



GALINOS MEDICAL CLINIC, INC

Understanding Depression

Depression is a whole-body illness. It involves the body, mood, and thoughts. Depression affects the way you eat and sleep. It also can affect the way you feel about yourself and things. It's not the same as being unhappy or in a "blue" mood. It is not a sign of personal weakness or a condition that can be willed or wished away. When you have depression, you can't "pull yourself together" and get better. Treatment is often needed and many times crucial to recovery.



Depression has different forms, just like many other illnesses. The most common types of depressive disorders include:

- **Major depression.** This is a mixture of symptoms that affect your ability to work, sleep, eat, and enjoy life. This can put you out of action for awhile. These episodes of depression can happen once, twice, or several times in a lifetime.
- **Dysthymia.** This is a long-term (chronic) depressed mood and other symptoms that are not as severe or extensive as those in major depression. These symptoms can still keep you from functioning at "full steam" or from feeling good. People with dysthymia sometimes also have major depressive episodes.
- **Bipolar disorder.** This is a long-term (chronic) condition that includes cycles of extreme lows (depression) and extreme highs (hypomania or mania).



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Depression symptoms can be subtle and vary from person to person, but they commonly include:

- Feeling of sadness
- Feeling hopeless or helpless
- Feeling worthless
- Feeling excessively guilty
- No interest or pleasures in activities
- Anger and irritability
- Feeling tired and having a lack of energy
- Insomnia or lack of sleep
- Difficulty concentrating, remembering, and making decisions
- Lack of appetite
- Overeating and weight gain
- Persistent negative thoughts that they find hard to stop
- Thoughts of death or suicide

DIAGNOSIS

Having just one of the symptoms above does not mean that a person has depression. For instance, other health issues and some medications can cause unintentional weight gain or insomnia.

However, people who have multiple symptoms and are concerned about depression should contact a doctor to discuss their mental health.

There is no single test for diagnosing depression. A medical professional usually evaluates a person's symptoms and personal and family medical history to make a diagnosis. They may also use specialized questionnaires and screening tools.



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Therapy and medications

Many people with depression use therapy, medication, or both to manage the symptoms. It is important to go to scheduled appointments and take medications as the doctor prescribes them. Treatment can take time, and a person may not feel better straight away. Antidepressants can take about 4 to 8 weeks to work, and psychotherapy is an effective but long-term treatment that does not provide immediate symptom relief.



How to help those with depression
If a friend or loved one is showing symptoms of depression, a person can help by:

- asking them to contact a doctor
- helping them make an appointment
- offering support, understanding, and validation
- continuing to invite them to events and outings
- reducing stressors at home or work, where possible
- helping them eat nutritious meals
- spending time with them outdoors

Without treatment, symptoms can last for weeks, months, or even years. The correct treatment can help most people who suffer from depression.



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How can I persuade the person to go see a professional?

Your first step should be to briefly share what you've observed about the person's mood, energy level, and behaviors. Explain why you're concerned and that you want to help.



However, what's obvious to you may not be so clear to the person in question—at least, not at first. Be prepared for multiple conversations in the weeks and even months ahead. If the person initially dismisses your concerns, you might ask, "Do you agree that there is a change in you?" Don't argue—just try to find out as much as you can about why they feel they don't need help. Some common roadblocks:

UNWILLINGNESS TO ACCEPT HELP.

Typical responses range from, "I can beat this on my own," to, "If I can't fix this, then no one else can, either," especially if the person believes depression is a moral failure rather than a medical condition.

DISLIKE OR DISTRUST OF

TREATMENTS for depression. Remind the person that a consultation is not a commitment to be treated. It can't hurt to find out what, if anything, is wrong, and what treatment, if any, might be recommended.

LACK OF WILL: Sometimes the person is aware that something is wrong, but has lost the energy or motivation to do anything about it. Offer to make the appointment for evaluation and get the person there.

It's good to come to your conversations armed with information about the experience of depression from books, online resources, and other people who have had depression.

It's also useful to gather observations from others who care about the loved one you are worried about. You want as much support as you can find for these discussions.

Remember that effective treatment in the long run requires the individual to become an active partner in care. Waiting until your loved one agrees that seeking help is a good thing can be a wise investment of time.

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What if the situation can't wait?

If your loved one says things like, “I can’t go on living like this,” or otherwise shows that they would consider ending their life, be clear and direct with your words, deeds and emotions: “We can’t lose you. We love you. We need to go get help now.”



If you sense that your loved one feels suicidal, ask directly, “Are you thinking of hurting yourself?” If the person denies it but you still have strong suspicions, make it clear that they need to come with you and get the opinion of a respected clinician. If other family members agree, you can intervene as a team.



If the situation is urgent, consult your local helpline for advice and resources. As a last resort, consider calling the police to get an emergency evaluation.

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