

ON THE MIND...

MANIC DEPRESSION

Mood changes are a normal part of life. But the roller coaster highs and lows of manic depression are not normal. The moods of a person with manic depression swing from periods of intense elation to periods of intense sadness.

The illness can disrupt every facet of a person's life. In the manic "up" stage, the individual may be so unrealistically self-confident, energized, or hostile, that relationships and careers are destroyed. A person may think that he has a special relationship with world leaders or celebrities, or commit to multiple meetings, social activities, and critical deadlines on the same day, believing that he can accomplish anything. On a destructive high, the person may make irrational decisions that risk personal health and family finances.

In the depressed stage, that same person can feel so low, fatigued, and helpless, that any activity is difficult. Thoughts often turn to suicide.

For people who have manic depression and their families, there is good reason to hope and to act. Once properly diagnosed, most people with manic depression, which is also called bipolar disorder, can obtain relief from their symptoms. The first step toward recovery is learning about the disorder's causes, signs, and treatments.

HOW DO YOU KNOW IF A PERSON HAS MANIC DEPRESSION?

With manic depression, periods of normal mood usually occur between the periods of extreme highs and lows. The lengths of episodes vary from person to person and can change over time. If you or someone you know has experienced cycles of the following behaviors, professional help should be considered:

MANIC STAGE BEHAVIORS:

- Increased energy
- Inappropriate elation
- Decreased need for sleep; may go days with little or no sleep
- Increased sexual activity
- Uncharacteristic participation in high-risk activities that are likely to lead to painful results, such as spending sprees, foolish investments, over-scheduling, or gambling
- Loud, fast, or incoherent speech
- Disconnected, racing thoughts
- Easily distracted
- Suddenly irritable
- Conviction that he or she is all-powerful
- Sudden paranoia or rage
- Denial that anything is wrong
- Alcohol or drug abuse
- Delusions and hallucinations; in later stages, may become convinced that he or she is in touch with creatures from outer space, knows celebrities or God, or has superhuman knowledge or powers.

DEPRESSIVE STAGE BEHAVIORS:

- Changes in sleeping patterns; sleeping too much or too little
- Changes in eating patterns; eating too much or too little
- Pains and digestive problems with no medical basis
- Excessive crying
- Thoughts of death or suicide
- Constant fatigue and inertia
- Loss of interest in normally pleasurable activities
- Inability to concentrate or function at work
- Loss of sex drive
- Overwhelming feelings of despair, hopelessness, and helplessness
- Slowed thinking

WHAT CAUSES MANIC DEPRESSION?

Research suggests that a biological predisposition to manic depression is inherited. Eighty to 90 percent of those with this disorder have a relative with some form of depression. A biological influence also appears to play a role. Manic depression may be related to an imbalance in the brain biochemicals that regulate mood and activity.

Stressful situations, such as marital difficulties, job loss, an illness, or the death of a loved one, can trigger a manic or depressive episode in a person vulnerable to the illness.

THERE IS HELP...

Seventy percent or more of those patients with manic depression respond well to medication that helps reduce the frequency and intensity of manic episodes. Lithium carbonate is the medication used most often to treat this disorder. A combination of medication and professional counseling helps most patients return to productive and fulfilling lives.

The first step in seeking treatment is undergoing a complete diagnostic evaluation with a licensed mental health professional. Once an accurate diagnosis has been made, a proper treatment plan can be recommended.

NEED TO KNOW MORE?

If you still have questions about manic depression, you should talk to a mental health professional about your concerns. We provide private assessments for individuals and families. During this appointment, you can learn more about the signs, symptoms and treatments of manic depression. Take the next step. Relief and recovery are the rewards.

CALL 1-800-556-6249.

ON THE MIND...

CHILDHOOD DEPRESSION

DEPRESSION IN CHILDREN

Most of us like to think of childhood as a happy time, free from worry and responsibility. But research shows that children can suffer from depression, an illness once thought to strike only adults. According to the American Psychiatric Association, one in ten children age six to twelve suffers from a depressive illness and is unable to escape persistent feelings of sadness.

Painful life events in childhood can lead to depression. Sad things happen. People get sick and die. Parents divorce. Some children experience unthinkable trauma. We try to shield our children from these troubles, but we can't. Other times, childhood depression is caused by biological factors; it occurs for no apparent reason.

