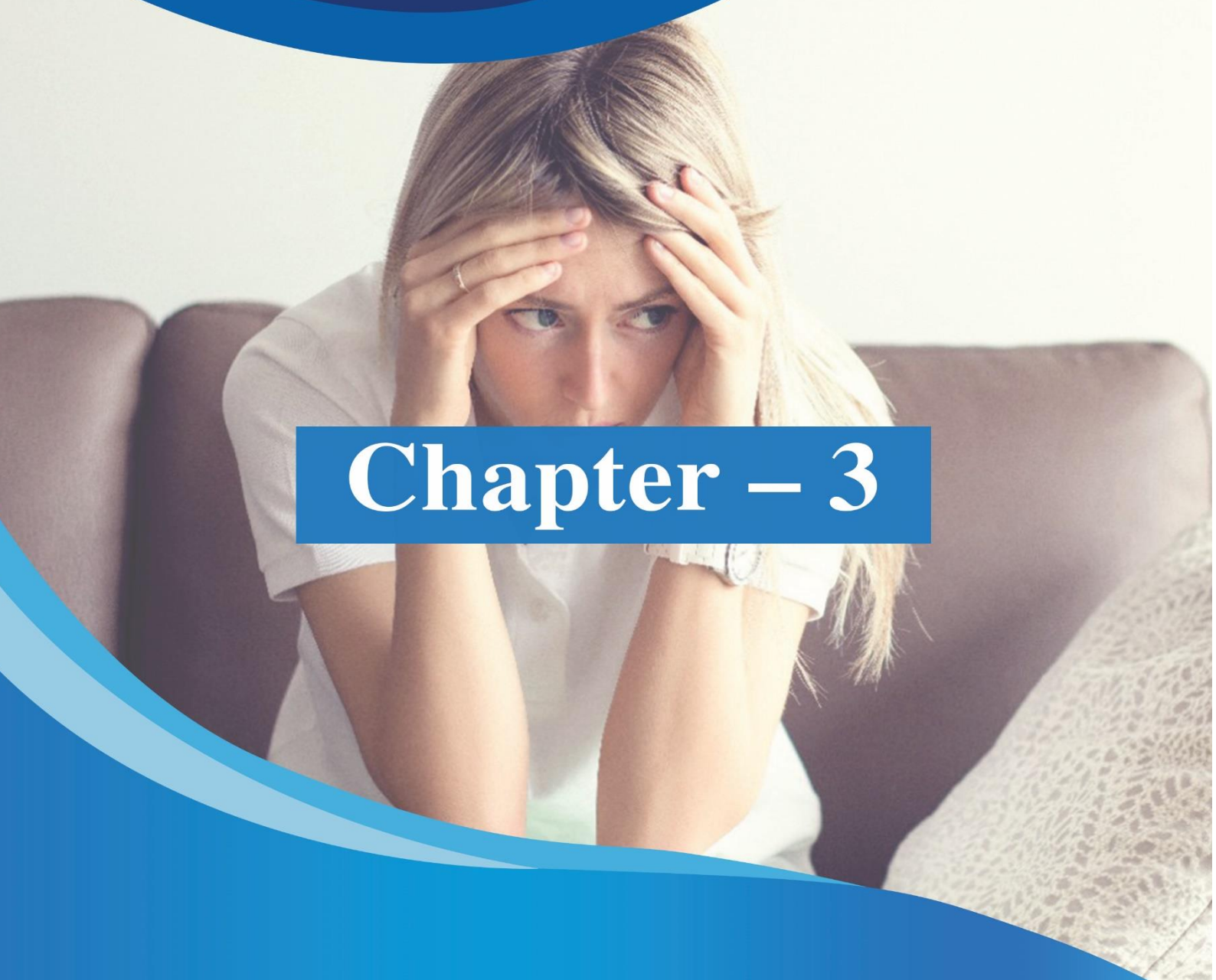
4. Birth Control Pills

Like any medication, the Pill can have side effects. Oral contraceptives contain a synthetic version of progesterone, which studies suggest can lead to depression in some women. It doesn't happen to everyone, but if women have a history of depression or are prone to depression, they have an increased chance of experiencing depression symptoms while taking birth control pills.

Conclusion

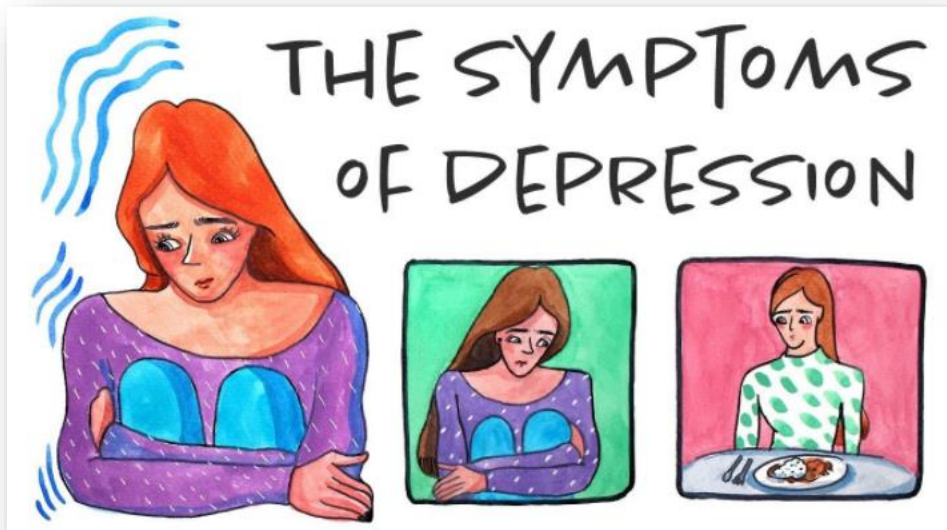
It's still not known exactly what causes depression. As with many mental disorders, a variety of factors may be involved, few of them mentioned above. There is not a single factor leading to depression, and it's different for everyone. Just like the symptoms of depression vary across patients, so does the cause of it. Depression is an extremely complex disease and thus should be treated carefully and with patience.



A photograph of a woman with blonde hair sitting on a brown leather couch. She is covering her face with her hands, with her fingers spread across her forehead and eyes. She has a distressed or sad expression. She is wearing a white short-sleeved shirt. The background is a plain, light-colored wall.

Chapter – 3

Signs and Symptoms of Depression



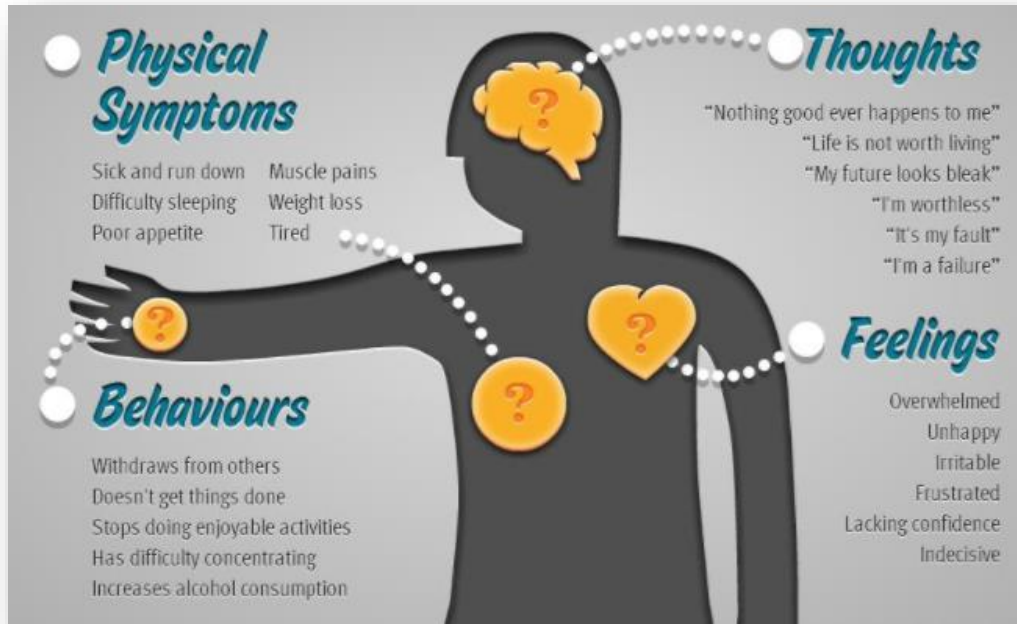
You may be depressed if, for more than two weeks, you've felt sad, down or miserable most of the time, or have lost interest or pleasure in usual activities. But it's important to remember that we all experience some of these symptoms from time to time, and it may not necessarily mean you're depressed. Equally, not everyone who is experiencing depression will have all of these symptoms.

Feeling sad or lonely is a normal reaction to loss, life's struggles or an injured self-esteem. But when these feelings become overwhelming, cause physical symptoms, and last for long periods of time, they can keep you from leading a normal, active life. The feelings of hopelessness and despair take hold and just won't go away, and that is what indicated that you may have depression.

That's when it's time to seek help!

But no matter how hopeless you feel, you can get better. By understanding the cause of your depression and recognizing the different symptoms and types of depression, you can take the first step to feeling better and overcoming the problem. Accurately identifying the problem is the key, because the sooner you get treatment, the easier it will be to return your happy, healthy self.

3.1 Depression Signs and Symptoms



3.1.1 Behavioural Signs

When a person is suffering from depression, there are a couple of changes that are experienced in one's behavior and the way to reacts to things around him. Some of them are listed below:

(a) Not willing to go out

A person who is depressed or just slipping into the state of depression experiences this kind of feeling where he pushes himself away to go out and spend time outside, like hanging out with people, shopping, etc.

(b) Not getting things done at work

A person experiencing depression mostly remains "physically present and mentally absent" when at work. This mostly happens when a person is at his job in office, or if the victim is a patient this might happen when he is at school. The feelings of desolation are always stuck to the victim, not letting him participate in the things at work.



(c) Isolating from family and friends

A depressed person often wishes to stay alone. He doesn't seem to entertain anyone's company, be it his close family, relatives or friends. And thus isolates himself from everybody willing to spend time alone.



(d) Relying on alcohol and other sedatives

A lone person often has a tendency to get addicted to alcohol, smoke, drugs or other sedatives and depressants which induce sleep and temporarily clam one's mind. These things help the person temporarily forget his pain or loss

but do not help in the long run. This is a warning sign of depression and should be acted upon immediately.

(e) No more interested in activities which once used to enjoy

A closer sign of a depressed person is his action no more being interested in the activities which once he used to enjoy. These are mostly the leisure time or recreational activities like clubbing, dancing, partying, reading or any other hobby which the individual used to spend his time on for making him happy and joyous.

(f) Lack of concentration

This is an obvious behavior for a person suffering from the deadly problem of depression. Because it is apparent to lose concentration at work - both office and home if an individual is not in his normal state of mind and is no more interested in the activities which used to make him happy once. He will be unable to focus and concentrate on anything around him.

3.1.2 Feelings/ Emotional Signs

For a depressed person, the feelings and emotions attached take a turn and become negative. He becomes sad, dejected and pessimistic about all the aspects of his life. It is important to remember that these signs and symptoms might differ across individuals and the way they respond or react to situations also varies.

(a) Feeling of guilt

A person in the state of depression will feel guilty about the latest happenings around him. This might be a death or loss of a person, a broken relationship, loss of job, or anything else. In some cases, the feeling of guilt emerges after a certain period of time and is linked to old activities or incidents.

(b) Prone to Irritation and Frustration

In general cases, it has been observed that a person who is slipping into a state of depression gets frequently irritated by things, people, and actions. These

may be petty issues or even big, but the frequency of getting irritated and frustrated increases for such individuals.



(c) Lack of Confidence

Depression kills confidence. Yes, that is absolutely true. Depression makes a person hollow from inside when he feels worthless leading to lack of self-confidence to achieve his goals. Depression leads to a feeling of being incompetent to follow and attain something.

(d) Unhappy

The feeling of unhappiness rolls over the mind of the person suffering from depression. He continues to feel unhappy and gloomy no matter how his surroundings are.

(e) Overwhelmed Attitude

It is not necessarily true that a depressed person only shows signs of sadness or grief. At the time, an overwhelmed attitude or behavior is also a sign of being depressed and broken from inside. A state of extreme happiness and joy for no reason is a sign of depression. Also, being happy with a wrong, negative or a bad reason indicates depression.

(f) Indecisive

A person dealing with depression is often found to face difficulties in taking decisions no matter how big or small they are. He becomes indecisive, not

only on matters related to others but also his own life decisions. This is due to the broken state of the brains resulting from depression.



(g) Disappointed in life

For a victim of depression, disappointment takes over everything. It has been observed that dissatisfaction triggers disappointment leading to depression, or we can say it the other way round - Depressed people are the ones who are often dissatisfied with their lives.

(h) Miserable and Sad

If a person is depressed it automatically triggers the feelings of sadness, pessimism, and dejection. The reasons for dejection may be many, death of a loved one, a broken relationship, unemployment, financial glitches, etc. The phase of sadness with almost nobody to pay heed to the person eventually ends him up in a state of depression.

(i) Trouble Memorizing

Depression has been linked to memory problems, such as forgetfulness or confusion. Depression is associated with short-term memory loss. It doesn't affect other types of memory, such as long-term memory and procedural memory, which controls motor skills. A person suffering from depression

faces troubles in memorizing basic and quick things like tasks for the day, checklist, etc.

(j) Anger Outbursts

Depression and anger go hand in hand and can cause a revolving cycle that's hard to break. If the slightest mishap sends you into a rage, or grouchy is your new normal, you may be in a blue funk. In a study published in a journal, 54% of people with depression reported feeling hostile, grumpy, argumentative, foul-tempered, or angry. Lashing out in anger can lead to alienation and feelings of guilt, which can lead to depression. Long-term depression can make it difficult to handle emotions, increasing the likelihood of anger outbursts.



3.1.3 Thoughts

Thoughts also play an important role in identifying whether a person is really depressed or not. The things a mind thinks understands or interprets play an important role in identifying depression.

(a) 'I'm a failure'

The feelings of failure and defeat are developed in the mind of a depressed person. This failure may be experienced due to a loss in business, or unachieved deadlines at work, miscarriage and many other reasons, ultimately leaving a person to slip into depression.



(b) 'It's my fault'

Blaming oneself for everything wrong happening around is another sign of depression. A person with a depressed state of mind tends to hold himself responsible for all the wrong or evil around him. He tends to take blames for things affecting his closed one's lives and his own.

(c) 'Nothing good happens to me'

A depressed person mostly remains dissatisfied and undermines the good things happening to him. He sticks to the notion of 'nothing good can happen to me' and fails to discover or visualize the positive outlook of things, turning to adopt a pessimistic perception of things.

(d) 'I'm worthless'

The state of depression is accompanied by a wave of the lacking value of a person. It is not that he actually loses his worth, but the constant emotions and thoughts prevailing in his mind make him feel so. He perceives himself as a 'good-for-nothing' personality, treating himself worthless.

(e) 'Life's not worth living' or Harming oneself

As per research and psychological studies, it has been found that depressed people often get attracted to actions of suicide and accidental deaths. This is because they stop appreciating life and its charm and incline towards death and termination of life by attempting to end it through suicide.



(f) 'People would be better off without me'

Losing value of self as discussed above is a common symptom of depression. In such cases, the person fails to understand his own importance and distances himself from others. And this is the time when he falls prey to the fact that people are leading a normal life without him which means they are better without him. Isolation from others leads to such kind of thoughts.

(g) Delusions and Hallucinations

Psychotic depression occurs when a severe depressive illness includes some form of psychosis. The psychosis could be hallucinations (such as hearing a voice telling you that you are no good or worthless), delusions (such as intense feelings of worthlessness, failure, or having committed a sin) or some other break with reality. Psychotic depression affects roughly one out of every four people admitted to the hospital for depression.

3.1.4 Physical Signs

Though depression is different from other chronic diseases, yet it has some physical symptoms associated with it. These may not be that severe as in major diseases but are enough to catch depression and help identify it.

(a) Tired and feeling weary all the time

Depression makes people feel extremely tired, even after a good night's rest. The feelings of tiredness and being lethargic mostly erode while a person is suffering from depression. It has been noted that such people often cling to their beds and are not likely to get out of them, even in the morning after having a good sleep at night. This results due to the lack of energy in depressed people.



(b) Sick and Run down

It is generally noted that depressed individuals mostly feel restless and sick at all times of the day. They even suffer from digestive problems and become constipated all the time. Stomach cramps are also common phenomenon for the ones suffering from depression. They also might feel queasy or nauseated.

(c) A headache and muscle pain

For depressed people, headaches are fairly common. If you already are facing the problem of migraine headaches, they may seem worse. Many people are also reported to suffer from back pain, muscle aches, joint and chest pains.

(d) Churning gut

Depression leaves people in the state of churning gut where they are in a state of extreme shock, fear, and disgust. The situations of shock and fear arise are specific to the cause of depression and vary among individuals.

(e) Sleep problems and insomnia

An inability to sleep is one of the key signs of clinical depression. Another sign of clinical depression is sleeping too much or oversleeping. If you've been diagnosed with depression, you may be having trouble getting to sleep or staying asleep. There's a reason for that. There is a definite link between lack of sleep and depression. Having a sleep disorder does not in itself cause depression, but lack of sleep does play a role.



(f) Change in appetite

Loss of appetite can be an early sign of depression or a warning of a depression relapse. On the other hand, some people can't stop eating when they are depressed. Depression can also result in emotional eating, a common event in which the need to eat is not associated with physical hunger. When patients eat in response to their emotions, they are soothed by the food as it changes the chemical balance in the brain, produces a feeling of

fullness that is more comfortable than an empty stomach, and improves mood through positive association with happier times.



(g) A significant change in weight loss or gain

Episodes of depression and associated weight changes vary greatly from person to person; some people may gain weight while depressed while others may lose weight. Because depression can affect your eating and sleeping patterns, it is possible for some individuals to eat a relatively large amount of food yet still lose weight while depressed.

(h) Sexual Problems

Sexual desire starts in the brain and works its way down. Many men and women with depression tell of having low or no sexual desire. And that puts a tremendous strain on intimate relationships. Sexual problems, such as erectile dysfunction (ED) or an inability to have an orgasm, often co-exist with depression.

(i) No more hair combing

Even if your grooming routine was modest, to begin with, it may disappear when you're depressed. Neglecting your physical wellbeing and appearance is

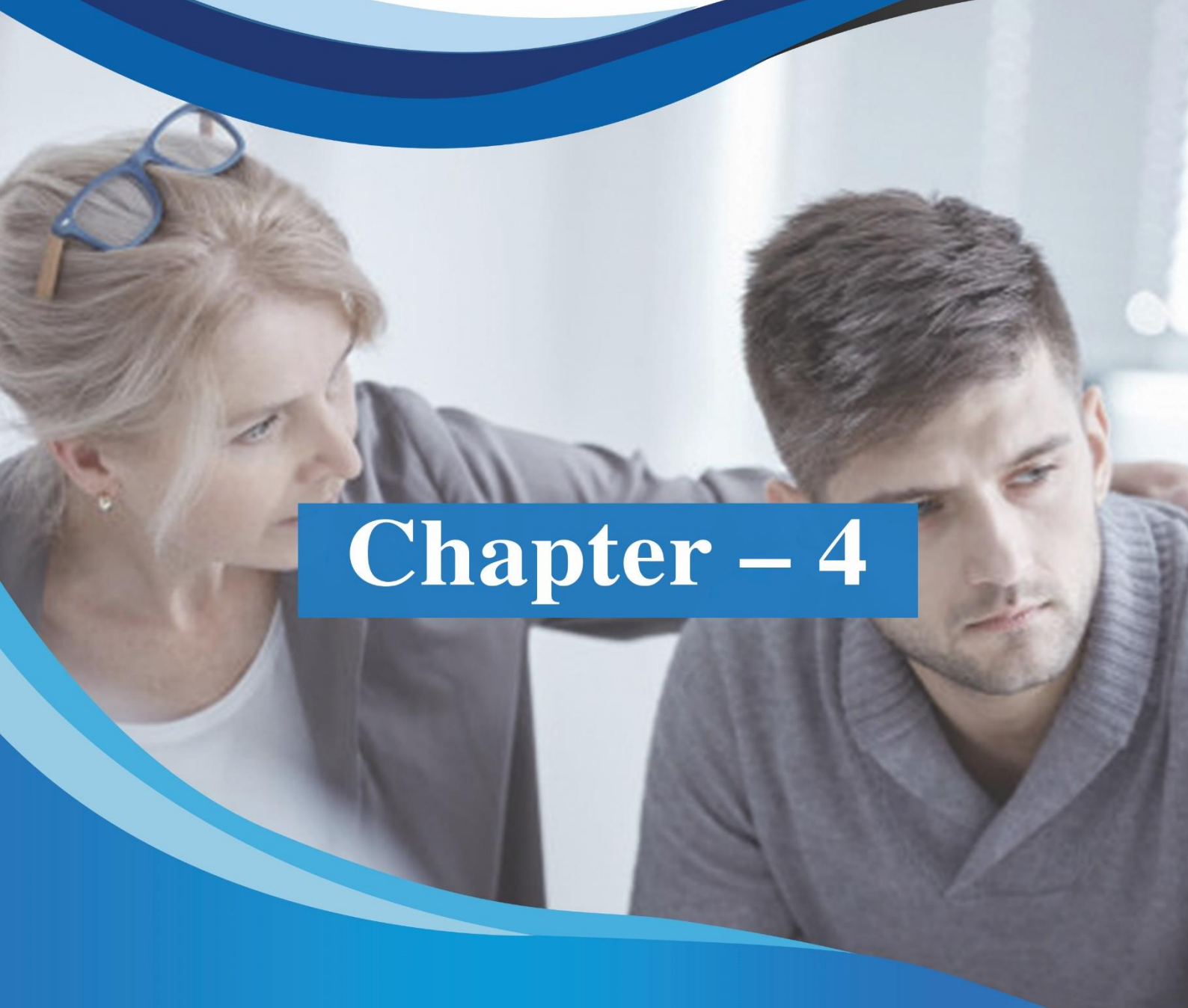
only problematic when it crosses over into distress or dysfunction.

Ultimately, not caring what you look like on the outside is a strong sign of problems happening on the inside.

Conclusion

It is recommended to see a doctor and seek medical advice if a combination of these symptoms is observed. As stated above, the symptoms of depression vary from one individual to another. Thus, in such scenario of unclear notions about symptoms or signs, an immediate medical advice or professional help is preferable.



A photograph of a woman and a man. The woman, on the left, has blonde hair and is wearing glasses on her head. She is looking towards the man. The man, on the right, has dark hair and is looking down. He is wearing a grey sweater. The background is a bright, out-of-focus indoor setting.

Chapter – 4

Types of Depression



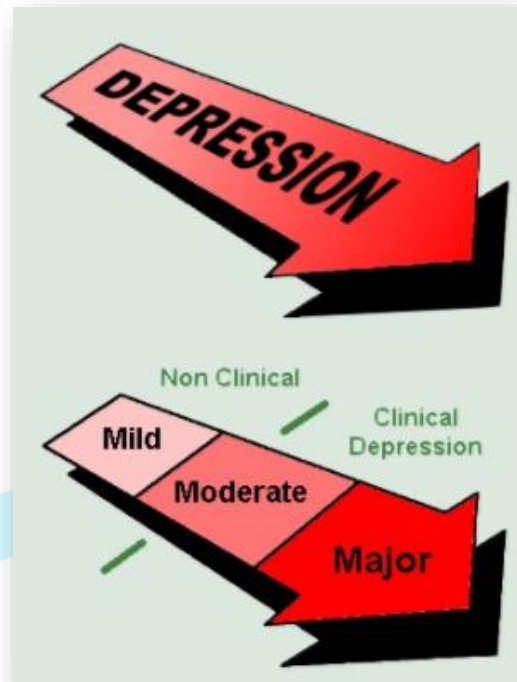
It's normal to feel down once in a while, but if you're sad most of the time and it affects your daily life, you may have clinical depression. It's a condition you can treat with medicine, talking to a therapist, and adding changes to your lifestyle.

There are many different types of depression. Events in your life cause some, and chemical changes in your brain cause others.

Whatever the cause, your first step is to let your closed ones or your doctor know how you're feeling. They may refer you to a mental health specialist to help figure out the type of depression you have. It's important for doctors to know which type of depression you have, so they can prescribe the most effective treatments. This diagnosis is important in deciding the right treatment for you.

There are different types of depressive disorders. Each type of depression has different symptoms and causes. Symptoms can range from relatively minor (but still disabling) through to very severe, so it's helpful to be aware of the range of conditions and their specific symptoms.

4.1 Different Types of Depression



1. Major Depression/ Major Depressive Order

The major depressive disorder is the most common type of depression across the world. Your doctor might diagnose you with major depression if you have five or more of the depression symptoms on most days for 2 weeks or longer.



Major depression is sometimes called **major depressive disorder, clinical depression, unipolar depression or simply 'depression'**. It involves low mood and/or loss of interest and pleasure in usual activities, as well

as other symptoms (together with four or more) mentioned in the previous chapter. The symptoms are experienced most days and last for at least two weeks. Symptoms of depression interfere with all areas of a person's life, including work and social relationships.

Severities of Major Depression

(a) Mild

Although some of the symptoms and stress are evident, the disorder leads to only 'minor impairment of social or occupational functioning'.

(b) Moderate

Symptoms lie somewhere between mild and severe.

(c) Severe

Many symptoms are present. The intensity of symptoms is seriously distressing and unmanageable. In severe major depressive disorder, these symptoms cause marked interference with an occupational and social functioning'.

Types of Major Depression

(a) Melancholia

- This is the term used to describe a severe form of depression where many of the physical symptoms of depression are present.
- One of the major changes is that the person starts to move more slowly. They're also more likely to have a depressed mood that is characterized by complete loss of pleasure in everything, or almost everything.
- It is marked by a loss of pleasure in almost all activities, or inability to enjoy once pleasurable things (also called anhedonia).

- People experiencing major depression with melancholia usually find that their symptoms are worse in the morning.
- Major Symptoms include:
 - despondency, despair, feeling 'empty'
 - early morning awakening
 - slowing down of movement or restlessness
 - significant weight loss
 - Excessive guilt
- When a patient has a major depressive disorder with melancholic features, they require management from a GP together with a psychiatrist.

(b) Psychotic Depression

- Psychotic depression is a term used when the major depressive disorder is associated with delusions, hallucinations, and feelings of paranoia.
- Sometimes people with a depressive disorder can lose touch with reality and experience psychosis.
- This can involve hallucinations (seeing or hearing things that aren't there) or delusions (false beliefs that aren't shared by others), such as believing they are bad or evil, or that they're being watched or followed.
- They can also be paranoid, feeling as though everyone is against them or that they are the cause of illness or bad events occurring around them.
- Psychotic depression is severe and has a better response rate when treated with a combination of an anti-depressant and antipsychotics, rather than just one of these treatments alone.
- Doctors need to be careful to examine side-effects, and sometimes electroconvulsive therapy (ECT) has a better result.
- It is less common than other types of depression.

(c) Perinatal (Antenatal and postnatal) Depression

- Women are at an increased risk of depression during pregnancy (known as the **antenatal or prenatal period**) and in the year following childbirth (known as the **postnatal period**).
- The term '**perinatal**', which describes the period covered by pregnancy and the first year after the baby's birth.
- The causes of depression at this time can be complex and are often the result of a combination of factors. In the days immediately following birth, many women experience the 'baby blues' which is a common condition related to hormonal changes and affects up to 80% of women.
- The 'baby blues', or general stress adjusting to pregnancy and/or a new baby, are common experiences but are different from depression. Depression is longer lasting and can affect not only the mother but her relationship with her baby, the child's development, the mother's relationship with her partner and with other members of the family.
- Almost 10 percent of women will experience depression during pregnancy. This increases to 16 percent in the first three months after having a baby.

2. Bipolar Disorder

Another type of depressive illness is bipolar disorder. Bipolar disorder used to be known as '**manic depression**' because it is characterized by cycling mood changes: severe highs (mania) and lows (depression), often with periods of normal mood in between. Sometimes the mood switches are dramatic and rapid, but usually, they are gradual.



When in the depressed cycle, an individual can have any or all of the symptoms of depression. When in the manic cycle, the individual may be overactive, over-talkative, and have a great deal of energy.

Mania is like the opposite of depression and can vary in intensity – symptoms include feeling great, having lots of energy, having racing thoughts and little need for sleep, talking quickly, having difficulty focusing on tasks, and feeling frustrated and irritable. This is not just a fleeting experience. Sometimes the person loses touch with reality and has episodes of psychosis.

