

## Depression: Mood, Feeling or Illness?

by Harold Grossman, MD, FRCP(C)

Far and away the most common condition presenting to mental health professionals is the cluster of symptoms called Depression. In mental health terms, depression is not a mood (in the moment) or a feeling (in the moment plus thoughts & memories) but an illness. It is seen as the end result of the accumulation of many factors, some physical, some experiential, some genetic. The diagnostic manual, DSM IV (Text Revised), categorizes several types of depression and tries to be more specific. It defines episodes of Major Depression, single or recurrent, and Dysthymic Disorder – which is depression at a low level for years or, depression that is secondary to another disorder, for example, a stroke.

The illness is called “Major” to distinguish it from a mood or feeling. It affects at least 10% of us at any given time and as many as 25% of us over the long term.

Depression is considered a threshold phenomenon. All humans have their own particular threshold, beyond which we will all develop the condition. Genetics, background experiences of trauma, chaos, losses and physical illness all contribute to determine each person’s threshold. Once that threshold is breached, the individual develops significant symptoms. The criteria include depressed mood or loss of interest over at least a two week period plus five or more of the following symptoms:

- 1) Mood changes which may be loss of joy, flatness, anxiety or anger, most of the day, nearly every day, either subjective or observed by others.
- 2) Markedly diminished interest and motivation.
- 3) Weight loss or overeating.
- 4) Insomnia or hypersomnia.
- 5) Agitation or slowness.
- 6) Loss of energy.
- 7) Feelings of worthlessness or too much guilt.
- 8) Changes in thinking, lack of concentration, memory loss, and rumination.
- 9) Thoughts of death, as plan or an attempt.

The medication treatments available today for treatment of depression are all very effective. There is no medication that is considered better than the others. Instead, doctors try to match the medication to the degree of symptoms, such as anxiety or flatness, and to which side effects might be most tolerable to the individual.

However, medications, as powerful as they may be, are in no way considered to take a person “all the way down the block”. Medications can be seen as providing a platform for a person to do the psychological work that is necessary. Psychological counselling may include working on the pathways that led toward depression in the first place: e.g. grieving for losses, re evaluating and changing long outmoded or distorted beliefs about self and the world, or dealing with loneliness.

### How much is Biological?

The Mind cannot exist with out the physiological functioning of the brain. There are brain changes when a person is suffering from depression. They can be seen on Functioning MRI scans (fMRI) or on SPECT Scans (Single Photon Emission Computed Tomography), a type of nuclear imaging test that shows how blood flows to tissues and organs. A scan is taken while a person is viewing pictures or asked to envision scenes. Watching the scans, the brain that is suffering psychiatric illnesses will light up in different amounts



and in different areas than brains that are not suffering. These changes can be tracked and can actually be seen to resolve when the condition resolves symptomatically. Even after a course of successful psychotherapy and regular exercise regimes, one can see resolution in the changes in the brain scans.

### **Major Depression or Bipolar Depression?**

Mood instability is at the core of the spectrum of conditions called bipolar disorder. It is a different condition than “unipolar” depression and it has a very strong genetic and constitutional component. Unlike depression, just some of us have this bipolar potential, about 3% to 5% of the general population. The problem is, that as many as 20 to 30% of those people presenting with depression have, in fact, a bipolar disorder. What those patients often do not report to their physician are the episodes of high energy with racing thoughts and activities and a loss of inhibition that can point to a bipolar condition.

A diagnosis of bipolar disorder also needs to be carefully considered in cases where the individual is either resistant to the ordinary antidepressant medications or, when the medications cause greater agitation and instability. Although depression has a mortality rate of about 10% (mostly through suicide), bipolar conditions can be more dangerous, particularly when there is a mixture of agitated raciness and depressive thinking at the same time. Many who experience episodes of bitter irritability or uncontrolled rage may have a bipolar disorder and it can create great misery both for the person and for those around them.

The medications used to treat bipolar disorder are different from those used for depression. Prescribing antidepressants to those suffering with a bipolar disorder may serve to “switch” them into a manic state or cause more instability. Many people with bipolar illness need to be on a combination of two, or even three medications in order to gain control of the symptoms and then, they are required to maintain appropriate dosages for a lifetime. Unlike depression, it is not uncommon to have to “fine tune” or alter the medications over time. Finally, as with all psychiatric conditions involving mood and anxiety, sleep is of key importance and is often addressed at the outset of treatment.

### **For How Long?**

There are a large number of people (as high as 30%) that can have incomplete remission of the illness even with treatment. The greatest predictor of relapse is lingering symptoms after incomplete treatment. Even more concerning is the tendency for relapse, even after one episode, if treatment is discontinued - 50 % in some studies, 70% in others.

For most people with mood disorders, maintenance treatment is the rule. Occasionally, a person with a single episode of depression precipitated by an event that is temporary and without a family history can decide to try going off medications after 6 months or a year, when their life is back in order. Because of the great advancements in treatment in just the last few years, people with bipolar conditions can expect to return to their normal lives. However, they will need to carefully monitor themselves and continue to take medications for life.

The influences of stigma and difficulties with acceptance of these disorders as chronic and recurring can make it difficult to stay motivated to continue on medications, particularly after a person has seemingly recovered. However, like all chronic conditions such as hypertension, heart disease, diabetes, etc. we are required to be aware every day, and to follow the necessary steps toward taking good healthy care of ourselves.