A REASON FOR CONCERN

Depression can be a serious illness. A depressed child is at risk for many problems, including running away, failing school, setting fires, and abusing drugs. It is estimated that as many as three to six million children may suffer from depression at some point and may be at increased risk for suicide.

Early diagnosis and medical treatment are important. With depression, children tend to withdraw, become lethargic, and lose self-esteem. Their frustration, sadness, and hopelessness may turn into anger or hostility, which can lead to aggressive or troublesome behaviors.

HOW DO YOU KNOW IF YOUR CHILD IS DEPRESSED?

A child may not recognize or understand why he or she feels sad, or be unable to accurately describe how he or she feels. Children often lack the ability to verbalize their feelings. Instead, their behavior is an indication of how they feel.

Children may mask depression with aggressive behaviors such as severe, recurrent temper tantrums. They may start spending more and more time alone. They may demonstrate no interest in activities that were once important to them. Other children may misbehave at home or school. Depressed children may also talk about suicide or say they wish they were dead. Some may even abuse alcohol or drugs in an attempt to feel better.

SIGNS AND SYMPTOMS OF CHILDHOOD DEPRESSION:

- Persistent sadness
- Loss of interest in activities once enjoyed
- Persistent boredom, low energy, fatigue, poor concentration
- Significant changes in eating and/or sleeping patterns
- Frequent complaints of physical ailments such as headaches and stomachaches
- Increased activity or irritability
- Recurring thoughts of death or suicide
- Low self-esteem
- Frequent absences from school or a sudden drop in school performance
- Volatile or unstable moods
- Aggression, refusal to cooperate, temper tantrums, antisocial behavior
- Use of alcohol or other drugs

Professional help should be considered if symptoms last more than a few weeks, or if the child becomes dangerous to himself or others. The first step in seeking treatment is to seek a complete diagnostic evaluation with a licensed mental health practitioner, such as a psychiatrist or psychologist.

TREATMENT FOR CHILDHOOD DEPRESSION

Children generally respond well to treatment. Often, a combination of psychotherapy and medication is used to treat a depressed child. Psychotherapy helps the child learn to express his or her feelings and to develop coping skills to deal with environmental stress. Medications can help relieve the symptoms of depression. When carefully prescribed and monitored by a physician, medication can be a safe, effective way to overcome the painful symptoms of this illness.

WHAT CAUSES DEPRESSION IN CHILDREN?

Since the causes of depression are complex and not due to any single factor, it is difficult to point to any single cause. Physicians believe that biological, genetic, and environmental factors all influence the development of depression.

Depression appears to be hereditary. Children whose biological parents suffer from depression are three times more likely to develop the disorder. Stressful environmental or family situations can contribute to the onset of depression. A child who is psychologically, physically, or sexually abused may be more susceptible to the disorder. However, children coping with difficult family situations are not the only ones affected by this illness. Children from stable, healthy homes may also develop depression.

NEED TO KNOW MORE?

If you still have questions about childhood depression, you should talk to a mental health professional about your concerns. We provide private assessments for children and families. During this appointment, you can learn more about the signs and symptoms of childhood depression. Take the next step. Help a child you know to lead a healthy, happy life.

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ON THE MIND...

DEPRESSION IN THE ELDERLY

DEPRESSION IN THE ELDERLY

Sleeping problems, sadness, forgetfulness, withdrawal from friends—these are behaviors and feelings we often accept in older adults. But for many people age 65 and over, these responses are not a result of the normal aging process, nor are they signs of senility. They are symptoms of a common emotional illness called depression.

If the signs of this illness are recognized and appropriate help is sought, most older adults can experience improvement in every aspect of life: memory, interest in activity, and overall physical health. On the other hand, when depression is not recognized and treated, the consequences can be tragic. Depression may be the cause of up to two-thirds of suicides in older adults. The elderly have the highest suicide rate of any age group in America.

HOW COMMON IS DEPRESSION IN THE ELDERLY?

Estimates on the prevalence of depression among the elderly vary. The American Psychiatric Association estimates that up to 5 percent of people 65 and older suffer from depression. Other researchers believe the rate is even higher because many of those who have a depressive disorder can be misdiagnosed with illnesses such as dementia.

Other times, older adults who have depression are not diagnosed at all. Since many seniors accept their symptoms as an inevitable part of aging, no help is sought. Many are also embarrassed by the stigma of mental illness and are unwilling to discuss their feelings with a professional. Still others are discouraged from seeking treatment because of financial constraints.