Major Symptoms of Bipolar Disorder include:

- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
- Grandiose notions or increased self-esteem
- Increased talking or pressure to keep talking
- Flight of ideas or subjective experience that thoughts are racing

Bipolar disorder is characterized by more than one bipolar episode. There are **three** basic types of bipolar disorder.

(a)Bipolar I Disorder

- The primary symptom presentation is manic, or rapid (daily) cycling episodes of mania and depression that last at least seven days.

- Manic episodes may be so severe that the individual may require hospitalization. Depressive episodes typically last at least two weeks.

(b)Bipolar II Disorder

- The primary symptom presentation is recurrent depression accompanied by hypomanic episodes (a milder state of mania in which the symptoms are not severe enough to cause marked impairment in social or occupational functioning or need for hospitalization, but are sufficient to be observable by others).

(c)Bipolar Disorder Not Otherwise Specified

- Symptoms of the disorder exist, but do not meet diagnostic criteria for either Bipolar I or II.
- However, symptoms are well out of normal range for the individual.

Bipolar disorder seems to be most closely linked to family history. Stress and conflict can trigger episodes for people with this condition and it's not uncommon for bipolar disorder to be misdiagnosed as depression, alcohol or drug abuse, attention deficit hyperactivity disorder (ADHD) or schizophrenia.

Diagnosis depends on the person having had an episode of mania and unless observed, this can be hard to pick. It is not uncommon for people to go for years before receiving an accurate diagnosis of bipolar disorder. If you're experiencing highs and lows, it's helpful to make this clear to your doctor or treating health professional. Bipolar disorder affects approximately 2 percent of the population.

3. Cyclothymic Disorder

Cyclothymia is a rare mood disorder which has similar characteristics of bipolar disorder, just in a milder and more chronic form.



The person experiences chronic fluctuating moods over at least two years, involving periods of hypomania (a mild to moderate level of mania) and periods of depressive symptoms, with very short periods (no more than two months) of normality between. The duration of the symptoms are shorter, less severe and not as regular, and therefore don't fit the criteria for bipolar disorder or major depression.

With cyclothymic disorder, your lows are a mild depression – not characteristic of full major depression. Your highs are classified as symptomatic of hypomania – a less severe form of mania. During your highs, your mood elevates for a time before returning to its baseline. During your lows, you feel mildly depressed. In between your elevated and depressed moods, you are likely to feel like yourself.

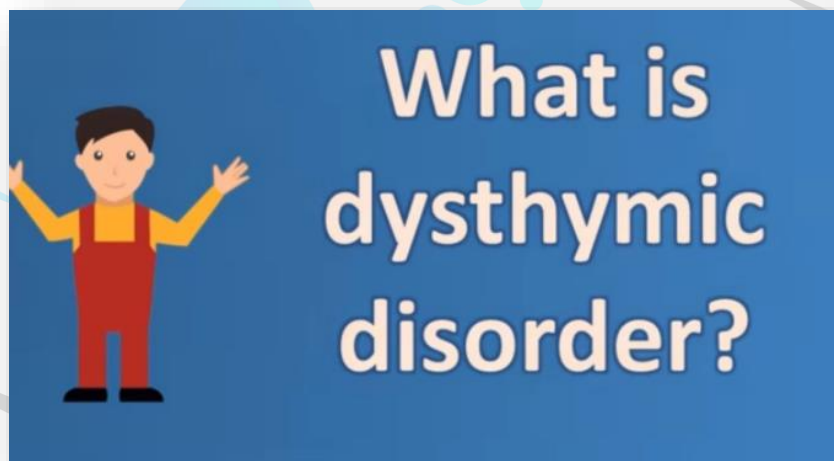
It is estimated that the rate of occurrence of cyclothymia in the general population is between 0.4% to 1%, with it equally affecting men and women. Though, women are more likely to seek treatment. While the typical onset of the disorder occurs during adolescence, its onset is consistently hard to identify. Risk of suffering from Attention-Deficient/Hyperactivity Disorder, substance abuse, and sleep disorders are elevated among individuals suffering from the cyclothymic disorder.

Major Symptoms of Cyclothymic Disorder include:

- Feelings of sadness, emptiness, and hopelessness
- Irritability
- Feeling tearful
- Sleep disturbances – sleeping much more or much less than usual
- Restlessness
- Feelings of worthlessness and guilt
- Fatigue

Cyclothymia can increase your chances of developing bipolar disorder (estimates vary widely from a 15% to 50% increased risk of being diagnosed with bipolar disorder if suffering from cyclothymia) and your highs and lows interfere with your daily life functions and relationships – so it's essential to seek treatment to get a handle on the disorder before it becomes fully disruptive.

4. Persistent Depressive Disorder/ Dysthymia



Dysthymia, also known as **Persistent Depressive Disorder**, is a type of depression that lasts a long time. It is characterized by an overwhelming yet chronic state of depression, exhibited by a depressed mood for most of the days, for more days than not, for at least 2 years. (In children and adolescents, the mood can be irritable and duration must be at least 1 year.) The symptoms of dysthymia are similar to those of major depression but are less severe. However, in the case of dysthymia, symptoms last longer.

A person has to have this milder depression for more than two years to be diagnosed with dysthymia.

PDD is a fairly common type of depression. It is estimated that up to 4% of people have it. It can begin in childhood or in adulthood. No one knows why, but like most types of depression, it appears to be more common in women.

Major Symptoms of Dysthymia include:

- the sad, low, or dark mood on most days
- poor appetite or overeating
- difficulty sleeping or sleeping too much
- low self-esteem
- poor concentration
- low energy
- fatigue
- feelings of hopelessness

A person suffering from Dysthymia may be treated with psychotherapy, medication, or a combination of the two.

5. Seasonal Affective Disorder (SAD)

SAD is a mood disorder that has a seasonal pattern. The cause of the disorder is unclear, but it's thought to be related to the variation in light exposure in different seasons. It's characterized by mood disturbances (either period of depression or mania) that begin and end in a particular season. The seasonal affective disorder is a period of major depression that most often happens during the winter months when the days grow short and you get less and less sunlight. It typically goes away in the spring and summer. It's usually diagnosed after the person has had the same symptoms during winter for a couple of years.



SAD is more common in the northern hemisphere (in places with less sunlight). It may be effectively treated with light therapy (Full Spectrum Lighting), but about half do not respond to treatment and benefit from a combination of therapy and medication.

Major Symptoms of SAD include:

- Losing interest in activities you once enjoyed
- Having low energy
- Having problems with sleeping
- Experiencing changes in your appetite or weight
- Feeling sluggish or agitated
- Having difficulty concentrating

(a) Fall and winter SAD

Symptoms specific to winter-onset SAD, sometimes called winter depression, may include:

- Oversleeping
- Appetite changes, especially a craving for foods high in carbohydrates
- Weight gain
- Tiredness or low energy

(b) Spring and summer SAD

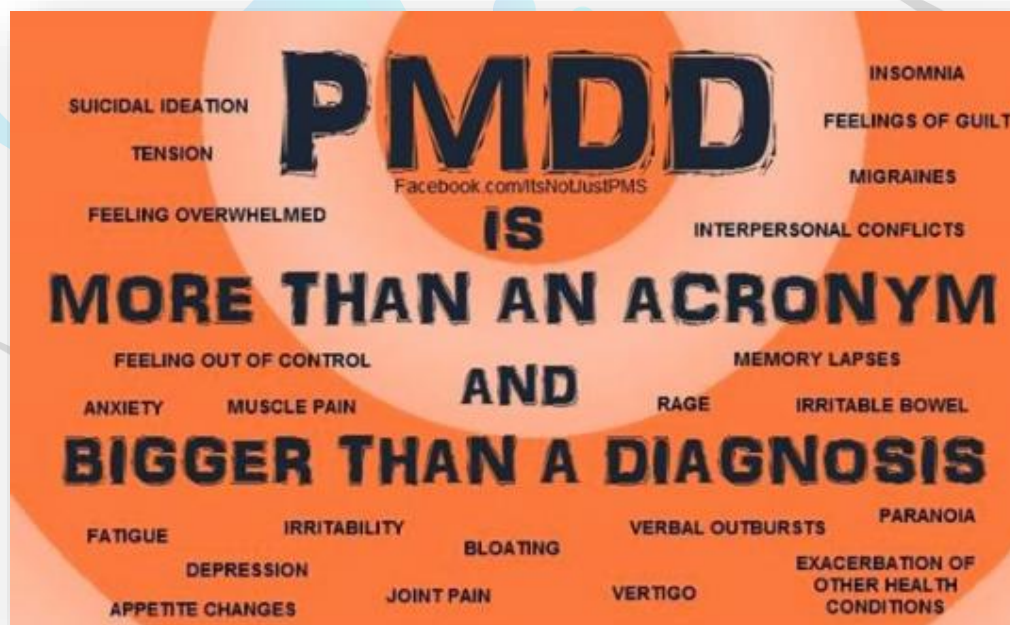
Symptoms specific to summer-onset seasonal affective disorder, sometimes called summer depression, may include:

- Trouble sleeping (insomnia)
- Poor appetite
- Weight loss
- Agitation or anxiety

Treatment can help prevent complications, especially if SAD is diagnosed and treated before symptoms get worse.

6. Premenstrual Dysphoric Disorder (PMDD)

PMDD is also known as a severe premenstrual syndrome. This type of depression is triggered by hormonal changes about seven days prior to and three days after the onset of your period. After your period, the depressive feelings go away. PMDD occurs in 3% to 8% of menstruating women.



PMDD is characterized by unpleasant physical and psychological symptoms that occur in the second half of a woman's menstrual cycle, most commonly in the days preceding the menstrual period. Sometimes, PMDD may cause severe, debilitating symptoms that interfere with a woman's ability to function.

Symptoms are so severe they interfere with how a woman can operate in daily life, such as at work and in her close relationships.

Major symptoms include:

- fatigue
- mood changes,
- abdominal bloating,
- breast tenderness,
- a headache
- irritability

It is important to note that the depressive symptoms of PMDD may be associated with thoughts of suicide and suicidal behavior. This is a medical emergency for which medical attention should be accessed immediately.

7. Postpartum Depression

This depression occurs right after giving birth. It is much more than the “baby blues” that many women experience after giving birth when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming. It seriously interferes with the woman’s daily activities. It is estimated that 10 to 15 % of women experience postpartum depression after giving birth.



Major symptoms include:

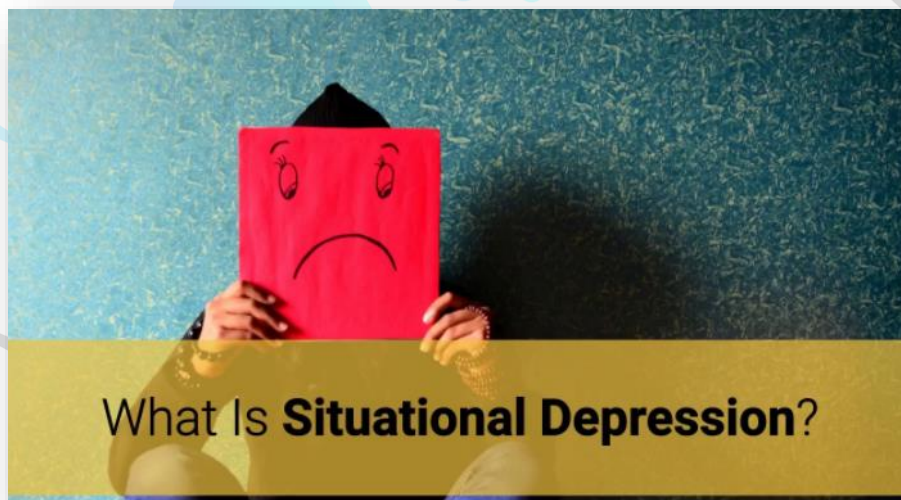
- Feeling angry or irritable
- Having feelings of anxiety, worry, panic attacks or racing thoughts
- Feeling tired most of the day
- A loss of interest in activities (including sex)

A number of factors like, changes in social relationships, emotional stressors, raising a child with special needs, etc. can lead to postpartum depression.

Women with a history of depression and other mental health conditions face a higher risk of PPD.

Since a personal history of depression can increase the risk of postpartum depression, let your doctor know if you have struggled with depression or anxiety in the past. By taking special precautions, you may be able to reduce your risk of developing PPD.

8. Situational Depression



Situational depression is a short-term, stress-related type of depression. This isn't a technical term in psychiatry. But you can have a depressed mood when you're having trouble managing a stressful event in your life, such as a death in your family, a divorce, or losing your job. Your doctor may call this "**stress response syndrome**."

Situational depression is a type of adjustment disorder. It can make it hard for you to adjust to your everyday life following a traumatic event. It's also known as **reactive depression**.

Events that can cause situational depression include:

- problems at work or school
- illness
- death of a loved one
- moving
- relationship problems

Major symptoms include:

- sadness
- hopelessness
- lack of enjoyment in normal activities
- regular crying
- constant worrying or feeling anxious or stressed out
- sleeping difficulties
- disinterest in food

Supportive psychotherapy is generally the preferred treatment for situational depression as the treatment can help enhance coping mechanisms and resilience. This is important because it can help you cope with future challenges and potentially avoid future bouts of situational depression.

9. Substance-Induced Mood Disorder (abuse or dependence)

Substance-Induced Mood Disorder is a common depressive illness of clients in substance abuse treatment. It is defined as “a prominent and persistent disturbance of mood that is judged to be due to the direct physiological effects of a substance (i.e., a drug of abuse, a medication, or somatic treatment for depression, or toxin exposure). The mood can manifest as manic (expansive, grandiose, irritable), depressed, or a mixture of mania and depression.



Generally, substance-induced mood disorders will only present either during intoxication from the substance or on withdrawal from the substance and therefore do not have as long a course as other depressive illnesses. However, substance use disorders also frequently co-occur with other depressive disorders. Research has revealed that people with alcoholism are almost twice as likely as those without alcoholism to also suffer from major depression. In addition, more than half of people with bipolar disorder type I (with severe mania) have a co-occurring substance use disorder.

Major symptoms include:

- Not be able to concentrate or remember things
- Feel hopeless or just not care about anything
- Have physical symptoms, such as headaches and joint pain
- Think often about death or suicide
- Lose sexual desire

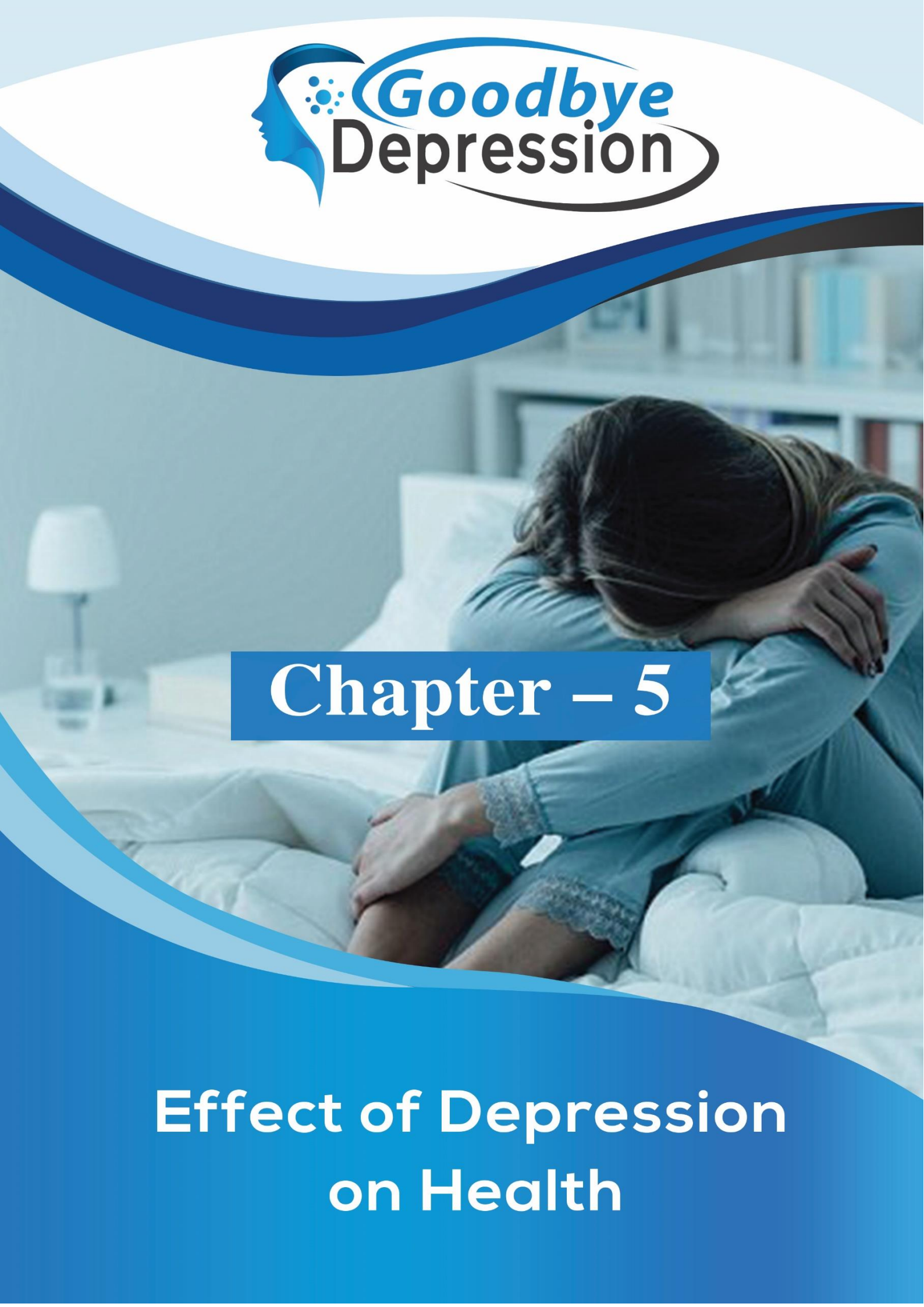
Men are more likely than women to report alcohol and drug abuse or dependence in their lifetime; however, there is debate among researchers as to whether substance use is a “symptom” of underlying depression or a co-occurring condition that more commonly develops in men. Nevertheless, a

substance use can mask depression, making it harder to recognize depression as a separate illness that needs treatment.

Conclusion

In this chapter, we have researched well and have collected information related to all major types of depression. Apart from the ones mentioned above, we have some other minor category of depressions which include atypical depression, Comorbidity, etc. but they are not much common. They occur in rare cases only.

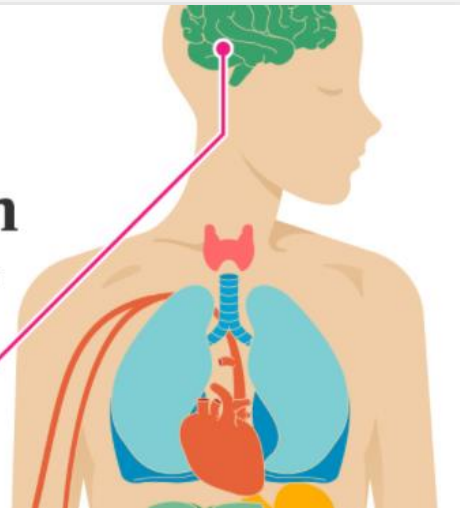


A photograph of a woman with long brown hair, wearing a light blue long-sleeved shirt, sitting on a bed with white linens. She is hugging her knees and looking down, appearing sad or distressed. In the background, there is a bedside lamp and a bookshelf. The image is framed by blue swooshes at the top and bottom.

Chapter – 5

Effect of Depression on Health

The Effects Of **Untreated Depression** ON YOUR BODY



The consequences of depression are as equally complex and varied as are its origins. Left untreated, depression can lead to significant impairment in an individual's ability to enjoy life. It can be devastating in all areas of a person's life. The side effects of depression can often be seen at work, school, and home as well as in the personal relationships of the patient.

Depression often leads to decreased productivity, both at work and home with everyday tasks, missed workdays, physical and emotional disability, and more frequent use of healthcare. Clinical depression, especially if left untreated, can interrupt your day-to-day life and cause a ripple effect of additional symptoms. The effects of depression can range from minor annoyances to death.

Depression affects how you feel and can also cause changes in your body. Major depression (a more advanced form of depression) is considered a serious medical condition that may have a dramatic effect on your quality of life.

5.1 Depression – Physical Effects on Health

Depression is technically a mental disorder, but it also affects your physical health and well-being. It leaves a powerful and everlasting impact on the health of a human body and mind. Untreated or unattended depression may lead to various kinds of disabilities both at home and work.

Let us study in detail the impact of depression on the overall way of living.

(a) Central Nervous System



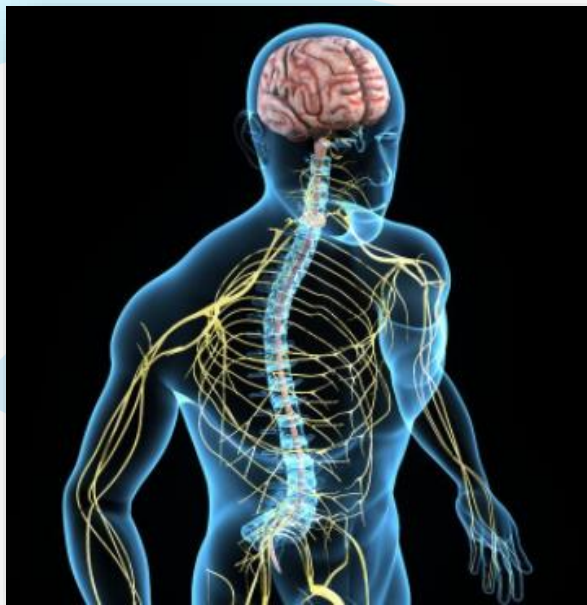
Depression can cause a lot of symptoms within the central nervous system, many of which are easy to dismiss or ignore. Depression is a biological, neurochemical disorder in which the brain does not properly regulate mood – called “dysthymia.” Remember that the brain is an organ like any other. It’s the most complicated and finely-tuned organ in your body. If you suffer from depression, the systems that depress your mood are overactive, and the systems that elevate your mood aren’t responding properly. To a person with depression, of course, this is an enormous burden and can affect almost every aspect of their life.

- Depression Increases Your Risk of Physical Illness.
- Depression increases your risk of a number of diseases and other conditions by, for example, increasing levels of stress hormones such as cortisol or adrenaline.

What is CNS Depression?

The central nervous system (CNS) consists of the **brain and the spinal cord**.

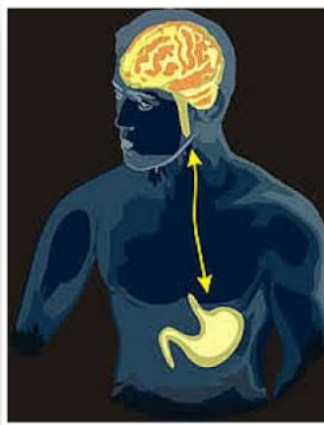
- (i) The brain is command central. It orders your lungs to breathe and your heart to beat. It rules virtually every other part of your body and mind, including how you feel about and interacts with the world around you.
- (ii) The spinal cord handles nerve impulses, allowing your brain to communicate with the rest of your body.



Central nervous system (CNS) depression refers to a condition where the neurological function is decreased. So basically, when CNS functions slow down, it's called CNS depression. It can result from substance overdoses, poisoning, or other medical conditions. Slowing down a little isn't necessarily dangerous. In fact, sometimes it's even helpful. But if it slows down too much, it can quickly become a life-threatening event.

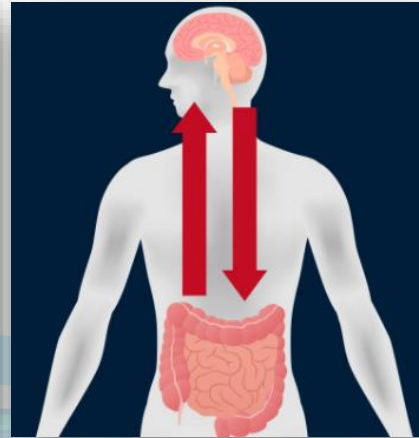
Having a history of addiction may put you at higher risk of CNS depression. That's because you may be prone to taking more medication than prescribed or combining medication with other drugs or alcohol. You may also be at higher risk if you have existing respiratory problems such as emphysema and sleep apnea.

(b) Digestive System



The Digestive System & Depression

The gut-brain connection!



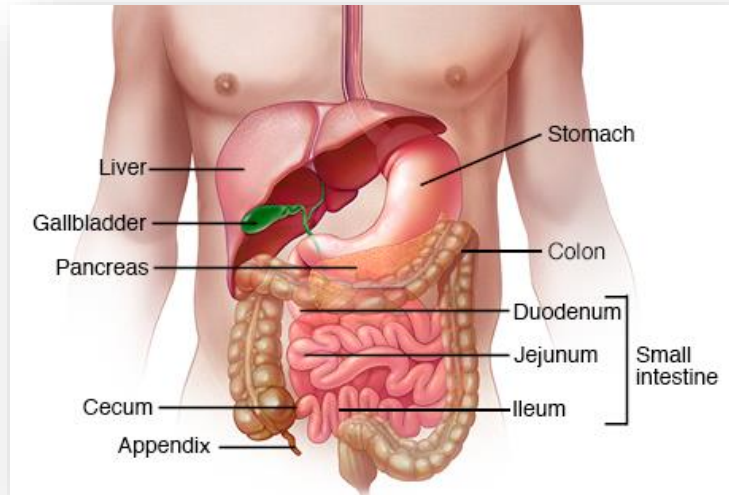
While depression is often thought of as a mental illness, it also plays a heavy role in appetite and nutrition. Depression can lead to a host of tummy troubles. The connection between the brain and the gut is strong, though, making the digestive system one of the most likely places to encounter physical symptoms of depression and other mental issues. However, there are many medical reasons for digestive issues, but not all digestive problems can be associated with depression.

- Some people cope by overeating or bingeing. This can lead to weight gain and obesity-related illnesses, such as Type 2 diabetes.
- You may even lose your appetite entirely, or fail to eat the right amount of nutritious food. A sudden loss of interest in eating in older adults can lead to a condition called **geriatric anorexia**.
- Eating problems can lead to symptoms that include:
 - Stomach ache
 - cramps
 - constipation
 - malnutrition

- Gastric distress
- Loss of Appetite

In recent years, however, some digestive issues mentioned below have been identified as possible causes of anxiety and depression:

- **Inflammation** of the digestive organs might show up in some people as depression, some researchers suggest. This kind of inflammation is also associated with other kinds of disorders, such as heart disease. Identifying the problem early, perhaps because of symptoms of depression, could be beneficial for sufferers.
- **“Leaky gut”** is a condition in which bacteria that normally stays within the digestive system leaks into the bloodstream. Some scientists suggest that these toxins could worsen depression.
- Some researchers suggest that the digestion-depression connection could be a vicious circle: depression contributes to digestive troubles, which contribute to depression, which contributes to digestive troubles.
- **Irritable Bowel Syndrome (IBS)** commonly co-occurs with depression or anxiety.



- **Nausea** is also a gut problem that usually accompanies anxiety. It can be the result of a chemical imbalance and muscle tension. Both of these situations can be caused by a depression — affecting the brain's communication with the digestive system.

Depression and stomach pain are often related, their causes intertwined. Sometimes it can be difficult to tell which came first. For patients suffering from depression and a digestive issue, the most important point is to find a resolution to both. Depression is not necessarily all in your stomach, but resolving the stomach pain can have a positive effect on your mental health, and vice versa.

(c) Cardiovascular System

As per recent studies and research, it is known that about 50% of hospitalized heart patients have some depressive symptoms, and up to 20% develop major depression.



- Mind and mood can affect the cardiovascular system directly by creating a state of emergency readiness, in which stress hormone levels rise, blood vessels constrict, and heartbeat speeds up.
- If a person is seriously depressed or anxious, the emergency response becomes constant, damaging the blood vessels and making the heart less sensitive to signals telling it to slow down or speed up as the body's demands change.
- Depression and stress are closely related. Stress hormones speed heart rate and make blood vessels tighten, putting your body in a prolonged state of emergency. Over time, this can lead to heart disease.
- Depression causes the inappropriate release of adrenaline which, over time, damages the cardiovascular system. An increase in artery and blood vessel stress are further health effects of depression. This can increase the risk of blood clots and heart attack.

Untreated depression raises the risk of dying after a heart attack. Heart disease is also a trigger for depression. A study estimates that about 15% of people with heart disease also develop major depression.

(d) Immune System

It is by now widely recognized that acute and chronic depression and stress have an impact on the immune system. Acute stress may have a stimulating effect on the immune system, while in the case of chronic stress--and in particular in depression--the immune system may be down-regulated.



Internal factors such as stress have been implicated in causing a deficient immune system because of the nature of the body's response in dealing with this problem.

