

Patient information from the BMJ Group

Depression in adults

Depression is not the same as feeling a bit low. Depression is an illness that can affect how you feel and behave for weeks or months at a time. There are some good treatments which can help you recover.

We've brought together the best and most up-to-date research about depression to see what treatments work. You can use our information to talk to your doctor and decide which treatments are best for you.

What is depression?

It's normal to be sad from time to time. But depression is more than feeling unhappy. When you are depressed, your low mood lasts, affecting your sleep, relationships, job and appetite. It's not something you can snap out of.

There are different types of depression. This information is about major depression. It's also called clinical depression.

Depression is linked to changes in how the brain works. The brain sends signals from nerve to nerve using special chemicals called neurotransmitters. If you have depression, two neurotransmitters, called noradrenaline and serotonin, are out of balance and don't work properly.

But events in your life are important, too. Depression can be triggered by stressful events like the break-up of a relationship or financial trouble. A difficult childhood can leave you vulnerable to bouts of depression.

Family history also appears to play a part in depression. So it may be linked to the genes you inherit from your parents. Hormones can contribute to depression, especially for women.

You are more likely to get depressed if you also have a physical illness, like having had a stroke or heart attack. Social isolation (for example, not having friends or family around) can also increase your risk of getting depressed.

What are the symptoms?

Depression can make you feel like you can't cope with everyday life.

The key symptoms are feeling sad most of the time, losing interest in things you used to enjoy, and feeling very tired. If you are depressed, you will have some of these symptoms most of the time, for at least two weeks.

You may also find you have some of these symptoms:

- Problems sleeping, or sleeping too much

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- Finding it hard to concentrate or make decisions
- Little confidence in yourself
- Either little appetite, or more appetite than usual
- Feeling guilty for no reason
- Feeling either agitated or sluggish
- Thinking about suicide.

If you are a man, your depression may be more likely to make you irritable or anxious. Men are much less likely to be diagnosed with depression than women. This may be because they are less likely to talk about their feelings.

If you see your doctor, he or she will check that your symptoms aren't caused by anything else. Certain medicines, along with some medical conditions and infections, can cause the same symptoms as depression. Your doctor will ask you some questions, and may do some blood or urine tests to rule these things out.

Doctors diagnose depression according to how many of these symptoms you have. There's no test to show you have depression. They will also ask if you've been treated for depression before, and may ask about your use of drugs and alcohol. These things can affect your treatment.

What treatments work?

Depression is usually treated by taking antidepressant medicines or by talking treatments (psychotherapy). Both can work well. Antidepressants may take a while to start working. You may need to keep taking them, even if you start feeling better. Having both antidepressants and talking treatment works better for some people, especially if you have more severe depression.

Talking treatments

If you have mild or moderate depression, talking treatments may be helpful. Some types may work better than antidepressant medicines. Your doctor can explain what is available locally and which type of talking treatment is most suitable for you. Here's what we know from research about some common talking treatments:

Cognitive therapy can improve your symptoms of depression and increase your chances of getting completely better. About half the people who have this therapy recover during treatment. You normally have about 20 sessions with a trained therapist, over three or four months. The aim is to help you get rid of negative thoughts and beliefs, and to help you think more positively.

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Interpersonal therapy works well for younger people (under 55) but we don't know if it works for older people. You usually have about 12 to 16 weekly sessions with a trained therapist. During interpersonal therapy, your therapist encourages you to learn new and better ways of relating to other people.

Counselling may help your symptoms of depression, but the benefits may not last. Most people talk regularly to a trained counsellor at their doctor's surgery. The counsellor listens then encourages you to solve your own problems.

Some people have antidepressants and cognitive therapy together. There's good evidence that this works, especially for people with more severe depression.

Medicines

Antidepressants can work well for more severe depression, but may have unpleasant side effects.

Between half and two-thirds of depressed people feel better after taking antidepressants. This may mean

- You feel less sad, hopeless, worried, or guilty
- Your appetite improves
- You can concentrate better
- You no longer think about suicide.