HOW DO YOU KNOW IF AN ELDERLY PERSON HAS DEPRESSION?

Depression is more than an occasional feeling of sadness or a natural, grieving response to loss. It is a group of long-lasting or recurring emotions and behaviors that interfere with a person's normal activities. If you or someone you know has experienced several of the following signs of depression for two weeks or more, professional help should be considered.

- Feelings of worthlessness, hopelessness, helplessness
- Feelings of inappropriate guilt
- Persistent sadness or anxiety
- Unexplained crying
- Irritability
- Withdrawal from formerly pleasurable activities and relationships
- Memory loss, confusion, disorientation
- Inability to concentrate or make decisions
- Lack of attention to physical appearance
- Changes in eating habits
- Changes in sleeping habits
- Decreased energy or fatigue
- Thoughts of suicide
- Overly concerned with physical problems

WHAT CAUSES DEPRESSION IN THE ELDERLY?

Aging is a time of change. For some people, the loss of loved ones, health, physical strength, financial stability, and formerly rewarding career or family responsibilities may be too much to cope with, and depression may result.

Some people have a biological vulnerability to depression. While these individuals may live for decades without developing the illness, the many changes of aging may cause the condition to emerge in later years.

TREATMENT HELPS

By talking with a trained psychotherapist, older adults can better understand their feelings and develop skills for meeting the challenges of aging. Sometimes medication is used in combination with psychotherapy. When carefully prescribed and monitored by a psychiatrist, medications can alleviate the symptoms of depression.

THE SPECIAL RISK OF SUICIDE IN THE ELDERLY

Depression can lead to thoughts of suicide, a major risk for the elderly who have the highest suicide rate in the country. The following signs can indicate that a person is contemplating suicide:

- Mention of desire to die
- Self-denigrating comments such as “My family would be better off without me.”
- Neglect of self-care, personal hygiene
- A sudden interest in putting affairs in order
- The giving away of possessions
- A sudden interest or disinterest in religion

If you observe any of these behaviors, call us at 1-800-556-6249 any time of day or night. We can arrange for an evaluation to determine if the individual is at risk of suicide.

IF YOU THINK YOU HAVE DEPRESSION...

Remember, depression is not a character flaw or weakness. It is an illness that can be effectively treated. Don't accept your symptoms of sadness, forgetfulness and sleep problems as part of aging. They are warning signs that you should heed.

We provide private assessments for individuals and families. During this appointment, you can learn more about the signs, symptoms and treatments of depression in the elderly. Take the next step and reach out for help. Relief and recovery are the rewards.

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ON THE MIND...

TEENAGE DEPRESSION

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Growing up has never been easy. The constant ups and downs of the teenage years are particularly difficult. Teenage depression, however, is more than just sulking around the house. It is a persistent, overwhelming feeling of sadness and helplessness that interferes with a teenager's ability to carry on normally.

Teenage depression is extremely dangerous because it is often accompanied by thoughts of suicide. It is common among high school students. Approximately 3 to 5 percent of teenagers develop depression each year. Fortunately, most respond to treatment within a few weeks.

HOW DO YOU KNOW IF A TEENAGER HAS DEPRESSION?

The best way to determine if a teenager is depressed is to arrange for a diagnostic evaluation with a licensed psychiatrist, psychologist, or other mental health professional. The following is a list of some of the symptoms a doctor will look for as part of an evaluation.

- Changes in sleep patterns: too much sleep or difficulty sleeping
- Changes in appetite: noticeable weight loss or gain
- Inability to concentrate
- Feelings of excessive guilt
- Feelings of hopelessness, sadness
- Withdrawal from friends and family
- Changes in activity: slowed movement, monotonous speech or unexplained agitation, fidgeting, pacing, and wringing of hands
- Loss of energy
- A sudden drop in school performance
- Outbursts of shouting or complaining, unexplained irritability
- Neglect of personal appearance
- Crying
- Aggression: refusal to cooperate, antisocial behavior
- Use of alcohol or other drugs
- Complaints of aching arms, legs, or stomach when no cause can be found
- Perception of being ugly when not
- Loss of interest in activities
- Feeling that life isn't worth living: recurring thoughts of death or suicide
- Risk-taking behaviors

WHAT CAUSES TEENAGE DEPRESSION?