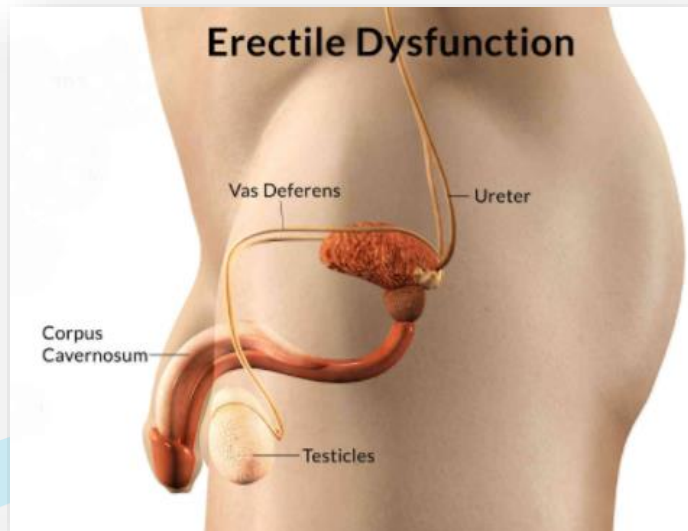
- Depression and stress may have a negative impact on the immune system, making you more vulnerable to infections and diseases.
- The capabilities of the immune system are diminished after frequent activation of the autonomic nervous system in the case of chronic stresses. The immune system is downgraded to be able to continue functioning.
- A review looked at studies and found that there seemed to be a relationship between inflammation and depression. Inflammation is linked to many illnesses, such as stress. Some anti-inflammatory agents have shown to benefit some people with depression.
- Many of the physical changes caused by depression, such as insomnia or a lack of deep sleep, are thought to weaken your immune system. This can make existing illnesses worse.

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Many men and women with depression tell of having low or no sexual desire. And that puts a tremendous strain on intimate relationships.

- Inability to initiate or enjoy sex
- Erectile Dysfunction (ED) or delayed ejaculation for men
- Decreased sexual desire
- Inability to achieve an orgasm

- Erectile dysfunction, or ED, is the inability to achieve or sustain an erection suitable for sexual intercourse.



- Symptoms include:
 - trouble getting an erection
 - difficulty maintaining an erection during sexual activities
 - reduced interest in sex

Sexual dysfunction is also a frequent adverse effect of treatment with most antidepressants and is one of the predominant reasons for premature drug discontinuation. In men, antidepressants are directly related to impotence. Delayed orgasm or premature ejaculation may occur, too.

In both men and women, having troubles with sexual health can worsen feelings of worthlessness and other depression symptoms. This, in turn, can cause a vicious cycle of both worsening depression and sexual dysfunction.

(f) Premature Death



Depression, one of the most common types of mental health, is strongly linked to a higher risk of early death. A research reveals that the Depression increases the risk of an early death by up to **THREE TIMES**. Men's risk of a premature passing increases three-fold when suffering from the mental health condition, while women's risk is heightened by up to 51%.

- A depressive episode confers an elevated risk of mortality that eventually decays over time unless there is a recurrent depressive episode, in which case the mortality risk associated with depression remains elevated.
- The connection between depression and a shorter lifespan appeared strongest in the years following a depressive episode, leading the researchers to conclude that at least part of the risk might be reversed by effectively treating the mental illness.



- Many cases have been reported where patients suffering from depression attempt suicide or incline towards self-harming methods to get rid of the pain, stress, and anxiety.

Reasons may be many, with the bottom-line being that depression affects the lifespan of the victim and reduces the age up to 2 times (on an average). Treating depression can reduce depressive symptoms, improve quality of life and potentially prolong life.

(g) Loss of Memory and Concentration



Depression causes many unpleasant effects on health and memory loss is one of the lesser known among them. It has been linked to memory problems, such as forgetfulness or confusion. It can also make it difficult to focus on work or other

tasks, make decisions, or think clearly. Stress and anxiety can also lead to poor memory.

- Depression is associated with short-term memory loss. It doesn't affect other types of memory, such as long-term memory and procedural memory, which controls motor skills.
- Researchers in a study discovered that people with depression couldn't identify objects on a screen that were identical or similar to an object they had seen previously. This suggests that memory can be diminished as a result of depression.
- Memory problems relating to depression are thought to happen because your brain's processing speed – its ability to take in information quickly and efficiently – becomes impaired when you're depressed, which affects how you process and retrieve memories.
- It has been found that some of the parts of the brain associated with memory are physically impaired in depression. It is also known that parts of the brain shrink in those with depression and this likely leads to cognitive impairment, producing problems with memory recall.
- People who are depressed are also distracted and have difficulty concentrating, which can prevent them really focusing on things enough to remember them.
- Depression has a tendency to trap you in 'negative thought-loops' which is why it's been dubbed an 'interference phenomenon' by some experts. You become fixated on these thoughts to the extent that they interfere with your ability to remember other facts or information.
- A study on depression and memory found that depression reduces memory capacity by as much as 12%.

Memory Loss Effects



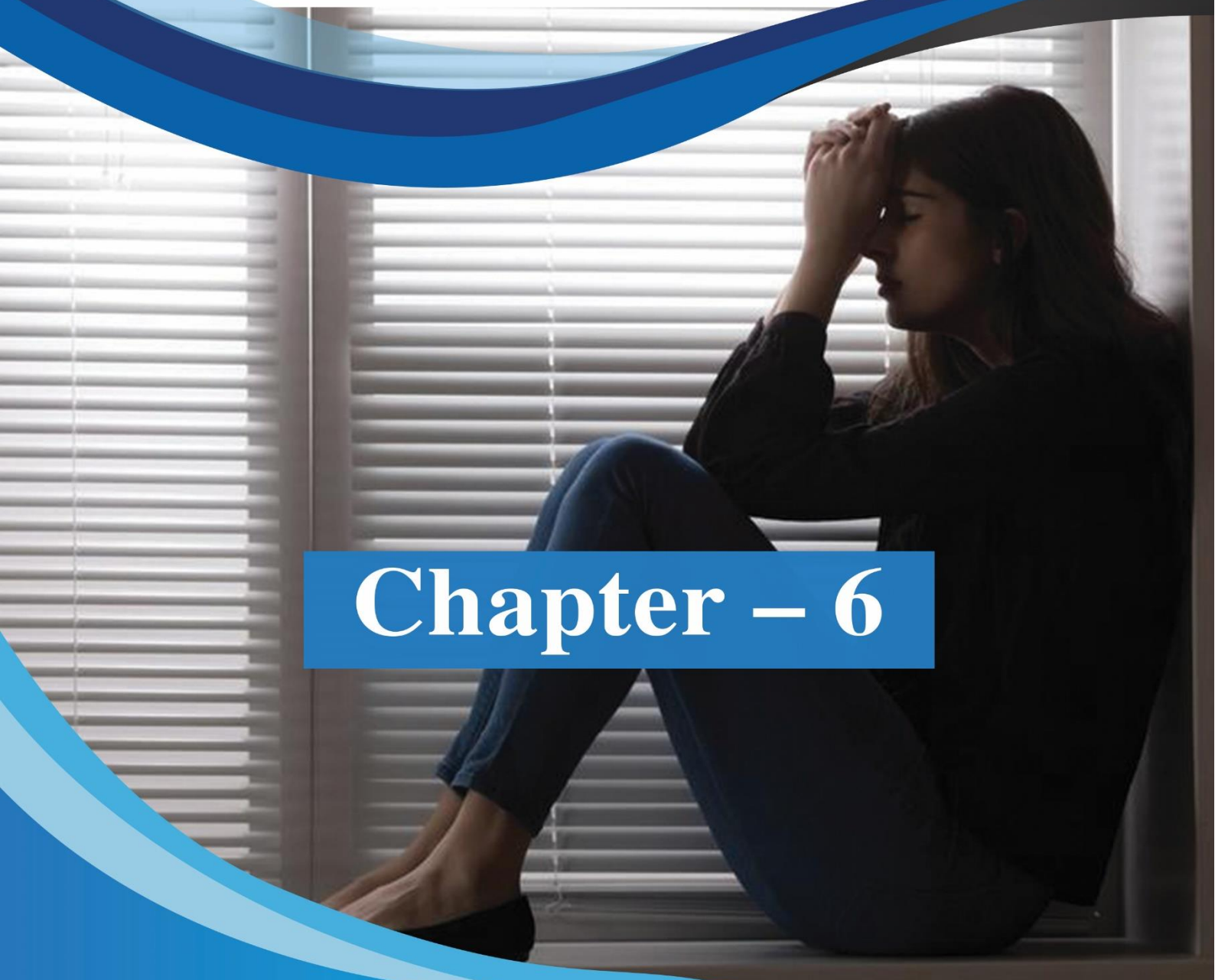
Depression and memory impairment can affect people in many ways. For example, an individual may:

- Forget a specific word he or she wants to use (aphasia)
- Forget the content of a conversation from yesterday
- Forget what happened in a book recently read
- Have trouble with "working memory" (when a number of things need to be held in memory at one time)
- Not be able to remember specifics about their own autobiographical history

Typically, routines are not forgotten nor are skills but verbal memory may be particularly affected by depression. Memory impairments are seen across age groups but tend to be worse in the elderly.

Conclusion

Depression contributes to a wide array of physical problems that affect everything from your heart to your immune system. Depression doesn't just cause physical symptoms; it can also increase your risk for -- or may worsen -- certain physical illnesses or conditions. In turn, some illnesses can also trigger depression. It affects much more than moods. Make sure to treat depression before it is too late, as untreated depression can be a major threat to your life.

A photograph of a woman with long dark hair, wearing a dark long-sleeved shirt and blue jeans, sitting on a windowsill. She is looking out at white horizontal blinds, and her hands are covering her face in a gesture of distress or sadness. The image is framed by blue wave-like borders at the top and bottom.

Chapter – 6

Depression in Different Age Groups



Depression, in the last few decades, has evolved as a major disease which has affected a large percentage of the world's population. Although depression is usually first noticed during the teen or early adult years, a person can have an episode of depression at any age. For depression, age is not a barrier! It can affect anybody, at any point in time. It can afflict anyone, at any age, from childhood to the late years of life.

As per the recent survey, depression is most common disorder for adolescents (age between 12 to 18 years) and the elders (age above 60). The reason is excessive pressure and stress for the former age group and loneliness and life circumstances for the latter.

The statistics bear this out. Beginning in grade school, 2 to 3 % of children ages 6 to 12 may develop serious depression, according to the Anxiety and Depression Association of America. The ADAA says 6 to 8% of teens may have the disease, and an estimated 2.8 million adolescents aged 12 to 17 had at least one major depressive episode in last four to five years.

The National Alliance on Mental Illness puts those numbers a bit higher, estimating that 13% of youth ages 8 to 15 and 21.4% of those ages 13 to 18 experience a severe mental disorder at some point during their life. And, according to the Centers for

Disease Control and Prevention, 17% of high school students have seriously considered suicide in the past 12 months.

The college years are also difficult. The Substance Abuse and Mental Health Services Administration combed through data and found that 8.4% of full-time college students ages 18 to 22 and 8.2% of other young adults who were in college part-time or not at all experienced a major depressive episode in the previous year. Among the estimated 9.3 million adults who reported having suicidal thoughts in the last few years, college-age young adults (ages 18 to 25) had the highest percentage of serious thoughts about suicide (7.4%).

6.1 Depression in Children



Depression isn't common for children under 12, but it does occur. Childhood depression is different from the normal "blues" and everyday emotions that occur as a child develops. Just because a child seems sad doesn't necessarily mean he or she has significant depression. If the sadness becomes persistent, or if the disruptive behavior that interferes with normal social activities, interests, schoolwork, or family life develops, it may indicate that he or she has a depressive illness.

6.1.1 Important Facts about Childhood Depression

1. Childhood depression is a risk factor for developing a number of other mental-health symptoms and disorders.
2. Depression affects about 2% of preschool and school-age children.
3. Suicide is the third leading cause of death in youth 10-24 years of age.
4. Depression in children does not have one specific cause but rather a number of biological, psychological, and environmental risk factors that are part of its development.
5. Interpersonal therapy (ITP) and cognitive behavioral therapy (CBT) are the major approaches commonly used to treat childhood depression.

6.1.2 How Is Childhood Depression Different From the Blues?

Childhood depression is different from the everyday "blues" that most kids get as they develop. The fact that a child feels sad, lonely, or irritable does not mean he or she has childhood depression.

Childhood depression is persistent sadness. When it occurs, the child feels alone, hopeless, helpless, and worthless. When this type of sadness is unending, it disrupts every part of the child's life. It interferes with the child's daily activities, schoolwork, and peer relationships. It can also affect the life of each family member associated with the child.

6.1.3 Causes of Childhood Depression

1. Physical Health
2. Major Life events like the death of any one of the parents or a close friend or relative
3. Family history
4. Genetic vulnerability
5. Biochemical disturbance
6. Bullying at school or home

6.1.4 Signs and Symptoms of Childhood Depression



1. Change in appetite
2. Change in sleeping habits
3. Reduced energy
4. A vocal outburst or crying
5. Impaired concentration on studies or games

6.1.5 How is Childhood Depression diagnosed?

If your child has symptoms of depression that have lasted for at least two weeks, you should schedule a visit with his or her healthcare provider.

1. A consultation with a mental health professional that specializes in treating kids with childhood depression is recommended.
2. A mental health evaluation for childhood depression should include interviews with the parent and your child.
3. Psychological testing may be helpful for clarifying the diagnosis and making treatment recommendations.
4. Information from teachers, friends, and classmates can be useful for showing that the symptoms of childhood depression are present during your child's various activities and are a marked change from the previous behavior.

There are no specific tests -- medical or psychological -- that can clearly show childhood depression. But tools such as questionnaires (for both the child and parents) and interviews with a mental health professional that include taking a careful history can help to make an accurate diagnosis.

6.2 Depression in Teens



Wide mood swings are normal in those ages 12 to 18, but to be on the lookout for depression. Teenagers face a host of pressures, from the changes of puberty to questions about who they are and where they fit in. With all this turmoil and uncertainty, it isn't always easy to differentiate between normal growing pains and depression. But teen depression goes beyond moodiness. It's a serious health problem that impacts every aspect of a teen's life.

6.2.1 Important Facts about Teenage Depression

1. It is estimated that one in five adolescents from all walks of life will suffer from depression at some point during their teen years.
2. Sometimes teens feel so depressed that they consider ending their lives. Each year, almost 5,000 young people, ages 15 to 24, kill themselves.

3. The rate of suicide for this age group has nearly tripled since 1960, making it the third leading cause of death in adolescents and the second leading cause of death among college-age youth.

6.2.2 How Is Teenage Depression Different From the Blues?

It's not unusual for young people to experience "the blues" or feel "down in the dumps" occasionally. Adolescence is always an unsettling time, with the many physical, emotional, psychological and social changes that accompany this stage of life. Of course, most teens feel unhappy at times. And when you add hormone havoc to the many other changes happening in a teen's life, it's easy to see why their moods swing like a pendulum. Yet findings show that one out of every eight adolescents has teen depression. When teens' moods disrupt their ability to function on a day-to-day basis, it may indicate a serious emotional or mental disorder that needs attention — adolescent depression. Parents or caregivers must take action.

6.2.3 Causes of Teenage Depression



1. Hormonal changes
2. Early childhood trauma
3. Inherited traits
4. School Performance (Feeling of worthlessness over grades)
5. Social status with peers
6. Sexual Orientation

6.2.4 Signs and Symptoms of Teenage Depression

1. Excessive and Inappropriate guilt
2. Memory loss
3. Irresponsible and Rebellious behavior
4. Willingness to skip school
5. A sudden drop in grades
6. Withdrawal from friends

6.2.5 How is Teenage Depression diagnosed?

There aren't any specific medical tests that can detect depression.

1. Health care professionals determine if a teen has depression by conducting interviews and psychological tests with the teen and his or her family members, teachers, and peers.
2. The severity of the teen depression and the risk of suicide are determined based on the assessment of these interviews.
3. Look for signs of potentially co-existing psychiatric disorders such as anxiety or substance abuse or screen for complex forms of depression such as bipolar disorder (manic-depressive illness) or psychosis.
4. Assess the teen for risks of suicidal or homicidal features.

If you suspect a teen might be depressed, broach the subject with a low-pressure talk while you're in the car or on a walk. Encourage your teen to confide in someone; if not you, then a friend or a teacher.

6.3 Depression in Young Adults



Young adulthood, defined here as between the ages of 20 and 29, is a time of great change for many people and has been associated with greater risk of mental health problems and higher levels of social stress. The incidence of depression increases during adolescence and touches the peak in early adulthood. Going off into the world, establishing a clear identity, developing a capacity for intimate relationships, and forming a foundation to build a future career and adult life are all part of the challenges to people in their 20s that could make them vulnerable to depression.

6.3.1 Important Facts about Depression in Adults

1. Although the 20s are typically considered the years of exploration and having fun, depression in young adults is not uncommon.
2. The vast majority of people with a depressive episode in this age group will have a recurrence within five years of the first episode.
3. Overall, young adults ages 18 to 24 are not significantly more likely than adults ages 25 to 29 to report depressive symptoms.
4. As per a survey, young adults living in families with income below the poverty line, or whose families are receiving welfare or other benefits, are more likely than their more affluent peers to suffer from depressive symptoms.
5. As per another survey, Young adults with higher levels of education are less likely than other adults to suffer from depression.

6.3.2 How Is Depression in Young Adults Different From the Blues?

Most people, young people as well as adults, feel low, sad or 'blue' occasionally, this is a normal reaction to experiences that are stressful or upsetting. When these feelings continue over a period of time, or take over and get in the way of your normal daily life, it can become an illness called depression.

6.3.3 Causes of Depression in Young Adults

1. Lack of support in new environments
2. Relationship issues or emotional abuse
3. Work pressure at home or office
4. Poverty or financial instability
5. Examination stress and performance pressure
6. Unhappy family atmosphere

6.3.4 Signs and Symptoms of Depression in Young Adults



1. Feeling angry, cynical and irritable
2. Having suicidal or negative thoughts
3. Loss of interest in usually pleasurable activities
4. Tearfulness and frequent crying

5. Withdrawal from family, friends, and others

6.3.5 How is Depression in Young Adults diagnosed?

1. Take note of how long the young person has been showing symptoms of depression, the extent to which the symptoms are interfering with their daily life and any changes in behavior.
2. Certain signs can help to identify whether a young person is suffering from depression, whilst considering these signs it is also important to acknowledge how long the symptoms have been present, their severity and the degree to which the young person is acting in a different manner to his or her usual self.
3. Enquire as to whether or not there is a family history of depression or a mental health disorder.

6.4 Depression in Midlife Adults



Adults aged between 30 and 60 tend to have a lot going on that can trigger depression. Ample of responsibilities, financial stress, and several other similar factors can lead to depression in this age group. Midlife can be a stressful time, and many people feel discontented and restless as they struggle with aging, their mortality, and their sense of purpose in life. During this period, adults may take on new job responsibilities and therefore often feel a need to reassess their professional standing and make changes while they feel they still have time.

This period is sometimes referred as ‘**midlife crisis**’, the stuff of jokes and stereotypes -- the time in life when you do outrageous, impractical things like quitting a job impulsively, buy a red sports car or dump your spouse.

6.4.1 Important Facts about ‘Midlife Adult’ Depression

1. Midlife is often characterized as stable and uneventful, but in reality, it is a time of change and transition for many people.
2. Whether a midlife transition will develop into a serious depression or into an opportunity for growth depends on a number of factors, including support from partners and other loved ones.
3. While misery might like the company, the simple truth is that not handling midlife stresses can lead to a crisis, which could become an unhealthy middle age depression.

6.4.2 How Is Depression in Midlife Adults Different From the Midlife Crisis?

Midlife Crisis triggers the desire to change a career or a job, with a willingness to explore something new. Sometimes it is also triggered by a mindset to simplify life and make it a happier one seeking new creative outlets like music, food etc. to chase a hobby or a passion.

Midlife Depression, on the other hand, comes with a wave of unexpected bouts of anger and irritable thoughts. It leads to doing things out of character leading to trouble and accompanied by a consistent desire to run away from responsibilities such as family, job, finances, etc.

6.4.3 Causes of Depression in Midlife Adults

1. Divorce or relationship glitches
2. Death of a parent
3. Financial losses
4. Severe Health problems
5. Prescription medication
6. Loss of ability to have children

6.4.4 Signs and Symptoms of Depression in Midlife Adults



1. Having pain or discomfort with no apparent physical cause
2. The desire for a sexual affair, especially with someone much younger
3. The compulsion of alcohol or drugs
4. Thoughts and Attempts at suicide
5. Greatly increased or decreased ambition
6. Daydreaming
7. Self-questioning

6.4.5 How is Depression in Midlife Adults diagnosed?

1. Start with an assessment of the mental and physical health.
2. Identify and work through the feelings and behaviors that contribute to symptoms
3. Talking therapy may play an effective role in diagnosis and understanding the roots of the problem

6.5 Depression in Senior Adults (Geriatric Depression)



Depression is not a normal part of growing older, but it is all too common—and is frequently overlooked and left untreated. In fact, studies show that most elder adults feel satisfied with their lives, despite having more illnesses or physical problems. However, important life changes that happen as we get older may cause feelings of uneasiness, stress, and sadness.

Geriatric depression is a mental and emotional disorder affecting older adults. Feelings of sadness and occasional “blue” moods are normal. However, lasting depression is not a typical part of aging. Depression in the elderly is also frequently confused with the effects of multiple illnesses and the medicines used to treat them.

6.5.1 Important Facts about Depression in Senior Adults

1. The National Institute of Mental Health considers depression in people age 65 and older to be a major public health problem.
2. The suicide rate for people ages 80 to 84 is more than twice that of the general population.
3. The stigma attached to mental illness and psychiatric treatment is even more powerful among the elderly than among younger people. This stigma can keep elderly people from acknowledging that they are depressed, even to themselves.
4. Depressed older adults may not necessarily feel “sad”.

6.5.2 How Is Depression in Senior Adults Different from other age groups?

The elderly often display symptoms of depression differently. In this age group, depression may be expressed through physical complaints rather than traditional symptoms. This delays appropriate treatment. In addition, depressed older people may not report their depression because they believe there is no hope for help.

Older adults are more likely to suffer from **subsyndromal depression**. This type of depression doesn't always meet the full criteria for major depression. However, it can lead to major depression if left untreated.

6.5.3 Causes of Depression in Senior Adults



1. Traumatic life events such as loss of husband or loss of a child at an early age
2. Medical illness like heart disease, cancer, Parkinson's disease, diabetes, etc.
3. Fears – of death, anxiety over financial matters, loss, etc.
4. Loneliness or isolation
5. Reduced or Lack of sexual intercourse
6. Lack of Attention from Children and family

6.5.4 Signs and Symptoms of Depression in Senior Adults

1. Feelings of pessimism and hopelessness

2. Difficulty sleeping, early-morning awakening
3. Persistent sad or anxious mood with a feeling of emptiness
4. Frequent crying
5. Moving or talking more slowly
6. Thoughts of suicide

6.5.5 How is Depression in Senior Adults diagnosed?

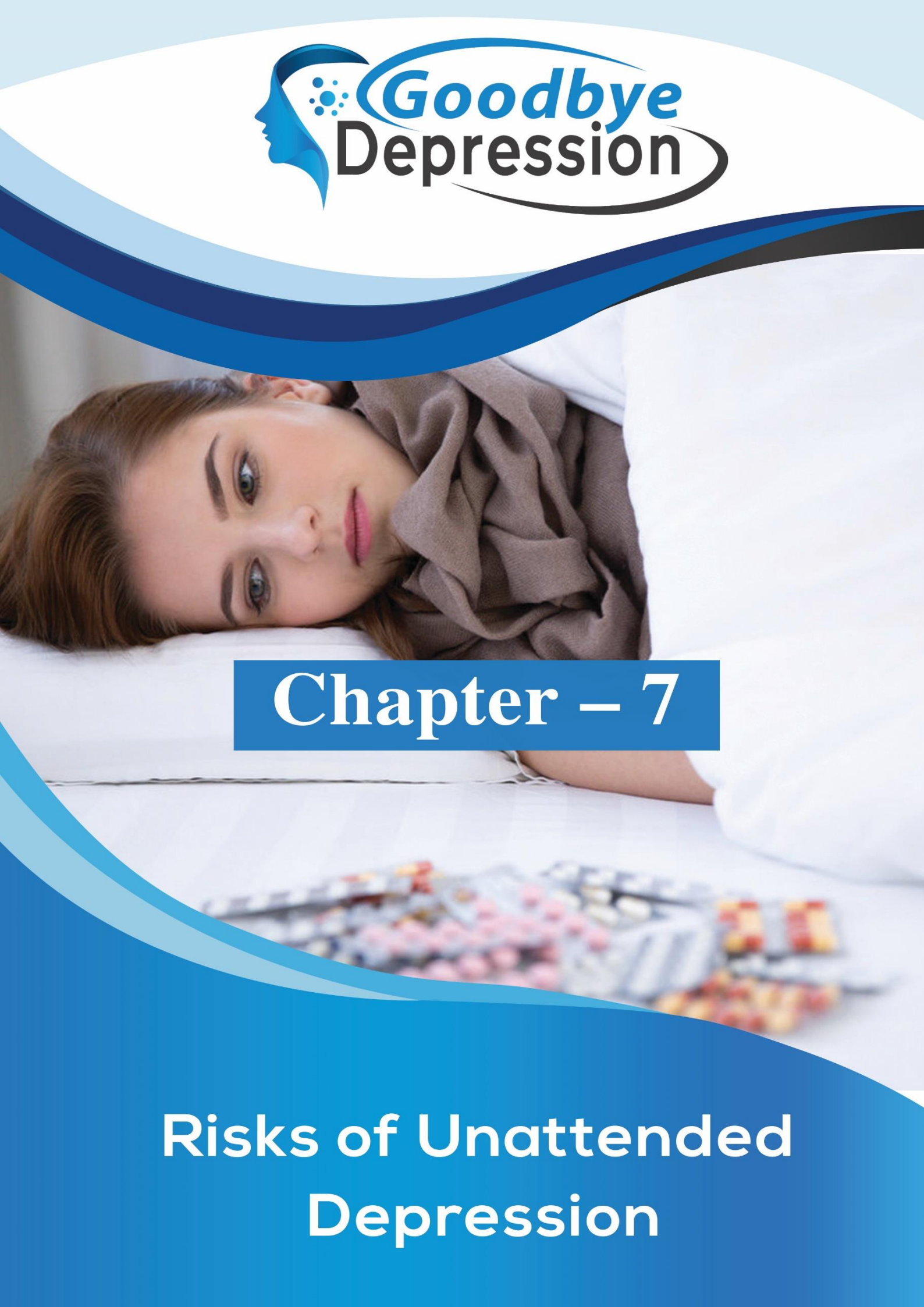
Proper diagnosis of geriatric depression can be difficult.

1. Depression is often the cause of physical pain in older adults that is not explained by other medical conditions.
2. Assess your symptoms, mood, behavior, day-to-day activities, and family health history.
3. Figure out the duration of when the feeling of depression came in.
4. Assessing the causes leading to depression and if such episodes were noticed in the past.
5. A person must display symptoms of depression for at least two weeks to be diagnosed with the condition.

Conclusion

The signs of depression don't look the same in everyone; in fact, they can vary quite a bit from one person to another and especially from one age group to another. Depression is, like many health problems, an equal-opportunity disease.

One group of people who will display various depression symptoms are teens. Teen depression is a serious illness that can lead to suicide if not caught and treated correctly. We have an exclusive chapter for Teenage depression in this guide where we will discuss it in more detail. Another age group that is growing in today's world and who more frequently are experiencing depression symptoms are the elderly. As adults grow older, they usually have a difficult time coping with what is happening around them. The symptoms, causes, and therapy to heal depression vary across different age groups and should be treated accordingly.

A woman with brown hair is lying in bed, looking directly at the camera with a thoughtful expression. She is wearing a brown sweater. In the foreground, there is a blurred image of several blister packs and loose pills in various colors (pink, yellow, white) on a white surface.

Chapter – 7

Risks of Unattended Depression



Many people who experience depression are reluctant to get treatment. One of the biggest obstacles to seeking treatment for depression is the stigma of mental illness. Some people may mistakenly believe that it's shameful to be depressed, or they may be afraid that if they seek help, friends and family will see them as weak or inadequate.

Also, some people believe that depression is "all in your head" and that it can be controlled without the attention of a physician. However, depression is caused by a disruption of chemicals in the brain, most notably serotonin. People suffer from depression because their brains do not make enough serotonin or cannot utilize the available serotonin. Depression can become a severe illness and can cause additional damage if left untreated.