You'll probably need to take them for at least six weeks before they start to affect your mood. So it's important not to stop taking them early. Specialists recommend that you take antidepressants for four to six months after you start feeling better. People who keep taking antidepressants for at least six months are much less likely to get another bout of depression.

There are two commonly used types of antidepressant. Both types work about as well as each other. The most commonly used are **selective serotonin reuptake inhibitors (SSRIs)**. Examples of SSRIs (and their brand names) include fluoxetine (Prozac), paroxetine (Seroxat) and sertraline (Lustral).

If SSRIs don't work for you, your doctor may suggest you try another type, called **tricyclic antidepressants (TCAs)**. For some types of depression, TCAs are used first. Examples of TCAs (and their brand names) include amitriptyline (Elavil), nortriptyline (Allegron), and imipramine (Tofranil).

SSRIs boost the amount of a chemical messenger, called serotonin, in the brain. TCAs boost serotonin and another chemical messenger, called noradrenaline. Changes to these chemical messengers gradually change the way your brain works and how you feel.

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All antidepressants can cause side effects, some of them serious. Your doctor will help you find the antidepressant that works best for you, and which causes the least side effects. This will vary from person to person. TCAs seem to cause slightly more side effects than SSRIs.

Common side effects of antidepressants include dry mouth, constipation, dizziness, stomach upsets, anxiety, headaches and problems sleeping.

You need to be careful not to take too much TCA medicine. It can cause life-threatening heart damage if you take more than the recommended dose.

You can get withdrawal symptoms if you stop taking antidepressants suddenly or if your dose is reduced. With TCAs, this can mean headaches, nausea, and an overall feeling of discomfort. With SSRIs, you may feel dizzy and anxious. Talk to your doctor first if you want to stop taking antidepressants.

It's important to know that treatment with SSRIs (especially paroxetine) may make you think more about suicide when you first start taking them. If you are taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor straight away. Your doctor should check regularly to make sure your depression is not getting worse, especially when you first start taking these medicines.

Other types of antidepressants are sometimes used, but less often. One newer type of antidepressant is called venlafaxine. There's good evidence to show it works, especially for people with mild to moderate depression. But it may also make you more likely to think about suicide when you first take it.

Things you can do for yourself

When you are depressed, it's hard to cope with everyday things like looking after yourself. But eating well, doing some exercise and keeping in touch with friends, may all be helpful.

There's some research to show that doing **exercise** may help you feel happier. If you are depressed, exercise may be the last thing you feel like doing. But gentle exercise like walking or swimming may lift your mood.

A herbal treatment called **St. John's wort** is likely to help you if you have mild or moderate depression. However, the research on St. John's wort isn't as good as the research on antidepressants.

St. John's wort comes as a tablet containing concentrated extracts from the plant, but exactly how much is in the tablets varies from brand to brand. In the UK, St. John's wort is sold as a food supplement, not as medicine. This means it hasn't been tested for safety in the same way as medicines. The most common side effects seem to be stomach problems (such as nausea or diarrhoea), dizziness or confusion, tiredness, and a dry mouth.

It's important to know that St. John's wort can interfere with the way other medicines work. You should never take it as well as an antidepressant because it may cause serious

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side effects. It can also make the contraceptive pill less effective, so you could get pregnant. Check with your doctor to see if it may interfere with any medicines you take.

What will happen to me?

Lots of people recover from an episode of depression on their own, without treatment. But getting the right treatment can speed up your recovery.

About half the people who have one bout of major depression will have more symptoms of depression within the next 10 years. This might sound bleak. But it can be helpful to have this information. It means you can be prepared, and use treatments and your own ways of coping if you feel you are becoming depressed again.

Even though depression is a serious illness, many people are able to manage their condition and live fulfilling and rewarding lives. A bout of depression can feel overwhelming, but there are good reasons to be hopeful. Treatments are getting better all the time, and many thousands of people in a similar position to you have gone on to make a good recovery from depression.

Where to get more help

The Depression Alliance is a UK charity that runs self-help groups for people with depression. Visit its website (<http://www.depressionalliance.org>) or call 0845 123 2320.

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