Stress and personal crises contribute to the development of depression. Life events, such as the loss of a family member through death or divorce, a move to a new area, problems in the home, a break-up with a girlfriend or boyfriend, or problems at school can trigger teen depression. Other teens may have a biological tendency for the disease. Teens who have a close relative with depression are more likely to have the problem themselves.

TREATMENT HELPS

Counseling or psychotherapy helps teens with depression understand their feelings and problems, and how to deal with them. Psychotherapy may be recommended in the form of individual counseling, family therapy, or group therapy. Sometimes used in combination with psychotherapy, medication can help alleviate depressive feelings and behaviors.

OF SPECIAL CONCERN: TEEN SUICIDE

There is a strong link between depression and suicide for individuals at any age. But because of the emotional unrest that accompanies the teenage years, suicide is an even greater risk to teens with depression. In this country, suicide is one of the leading causes of death among teenagers. Any mention of it should be taken very seriously. Be concerned if you observe some of these behaviors:

- Giving away or throwing away favorite possessions
- Sudden cheerfulness, as though a solution is within sight
- Sudden, inexplicable efforts to “make peace”
- Recent accidents or close calls
- Unexpected and dramatic changes in mood or behavior
- References to suicide: “I wish I were dead,” or “You’d be better off if I were dead,” or “Nothing matters.”

Any suspicions of suicidal thoughts or specific mentions of suicide should be taken seriously. Try to talk with your teen immediately and directly; ask if he or she is considering suicide. Discuss those behaviors that have made you concerned. If you are not reassured by your conversations, call our 24-hour emergency service at 1-800-556-6249 and explain the need for an immediate evaluation. If you suspect that a suicide attempt may be imminent, don’t leave your child alone, and remove weapons and other dangerous objects from the house.

NEED TO KNOW MORE?

If you still have questions about teenage depression, you should talk to a mental health professional about your concerns. We provide private assessments for individuals and families. During this appointment, you can learn more about the signs, symptoms and treatments of depression. Take the next step and reach out for help. Relief and recovery are the rewards.

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ON THE MIND...

CLINICAL DEPRESSION

DEPRESSION

Depression is more than a day of feeling low. It is a long-lasting, often recurring illness as real and disabling as heart disease or arthritis. Adults who experience clinical depression may feel an oppressive sense of sadness, fatigue, and guilt. Performing on the job may be difficult. Going out with friends may be unthinkable. Merely getting out of bed may be impossible. The person who has depression feels increasingly isolated from family and colleagues—helpless, worthless, and lost.

Depression is a common emotional illness. It affects about 10 percent of the U.S. population or more than 17.6 million people every year. One in four women and one in 10 men will experience a depressive episode in their lifetime.

Fortunately, modern research has led to significant advances. Today there are extremely effective treatments for depression. Between 80 to 90 percent of those with depression can be successfully treated. Many experience relief from symptoms within three to six weeks. Treatment is generally necessary—people with depression cannot snap out of it on their own or will it away.

HOW DO YOU KNOW IF A PERSON HAS DEPRESSION?

If you or a person you know has exhibited four or more of the following symptoms for more than two weeks, professional help should be considered:

- Sleeping too much or too little
- Frequent waking in the middle of the night
- Eating too much or too little
- Inability to function at work or school
- Headaches, digestive disorders, nausea, pain with no medical basis
- Excessive crying
- Thoughts of death or suicide
- Lack of energy, constant fatigue
- Slowed thinking
- Difficulty concentrating, remembering, making decisions
- Loss of interest in daily activities
- Loss of sex drive
- Persistent feelings of sadness, anxiety, hopelessness
- Restlessness, agitation, irritability
- Feelings of inappropriate guilt or worthlessness

WHAT CAUSES DEPRESSION?

We now know that depression results from an interaction of several factors—environmental, biological, and genetic. Stress resulting from the loss of a job, death of a family member, divorce, or ongoing health or family problems can trigger depression. Depression may also be tied to disturbances in the biochemicals that regulate mood and activity. Some people develop depression as a reaction to other biological factors such as chronic pain, medications, or other medical illnesses. In addition, people can inherit a predisposition to depression. In fact, 25 percent of those people with depression have a relative with some form of this illness.

THERE IS HELP...

Doctors know more about depression than perhaps any other emotional illness. As a result of recent research and medical advancements, 80 to 90 percent of those with a depressive disorder can be treated successfully.

A complete evaluation with a qualified professional is the first step in seeking treatment. Once a diagnosis is made, treatment can begin.