Untreated clinical depression is a serious problem as it increases the chance of addictions and risky behaviors such as drug or alcohol consumption. It also can ruin relationships, causes problems at work, and in some cases even cause suicidal tendencies and make it difficult to overcome serious illnesses.

The human body is continuously trying to repair itself, and it appears that many cases of depressive illness are spontaneously repaired by our own brain in the first few weeks of their occurrence. However, if the spontaneous cure has not occurred within one month,

research indicates that the illness will continue for at least six months in at least 75% of cases.

7.1 Difference in Signs of untreated depression in men and women

- Men who have untreated clinical depression may exhibit more anger, frustration, and violent behavior than women.
- In addition, men with untreated depression may take dangerous risks such as reckless driving and have unsafe sex.
- Men are not aware that physical symptoms, such as headaches, digestive disorders, and chronic pain, can be symptoms of depression. Women have a tendency to take minor health problems more seriously than men.

7.2 Untreated Depression – A disability

- Untreated Depression can render people disabled in their work life, family life, and social life. Left untreated, clinical depression is as costly as heart disease or AIDS to the world economy.



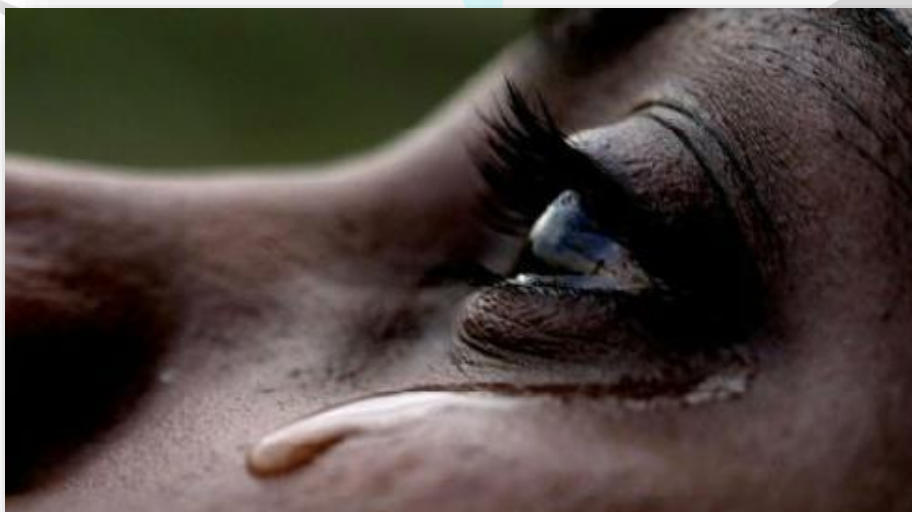
- People with untreated depression can usually get to work. But once there, they may be irritable, fatigued, and have difficulty concentrating. Untreated depression makes it difficult for employees to work well.
- Untreated depression is responsible for more than 200 million days lost from work each year. As per the latest survey, the annual cost of untreated depression is more than \$43.7 billion in absenteeism from work, lost productivity, and direct treatment costs.

7.3 Impact of Untreated Depression

There are a number of problems associated with leaving depressive illness untreated, especially after the first month of symptoms, when the chance of early spontaneous recovery has been missed. Few of the major complications of untreated depression include-

1. Prolonged Personal Suffering

Depressive illness produces personal distress of varying levels of intensity. This personal distress can take any form of not taking food on time, changes in sleeping patterns, not taking proper medication for improving physical illness, etc. Not taking antidepressant medication allows this distress to continue needlessly. There are no prizes given for tolerating unnecessary physical or mental suffering in order to state that one never takes medication.

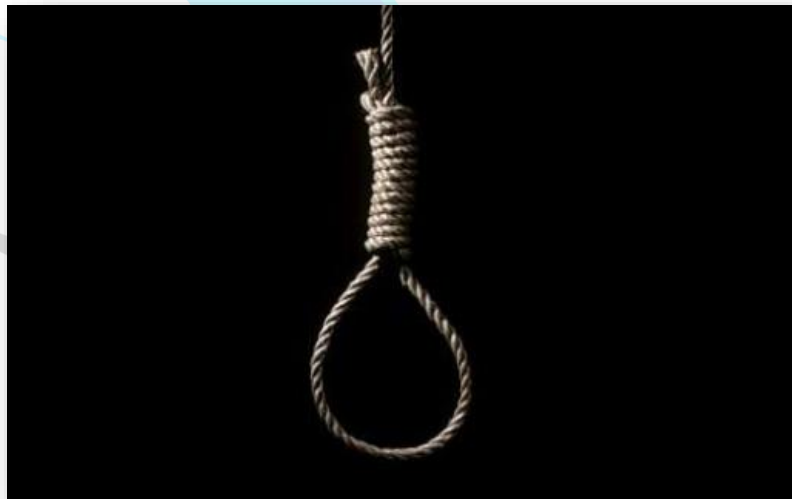


2. Worsening of symptoms

Untreated depressive illness does not necessarily relentlessly move towards eventual recovery, but in a number of cases causes the opposite to happen. Untreated depression can lead to longer episodes. Your symptoms may get considerably worse than they are now, especially if you are under stress or in a difficult relationship. These worsened symptoms can lead to even more troubles and illness like developing a new physical health illness, thoughts of self-harming or self-injury in various forms, etc. Thus, it is recommended not to leave depression unattended and ensure to undertake a proper treatment before it's too late.

3. Risk of suicide

Depressive illness tries to convince you that everything is hopeless, and tries to convince you that the future will consist of on-going suffering, making suicide and self-killing seem an attractive escape. This is a much-distorted thinking due to depressive illness.



International research in various countries has repeatedly shown that almost 80% of people who have committed suicide have had an uncontrolled depressive illness at the time of their death. For every person dies from suicide, a further 30 to 40 people have harmed themselves, many of whom also have been driven to

this action as a result of having an untreated depressive illness, often unrecognized by themselves or by their doctors. Depressive illness is like an alien which controls your thinking and tries to kill you.

4. Damage to relationships

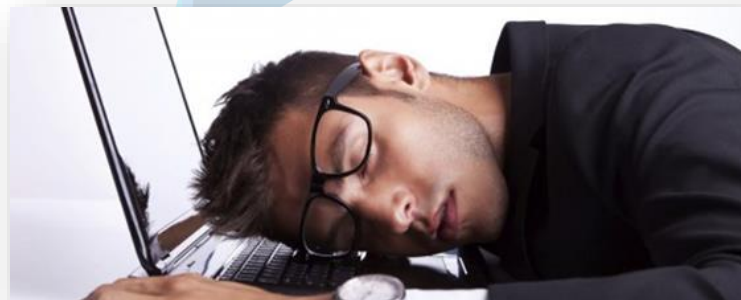


People with depressive illness seem to others to be as normal as ever, apart from their changed mood and behavior. Unless depressive illness is recognized as an illness, many partners and friends feel alienated by the change in personality, the irritability, and the poor functioning of the person with the depressive illness. You might lash out at loved ones, stop going to social events or just want to be left alone. The same thing can happen with untreated depression — except that it's worse, as depression's symptoms are more severe. Depression leaves people drained emotionally, mentally and physically, so it becomes hard to be there for friends and family. Unfortunately, many relationships break down irretrievably if depressive illness goes on untreated, as the depressed person becomes more withdrawn, more irritable, less able to do their normal tasks, and usually markedly less interested in the normal sexual activity.

5. Damage to children

There is widespread research to indicate increased risks of anxiety, poor self-esteem and other physical and psychological symptoms in the children of parents who are depressed, including young babies whose mothers have an untreated post-natal depressive illness. As we all know that one of the known causes of Depression is genetics and has a family history behind it, thus if a person is suffering from depression and is not treated well in time, then there are high chances that their children also might get inflicted with depression at some or the later stages of their life.

6. Loss of work and Reduced productivity



The World Health Organisation estimates that by the Year 2020, depressive illness will be second only to heart and blood vessel disease in the illnesses that

cause a marked loss of productivity in human society. Untreated depressive illness progressively handicaps an individual's ability to work, study or carry out their home duties. The reason is that depression leads to frequent mood changes, lack of focus and concentration, memory loss, and inability to work for a longer duration. All these cause reduced efficiency and lack of productivity at work.

7. Sowing the seeds of relapse

In many ways, depressive illness is like cancer, whereby prolonged and severe symptoms increase the risks of relapse of this illness in the future. We now also believe that depressive illness is associated with changes in the electrical patterns of the brain, and our brains learn to more easily reproduce this pattern, a process known as '**kindling**'. Untreated depressive illness has at least a 50% chance of returning.

As it has the tendency to repeat and reoccur in the future, thus necessary and timely actions should be taken in this regard to treating depression.

8. Alcohol and drug abuse



Many people with depression feel that the disease does not need to be treated by a physician. There is a social stigma concerning depression in the entire world. It

is seen as a personal weakness and not a viable medical condition. For this reason, many people turn to substance abuse to relieve their symptoms. Just to alleviate the symptoms of depression, people turn to self-medicating with substances like alcohol, drugs, smoke, etc. The truth is that drugs and alcohol not only worsen symptoms, but they can also increase the chances that you get addicted to these substances. Combining drugs and alcohol with depression is a dangerous mix, which can increase the risk of suicide, liver damage, kidney failure and death by accidental overdose. It can also further increase your depression.

9. Increased mortality

According to the Center for Disease Control and Prevention, people who suffer from chronic, untreated depression may die up to 25 years earlier than the average lifespan. This premature death is mainly due to chemical changes in the brain, long-term effects on the body due to these chemical changes and substance abuse. Additionally, depression often causes thoughts or attempts of suicide.

10. Reckless behavior

When people are feeling hopeless, angry or really bad about themselves, they are less likely to take care of themselves and think about the consequences of their actions. Depressed individuals may put themselves in risky situations, with potentially dangerous consequences. Some of the examples of this kind of reckless behavior are driving drunk which may land them in prison or have a legal order passed against them, having unprotected sex which may lead to other major diseases like STDs and much more. Depression induces this kind of incautious behavior which may prove to be dangerous for the victim and further add to his suffering and pain.



11. Cardiovascular Damage

When serotonin levels in the brain are imbalanced, it affects other brain chemicals and metabolites as well, which in turn affects the central nervous system's ability to function properly. This disrupts the body's natural "fight or flight" response, and the central nervous system randomly goes into "fight or flight" mode and releases extra adrenaline, which over time causes irreversible damage to the cardiovascular system. Depression also increases endothelial inflammation, which causes stress to arteries and blood vessels, and increases the stickiness of platelets, which in turn increases the risk of blood clots and heart attacks.



Research in recent years has confirmed that an episode of depression is as dangerous as smoking in causing heart disease and heart attacks. And if you have a heart attack and develop depression before or after your heart attack, your risk of dying in the next twelve months is doubled.

12. Poor School Performance in Children

Untreated depression can make it very difficult to go to school, attend classes and complete assignments. That's because depression diminishes one's ability to concentrate, remember things and make decisions. For some people, even getting out of bed requires extra effort. That's why it's important to get help before symptoms get worse and start interfering with school and other aspects of one's life.



13. Social Withdrawal

Untreated depression may eventually lead to social withdrawal. Serotonin, a chemical in the brain, causes people to feel happy and social. When this crucial chemical is out of balance in the brain, people will stop participating in activities that they used to enjoy. They may feel that these activities are not worth the effort of leaving their homes. It is not uncommon for people with untreated depression to stay in bed all day, miss days or even weeks of work, and stop participating in family activities. A common effect of untreated depression is feeling the need to stay home with the blinds shut and curtains pulled, all while ignoring phone calls and emails from friends and loved ones.



7.4 Increased Risks When You Stop Treatment

Once you seek help from a mental health professional, it's important that you stick to the treatment plan that he or she has prescribed. Many people start to feel better and stop taking their antidepressants. That's one of the worst things to do. If you stop your medication before you're supposed to, you substantially increase the risk for depression to come back.

Conclusion

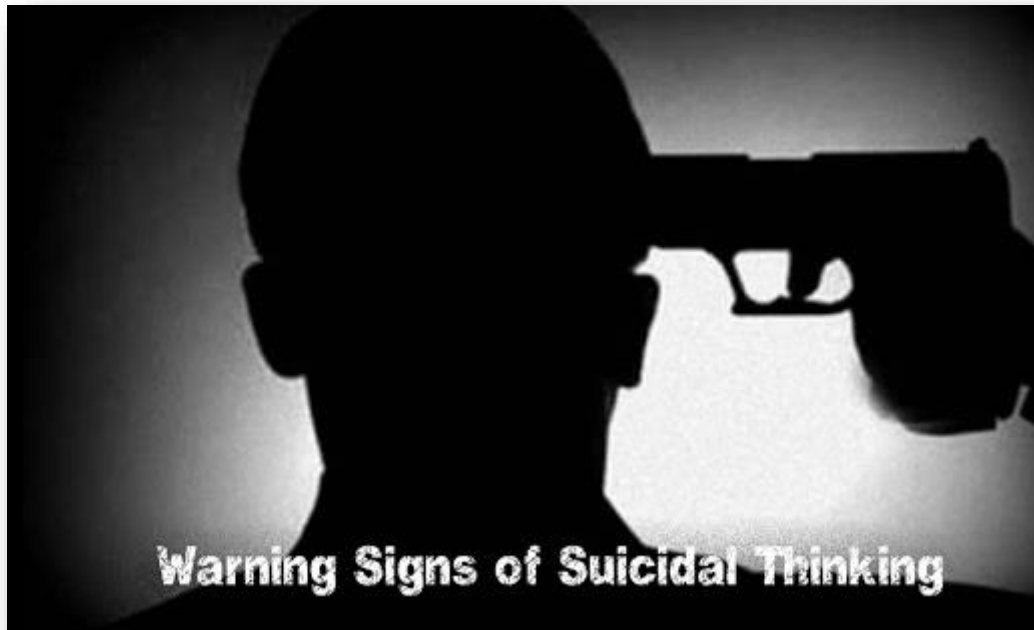
The reality is that, in olden times, and unfortunately, even now, the majority of people with a depressive illness do not receive antidepressant medication or any other effective treatment. Indeed our research suggests that many people who have been diagnosed as suffering from depressive illness are treated either with inadequate doses of antidepressants or with other medications which are not antidepressants.

Untreated depressive illness either gets better or worse, you either live or die! Yes, the vast majority of people with depression will recover, but do not let it dig in. Don't let stigma about mental illness, embarrassment over what others might think, or anything else stop you from getting help for depression. Your friends and family would much rather see you happy and healthy and will be proud that you took the necessary steps to deal with and overcome depression.



Chapter – 8

**Depression and Suicide:
The Warning Signs**



Depression is the most common condition associated with suicide, and it is often undiagnosed or untreated. Certain factors like substance abuse and untreated depression can lead to higher risk of suicide just as having a robust social circle can help protect you from suicide. Suicide most often occurs when stressors and health issues converge to create an experience of hopelessness and despair.

Conditions like depression, anxiety, and substance problems, especially when unaddressed, increase the risk for suicide. Yet it's important to note that most people who actively manage their mental health conditions lead fulfilling lives.

Most people who suffer from clinical depression do not attempt suicide. But according to the **National Institute of Mental Health**, more than 90% of people who die from suicide have depression and other mental disorders, or a substance abuse disorder. Men commit almost 75% of suicides, even though twice as many women attempt it.

The elderly experience more depression and suicide than you might think. 40% of all suicide victims are adults over the age of 60. Older adults suffer more frequently from depression because of the frequent loss of loved ones and friends as they age. They also experience more chronic illnesses, more major life changes like retirement, and the transition into assisted living or nursing care.

8.1 How are Depression and Suicide Correlated?

Suicide is the second leading cause of death in young people. A major cause of suicide is mental illness, very commonly depression. People feeling suicidal are overwhelmed by painful emotions and see death as the only way out, losing sight of the fact that suicide is a permanent "solution" to a temporary state—most people who try to kill themselves but live later say they are glad they didn't die.



- Suicide is considered a possible complication of depressive illness in combination with other risk factors because suicidal thoughts and behavior can be symptoms of moderate to severe depression.
- Although most people who are depressed do not kill themselves, untreated depression can increase the risk of possible suicide.
- It is not uncommon for depressed individuals to have thoughts about suicide whether or not they intend to act on these thoughts.
- Severely depressed people often do not have the energy to harm themselves, but it is when their depression lifts and they gain increased energy that they may be more likely to attempt suicide.
- Research has shown that 90% of people who kill themselves have depression or another diagnosable mental or substance abuse disorder.

Suicide is preventable. One way to help is to recognize the clues and warning signs that someone may be planning to kill themselves.

8.2 Warning Signs of Suicide

Someone who is thinking about suicide will usually give some clues or signs to those around them, though these may be subtle. Don't dismiss their talk of suicide as just threats. If you notice any signs that they may be thinking about harming themselves, get help. Suicide prevention starts with recognizing the warning signs and triggers and taking them seriously.



8.2.1 Talk

If a person talks about:

1. Killing Themselves

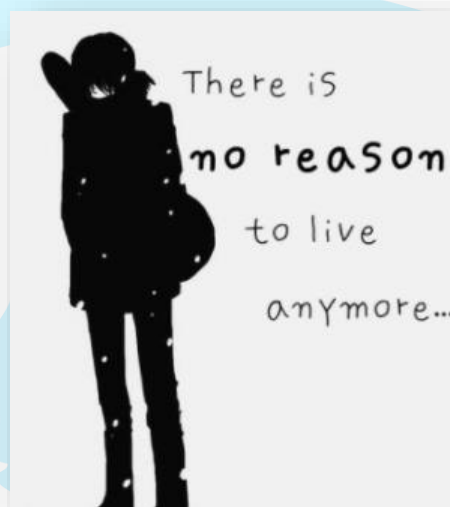
A person who is prone to attempting suicide due to the depressed state of mind frequently talks about killing self or dying due to some reason or the other. His talks mostly revolve around things or incidents of ending life.

2. Feeling hopeless

The victims of depression talk about their feelings of being worthless or hopeless. They fail to see their worth in anything they do and thus result in lower self-esteem and self-confidence.

3. Having no reason to live

Depressed individuals see no reason to continue their life due to the effect of medical illness that they are suffering from. It makes them unhappy, too much dependent on medicines thus not looking forward to living their life.



4. Being a burden to others

Sometimes due to the worsening of medical conditions, both physical and mental, the person considers himself as a burden to others and this universe. Due to this, he repeatedly thinks and talks about ending his life and finish off his suffering at once.

5. Feeling trapped

Social withdrawal is one of the most common symptoms of depression. Due to this, the person suffering from depression tends to encircle himself in a fixed boundary like a room or in his house and does not wish to come out of it. Such situations lead to the feelings of being trapped in a place, situation or a condition (health or otherwise) unable to come out of it.



6. Unbearable pain

There has to be a severe cause, state of pain – physical, mental or emotional which ends up a person with depression. It makes it very obvious for such people to talk about their pain and suffering in order to help it ease. If he sees no improvement in the intensity of his agony, he thinks about the ultimate end of suffering – Death.

7. Sharing a death- wish

Talking is an important form of communication. Talking about death or last wish just before death can be an important aspect to determine if the person really intends to commit suicide. In such cases, he will express his desires like meeting an old friend or a closed relative (mostly blood relations), eating his favorite food for one last time, watching a favorite movie, etc.

8.2.2 Behaviour

Behaviors that may signal risk, especially if related to a painful event, loss or change:

1. A sudden change in Alcohol and Drug Consumption

A person who is willing to commit suicide due to his depressive state experiences a sudden change in the consumption of alcohol, drugs, smoke or any other similar substance. This change mostly appears for the worse where

the intake of these substances increases drastically. This change in behavior is an indication and a warning sign of suicide.



2. Becomes Withdrawn from friends and family

An important sign and indication of a person, in the utter depressive state, is maintaining a huge distance from friends, relatives, and family. They withdraw themselves from all the events, activities and social gatherings in an unwillingness to meet any of them.

3. Makes Plans for Death Preparation

It has been noticed that the people who are intending to commit suicide make plans in advance like preparing or updating their will, and testaments which would be executed after their death. Well, some people do this, some do not! Because the latter is in a worse state of mind, that they do not even wish to recall their finances or possessions.

4. Searching and Looking for different ways to end life

In some cases, a person who is willing to attempt suicide will not instantly do it. Some will have fear of attempting it and in that fear, they search the Web or

magazines and even talk to their friends about the painless ways to end their life. While others, may not Google them and just attempt it.



5. Visiting or calling people to say 'goodbye'

Some people suffering from depression more on the emotional pain generally call up or express a wish to meet their close relatives or family to say a final word of 'goodbye' just before they die. This is a very significant indication that a person has strong intentions to end his life and would be doing it soon in less than a week.

6. Giving away prized possessions

A person who desires to end of life may be found giving away his most prized possessions and belongings to someone or the other. This is done with a mindset that after his death, his prized possessions are in the rights hands and safe. Again – this is a clear indication that a person does not intend to live any further and shall attempt a suicide soon.

7. Taking risks leading to death

Depressed people with a strong intention to end their life take risks so big that they lead to death, for example, driving through red lights, breaking laws, overuse of drugs, playing with a knife or other sharp or dangerous equipment,

walking through roads dangerously, etc. By such actions and behavior, they try to challenge their fate in a desire to end their life.



8. Excessive Crying and Emotional Outbursts

Crying for a genuine cause is healthy and cannot be associated with suicide, but crying over silly reasons or sometimes, for no reason is dangerous. Victims of depression are often found crying in bed mostly or when they are alone, with nobody to watch them. These outbursts of a cry for no reason or for petty reasons can be another warning sign or indication of a person willing to attempt suicide.

8.2.3 Mood

People who are considering suicide often display one or more of the following moods:

1. Depression and Anxiety at the peaks

The mood is a dominating factor in recognizing the mind state of a human being. If a person is in a depressive mood at any time of the day, with stress

and anxiety at its peak, he is prone to suicide. In fact, in the latest study, it was found that a person suffering from high depressive is prone to suicide 24 * 7. His life is in a high risk of premature and untimely death.

2. Irritability and Agitation

A person who is mostly irritated, agitated, angry and frustrated due to unimportant reasons, actions or things when he is suffering from depression is prone to suicide. This is because he loses his cool and power to tolerate things and actions of others, and thus becomes agitated.



3. Humiliation and Shame

A person suffering from extreme humiliation or feeling shameful at work, school or at home is prone to depression leading to suicide. He is surrounded by thoughts that he has brought shame to his family and to himself and finds it difficult to cope up with it. In such cases, the only escape he can find or think about is death.

4. Mood swings

Excessive mood swings frequently ranging from a feeling of being extremely happy to suddenly feeling worthless, hopeless or in despair are signs that a

person is in a highly ill state of mind, again prone to attempting suicide. In such situations, it becomes highly difficult to judge his state of mood and hence makes him do things which are risky of him and sometimes, even for others.



5. Rejection

Rejection of job or work, rejection or unacceptable by parents, husband or spouse is also another major event signaling suicide. Sometimes, this even leads to extreme missing of somebody, and difficult survival without another person. It ends up a person in depression, leaving no choice but to die.

8.3 Suicide Risk Factors

Risk factors are characteristics or conditions that increase the chance that a person may try to take their life.

8.3.1 Health Factors

There are certain health factors which pressurize a person to incline towards the thoughts of ending life and increase the chances of suicide.

Some of these factors are:

(a)Mental Health Conditions

When a person is suffering from an ill health mentally, he is much more prone to suicide than in other cases. These factors include:

- High depression
- Substance use problems
- Bipolar disorder
- Schizophrenia
- Conduct disorder
- Anxiety disorder

(b) Serious or Chronic health illness

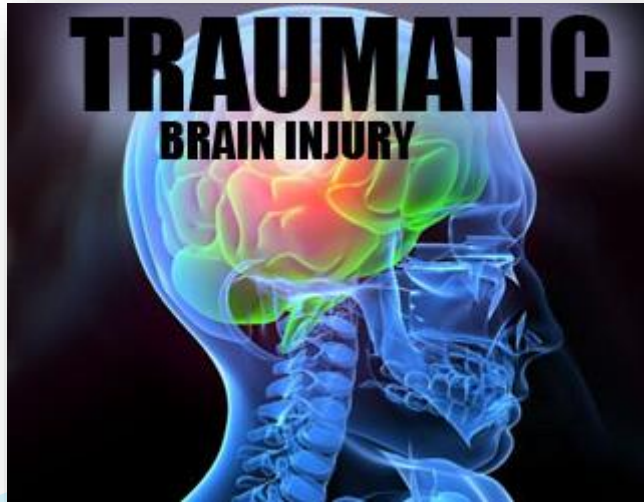
In cases where a person is suffering from depression and simultaneously affected by serious chronic health, illness is more prone to depression than the rest.

Some examples of the chronic health illness include:

- Diabetes
- Obesity
- Oral health problem
- Heart attacks or heart strokes
- Breast or colon cancer, etc.

(c)Traumatic brain injury (TBI)

A person has had past episodes of brain injury are more likely to develop depression and navigate towards this whole idea of self-harm and suicide. This brain injury might not have occurred recently but sometime in the past or during childhood. There are many possible causes, including road traffic accidents, assaults, falls and accidents at home or at work.



It is estimated that 75-80% of all head injuries fall into this category.

8.3.2 Environmental Factors

- (a) Access to lethal means including firearms and drugs
- (b) Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- (c) Stressful life events, which may include a death, divorce or job loss
- (d) Exposure to another person's suicide, or to graphic or sensationalized accounts of suicide
- (e) Cultural and religious beliefs, such as the belief that suicide is a noble resolution of a personal dilemma
- (f) Local clusters of suicide

8.3.3 Historical Factors

- (a) Previous suicide attempts
- (b) The family history of suicide
- (c) Childhood abuse
- (d) Neglect or trauma

Conclusion

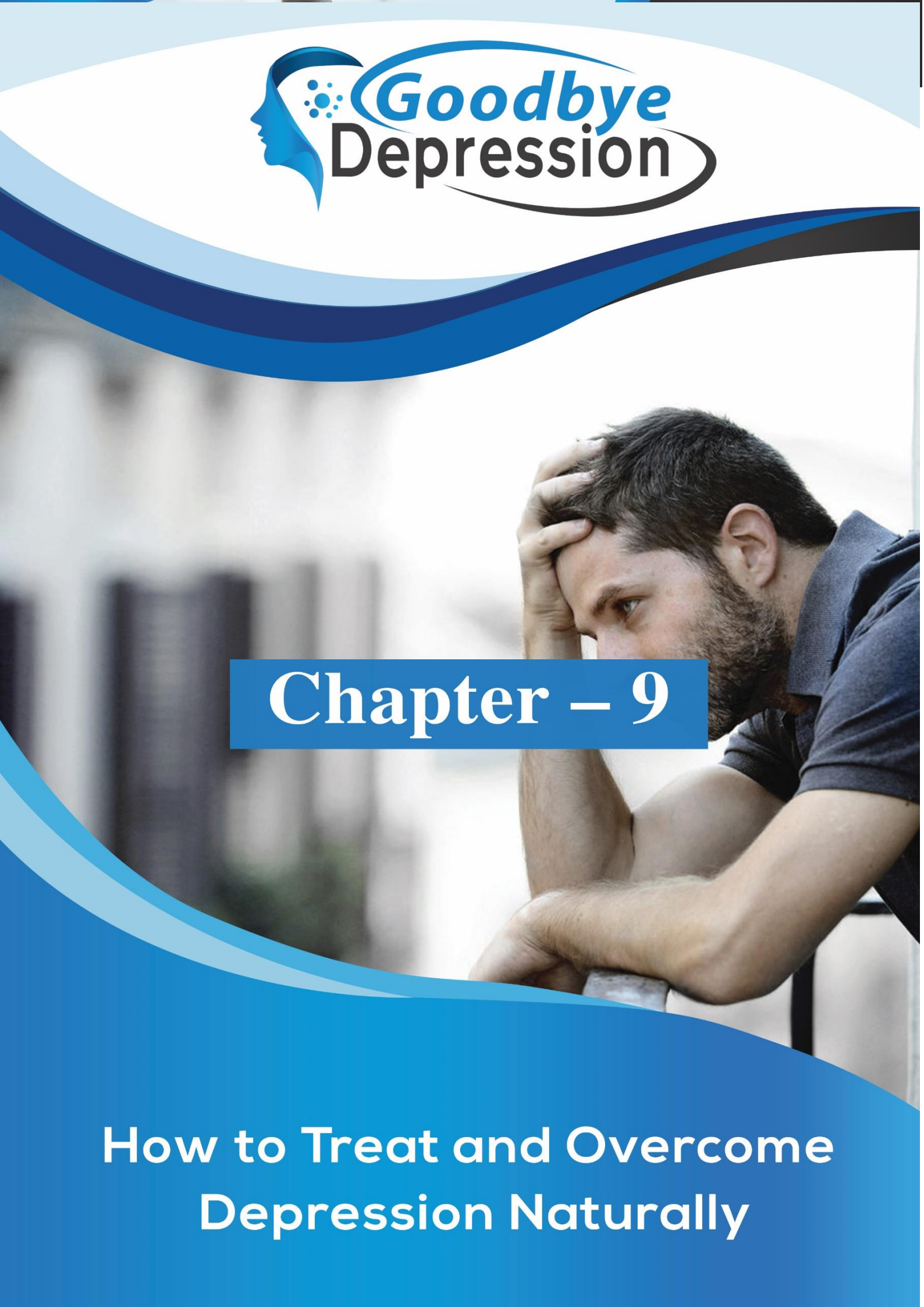
Depression and thoughts of suicide can be brought on by a variety of causes, including setbacks or disappointments in life, loss, divorce or breakup, financial

stress, medical illness, family history and genetics, trauma and stress (ranging from being unemployed to getting married), pessimism, low self-esteem, physical conditions, medical conditions, etc. Anyone of these causes or a combination of several can contribute to depression because they bring on physical weakness and stress, further leading to attempt of suicide.

There are help and hope available. Many people living with depression or thoughts of suicide try to harm themselves because they believe that they're "stuck this way forever." This isn't true. Situations and circumstances can change. Things will get better. Taking the first step by deciding to seek treatment and support will make a big difference.

A large, stylized graphic of a human eye. The iris is a light blue color, and the pupil is a darker blue. The eye is surrounded by a thick, light blue curved line that forms the upper eyelid and a grey curved line that forms the lower eyelid. Inside the eye, there is a cluster of small blue dots of varying sizes, resembling a constellation or a cluster of cells.

Remember-
"Each of our lives counts!"

A photograph of a man with a beard and dark hair, wearing a dark blue polo shirt. He is leaning forward, resting his head on his hand, with a distressed or pained expression. The background is a blurred city street with buildings. The image is framed by blue wavy lines at the top and bottom.

Chapter – 9

**How to Treat and Overcome
Depression Naturally**



Being depressed can make you feel helpless. You're not. Along with therapy and sometimes medication, there's a lot you can do on your own to fight back. Changing your behavior -- your physical activity, lifestyle, and even your way of thinking -- are all natural depression treatments.

When you're depressed, it can feel like you'll never get out from under a dark shadow. However, even the most severe depression is treatable. So, if your depression is keeping you away from living the life you want to, don't worry, it can be cured. Sometimes, depression may require long-term treatment. But don't get discouraged. Most people with depression feel better with medication, psychotherapy or both. Anti-depressants can be life-saving for people. But unless you're suicidal or otherwise in dire need of urgent medication, before you dose up on side-effect laden pharmaceuticals, it's worth considering some natural treatments that might help lift your mood.

Learning about your depression treatment options will help you decide which approach is right for you. From therapy to medication to healthy lifestyle changes, there are many effective treatments that can help you overcome depression, feel happy and hopeful again, and reclaim your life.

9.1 Ways to Overcome Depression without Anti-Depressants

Until serious, try to treat and overcome depression through natural remedies. It is always advisable to see a doctor, but simultaneously these natural treatments can also be

followed, as natural means are always preferable and better than medication or anti-depressants.

9.1.1. Herbal Remedies



While adopting a healthy lifestyle is always recommended, it won't always be enough to conquer the black dog of depression. Herbal remedies can help. You might be surprised to learn that herbal remedies have been used medicinally to treat depression in every traditional culture. Apparently, depression isn't just a modern malady. Many of these traditional herbs have been scientifically proven to be just as effective as antidepressants and some increase the effectiveness of medications when taken together.

Arctic root (*Rhodiola rosea*), **Asian ginseng** (*Panax ginseng*), and **ginkgo** (*Ginkgo biloba*) have been used for depression for thousands of years. Now science is beginning to understand how these ancient herbs work.

- **Arctic root** increases the activity of the mood-enhancing neurotransmitters serotonin, norepinephrine and dopamine. It's particularly useful for depression accompanied by anxiety and fatigue or

that's caused by seasonal affective disorder (SAD). Arctic root reduces depression symptoms faster than antidepressant medications, often bringing relief in as little as one week.



- **Ginkgo** is one of the most popular herbal remedies on the planet. It's most commonly used as a memory booster but it's even more effective for depression than memory loss. It's known for its ability to increase blood flow to the brain. It raises levels of dopamine and serotonin while lowering levels of the stress hormone cortisol.



- **Asian ginseng** to increase physical stamina or improve their sex life, but it's also beneficial for both depression and anxiety. It's the main ingredient in the traditional Chinese herbal formula Kai Xin San, a combination of herbs that's just as good as Prozac for treating depression.



India has its own healing tradition known as **Ayurvedic medicine**.

- One of the most important Ayurvedic herbs is **ashwagandha** (*Withania somnifera*). It's been used for over 3,000 years as a general tonic to ward off stress and aging. Ashwagandha excels in its ability to reduce stress by reducing cortisol, making it a good choice for stress-related depression accompanied by anxiety and insomnia.



Ashwagandha To Reduce Depression

- Another Ayurvedic antidepressant is the spice **turmeric** (*Curcuma longa*), renowned for its brain-boosting properties. Curcumin works by increasing levels of the two “feel good” neurotransmitters, serotonin and dopamine. It’s as effective for depression as Prozac even for major depressive disorder and, unlike medication, is safe to take indefinitely. Like ashwagandha, curcumin enhances the effectiveness of antidepressants.



- **Saffron** as a culinary spice used in Indian and Persian cuisine, is one of the most expensive spices in the world, but what’s not widely known about saffron is that it’s one of the most promising herbal remedies for depression. It works by acting on serotonin metabolism and is as effective for depression as Prozac.



9.1.2. Mood –Enhancing Supplements

Using supplements to enhance your mood can be another effective way to overcome depression, but it is always recommended to take these under the care of a physician as some of these supplements may have side effects or risks and can intervene with your other health issues:

1. St John's Wort

It is recommended to intake 300mg three times a day. If you don't feel better within a week, slowly increase your dose to a max of 600mg three times a day. But check with your physician first before changing the dose intake as it may decrease the effectiveness of birth control pills. In a study St. John's Wort was found to be more effective than a placebo and at least as effective as both tricyclic and SSRIs, but with fewer side effects.



2. L-Theanine

L-Theanine is a water-soluble amino acid. It's found mainly in green tea and black tea and is also available as a supplement. Studies have found that it acts directly on the brain, helping to reduce stress and anxiety—without causing drowsiness. It is recommended to intake 200 mg daily. Reduce if you feel sleepy. This supplement is found in green tea.



3. Omega-3 and Fish Oil (DHA/EPA)

Fish oil is required for healthy brain function. It is recommended to intake 1-3 grams per day with food. People with diets high in omega-3 essential fatty acids have lower rates of depression. Eat salmon, trout, herring, sardines, anchovies, mackerel, flaxseed and walnuts.



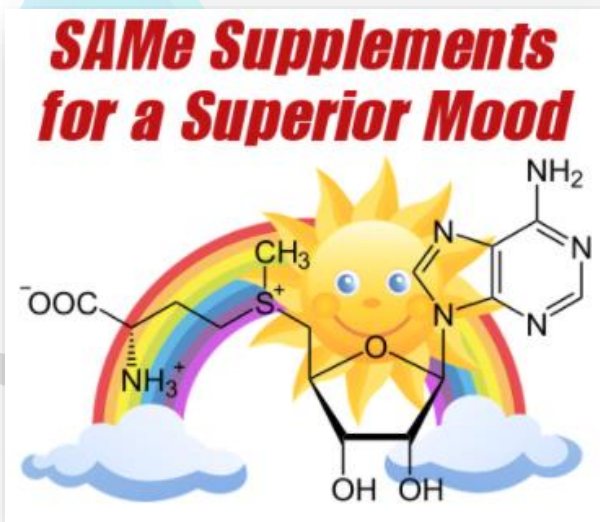
4. 5-HTP

5-Hydroxytryptophan, also known as oxitriptan, is a naturally occurring amino acid and chemical precursor as well as a metabolic intermediate in the biosynthesis of the neurotransmitter serotonin. It is recommended to intake 50-300 mg up to three times a day -- start at 50mg in the morning. This converts directly into serotonin. If you are taking too much, you will feel sleepy or have runny stools. Also usually helps with anxiety, although sometimes it can paradoxically cause anxiety. Must use with great caution if you're taking an anti-depressant.



5. SAMe

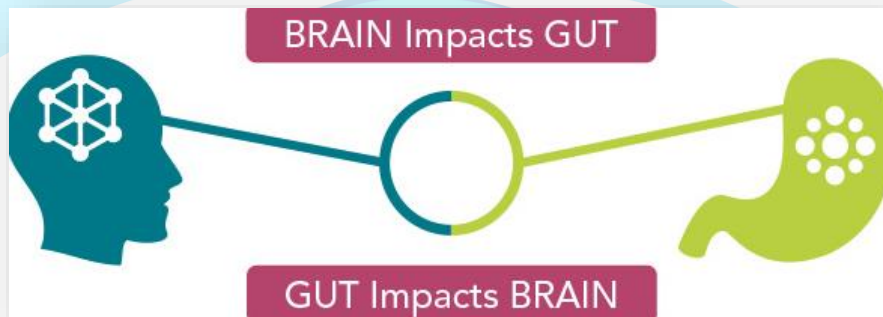
S-adenosyl-L-methionine (SAMe) is a compound found naturally in the body. SAMe can be taken orally, intravenously or through a muscular injection. People generally use it to treat osteoarthritis, liver disease and depression. However, SAMe can also interact with anti-depressant medications.



It is recommended to intake 200mg on an empty stomach twice a day. Increase your dose every two weeks to a maximum dose of 600mg twice daily in consultation with your physician. This can be very effective, but it can also be expensive. Side effects at higher doses include GI upset, nausea, agitation, and insomnia.

6. Probiotics

Research shows that **probiotic supplements** can improve mental outlook, which is due to the gut-brain connection. Probiotics aid nutrient absorption and promote glycaemic control, helping to avoid spikes and drops in blood sugar levels. But most importantly, studies show that there are direct lines of communication from the gut to the brain, so taking probiotics actually changes your behavior and brain chemistry, thereby improving cognitive function and reducing depressive symptoms.



9.1.3. Other Natural Remedies

1. Figure out the Cause

Sometimes depression is a symptom of something circumstantial in your life, rather than biochemical imbalances.

- Does your job require you to sell out your integrity every day?
- Have you been unable to admit that you need to end your marriage?
- Are you feeling spiritually disconnected or sexually restless?
- Are you suffering from creative blocks?
- Is your body failing you?
- Are you facing financial ruin?

Be honest with yourself about what might be off-kilter in your life, and make an effort to analyze and get to the root of why you might be feeling depressed.

2. Never skip a meal

As per various studies and journal, it has been found that skipping meals is associated with rising of several diseases in our body like diabetes as it increases the blood sugar levels and insulin responses that put them at a higher risk. Also, glucose, which your body obtains by breaking down nutrients in the food you eat, is the primary source of energy for your brain and central nervous system. When you fast for several hours or more, the supply of glucose to your brain dwindles. This can impair your concentration, focus, memory, and mood. Eating regularly also reduces mood swings. Thus, it is very important to take all the meals of the day.



3. Keep your hormones in balance

If your thyroid, adrenal or sex hormones are out of whack, your mood can get all wonky. It is advisable to get yourself tested for the following hormones:

- Thyroid Gland Test - TSH, free T4, free T3, total T3, thyroid antibodies
- Adrenal Gland Test - cortisol, DHEA-S, pregnenolone
- Sex Hormone Test - estradiol, progesterone, free and total testosterone

These tests will help you identify if there are any hormonal imbalances in your body. If yes, you need to work on regulating them, so that then you can work on the path of overcoming your depression.

4. Talk it out

Expressing your feelings is an important and effective way to ooze out any form of negativity from your body and mind. When pain and anxiety grow high, it becomes mandatory to express and communicate it. Talking therapy is one of the easiest and effective ways to heal depression. Sometimes just finding someone you trust who will help you work through your feelings can make all the difference in the world.



5. Use homeopathic remedies

Homeopathy is a controversial healing practice. The medical community largely believes homeopathy is quackery and that, if it works at all, it's due to the placebo effect. This is ironic since there's evidence that antidepressants are no more effective than a placebo — and have a lot more side effects!

If you are among the skeptics, it might surprise you to learn that homeopathy can work as well for depression as prescription antidepressants. The key to homeopathy is finding the specific remedy that works for you. Since one-size-fits-all rarely work with anything, this is no different than finding the right drug or nutritional supplement. For best results, get the professional advice of a trained homeopath. If that's not feasible, you can increase your chance of success with a multi-ingredient homeopathic remedy specifically formulated for depression.

6. Get acupuncture

A new research suggests that acupuncture could be a promising alternative to anti-depressant medication. In acupuncture, a practitioner inserts needles into the skin at points of the body thought to correspond with specific organs (right). **Western research** suggests the needles may activate natural painkillers in the brain; in traditional **Chinese medicine**, the process is believed to improve functioning by correcting energy blocks or imbalances in the organs. **Western medicine** has shown that acupuncture releases endorphins, and activates natural painkillers. Now we see that it affects other biological functions as well. **Chinese medicine** sees acupuncture as improving functioning by correcting blockages or imbalances in the organs.



Another study suggests that acupuncture may help with one particularly difficult aspect of depression treatment: the sexual side effects of some medications.

7. Use of hypnotherapy

Researchers have studied whether hypnosis can treat a variety of medical conditions, from irritable bowel syndrome to anxiety and depression. The goal for hypnotherapy is to help a patient learn to better control their state of awareness. In the case of depression, hypnotherapy sessions may be focused on helping a person achieve a state of relaxation. In this relaxed state, they can discuss their feelings and emotions without raising stress and anxiety levels. A person can use hypnotherapy in addition to other treatments for depression to

enhance an overall sense of well-being, lift mood, and boost feelings of hopefulness. It is also used to treat negative behaviors that could be worsening a person's depression. These behaviors may include smoking and poor eating and sleeping habits.

8. Stop Drinking and drugging yourself

While drinking might make you feel better momentarily, all you are doing is swallowing your problems, where they eat away at you in even deeper darkness inside your soul. If you are using alcohol or drugs to anesthetize yourself against your problems, please stop. Get help if you need it!

Not only this, alcohol naturally reduces your levels of B12 as it damages the cells in your stomach lining, reducing absorption of the B12 you ingest. So if you enjoy a regular glass of wine or beer, but you're feeling flat, you may want to reduce how often you're drinking.

9. Take sufficient Vitamin B12

Low levels of B12 can be a risk factor for depression, and it's common for vegans and alcoholics. There are very few vegan-friendly foods that contain B12, so if you suspect you're low, make sure to supplement with high-quality B12 to boost your levels. The daily recommended intake of vitamin B12 for healthy adults is 2.4 micrograms. Good sources of B12 are often animal-based foods and include snapper, prawns, algae, sea plants and miso. However, you can also get B12 from the vegan nutritional yeast.

10. Stop consuming Caffeine

Caffeinated drinks—such as coffee, tea, soda, and energy drinks—pep you up temporarily, but they may have a more insidious effect. They may worsen depression, insomnia, and anxiety. Caffeine reduces serotonin levels in the body.



- **Caffeine can cause sleep problems that affect mood.**

Caffeine can make it harder to fall asleep and stay asleep. Lack of sleep can worsen depression. If you have trouble sleeping, don't drink caffeinated beverages late in the day. Some people need to limit caffeine to the morning or quit drinking caffeinated beverages completely to avoid sleep problems. Also, anxiety and depression often occur together, and caffeine can worsen anxiety.

- **Stopping abruptly can worsen depression.**

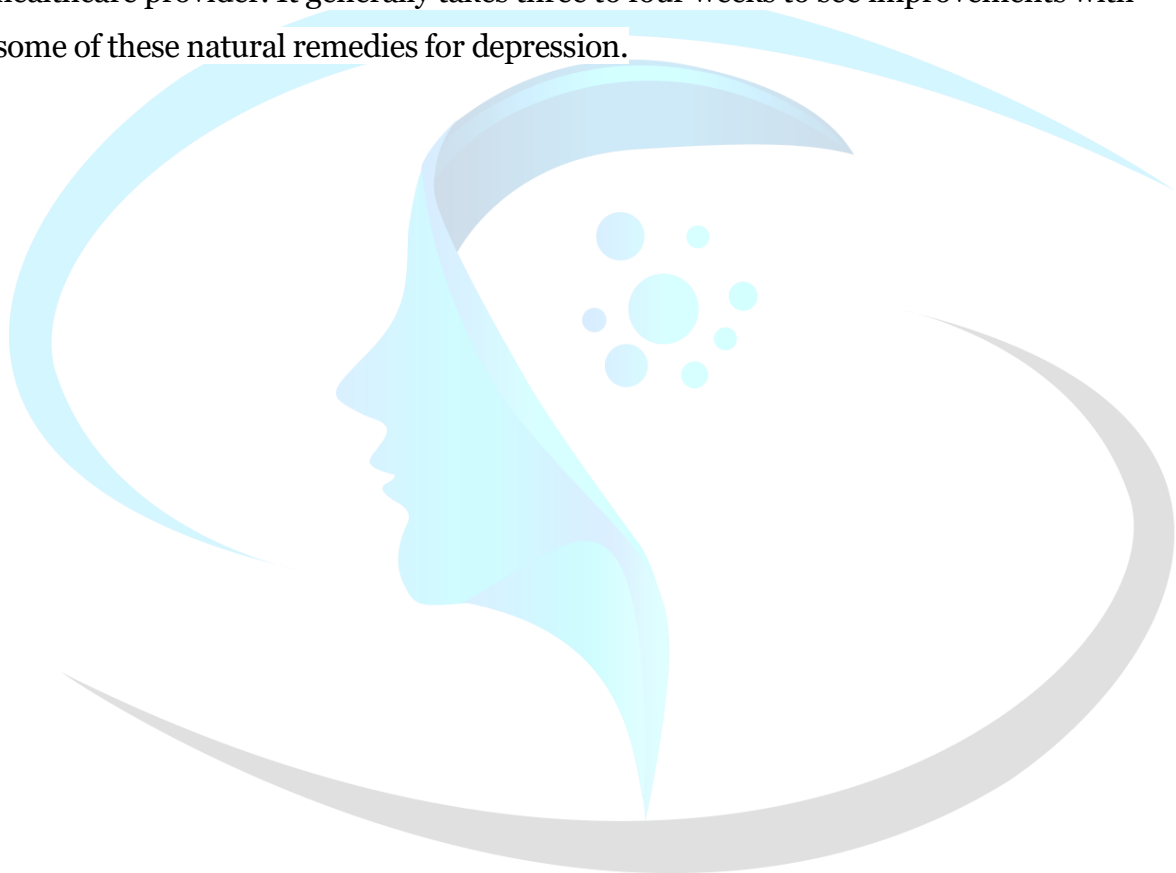
If you regularly drink caffeinated beverages, quitting can cause a depressed mood until your body adjusts. It can also cause other signs and symptoms, such as headaches, fatigue, and irritability. If you have depression, consider limiting or avoiding caffeine to see if it helps improve your mood. To lessen these withdrawal effects, gradually reduce the number of caffeinated beverages you drink.

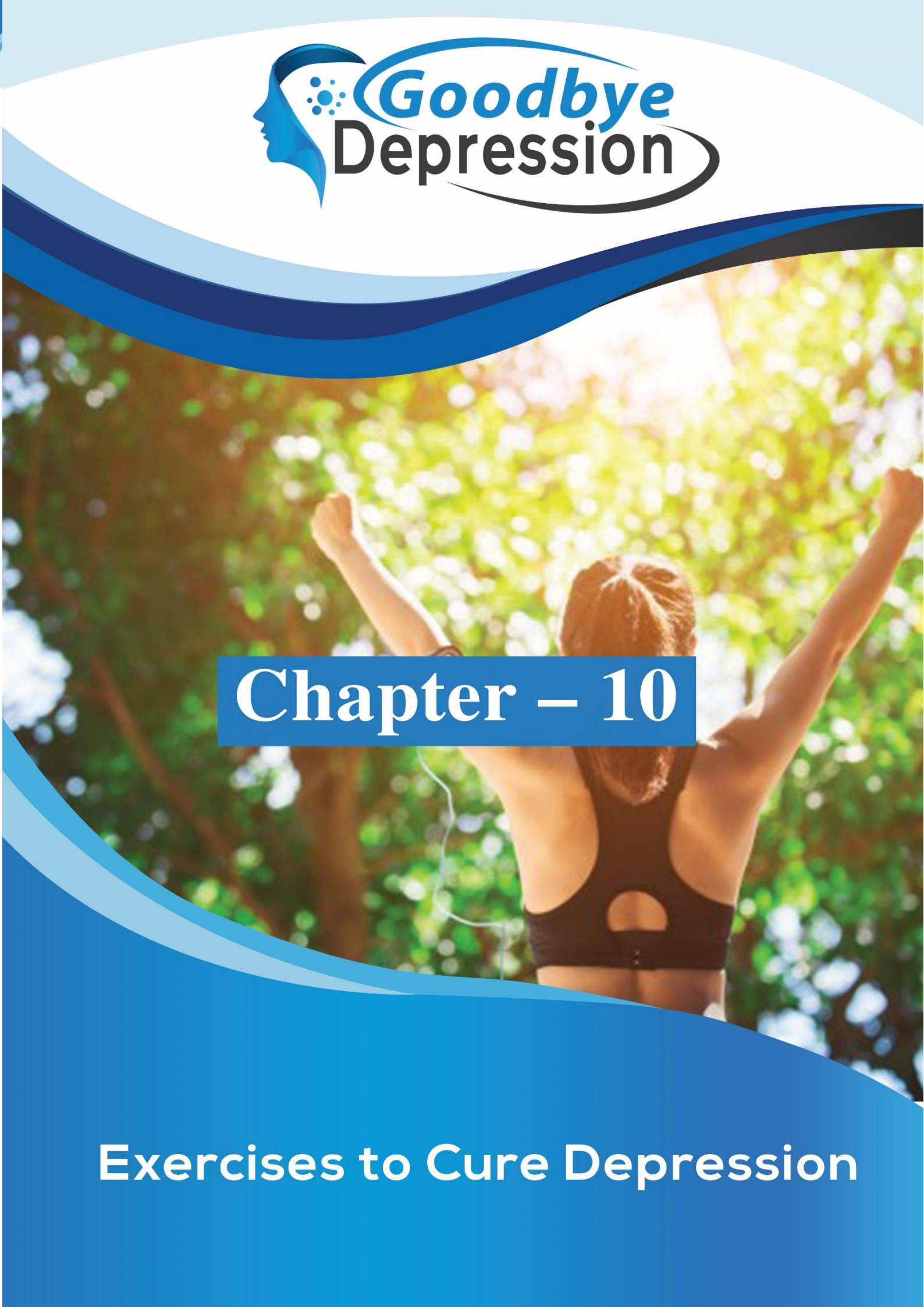
As an alternative, if you need an energy boost, supplement with **L-Tyrosine (500 - 1000 mg)**.

Conclusion

Antidepressant medications come with a slew of side effects and people don't know where to turn to find a treatment that won't bring on more health problems. If you want to use these natural remedies for depression to improve your symptoms, it is recommended to do it under the care and guidance of your healthcare provider or counselor. Don't be afraid to ask for support, as it's so important to get help when you need it.

But, if you notice any adverse reactions to these natural treatments for depression, or your symptoms become worse, discontinue the use of that remedy and see your healthcare provider. It generally takes three to four weeks to see improvements with some of these natural remedies for depression.



The background of the entire page is a photograph of a woman from behind, wearing a black sports bra, with her arms raised in a 'V' shape. She is standing in a sun-dappled forest with green trees. The image is framed by blue wavy borders at the top and bottom.

Chapter – 10

Exercises to Cure Depression

“Your body plays a bigger role in your mental health than you might think.”

EXERCISE Is Nature’s Antidepressant

For people suffering from anxiety and depression, their go-to treatments are often getting on medication or seeing a therapist.

Although these avenues can definitely be helpful, there are a number of other factors that play a role in your overall mood, and one of those is physical exercise. It might sound surprising that how often you work out could have an effect on how you feel mentally, but our physical body and mind have a strong connection, so taking care of one will have a positive effect on the other.

Multiple studies have found that exercise reduces feelings of anxiety and encourages feelings of well-being, and like depression, exercise can be an equally, if not more, effective than medication. When you have depression or anxiety, exercise often seems like the last thing you want to do. But once you get motivated, exercise can make a big difference. Exercise helps prevent and improve a number of health problems, including high blood pressure, diabetes, and arthritis. Research on

depression, anxiety, and exercise shows that the psychological and physical benefits of exercise can also help improve mood and reduce anxiety.

Exercise may also help keep depression and anxiety from coming back once you're feeling better.

10.1 How does Exercise help Depression and Anxiety?

Regular exercise may help ease depression by:

- **Releasing feel-good endorphins**, natural cannabis-like brain chemicals (endogenous cannabinoids) and other natural brain chemicals that can enhance your sense of well-being. They also improve the ability to sleep, which in turn reduces stress.
- **Taking your mind off worries** so you can get away from the cycle of negative thoughts that feed depression and anxiety.
- **Releases Serotonin**, a neurotransmitter which lifts the mood.
- **Copes in a Healthy Way** - Doing something positive to manage depression or anxiety is a healthy coping strategy. Trying to feel better by drinking alcohol, dwelling on how you feel, or hoping depression or anxiety will go away on its own can lead to worsening symptoms.

The word "**exercise**" may make you think of running laps around the gym. But exercise includes a wide range of activities that boost your activity level to help you feel better.

Some research shows that physical activity such as regular walking — not just formal exercise programs — may help improve mood. Physical activity and exercise is not the same thing, but both are beneficial to your health.

- **Physical activity** is any activity that works your muscles, requires energy and can include work or household or leisure activities.
- **Exercise** is a planned, structured and repetitive body movement done to improve or maintain physical fitness.

Certainly running, lifting weights, playing basketball and other fitness activities that get your heart pumping can help. But so can physical activity such as gardening, washing your car, walking around the block or engaging in other less intense activities. Any physical activity that gets you off the couch and moving can help improve your mood.

Scientists have found that regular participation in **aerobic exercise** has been shown to decrease overall levels of tension, elevate and stabilize mood, improve sleep, and improve self-esteem. About five minutes of aerobic exercise can begin to stimulate anti-anxiety effects.

10.2 Exercise as a part of Healing Therapy

According to some studies, regular exercise works as well as medication for some people to reduce symptoms of anxiety and depression, and the effects can be long-lasting. One vigorous exercise session can help alleviate symptoms for hours, and a regular schedule may significantly reduce them over time.



**EXERCISE
PREVENTS
DEPRESSION**

- Although exercise has a positive effect for most people, some recent studies show that for some, exercise may not have a positive effect on anxiety or depression or may not make a strong impact on long-term mental health.
- Like all forms of therapy, the effects can vary: Some people may respond positively, others may find it doesn't improve their mood much, and some may experience only a modest short-term benefit. Nonetheless, researchers

say that the beneficial effects of exercise on physical health are not in dispute, and people should be encouraged to stay physically active.

10.3 Exercises to Relieve Depression

1. Yoga

Yoga is generally most people's go-to when it comes to exercises that make you relaxed. But yoga not only has positive effects in the short term: Studies show that people who take yoga classes experience significant reductions in anxiety, depression, anger, and neurotic symptoms.

Yoga focuses on deep breaths and internal focus, which can be very beneficial for people dealing with anxiety or depression. It improves flexibility; involves mindfulness, which breaks up repetitive negative thoughts; increases strength; makes you aware of your breathing; improve balance; and contain a meditative component – all of which help to fight depression. Experts believe that yoga's focus on the breath is especially beneficial for your mental health because it's difficult to be anxious when you're breathing deeply.