Counseling or psychotherapy is commonly used in the treatment of depression. It helps people deal with problems at work or home that may contribute to depression. Counseling helps people develop new ways of handling stress and conflict, which can reduce the incidence and severity of depression.

Sometimes used in combination with psychotherapy, medications can relieve symptoms of depression, which helps give a depressed person the strength and desire to work towards recovery. Antidepressant medications are not habit-forming. They reduce the severity, frequency, and duration of depressive episodes.

DEPRESSION AND SUICIDE

Thoughts of death and suicide are typical symptoms of depression. An estimated 15 percent of those with depression commit suicide, and depression is considered to be the underlying cause in half of all suicides. Because depression can have fatal consequences, treatment should not be delayed. Any mention of suicide—such as “I wish I were dead,” or “Everyone would be better off without me”—should be taken seriously.

IF YOU THINK YOU HAVE DEPRESSION...

Remember, your depression is not your fault and it can be effectively treated. Don't let misconceptions about emotional illness stop you. Either on your own or by asking a friend or family member, contact us for help.

We provide private assessments for individuals and families. During this appointment, you can learn more about the signs, symptoms and treatments of depression. Take the next step and reach out for help. Relief and recovery are the rewards.

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ON THE MIND...

SAD—SEASONAL AFFECTIVE DISORDER

WHAT IS SAD?

Winter is the season of long and dark nights. Winter seems to breed a touch of the blues in many people, but more in some than in others. Researchers state that the loss of the sun's gleaming rays may make more than 10 million people moody, miserable or seriously depressed. These people are suffering from Seasonal Affective Disorder, or SAD.

Seasonal Affective Disorder (SAD) is a form of depression. SAD is known by feelings of sadness or anxiety and characterized by a fall-winter onset. Relief is usually found in the spring-summer months. Although it was first noted before 1845, it has only received wide public attention in the last decade.

HOW DO YOU KNOW IF A PERSON HAS SAD?

Symptoms typically begin in the fall and they increase in winter and subside in the spring.

Symptoms include:

- Decreased energy and activities
- Increased need for sleep; fatigue
- Sadness, anxiety, hopelessness
- Suicidal thoughts
- Social withdrawal and isolation
- Decreased libido
- Carbohydrate craving and weight gain
- Poor concentration
- Strong reactions to changes in environmental light

WHAT CAUSES SAD?

There are several theories about what causes Seasonal Affective Disorder. Studies indicate a link to the body's temperature, hormone (melatonin) regulation and exposure to light. Bright light is thought to effect brain chemistry, and as the days shorten and the nights get longer, the opportunity to be exposed to light becomes much less. There may also be a genetic link.

The primary difference between SAD and other types of depression is that the onset of SAD consistently occurs in the fall/winter months. The symptoms displayed may also be different. Sufferers of SAD may experience an increased need for sleep instead of the inability to sleep. There is also a significant increase in appetite during the winter months accompanied by weight gain.

Women are 3-4 times more likely to suffer from SAD. Symptoms may vary by individuals and may often depend on where a person resides. The further a person is from the equator, the longer the symptoms may persist. A true SAD diagnosis requires that the symptoms have occurred two consecutive winters and are present for a minimum of 4 weeks. Those experiencing these symptoms but not for these extended times are said to suffer from "winter blues" or "sub-syndromal SAD."

TREATMENT HELPS...

The primary treatment for SAD is light therapy. It involves exposure to light under specified conditions which is 5 to 20 times brighter than regular indoor light. Exposure can be anywhere from 15 minutes to a few hours a day. Length of time and frequency is based on individual need.

In addition to light therapy, lifestyle changes, such as increased exercise and time spent outdoors, can be helpful as well. A healthy eating plan and a solid stress management regime are also important elements of managing the symptoms of SAD. Antidepressants can also be an effective adjunct to light treatment.

IF YOU THINK YOU HAVE SAD...

If you are experiencing the symptoms described and they are interfering with your everyday functioning, contact a healthcare provider who can offer several treatment options. Seasonal Affective Disorder may be confused with or complicated by other medical problems, or a person might not respond to some treatments. A complete examination is critical in diagnosing any form of depression, including SAD. It is advised that phototherapy be administered under the supervision of a specialist with experience in this area. We provide private, confidential assessments. During this appointment, you can learn more about the signs, symptoms and treatments of SAD. Take the next step and reach out for help. Relief and recovery are the rewards.

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