Yoga Poses to Cure Depression:

Some yoga poses to fight depression are mentioned below. Try them regularly to notice significant changes.

a) Balasana (Child Pose)



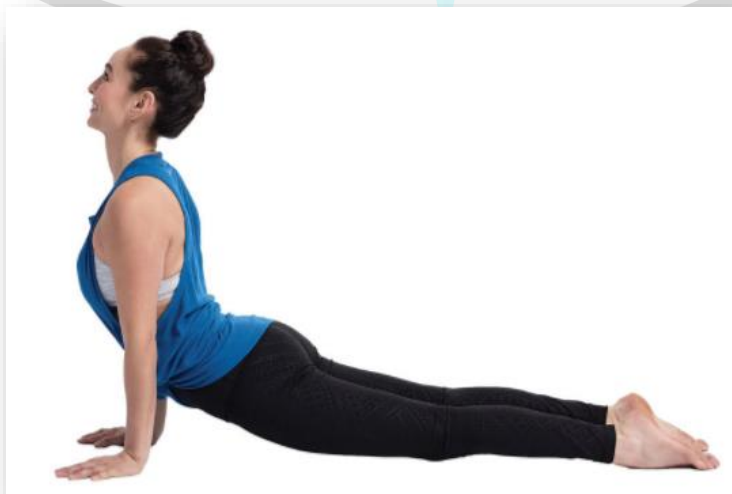
Balasana helps calm your brain and relieves stress and anxiety. It gently stretches your lower back and hips, enabling your body to relax. Peace and calm prevail over your entire being, helping you deal with your depression better.

b) Sethu Bandhasana (Bridge Pose)



Sethu Bandhasana strengthens the back muscles and relieves a tired back. It helps you relax and works wonders for people suffering from stress, anxiety, and depression. It opens up your heart, making you feel light and at ease.

c) Urdhva Mukha Svanasana (Upward-Facing Dog Pose)



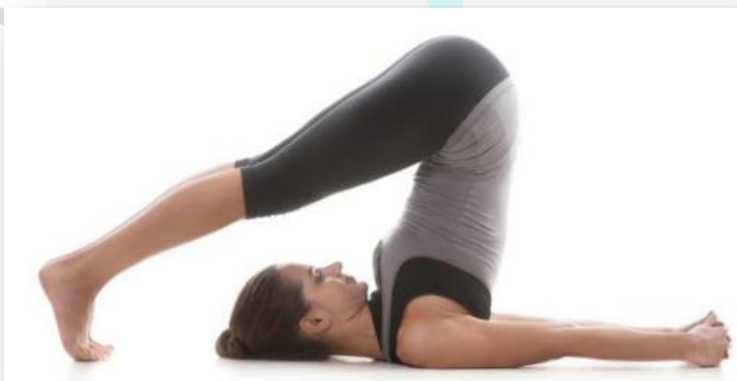
Urdhva Mukha Svanasana can easily cure mild fatigue and depression. It has an overall rejuvenating effect on your body, and all the stress trapped in your back will vanish.

d) Adho Mukha Svanasana (Downward-Facing Dog Pose)



Adho Mukha Svanasana enables fresh blood to flow into your body. It stretches the neck and cervical spine, releasing the stress in them, thereby reducing anxiety and calming your being.

e) Halasana (Plow Pose)



Halasana reduces the strain on your back and enhances your posture. It calms your brain, gives it a good stretch, and reduces stress. It keeps headaches and

insomnia at bay. This is one of the best calming poses for your nervous system.

f) Savasana (Corpse Pose)



Savasana rejuvenates you and helps your body relax. It reduces blood pressure and lets the effects of the previous poses to sink in better. Finally, after all the mind and body invigorating poses, Savasana will give you all the rest and scope to heal.

All the above-mentioned poses will help relieve the emotional scars and trauma deeply ingrained in your physical and psychic body.

2. Running

Running is often mentioned as a way to lessen the effects of depression and even elevate the mood of someone trying to navigate the murkiness of the disease. Many people turn to a quick run or jog when they're feeling down, and for good reason. Running releases **endorphins**, natural feel-good chemicals in your body that give you a euphoric feeling. It has been found that running is just as effective as psychotherapy in alleviating symptoms of depression.



3. Hiking

According to a new psychology study, taking a walk on the wild side (literally) has copious mental health benefits that city walking doesn't.



Walking has been proven to increase your lifespan and health biomarkers, but now researchers are saying that where you walk can be just as important. When you walk on uneven terrain, you'd encounter on nature trails, deep-sand beaches or other natural surfaces that knocks out a lot of that energy transfer. Your heart rate and metabolic rate go up, and you burn more calories. In fact, hiking on uneven terrain increases the amount of energy your body uses by 28% compared to walking on flat ground. The time spent in natural environments (as opposed to busy city settings) calms activity in a

part of the brain that research has linked to mental illness. For both your mind and body, a walk in the woods may be tough to beat.

4. Dancing

Whether you're taking a Zumba class, salsa dancing with a partner, or just grooving out to some music in the comfort of your own home, dancing can help can help relieve stress and anxiety.



Studies show that dance classes can reduce anxiety more so than regular physical education. In addition to being physically active, many people see dance as a form of personal expression, which can help strengthen the connection between the mind and the body. Dance therapy is grounded in the understanding that motion and emotions are tightly linked. It is an expressive art, which means the movement of their body helps people express how they think and feel.

Dance improves your heart health, overall muscle strength, balance, and coordination, and reduces depression. The results showed the people who took the dance classes improved their mental health and reported a boost in their mood.

5. Strength Training

Did you know that **strength training** can help to ameliorate and even lessen a case of the blues over the long term?



People are more likely to associate strength training with building muscle, but it can also have strong mental effects as well. A study found that regular resistance training can reduce symptoms of both anxiety and depression. While the physical benefits of strength training are widely known, there are plenty of psychological benefits to reap too. A Medical School study found that that weight lifting and strength training could help alleviate the symptoms of clinical depression.

Strength training improves mood and self-esteem, regulates sleep, and reduces stress, which can all contribute to overall feelings of wellbeing.

6. Tai Chi

Tai chi is a form of mind-body exercise that originated from **China**. It combines Chinese martial arts and meditative movements that promote balance and healing of the mind and body, involving a series of slowly performed dance-like postures that flow into one another.



As it comprises mental concentration, physical balance, muscle relaxation, and relaxed breathing, Tai Chi shows great potential for becoming widely integrated into the prevention and rehabilitation of a number of medical and psychological conditions. The Tai Chi interventions have beneficial effects for various populations on a range of psychological well-being measures, including depression, anxiety, general stress management, and exercise self-efficacy. The workout involves mental concentration, physical balance, muscle relaxation and relaxed breathing, which can all play an important role in regulating mood.

7. Bouncing

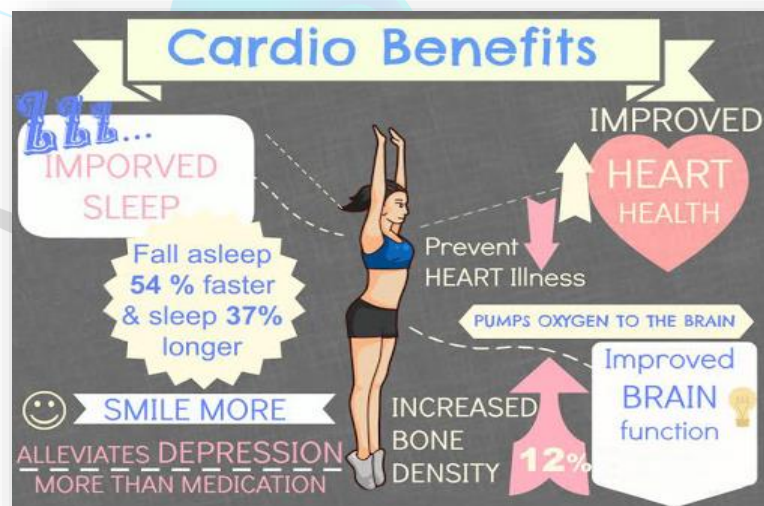
While we all consider the health benefits of walking and jogging, we are seldom aware of the benefits of jumping. If you spend some time in doing a jumping exercise, you can notice for yourself how it is improving your mental health. Jumping will increase the intake of more oxygen and this will keep the brain cells more energetic. This will improve your concentration and will keep you in a good mood throughout the day.



Jumping or bouncing exercise is a fun activity that can keep depression at bay. This is mainly due to the release of serotonin that will keep you in a positive mood and will help you to relax.

8. Cardio & Aerobics

The benefits of exercise have been found to make a difference for those who are feeling anxious or depressed. This indicates a very real – and strong – link between exercising and mental health.

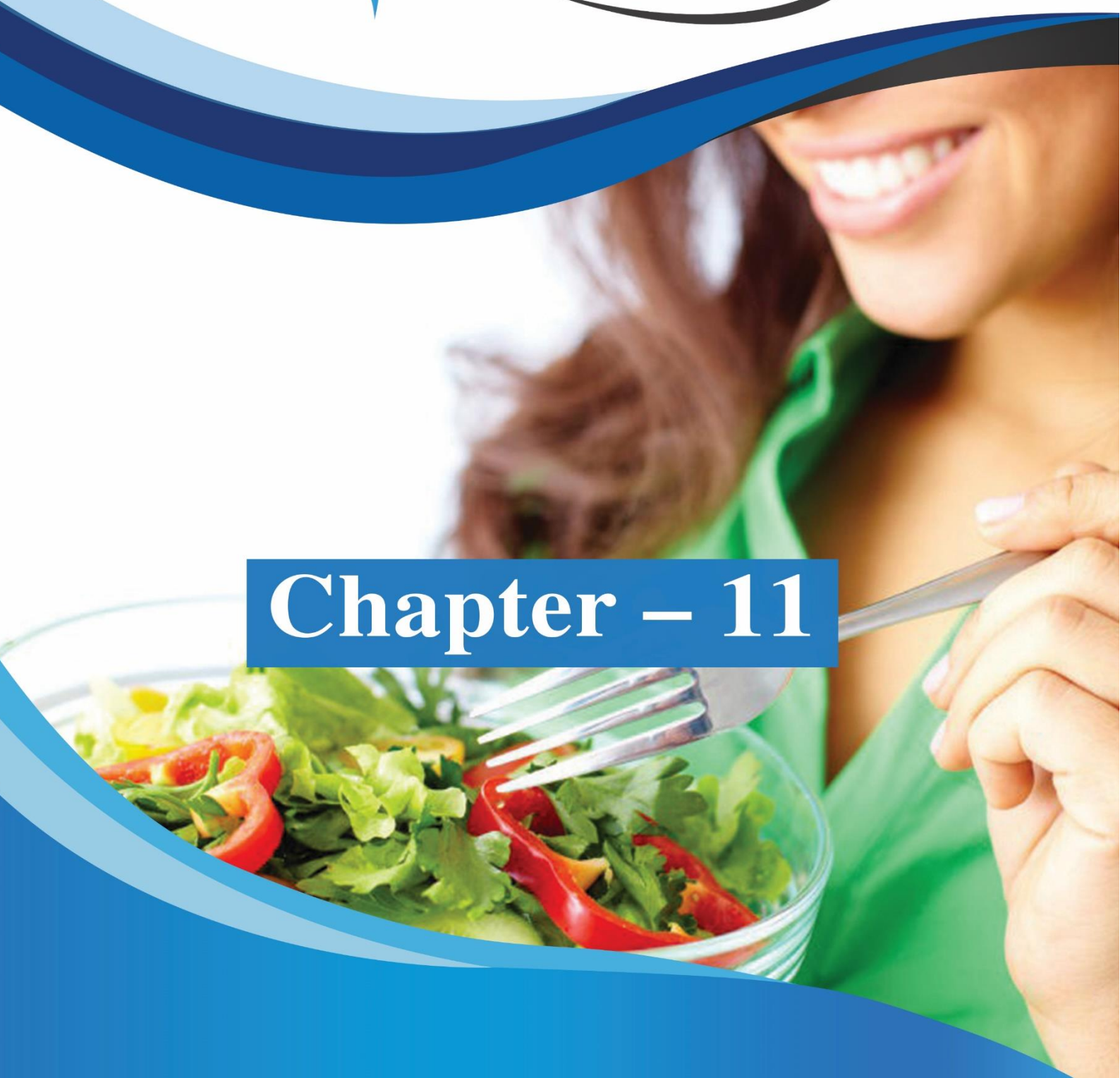


Aerobic exercise improves blood circulation and supplies the brain with more oxygen. The increased oxygen and blood flow clear the mind, making thinking clearer, improving focus, and helping you overcome minor worries.

Conclusion

For people that have never experienced mental health issues, depression and anxiety can be difficult to understand. People who experience mood disorders know how crippling these feelings can be. Panic attacks and suicidal thoughts are the most dangerous symptoms of these disorders. While medicines are available to help combat these symptoms, they often can have side-effects. Sometimes, the best way to deal with long-term anxiety and depression is exercise regularly to keep the head clear of the negative thoughts that evolve with depression.





Chapter – 11

**Lifestyle and Diet Tips for
Aiding Depression**

Lifestyle Changes That Will Improve Your Mental Health

Lifestyle changes are simple but powerful tools in treating depression and anxiety, and they are an essential component of an integrated approach to treatment. In some cases, lifestyle changes alone can help depression or relieve anxiety, so it makes sense to start with them right away.

Unfortunately, there's no specific diet that's been proven to relieve depression. Still, while certain eating plans or foods may not ease your symptoms or put you instantly in a better mood, a healthy diet may help as part of your overall treatment. If you have treatment-resistant depression, getting expert medical and psychological treatment is crucial. But recovery isn't only about dutifully taking your medicine and seeing your therapist. There is actually a lot that you can do on your own to support your treatment.

11.1 Lifestyle Changes to Treat Depression Naturally

Lifestyle changes—things as simple as nutrition and exercise—can have a significant impact on quality of life, for any of us, but especially for those dealing with issues such as depression, anxiety or any other mental disorder. They can also help minimize the development of risk factors that can lead to conditions like diabetes, cardiovascular disease, and hypertension, all of which are seen at higher rates in those with mental illness.

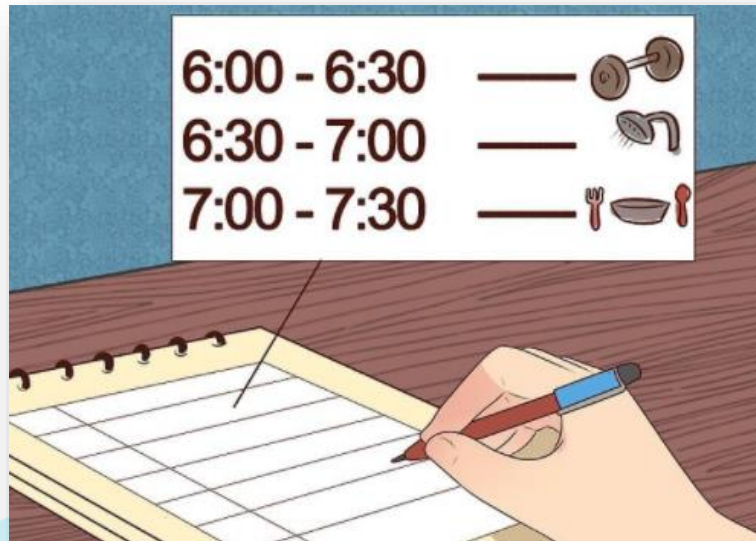
1. Exercise and Move

Exercise releases happy-making **endorphins**, which act like natural anti-depressants. These are secreted by the brain and nervous system and have a number of physiological functions. These endorphins interact with the receptors in your brain that reduce your perception of pain. Endorphins also trigger a positive feeling in the body, similar to that of morphine. They have been suggested as modulators of the so-called "runner's high" that athletes achieve with prolonged exercise.



2. Maintain a routine

Depression can knock you off any structure you have and days can easily feel like they melt into each other. Adhering to a routine can help you get back on track, accomplish things that need to be done, and push you out of your depression cocoon.



- Set up your day and make sure you follow through with activities. While it may feel like you have no energy to complete activities, give it a go.
- You may even want to put basic items on your list, like getting out of bed, taking a shower, or eating breakfast. Once you get into the groove of accomplishing tasks (even small ones), it can spur you on to keep completing items.
- Reward yourself when you complete all items on the list. You can reward yourself with a bubble bath, dessert, or a movie time.

3. Expose yourself to sunlight

Sunlight has a profound impact on your mental health. It has an extraordinary ability to increase the production of **serotonin**, which is a brain chemical – a potent mood enhancer helping a person feel calm and focused. Without enough sunlight exposure, a person's serotonin levels can dip low.



Low levels of serotonin are associated with a higher risk of seasonal affective disorder (SAD). Exposure to sunlight can also benefit those suffering from non-seasonal depression, premenstrual dysphoric disorder, and in pregnant women with depression. Not only this, the complex stimulus of sunlight can affect your mood and mental health through a number of mechanisms, including affecting your vitamin D, endorphins, nitric oxide levels and mitochondrial energy.

4. Meditate

The effect of meditation on anxiety and depression, two illnesses which are often closely interlinked, is promising. Antidepressants are one way of treating depression but they come with a lot of side effects and health problems. Consuming too many drugs especially at an early age of childhood or at the teenage can be harmful to your health.



Thus, meditation is a more effective and long-lasting therapy to treat depression. Mindfulness meditation, in particular, has been shown to have a strong effect on lessening symptoms of depression, such as negative thinking, rumination, and lack of focus. It may also be helpful for children and adolescents. The practice involves sitting comfortably, focusing on your breathing, and then bringing your mind's attention to the present without drifting into concerns about the past or future.

5. Practice good sleeping habits

When people are depressed, their sleep schedule often suffers. Some sleep excessively and can barely get out of bed. Others lie awake through the night, fretful and miserable.



Poor sleep has a strong effect on mood, in part because the neurotransmitters needed to support mood are replenished with sleep. Thus we need restorative sleep to maintain a balanced brain and help alleviate depression and anxiety. People who don't get adequate sleep, in length or quality, each night are more likely to develop major depression than those who sleep through the night.

In addition, research shows that sleep-deprived people have a much stronger tendency to classify neutral images as "negative," so that even everyday items can seem more menacing and contribute to anxiety.

How to inculcate good sleeping habits?

- i. Establish a regular schedule for when you get up and when you go to bed and stick to it -- no matter how hard it might be at the outset.
- ii. Keep naps brief or skip them altogether.
- iii. Try to make your bedroom a calming place -- and rid it of distractions like TV, music system, laptop, etc.

6. Laugh More

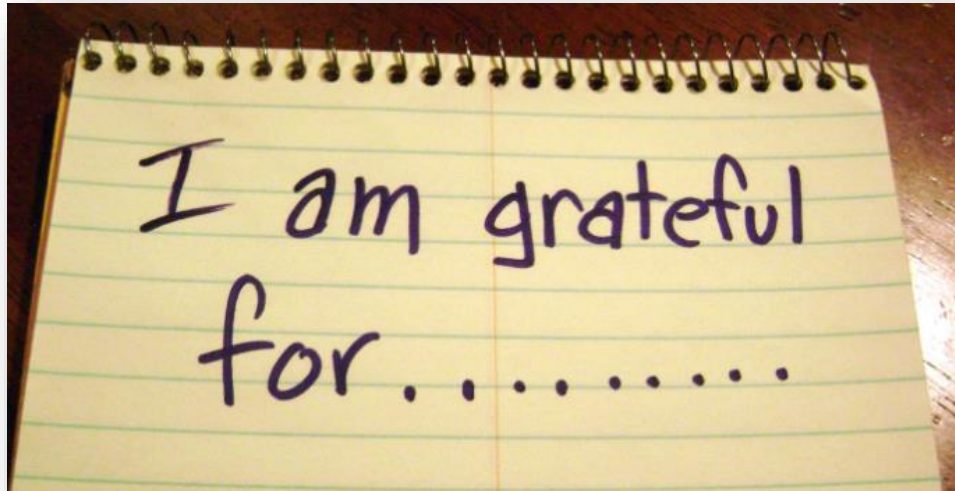
Studies have shown that laughter does really make you feel better. To induce laughter, you can watch funny videos or even watch comedy television series on the internet.



Laughter causes the body to release into the bloodstream high concentrations of different hormones and neuropeptides related to feelings of happiness, bonding, tolerance, generosity, compassion, and unconditional love. This can be called as a joy cocktail. The presence of this joy cocktail precludes the production of other hormones and neuropeptides that are related to feelings of hatred, fear, violence, jealousy, aggression and the emotions associated with war and oppression. Not only this, laughter breaks the cycle of psychological negativity.

7. Develop An Attitude Of Gratitude

Count your blessings, daily! Incorporating a daily practice of gratitude can improve your health, relationships, self-esteem, and sleep. Research shows that it can also make you happier. Gratitude and depression seem to be inversely proportional.



In studies, people who are depressed express nearly 50% less gratitude than control groups. Conversely, the more grateful a person is, the less depressed he is likely to be. Gratitude effectively increases happiness and reduces depression. It may work by reducing underlying toxic emotions such as envy, frustration, resentment, and regret.

8. Stress Management

Stress is a part of life, but chronic, long-term stress can be debilitating, especially for someone with depression. Stress builds upon itself, so it's essential to combat stress with calming, soothing experiences. Stress management is different for everyone, so you are the best person to decide which healthy activities help you.

Some recommended ways to get rid of stress and turn it off for some time are:

- Watching your all-time favorite movie
- Reading a book
- Chasing or practicing your hobby
- Listening to music
- Dancing
- Writing (maybe a blog or a journal)

11.2 Healthy Eating

The brain is one of the most metabolically active parts of the body and needs a steady stream of nutrients to function. A poor diet may not provide the nutrients necessary to produce neurotransmitters and may provoke symptoms of anxiety or depression.

Knowing what foods we should and shouldn't be eating can be really confusing, especially when it feels like the advice changes regularly. However, evidence suggests that as well as affecting our physical health, what we eat may also affect the way we feel.

Improving your diet may help to:

- Improve your mood
- Give you more energy
- Help you think more clearly

Some of the foods which should be consumed in order to provide the nutrients a body needs to fight off inflammation in the brain leading to depression are mentioned below:

1. Dark Leafy Greens: A Nutrient-Dense Inflammation Fighter

The most nutrient-dense item available to us to eat is dark, leafy greens, no contest. Some of the examples are Spinach, Kale, Swiss chard, etc.

Greens are the first of the G-BOMBS (greens, beans, onions, mushrooms, berries, seeds) - the foods with the most powerful immune-boosting and anticancer effects. Leafy greens fight against all kinds of inflammation, and according to a study, severe depression has been linked to brain inflammation. Leafy greens are especially important because they contain oodles of vitamins A, C, E, and K, minerals, and phytochemicals.



2. Walnuts: Rich in Mood-Boosting Omega-3 Fatty Acids

Walnuts are one of the richest plant sources of omega-3 fatty acids, and numerous studies have demonstrated how omega-3 fatty acids support brain function and reduce depression symptoms.



3. Avocado: It's Oleic Acid gives Brainpower

Avocados are power foods because, again, they contain healthy fat that your brain needs in order to run smoothly. Three-fourths of the calories of an avocado is from fat, mostly monounsaturated fat, in the form of oleic acid. An average avocado also contains 4 grams of protein, higher than other fruits, and is filled with vitamin K, different kinds of vitamin B (B9, B6, and B5), vitamin C, and vitamin E12. Finally, they are low in sugar and high in dietary fiber, containing about 11 grams each.



4. Tomatoes: Packed with Depression Fighters

Tomatoes contain lots of folic acids and alpha-lipoic acid, both of which are good for fighting depression.

Many studies show an elevated incidence of folate deficiency in patients with depression. In most of the studies, it was found that about one-third of depression patients were deficient in folate. Folic acid can prevent an excess of homocysteine — which restricts the production of important neurotransmitters like serotonin, dopamine, and norepinephrine — from forming in the body.



5. Beans: Satisfying high in Mood-Stabilizing Fibre

Beans make the G-BOMB list because they can act as anti-diabetes and weight-loss foods. They are good for your mood because the body digests them slowly, which stabilizes blood sugar levels. They are even good for the heart and consists

a lot of starch which helps to mitigate the craving for bread and other processed grains.



11.3 Dietary Tips to Aid Depression

1. Take “Smart” Carbs

Carbohydrates are linked to the mood-boosting brain chemical, serotonin. Experts aren't sure, but carb cravings sometimes may be related to low serotonin activity.

Choose your carbs wisely! Limit sugary foods and opt for smart or “complex” carbs (such as whole grains) rather than simple carbs (such as cakes and cookies). Fruits, vegetables, and legumes also have healthy carbs and fiber.



3. Select Selenium-Rich Foods

Studies have reported a link between low selenium and poor moods. The recommended amount of selenium is 55 micrograms a day for adults.

Focus on foods like lean meat (pork, beef, skinless chicken and turkey), seafood (oyster, crabs, saltwater fish, freshwater fish), whole grains (brown rice, oatmeal) and low-fat dairy products.



4. Regulate your weight

People who are obese may be more likely to become depressed. And, according to several studies, people who are depressed are more likely to become obese.

Researchers believe that may be the result of changes in your immune system and hormones that come with depression.

Losing weight also improves your self-esteem and overall health, and you don't have to starve yourself or hop on a fad diet. Eating right and exercising regularly is the tried-and-true method for losing weight and keeping it off.

5. Cut the sweetened beverages

Sweetened tea, soda, fruit punch or other beverages containing high traces of sugar may contribute to depression. A recent study found that people who drink four or more cups or cans of soda every day are 30% more likely to be depressed than people who did not drink soda. The same study reported that those who drank unsweetened coffee each day (either regular or decaf) reported less depression than non-coffee drinkers.



6. Take amino-rich foods

Neurotransmitters, the messengers in the brain, are made of amino acids.

Neurotransmitters play a role in mental health, so include amino-acid-rich foods,

like meat, dairy products (preferably low fat), fresh fruits and vegetables in your diet.



7. Stay hydrated

If you don't drink enough fluid, you may find it difficult to concentrate or think clearly. You might also start to feel constipated (which puts no one in a good mood).



- It's recommended to drink between 6-8 glasses of fluid a day
- Tea, coffee, juices, and smoothies all count towards your intake (but stay aware that these may also contain caffeine or sugar).

8. Eat the right fats

Your brain needs fatty acids (such as omega-3 and -6) to keep it working well. So rather than avoiding all fats, it's important to eat the right ones. Healthy fats are mainly found in - oily fish, poultry, nuts (especially walnuts and almonds), olive and sunflower oils, seeds (such as sunflower and pumpkin), avocados, milk, yogurt, cheese, and eggs.

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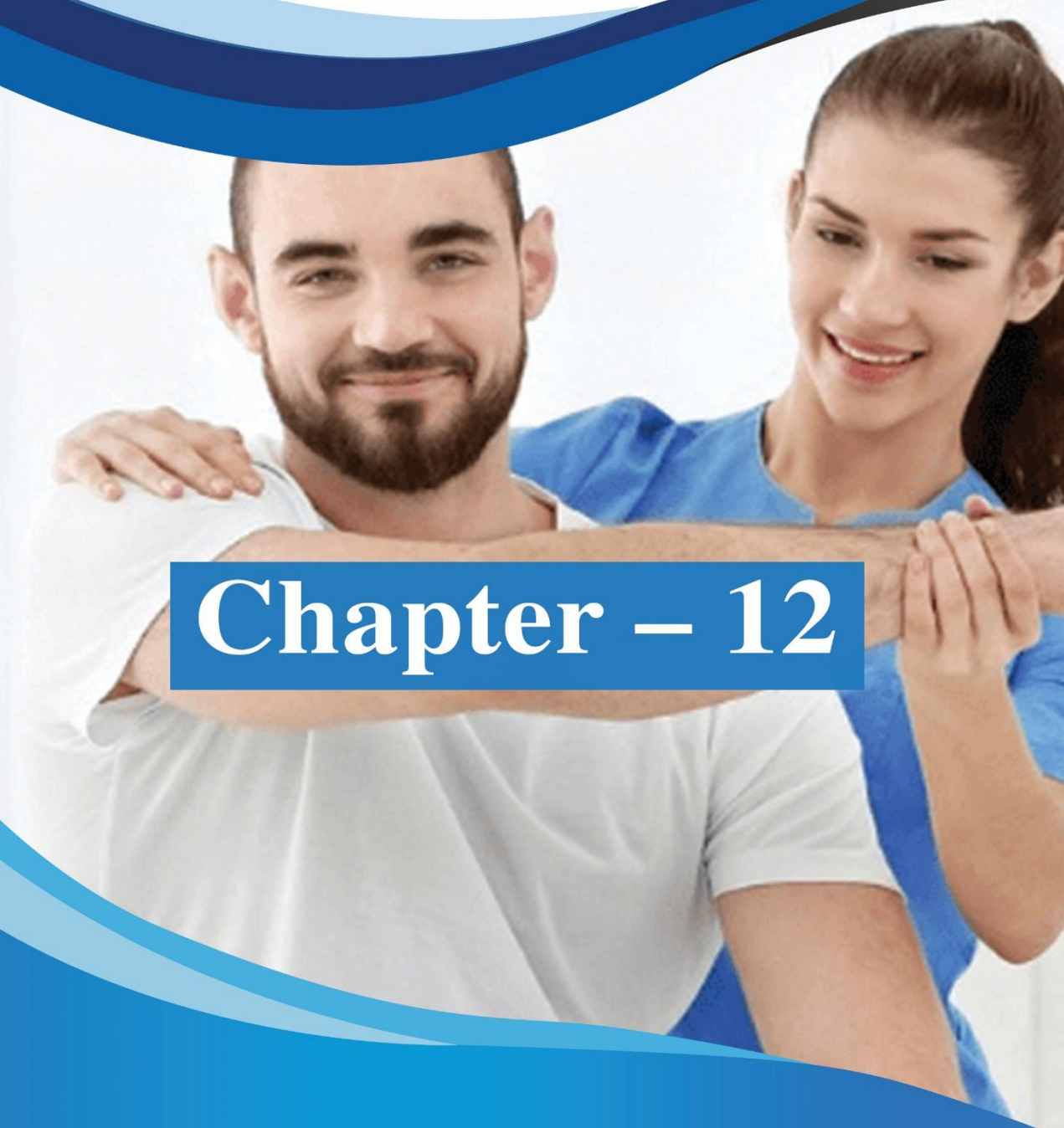


Avoid anything which lists 'trans fats' or 'partially hydrogenated oils' in the list of ingredients (such as some shop-bought cakes and biscuits). They can be tempting when you're feeling low, but this kind of fat isn't good for your mood or your physical health in the long run.

Conclusion

Lifestyle changes are simple but powerful tools in treating depression and anxiety, and they are an essential component of an integrated approach to treatment. It's normal to lose interest in life when you are depressed, but keeping up some favorite activities will help you feel better in time.

Treating depression effectively means doing more than taking medications and going to therapy. The more you change your lifestyle to ensure a healthy mind and body, the more you'll be able to cope with the challenges of depression. Taking an active role in your treatment can make a difference

A photograph of a man and a woman smiling and hugging. The man is in the foreground, wearing a white t-shirt, and the woman is behind him, wearing a blue t-shirt. They are both smiling and looking towards the camera. The woman's arms are around the man's shoulders. The background is a plain, light-colored wall.

Chapter – 12

Counseling and Treatment Therapies



Having come this far along the Depression Learning Path, you should understand the difference between simply treating the *symptoms* of depression with drugs and *overcoming* depression for good.

As well as overcoming depression if you have it now, knowing exactly what depression means you can recognize the onset of future episodes if they occur. Gaining new skills, or being able to challenge depressive thinking and behavior at the onset, means you can be confident about leading a depression-free life. Good depression counseling will help you learn these skills.

Many professionals advocate a combination of drug therapy and psychotherapy, but more and more studies show that medication is unnecessary if the sufferer receives the right sort of help.

12.1 What is Counselling?

If you have been diagnosed with depression, suspect that you may have depressive-like symptoms, or have been feeling down lately— you are not alone. If you suffer from feeling anxious, guilty, or worthless on a regular basis, you may want to look into counseling for depression.



Talking with a therapist or counselor helps to understand what is going on, and to develop some strategies to enable you to cope and work towards feeling better. Sometimes medication may be required in addition to counseling or therapy and a consultation with your psychiatrist can explore this possibility. This may also be suggested by your therapist or counselor as it is often useful to begin therapy and then consider medication at a later stage.

12.1.1 Benefits of Counseling for Depression

Individuals who suffer from anxiety or depression can benefit from the effects of counseling.

1. Counseling offers practical help for those who are suffering from depression.
2. Counseling techniques can help teach and give you the skills needed to overcome depressive thinking, as well as looking into its causes and reason for onset.
3. Counseling provides an opportunity for those affected to talk about their feelings openly and in a safe environment to help them find their way out.
4. Counselors can be affected by encouraging their patients to open up and develop social skills so that they can apply in friendships and to fulfill affection, intimacy, pleasure, etc., can be fulfilled.
5. Counseling techniques can teach you how to relax and respond effectively if feelings of depression surface.

6. Counseling techniques will provide a safe and supportive environment using various strategies and therapies.

12.1.2 Important Things to Consider



1. Sessions may last about an hour about once a week, although this depends on what is best for you and the person you see.
2. You can decide in the first few sessions whether the person you see is a good fit for you.
3. If, after two or three sessions, you do not feel comfortable or you don't feel you have a good working relationship with your therapist, it may be best to try someone else.
4. A good therapist will work with you to develop goals. He/she should guide and support you, but also challenge you when are ready to be challenged.
5. You should always feel comfortable and be able to talk honestly with your therapist.

12.2 Treatment Therapies for Depression

There are a number of effective techniques and therapies that are used to treat and overcome this mood disorder. To help you better understand the types of

counseling techniques available let's take a look at the 6 different counseling therapies for depression.

1. Behavioural Therapy

Behavior therapy focuses on changing a person's external behavior. The basic idea behind this focuses on the fact that the person is depressed because of their behavior i.e. everything that amounts to behavior and inner processes are of little or no account. So if people feel miserable it is because of their behavior.



Traditional behavioral therapists are less interested in the thoughts and emotions of their patients and more concerned with their behavior as can be observed. They will hope that by making changes in their behavior, they will be able to control and alter the feelings of depression that one may be experiencing.

This counseling technique works well for some people, but it can also still leave underlying causes of depression untouched. As such, it can be the initial step in helping a person recognize some of their tendencies that may be causing depression. By engaging in behavioral therapy, a person can work on:

- Self-monitoring

- Develop new activities to change their current behavior
- Role-playing to help develop new skills
- Behavior modification rewards to encourage positive changes in their behavioral patterns

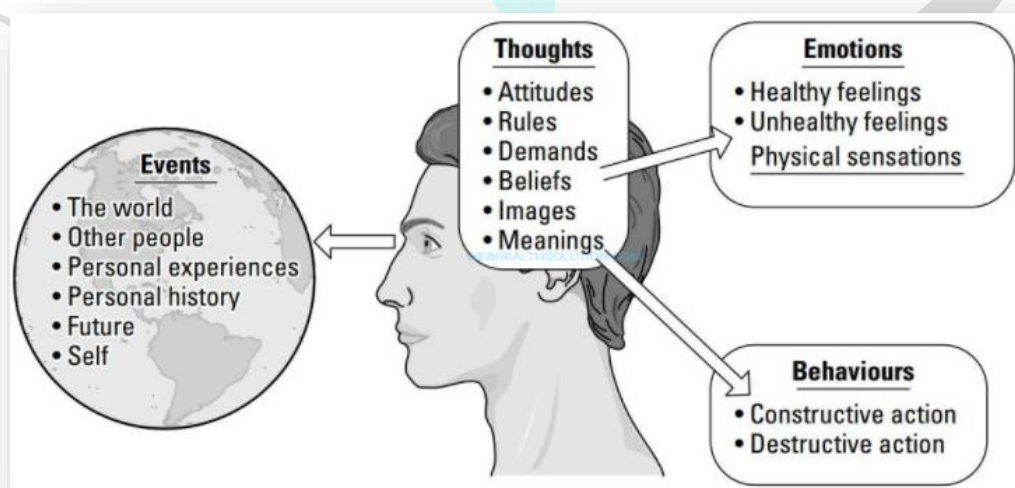
Changing peoples' behavior can have dramatic results but it is now known that people's perceptions and thought processes are also vitally important when overcoming depression.

2. Cognitive Therapy

Cognitive therapy works on the basic premise that all emotion comes from thoughts.

For example, if you think about something scary, you will feel fear.

It focuses on an individual's thought processes and seeks to find solutions in their mind rather than in their behavior. So basically, the idea of cognitive therapy is that people learn to 'catch' their thoughts and challenge them so that they can feel differently. It will help to change negative thoughts in a person's mind that can cause depression. These can be thoughts as pessimism, hopelessness, self-criticism, and unrealistic outlooks and expectations that they may project on themselves or on the world.



Working on your thinking styles is absolutely essential if you suffer from depression. Any therapist or counselor who does not address this with you is going about it the wrong way!

Cognitive therapy, if applied skillfully, has done very well in the research for lifting and preventing relapse of depression. It helps to distinguish between important issues that are affecting someone's life and trivial issues that do not necessarily have to be addressed.

This therapy is usually a short-term treatment option and more affordable than other types of therapy.

- It is a first line treatment that helps a person overcome certain maladaptive behavior.
- Cognitive therapy is empirically supported and is known to effectively help treat patients.

3. Interpersonal Therapy

The counseling technique associated with interpersonal therapy focuses on how social interaction will affect depression in a person and what can be done to help with that. It emphasizes the way people relate to other people in their lives - how they communicate and express themselves. Whether a person is assertive, aggressive or timid or has 'social skills' is seen as key.



Interpersonal therapy looks to understand how people react to social situations and the development of depression symptoms that are associated with interpersonal behavior. This looks to recognize four basic problems of depression in social situations:

- **Unresolved grief:** If grief in a person is delayed or lost for a certain amount of time, those feelings may surface as other symptoms later on.
- **Role disputes:** This has to do with clashing expectations concerning certain relationships that can lead to depression in a person.
- **Role transitions:** Depression can surface with life transitions and role changes if a person does not respond well to change.
- **Interpersonal deficits:** If an individual has trouble maintaining a quality relationship, they can become depressed.

Whether it be feelings of wanting to be alone, not knowing what to say, or just feeling wretched and not wanting to be in company, a large percentage of depression sufferers exhibit what is crudely called "poor social skills" which is likely to be resolved by this therapy.

4. Psychotherapy

Psychotherapy is a way to help people with a broad variety of mental illnesses and emotional difficulties. It can help eliminate or control troubling symptoms so a person can function better and can increase well-being and healing.



The aim of psychotherapy with a counselor is to reach the core causes of a person's depression. This makes all aspects of a person's life up for consideration and acknowledgment when talking with a counselor. As such, the individual receiving counseling will need to feel comfortable with their therapist so that they can be open in discussing all the aspects of their life, no matter how painful or personal they may be. Psychotherapy can take on various different formats, such as:

- **Individual Therapy:** This involves one-on-one work between a patient and therapist. This counseling technique will allow the patient the full attention of the therapist. However, it will not show the therapist how the patient interacts in a group setting.
- **Family Therapy:** This technique is most useful when if certain dynamics within the family group need to be addressed.
- **Group Therapy:** Group therapy involves anywhere between three to fifteen patients. This technique of multiple patients offers the

opportunity to give and receive support in a group setting, which can make coping with depression easier.

- **Couple's Therapy:** This technique of psychotherapy is geared towards married couples or partners who are looking to improve their relationships, dynamics, and functionality as a couple.

The trust and relationship between a person and his/her therapist are essential to working together effectively and benefiting from psychotherapy. It can be short-term (a few sessions), dealing with immediate issues, or long-term (months or years), dealing with longstanding and complex issues. The goals of treatment and arrangements for how often and how long to meet are planned jointly by the patient and therapist.

5. **Psychodynamic Counseling**

This therapy emphasizes the person's unconscious mind and subconscious thought process and is associated with Freudian counseling techniques. The aim of psychodynamic therapy is to bring the unconscious mind into consciousness - helping individuals to unravel, experience and understand their true, deep-rooted feelings in order to resolve them. It takes the view that our unconscious holds onto painful feelings and memories, which are too difficult for the conscious mind to process.



Some of main techniques and approaches that counselors may use for dealing with depression using psychodynamic counseling are:

- **Free association:** To help explore the hidden idea behind an individual's personality or motivation.
- **Resistance:** Determine why certain behaviors and responses can surface.
- **Dreams:** The therapist will help you identify symbols and meanings behind dreams and how they motivate your behavior.
- **Transference:** The manner in which a patient behaves and feelings towards their therapist can also translate into how they go about their relationships with other people or events in their life.

6. Mindfulness-based Cognitive Therapy (MBCT)

Mindfulness-Based Cognitive Therapy (MBCT) is designed to help people who suffer repeated bouts of depression and chronic unhappiness. MBCT is a type of therapy born from the ideas of cognitive therapy with meditative practices and attitudes based on the cultivation of mindfulness.

MBCT is thought to be effective for many clients, but it has been found to be especially effective for one group in particular: people who have suffered from multiple episodes of depression.



Steps through which MBCT can help are:

- i. It will help you understand what depression is.

- ii. It will help you discover what makes you vulnerable to downward mood spirals, and why you get stuck at the bottom of the spiral.
- iii. It will help you see the connection between downward spirals: High standards that oppress us or feel that we are simply “not good enough”, ways we put pressure on ourselves or make ourselves miserable with overwork and ways we lose touch with what makes life worth living.

Mindfulness-based cognitive therapy is one tool that can help us learn to recognize and understand our thought and feeling patterns, with the goal of creating new, more effective patterns.

Conclusion

Counseling for depression can prove to be extremely useful and can often time work better than drug therapy, given that the techniques learned are applied and used effectively. Medication can also work simultaneously with counseling therapies but it is recommended to check with your psychologist and therapist to temporarily suspend the use of medication if it the severity of depression is not high. This is because the drugs, medicines, and anti-depressants come with a huge count of side-effects that may worsen the physical health of an individual.

Remember - A good counseling and good therapist are important and play the biggest role in treating depression.



Chapter – 13

ANTI
DEPRESSANT

**Anti-Depressants – All that
you need to Know**



13.1 What are Anti-Depressants?

Antidepressants are a class of drugs that reduce symptoms of depressive disorders by correcting chemical imbalances of neurotransmitters in the brain. Chemical imbalances may be responsible for changes in mood and behavior.

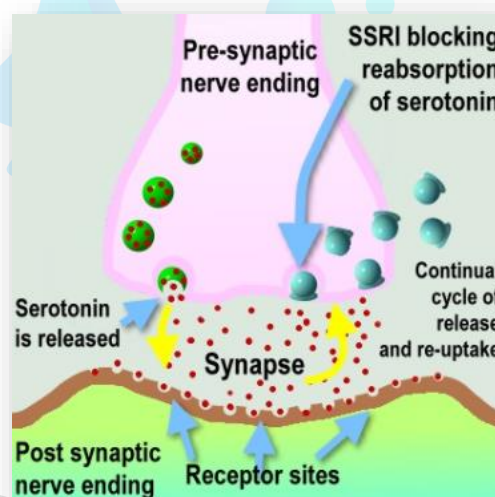
Antidepressants were first developed in the 1950s. Their use has become progressively more common in the last 20 years.

Basically, they are a range of medications used in the treatment of depression and other mental health conditions and are some of the most commonly prescribed medications around. They help relieve symptoms of depression, social anxiety disorder, anxiety disorders, seasonal affective disorder, and dysthymia, or mild chronic depression, as well as other conditions.

13.1.1 How do they Work?

Antidepressants are the most prescribed drug for depression which regulates the chemical imbalances of neurotransmitters in the brain.

- The neurotransmitters are vital, as they are the communication link between nerve cells in the brain.
- They reside within vesicles found in nerve cells, which are released by one nerve and taken up by other nerves.
- Neurotransmitters not taken up by other nerves are taken up by the same nerves that released them. This process is called "**reuptake**." (The different classes of antidepressants differ in the neurotransmitters they affect. This determines some of their side effects and potential drug interactions.)
- In general, antidepressants work by inhibiting the reuptake of specific neurotransmitters, hence increasing their levels around the nerves within the brain, such as selective serotonin reuptake inhibitors (SSRIs), antidepressants that will affect serotonin levels in the brain and reduce the symptoms of depression.



All available antidepressants are effective, and for most cases of depression, there is no good evidence that any antidepressant is more effective than another. Side effects, potential drug interactions, and therapy compliance are major factors that influence a doctor's selection of antidepressants for a patient.

13.1.2 How effective are Anti-Depressants in treating Depression?



Opinions vary on how effective antidepressants are in relieving the symptoms of depression. Some people doubt they help, while others consider them to be essential. But as is true for many other treatments, these medications may help in some situations, and not in others.

It is said that about 50% of people who take an antidepressant find their depression symptoms are halved.

Antidepressants are more effective for reducing symptoms in people with moderate or severe depression, rather than mild depression. However, those with milder cases should talk to a mental health specialist to determine if antidepressant medication is a smart choice for them. They should also consider other forms of treatment first. As easy as it is to “take a pill,” medication may not be the best path to recovery.

Psychological therapies, such as CBT, are more effective than antidepressants for mild depression, and about equally effective for moderate depression, although the effects of CBT may last longer.

- When depression is severe, medication may be helpful—even lifesaving. However, research shows that very few people become symptom-free on antidepressants, and some become worse.
- Many people who respond initially to medication soon slip back into depression, despite sticking with their drug treatment.

Furthermore, other studies show that the benefits of antidepressants have been exaggerated, with a growing number of researchers concluding that—when it comes to mild to moderate depression—antidepressants are no more effective than placebos.

13.2 Types of Anti-Depressants

As mentioned above, there are certain brain chemicals called **neurotransmitters** are associated with depression — particularly serotonin, norepinephrine, and dopamine. Most antidepressants relieve depression by affecting these neurotransmitters. Each type (class) of antidepressant affects these neurotransmitters in slightly different ways.

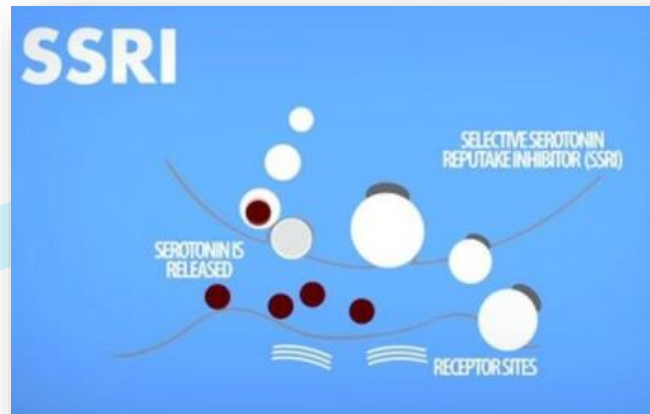


Below are the different types of prescription medicines that regulate the levels of different neurotransmitters in your brain:

1. SSRIs (Selective serotonin reuptake inhibitors)

- SSRIs, which affect Serotonin in the brain, usually are the first kind and the most common antidepressant that your doctor will prescribe.
- These medications generally cause fewer bothersome side effects and are less likely to cause problems at higher therapeutic doses than other types of antidepressants are.

- SSRIs block the reuptake, or absorption, of serotonin in the brain which makes it easier for the brain cells to receive and send messages, resulting in better and more stable moods.
- They are called "selective" because they mainly seem to affect serotonin and not the other neurotransmitters.



- Some of the common types of SSRIs include fluoxetine (Prozac), paroxetine (Paxil, Pexeva), sertraline (Zoloft), citalopram (Celexa) and escitalopram (Lexapro).
- There have been reports that people, who use SSRIs and especially those under the age of 18 years, may experience thoughts of suicide, especially when they first start using the drugs.

2. SNRIs (Serotonin and norepinephrine reuptake inhibitors)

- SNRIs are the newest class of antidepressants.
- SNRIs are used to treat major depression, mood disorders, and possibly but less commonly attention deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), anxiety disorders, menopausal symptoms, fibromyalgia, and chronic neuropathic pain.
- SNRIs raise levels of serotonin and norepinephrine, two neurotransmitters in the brain that play a key role in stabilizing mood.
- Your doctor may prescribe them because they don't interact with your other medicines.
- Examples include duloxetine (Cymbalta), venlafaxine (Effexor) and desvenlafaxine (Pristiq) and levomilnacipran (Fetzima).

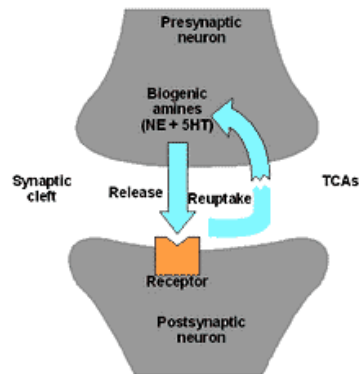
3. MAOIs (Monamine oxidase inhibitors)

- MAOIs were the first class of antidepressants to be developed. They fell out of favor because of concerns about interactions with certain foods and numerous drug interactions.
- MAOIs elevate the levels of norepinephrine, serotonin, and dopamine by inhibiting an enzyme called monoamine oxidase.
- Because MAOIs stimulate the nervous system, they may be beneficial for depressed patients who sleep or are fatigued.
- Some common types of MAOIs are isocarboxazid, phenelzine, selegiline, tranylcypromine.
- MAOIs can have harmful reactions when combined with certain foods or medicines. This includes other antidepressants and over-the-counter cold and flu medicines. This reaction is known as “**serotonin syndrome.**”
- The common harmful reactions mentioned above may include hallucinations, changes in blood pressure, agitation, and fever.
- You should not take an MAOI if you don't know what things to avoid.

4. TCAs (Tricyclic antidepressants)

- Tricyclic antidepressants (TCAs), which are one of the oldest types of antidepressants, are so named because there are three rings in the chemical structure of these medications.
- They are used to treat depression, fibromyalgia, some types of anxiety, and they can help control chronic pain.

Mechanism of action of tricyclic antidepressants



- They affect three brain chemicals - serotonin, norepinephrine, and dopamine.
- The drugs are effective but are used less often because of increased side effects.
- TCAs primarily work by increasing the level of norepinephrine in the brain and to lesser extent serotonin levels.
- They are not used for older patients, people who have glaucoma, or men who have enlarged prostates.
- This type of antidepressant also can affect your blood pressure and heart rate.
- Common types include imipramine (Tofranil), nortriptyline (Pamelor), amitriptyline, doxepin and desipramine (Norpramin).

5. Atypical Antidepressants

- These medicines are called “atypical” because they don’t easily fit into their own or any of the other antidepressant category.
- The common types include trazodone, mirtazapine (Remeron), vortioxetine (Trintellix), vilazodone (Viibryd) and bupropion (Wellbutrin, Aplenzin, Forfivo XL).
- Bupropion is one of the few antidepressants not frequently associated with sexual side effects.

- You should not take this kind of medicine if you have a seizure disorder or bulimia.

13.3 Side-effects of Anti-Depressants

Side effects are common in all antidepressants. Side effects and drug interactions both are barriers to successful treatment. Some side effects of antidepressants resolve with continued use while other side effects can be managed by dose reduction or adding other therapies. Appropriate management of side effects and avoidance of drugs that may interact with antidepressants may improve the success of antidepressant therapy.



For many people, the side effects are serious enough to make them stop taking the medication.

13.3.1 Important Facts about Side Effects

- Most side effects are temporary and will go away after you take the medicine for a few weeks.
- Some side effects may not go away, but usually, there are ways you can learn to manage these problems.
- If the side effects bother you, your doctor may be able to lower your dose or change your medicine.

- Be aware of possible serious side effects of antidepressants, such as chest pain or a serious allergic reaction, and call your doctor right away if you notice any.
- If the side effects are very unpleasant, or if they include thinking about suicide, the doctor should be informed at once.

13.3.2 Common Side-Effects of Anti-Depressants

1. Constipation
2. Daytime Drowsiness
3. Diarrhea
4. Dizziness
5. Dry mouth
6. A headache
7. Loss of Appetite
8. Nausea
9. Feeling nervous or at an edge
10. Sexual difficulties and lack of pleasure
11. Sleep problems
12. Weight Gain or Loss
13. Excessive mood elevation and behavior activation

Apart from the above, there may be some serious side-effects of anti-depressants mentioned below:

1. Chest pain
2. Hives, shortness of breath, trouble swallowing
3. Warning signs of suicide
4. Manic behavior such as having very high energy, being impulsive, or being grouchy or restless.

In any of the above situations, you need to immediately see your doctor or therapist and stop consuming your anti-depressants right away.

3.4 Suicide Risk Factors for taking Anti-Depressants

There is a danger that, in some people, antidepressant treatment will cause an increase, rather than a decrease, in depression. In fact, the Food and Drug Administration (FDA) requires that all depression medications include a warning label about the increased risk of suicide in children and young adults.



- The suicide risk is particularly great during the first month to two months of treatment.
- Anyone taking antidepressants should be closely watched for suicidal thoughts and behaviors.
- Monitoring is especially important if this is the person's first time on depression medication or if the dose has recently been changed.

13.4.1 Warning Signs

- Suicidal thoughts or attempts
- New or worse depression
- New or worse anxiety
- New or worse irritability
- Feeling agitated or restless
- Difficulty sleeping
- Aggression and anger
- Acting on dangerous impulses
- Extreme hyperactivity

- Other unusual changes in behavior

If you spot the warning signs in yourself or a loved one, contact your doctor or therapist immediately.

13.5 Guidelines for Taking Anti-Depressants

The more you know about your antidepressant, the better equipped you'll be to deal with side effects, avoid dangerous drug interactions, and minimize other safety concerns.

1. See a psychiatrist, not a physician

Psychiatrists specialize in mental health treatment and healing depression. Thus, it is always advisable to see a psychiatrist in case you are suffering from depression. They are more likely to be familiar with the newest research on antidepressants and any safety concerns.

2. Follow the instructions

Be sure to take your antidepressant according to the doctor's instructions. Don't skip or alter your dose, and don't stop taking your pills as soon as you begin to feel better. Stopping treatment prematurely is associated with high relapse rates and can cause serious withdrawal symptoms.

3. Monitor side-effects

Keep track of any physical and emotional changes you're experiencing and talk to your doctor about them. Contact your doctor or therapist immediately if your depression worsens or you experience an increase in suicidal thoughts. See your doctor on a regular basis.

4. Avoid having alcohol and drug interactions

You should avoid drinking alcohol when taking anti-depressants (especially SSRIs) since it can lessen the effects of the medication. Dangerous drug interactions can occur when SSRIs are taken with antihistamines, found in many over-the-counter cold and allergy medicines and sleep aids, or with prescription painkillers.

13.6 Withdrawal of Anti-Depressants

Once you've started taking antidepressants, stopping can be tough. Many people have severe withdrawal symptoms that make it difficult to get off of the medication. If you decide to stop taking antidepressants, it's essential to consult a doctor and taper off slowly.



13.6.1 Withdrawal Symptoms

When you stop taking antidepressants, you may experience a number of unpleasant—even disabling—withdrawal symptoms. Some of them include:

- Anxiety, agitation
- Depression, mood swings
- Flu-like symptoms
- Irritability and aggression
- Insomnia, nightmares
- Extreme restlessness
- Fatigue
- Nausea and vomiting
- Dizziness, loss of coordination
- Stomach cramping and pain
- Electric shock sensations

- Tremor, muscle spasms

13.6.2 Tips for a safe stopping of anti-depressants

a. Reduce your dose gradually

In order to minimize antidepressant withdrawal symptoms, never stop your medication at once. Instead, gradually step down your dose (many experts recommend reducing in 10% increments), allowing for at least two to six weeks or longer between each dosage reduction.

b. Choose a time to stop that isn't too stressful

Withdrawing from antidepressants can be difficult, so it's best to start when you're not under a lot of stress. If you're currently going through any major life changes or significantly stressful circumstances, you may want to wait until you're in a more stable place.

Conclusion

When you're suffering from deep, disabling depression, the idea that a pill can give you back your life—and sense of hope—back is incredibly appealing. But remember, nothing comes on a silver tray. If a pill eases out your stress or mental pain, it also comes loaded with side-effects which may sometimes last forever.

So, if you are planning to opt for anti-depressants to reduce your suffering and agony, think again! And do not consume them without the supervision of a good and trustworthy doctor (specifically psychiatrist).

Yes, it is always recommended to first try natural remedies to treat depression rather than instantly jumping over to anti-depressants. In case, the level of depression is severe, we suggest you seek the help of a health professional and take the next right step in this regard.



Chapter – 14

**Teenage Depression:
Exclusive**



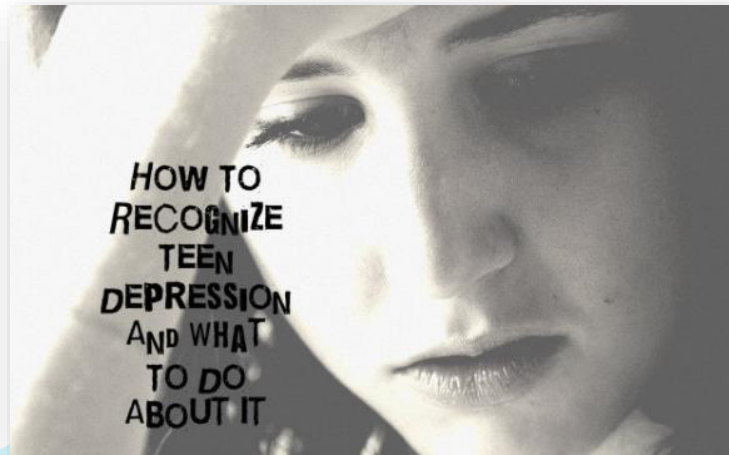
Teenagers face a host of pressures at home, school, with both friends and family. It affects how a teenager thinks, feels and behaves, and can cause emotional, functional and physical problems. Although depression can occur at any time in life, symptoms may be different between teens and adults.

Issues such as peer pressure, academic expectations and changing bodies can bring a lot of ups and downs for teens. But for some teens, the lows are more than just temporary feelings — they're a symptom of depression.

Findings show that one out of every eight adolescents has teen depression. It is important to remember that teen depression isn't a weakness or something that can be overcome with willpower — it can have serious consequences and requires long-term treatment.

14.1 How to understand if a Teen is depressed?

The teen years can be extremely tough and depression affects teenagers far more often than many of us realize. In fact, it's estimated that one in eight adolescents from all walks of life will suffer from depression at some point during their teen years. However, while depression is highly treatable, most depressed teens never receive help.



The negative effects of teenage depression go far beyond a melancholy mood. Depression can destroy the essence of your teen's personality, causing an overwhelming sense of sadness, despair, or anger.

Below are few ways in which teens react in an attempt to cope with their emotional pain:

1. Problems at School

Depression may lead to low energy, memory loss, and difficulty in concentration at studies. This impacts grades, attendance at school and leads to frustration with school work in a formerly good student.

2. Drug and Alcohol abuse

Teens opt for consuming alcohol and drugs as a self-medication treatment, failing to understand that substance abuse only worsen conditions.

3. Low self-esteem

Depression in teens triggers the feelings of hopelessness, worthlessness, shame, failure, ugliness, etc.

4. Smartphone addiction

Teenagers often choose an escape to their problems rather than dealing with them. And one such escape which they easily find is smartphones and social

media engagement. But excessive use of the above increases their isolation and eventually the depression.

5. Running away

Teens find it an easy escape from their problems, pains, and difficulties by running away from home or talking about it. These symptoms are generally a cry for help.

6. Violence

Teens especially boys, who are victims of bullying at school or outside are prone to becoming violent and aggressive. In the course of action, they lash out at their closed ones, misbehave, throw stuff, and behave recklessly.

Apart from the above, as other age groups, teens also face the problems of eating disorders, sleeping problems, self-injury etc. if suffering from depression.

14.2 Why do adolescents get depression?



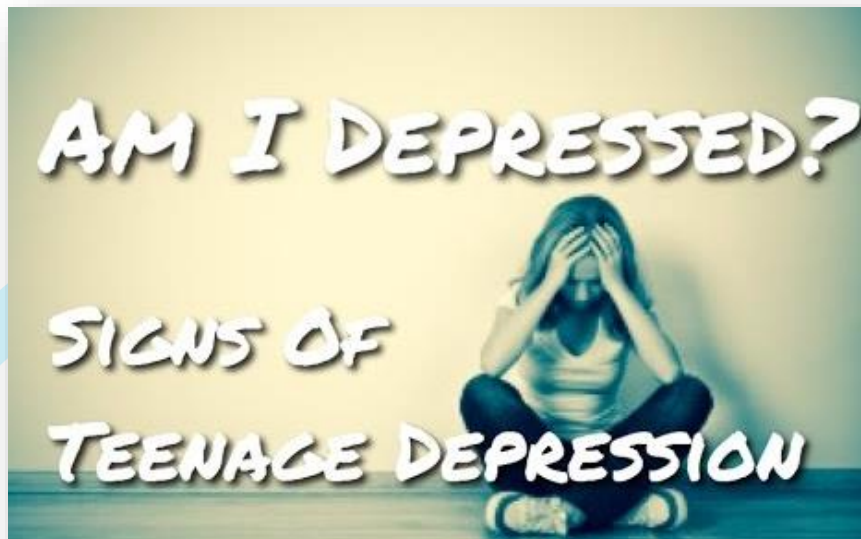
A teenager faces depression due to multiple reasons:

- **Grades** - Teens can develop feelings of worthlessness and inadequacy over their grades. This often occurs in situations where there is unhealthy competition among students in school leading to a feeling of worthlessness, sadness and sometimes even hatred, all leading to depression.
- **Social Status with Peers** – Teenage is a crucial age, where adolescents build new friendships and relationships. Also, this is the first time when they get involved in relationships. And that is when they tend to compare their family's social status with peers and develop an urge to get all the perks that their peers have. These situations often lead to depression in teens.
- **Sexual orientation** – In the teenage the feelings of sexuality take over other feelings. Sexual orientation refers to a person's emotional, romantic and sexual attraction to individuals of a particular gender. Sexual Orientation (heterosexual, bisexual or homosexual), involves a person's feelings and sense of identity; it may or may not be evident in the person's appearance or behavior. People may have attractions to people of the same or opposite sex but may elect not to act on these feelings. In some cases, this becomes the root cause of depression, when a teen is not confident to share such personal stuff with anyone (neither family nor friends), failing to understand how such thoughts would be interpreted by others.
- **Childhood trauma** – Any conflicts occurring in the family, like fights among parents, or inappropriate child behavior, sometimes child abuse, emotional fights among siblings, lack of attention and care by parents and a few others often end up a child into depression.
- **Learned patterns of negative thinking** - Teen depression may be also be linked to learning to feel helpless – rather than learning to feel capable of finding solutions to life's challenges. Constant feelings of hopelessness instead of fighting situations back lead to mild depression.

Whatever the cause, when friends or family -- or things that the teen usually enjoys -- don't help to improve his or her sadness or sense of isolation, there's a good chance that he or she has teen depression.

14.3 Signs and Symptoms of Depression in Teens

Often, kids with teen depression will have a noticeable change in their thinking and behavior. They may have no motivation and even become withdrawn, closing their bedroom door after school and staying in their room for hours.



Kids with teen depression may sleep excessively, have a change in eating habits, and may even exhibit criminal behaviors such as DUI or shoplifting. Here are more signs of depression in adolescents even though they may or may not show all signs:

1. Apathy
2. Complaints of pains, including headaches, stomach aches, low back pain, or fatigue
3. Difficulty concentrating
4. Difficulty making decisions
5. Excessive or inappropriate guilt
6. Irresponsible behavior -- for example, forgetting obligations, being late for classes, skipping school
7. Loss of interest in food or compulsive overeating that results in rapid weight loss or gain
8. Memory loss
9. Preoccupation with death and dying

10. Rebellious behavior
11. Sadness, anxiety, or a feeling of hopelessness
12. Staying awake at night and sleeping during the day
13. The sudden drop in grades
14. Use of alcohol or drugs and promiscuous sexual activity
15. Withdrawal from friends
16. Tearfulness or frequent crying

If you're unsure that your teen is depressed or just "being a teenager," consider how long the symptoms have been going on, how severe they are, and how different your teen is acting from his or her usual self. Hormones and stress can explain the occasional bout of teenage angst—but not continuous and unrelenting unhappiness, lethargy, or irritability.

14.4 Suicide Warning Signs in Teens

Teen suicide is a serious problem. Adolescent suicide is the second leading cause of death, following accidents, among youth and young adults in the world. Suicide is an act of desperation and teen depression is often the root cause. Severely depressed teens, especially those who also abuse alcohol or drugs, often think about, speak of, or attempt suicide - and an alarming and increasing number are successful.



Warning Signs to Watch:

1. Talking or joking about committing suicide
2. Saying things like, "I'd be better off dead," "I wish I could disappear forever" or "There's no way out"
3. Speaking positively about death or romanticizing dying ("If I died, people might love me more")
4. Writing stories and poems about death, dying, or suicide
5. Engaging in reckless behavior or having a lot of accidents resulting in injury
6. Giving away prized possessions
7. Saying goodbye to friends and family as if for the last time
8. Seeking out weapons, pills, or other ways to kill themselves

14.5 Prevention and Cure

Depression is very damaging when left untreated, so don't wait and hope that worrisome symptom will go away.

14.5.1 How to Help?

- If you suspect that a teen is depressed, bring up your concerns in a loving, non-judgmental way.
- Even if you're unsure that depression is the issue, the troublesome behavior and emotions you're seeing are signs of a problem that should be addressed.
- Open up a dialogue by letting the teen know what specific depression symptoms you've noticed and why they are worrisome. In this way, ask him/her to share what he/she is going through. Be ready to truly listen with patience and understanding.
- Hold back from asking a lot of questions (most teenagers don't like to feel patronized or crowded), but make it clear that you're ready and willing to provide whatever support they need.

14.5.2 How to Communicate with a Depressed Teen?



1. Focus more on listening instead of lecturing

Do not criticize the teen or pass judgments once they start communicating their feeling and emotions. Grab a hold of what you speak and how you speak. The major intention here is to let the teen know that you have all your ears to listen to them and you are ready to support them in every perspective.

2. Be gentle and persistent

Don't give up if they shut you out at first. Talking about depression can be very tough for teens. Even if they want to, they may have a hard time expressing what they're feeling. Be respectful of the child's comfort level while still emphasizing your concern and willingness to listen.

3. Acknowledge their feelings

Don't try to talk your teen out of depression, even if their feelings or concerns appear silly or irrational to you. Well-meaning attempts to explain why "things aren't that bad" will just come across as if you don't take their emotions seriously. Simply acknowledging the pain and sadness they are

experiencing can go a long way in making them feel understood and supported.

4. Involve a third-party if required

If the teen won't open up to you, consider turning to a trusted third party: a school counselor, favorite teacher, best friend, or a mental health professional. The important thing is to get them talking to someone, if not you.

14.5.3 Overcoming Teen Depression and Cure

1. Encourage Social Connection

Depressed teens tend to withdraw from their friends and the activities they used to enjoy. But isolation only makes depression worse, so do what you can to help your teen reconnect.



- **Have Face-To-Face Interaction** - The simple act of connecting face to face can play a big role in reducing your teen's depression. Set aside some time exclusively for your teen every day to talk without any distractions or multi-tasking.
- **Help the teen Socialize** – Encourage your teen to go out with friends and spend time outside. Participate in activities that involve

other families and give your child an opportunity to meet and connect with other kids.

- **Make him/her get involved in Recreational activities** - Suggest activities—such as sports, after-school clubs, or an art, dance, or music class—that take advantage of your teen’s interests and talents. While your teen may lack motivation and interest at first, as they re-engage with the world, they should start to feel better and regain their enthusiasm.

2. Prioritize Physical Health and Well-Being

Depression is exacerbated by inactivity, inadequate sleep, and poor nutrition. Thus, try to combat these problems and ensure the good physical health, regular movement, and a nutritious diet.



- **Encourage Exercising or Physical Activity** - Physical and mental health are inextricably connected. So get your teen active—whatever it takes! Ideally, teens should be getting at least an hour of physical activity a day, but it needn’t be boring or miserable. Think outside the box: walking the dog, dancing, shooting hoops, going for a hike, riding bikes, skateboarding—as long as they’re moving, it’s beneficial.
- **Limit the use of smartphones and Internet** – Put a restriction on the screen time of the child, so that he doesn’t escape to their problems. As soon as the time spent online or over the smartphones goes up, face

interaction, physical activity, etc. goes down, which can worsen the symptoms of depression.

- **Provide a nutritious and Balanced Diet** – Provide them the right nutrition which is required for the optimum brain health and mood support. Avoid eating sugary and starchy foods and provide healthy fats, quality protein, fresh fruits and leafy vegetables in their diet.
- **Encourage plenty of sleep** - Teens need more sleep than adults to function optimally—up to 9-10 hours per night. Make sure your teen isn't staying up until all hours at the expense of much-needed, mood-supporting rest.

3. **Know when to seek Professional Help**

When depression is severe, don't hesitate to seek professional help from a mental health professional with advanced training and a strong background treating teens.



- **Involve them in treatment choices or take their opinion** - When choosing a specialist or pursuing treatment options, always get your teen's input. If you want the child to be motivated and engaged in their treatment, don't ignore their preferences or make unilateral

decisions. If the child feels uncomfortable or is just not 'connecting' with the psychologist or psychiatrist, seek out a better fit.

- **Explore options for treatment** - Unfortunately, some parents push into choosing antidepressant medication over other treatments that may be cost-prohibitive or time-intensive. However, unless your child is acting out dangerously or at risk for suicide (in which case medication and/or constant observation may be necessary), you have time to carefully weigh your options. Talk therapy is an effective treatment for depression.

14.6 Role of Parents to alleviate teen depression

Living with a depressed teenager can be difficult and draining. At times, you may experience exhaustion, rejection, despair, aggravation, or any other number of negative emotions. During this trying time, it's important to remember that your child is not being difficult on purpose. Your teen is suffering, so do your best to be patient and understanding.

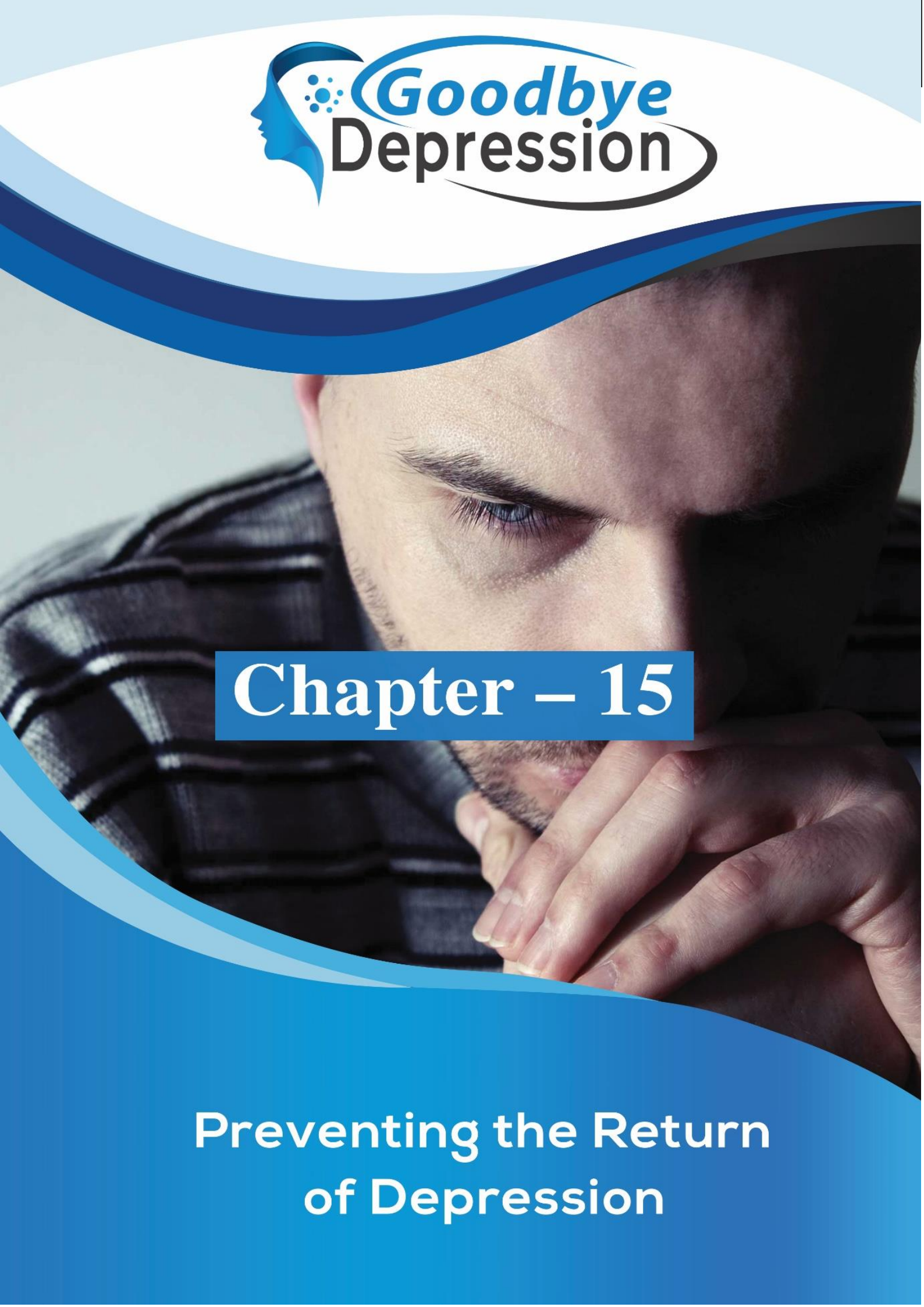


1. When disciplining your teen, replace shame and punishment with positive reinforcement for good behavior. Shame and punishment can make an adolescent feel worthless and inadequate.

2. Allow your teenager to make mistakes. Overprotecting or making decisions for teens can be perceived as a lack of faith in their abilities. This can make them feel less confident.
3. Give your teen breathing room. Don't expect teens to do exactly as you say all of the time.
4. Keep the lines of communication open, even if your teen seems to want to withdraw.
5. Try to avoid telling your teen what to do. Instead, listen closely and you may discover more about the issues causing the problems.

Conclusion

Teenagers face a host of pressures, from the changes of puberty to questions about who they are and where they fit in. With all this turmoil and uncertainty, it isn't always easy to differentiate between normal teenage growing pains and depression. But teen depression goes beyond moodiness. It's a serious health problem that impacts every aspect of a teen's life. Fortunately, it's treatable and parents can help. Your love, guidance, and support can go a long way toward helping your teen overcome depression and get their life back on track.

A close-up photograph of a man's face, looking down with his hand covering his mouth, suggesting distress or contemplation. The image is partially obscured by blue curved borders at the top and bottom.

Chapter – 15

**Preventing the Return
of Depression**

Once you've had a depressive episode, you're susceptible to a relapse.



Depression is like many other common medical conditions, such as high blood pressure or diabetes. It's highly treatable, and effective interventions are available. But there's a risk that symptoms will return. The risk of recurrence - "relapse after full remission" - for a person who's had one episode of depression is 50 percent. For a person with two episodes, the risk is about 70 percent. For someone with three episodes or more, the risk rises to around 90 percent. Relapse of depression is more common with more-serious depressive episodes. If a person's depression was severe enough to include serious thoughts of suicide, for instance, a return of depression should be expected at some point.

And that's why having a prevention plan is critical.

Depression is often a chronic illness, but with a good prevention plan in place, it is often possible to prevent recurrences entirely or limit the severity and duration if depression does return.

15.1 Why does Depression Return?



According to studies, the return of depression is usually triggered by a change in social rhythms. This could be anything that causes a disruption in normal social routines, such as an illness or the loss of a social support system.

1. Life-changing events

Common triggers for a depressive episode could be events which are stressful, life-changing and mind-rattling like the loss of a job, the end of a valued relationship, or any other new and stressful situation which effects human brain to a great extent.

2. Medical conditions

Being diagnosed with a serious medical condition may cause depression in some people. The onset of a major illness may introduce new medications and symptoms that could trigger the return of depression. For example, a stroke or a fractured hip may decrease independence and increase isolation, which also could lead to a return of depression.

3. The Brain learns to repeat Depression

While depressive illness is a stress-induced break down in your chemistry, it also involves changes in the electrical pathways within your brain. Having prolonged and/or repeated episodes of depression teaches your brain to more easily allow the illness to return, and eventually, your brain can almost

spontaneously cause depression to recur, even in the absence of significant stresses, a phenomenon technically known as “**kindling**”.

4. Anti-Depressants not working

Depression is treatable, but it’s not that easy to treat. The medications of depression often become less effective over time. In such cases, there are high chances of return of depressive episode. The medication must then be changed, or a second anti-depressant must be added.

5. Disruption of Treatment Plan

The biggest issue regarding relapse has to do with children and adults not following through on their treatment plan. This includes anything from skipping therapy sessions to missing doses of your medication to ending therapy too soon.

15.2 How to Avoid Depression Relapse?



By knowing the early signs, getting treatment right away and ensuring self-care, you can prevent a full-blown episode or lessen the severity and length of a depression relapse.

1. Recognize the symptoms

Relapse symptoms are different for everyone. Every person should be aware of their own warning signs. It is important to understand the depression triggers and symptoms so that you can tell your therapist/doctor about them and prevent them in the future. Studies show that the best predictor of a return of depression is a change in sleep patterns. Other symptoms to watch out for include loss of interest in sex, loss of appetite, irritability, and negative thinking.

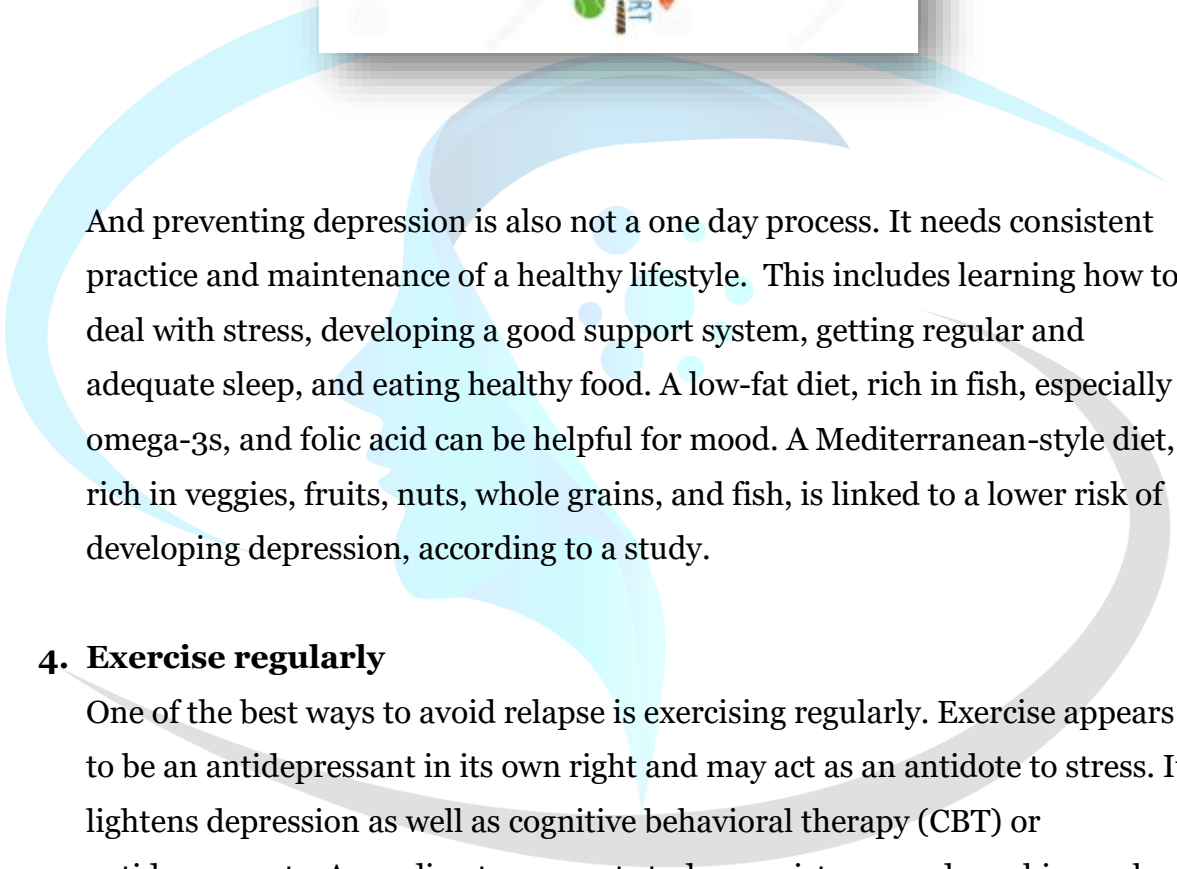
2. Stick to your treatment

The most important thing you can do is follow your treatment plan. That means keeping all your doctor appointments and taking your medications as prescribed. Doctors recommend taking medication for six to nine months after symptoms lift and you start to feel stable.

- The decision to end therapy or medication should be made with your doctor's help.
- If antidepressants are part of your treatment plan, never stop taking them on your own.
- Antidepressants take a long time to work completely and starting to feel better does not mean that you are well yet. Patients who have had two or more depressive episodes may need to stay on antidepressants indefinitely.

3. Maintain a healthy lifestyle

Recovering from depression is a long and difficult journey.



And preventing depression is also not a one day process. It needs consistent practice and maintenance of a healthy lifestyle. This includes learning how to deal with stress, developing a good support system, getting regular and adequate sleep, and eating healthy food. A low-fat diet, rich in fish, especially omega-3s, and folic acid can be helpful for mood. A Mediterranean-style diet, rich in veggies, fruits, nuts, whole grains, and fish, is linked to a lower risk of developing depression, according to a study.

4. Exercise regularly

One of the best ways to avoid relapse is exercising regularly. Exercise appears to be an antidepressant in its own right and may act as an antidote to stress. It lightens depression as well as cognitive behavioral therapy (CBT) or

4. Exercise regularly

One of the best ways to avoid relapse is exercising regularly. Exercise appears to be an antidepressant in its own right and may act as an antidote to stress. It lightens depression as well as cognitive behavioral therapy (CBT) or antidepressants. According to a recent study, a resistance and aerobic combo seem better than aerobic exercise alone. Workouts with a meditative focus, such as tai chi and yoga, also help.

5. Avoid alcohol and drugs

Steer clear of alcohol and especially illegal drugs, which can interfere with depression medications and alter your mood—and not in a good way. Alcohol is a depressant, and many street drugs deplete serotonin and dopamine, which are important neurotransmitters in relation to mood. Studies show that two or

more drinks of alcohol a day decrease the rate of recovery from depression by half. Also, you can be setting yourself up for a relapse if you take un-prescribed drugs.

6. Manage stress

Stress has a large effect on some of the brain regions that control emotion and memory. If it is chronic and uncontrollable, stress might actually cause physical damage to the brain. In fact, chronic stress can actually cause physical changes in the brain, which can affect moods and emotions. Thus, it is very important to manage stress and anxiety in our day-to-day lives if you are a victim of depression in the past.



Depression is a stress-induced illness, and avoiding overloading one's life and schedule with pressures and negatives reduces the likelihood of relapse of depressive illness.

7. Build your self-esteem

While self-esteem isn't something you can grow overnight—learning to accept yourself takes time—there are things you can do if you've lost that loving feeling. For example, make sure you spend time doing things you enjoy and try to surround yourself with people whom you like and make you feel good about yourself. Chase your hobbies and passion and try allotting a time in

your day doing things that actually make you happy and relaxed. This would help bring back your lost self-confidence and self-esteem.

8. Healthy Thinking

Depression can really affect the way you think about yourself, others and the world around you. Part of healthy coping is identifying and challenging thinking problems. Try to turn away from the “thinking traps” or “distorted thinking” because they tend to change the way you think. Thoughts are what cause the distress and if you change the thoughts you can change the depression, but that’s true for only a subset of people.



Think positive about people and situations that surround you. This would help you to think positive and good about your own self.

Conclusion

One of the most daunting facts about depression is that it tends to return over time -- even when it is initially diagnosed and treated successfully. But, although the recurrences are common, there are steps you can take to minimize their severity and even prevent them altogether. Your vigilance and self-care are needed in this regard. It's not known why depression tends to return or how to predict who will suffer a

relapse and who won't. But, we can always take precautions and avoid the causes for it to reoccur thus reducing the risk of it to re-happen.

The bottom line is to treat depression as a lifelong illness, not unlike asthma or diabetes. That means continuing to 'work' your treatment plan on good days as well as bad so that you are equipped to cope with the unavoidable stressors that can ignite a recurrence of depression.



Final Words of Advice

“People often talk about depression like it’s something weak. But coming out of it and through it, to the other side – alive – is the strongest and bravest thing you will ever do.”

Depression is a global epidemic. It is the main driver behind suicide, which now claims more than a million lives per year worldwide. It robs people of sleep, energy, focus, memory, sex drive and their basic ability to experience the pleasures of life.

When we talk about its prevention, it is recommended to go for natural remedies to cure depression rather than consuming anti-depressants to kill the suffering. Facts suggest that the use of anti-depressants has gone up 300 percent in the last 20 years, but the rate of depression has continued to increase. Thus, relying on anti-depressants to get rid of this serious disorder is not enough. You need to emphasize a couple of more things like exercising, eating a healthy diet, follow proper sleeping habits, manage stress, be socially connected, spend time outside and much more.

The results of exercise on depression are so powerful that if they could be reduced into a pill, it would be the most expensive pill on earth. To make it easier, even if you are unable to gather strength to hit back at gym or practice Yoga, taking a 30-minute brisk walk outside with your friend, three times a week, has better effects on depression than anti-depressants.

Depression shows different signs on different age groups. And no person experiences similar depression symptoms as others. It’s not a one fit all thing, at all! So, this guide will help you to recognize the signs and symptoms of depression in time so that it can be prevented. Untreated depression is risky and can have a major impact on your life. In some cases, it may even lead to suicide. So, the early it gets detected, the better it is!

To conclude, communication and talk therapy plays a significant role in healing depression and aids it. Talk out your emotions to anybody, your parents, a close friend, a neighbor, your relative, or any other person whom you can trust. But most importantly, be transparent to your therapist if you are seeing any, and express your honest emotions to him/her, so that you can get out of this serious mental issue.

Depression has high chances of relapse, so, take precautions of preventing it from the root. Think positive, be positive and complete your treatment therapy and do not stop it in the middle to avoid the chances of relapse.

***“Your mind is a powerful thing. When you fill it with positive thoughts,
your life will start to Change.”***

