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William Shiel Jr., M.D., F.A.C.P.

Chief Medical Editor, MedicineNet.com

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Depression Facts

- A depressive disorder is a syndrome (group of symptoms) that reflects a sad, blue mood exceeding normal sadness or grief.

- Depressive disorders are characterized not only by negative thoughts, moods, and behaviors but also by specific changes in bodily functions (for example, eating, sleeping, and sexual activity).

- One in 10 people will have a depressive disorder in their lifetime, and in one of 10 cases, the depression is a fatal disease as a result of suicide.

- Some types of depression, especially bipolar depression, run in families.

- 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.

- There can be some differences in symptoms of depression depending on age, gender, and ethnicity.

- Depression is diagnosed only clinically in that there is no laboratory test or X-ray for depression. Therefore, it is crucial to see a health professional as soon as you notice symptoms of depression in yourself, your friends, or family.

- The first step in getting appropriate treatment is a complete physical and psychological evaluation to determine whether the person, in fact, has a depressive disorder.

- Depression is not a weakness but a serious illness with biological, psychological, and social aspects to its cause, symptoms, and treatment. A person cannot will it away. Untreated, it will worsen. Undertreated, it will return.

- There are many safe and effective medications, particularly the SSRIs that can be of great help in depression.

- 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 and/or electroconvulsive therapy (ECT) and psychotherapy are necessary.

- In the future, through depression research and education, we will continue to improve our treatments, decrease society's burden, and hopefully improve prevention of this illness.

Read full article: [http://www.medicinenet.com/depression/article.htm](http://www.medicinenet.com/depression/article.htm)
What Are the Types of Depression, and What Are Depression Symptoms and Signs?

Depressive disorders are mood disorders that come in different forms, just as do other illnesses, such as heart disease and diabetes. Three of the most common types of depressive disorders are discussed below. However, remember that within each of these types, there are variations in the number, timing, severity, and persistence of symptoms. There are sometimes also differences in how individuals express and/or experience depression based on age, gender, and culture.

**Major Depression**

Major depression is characterized by a combination of symptoms that last for at least two weeks in a row, including sad and/or irritable mood (see symptom list), that interfere with the ability to work, sleep, eat, and enjoy once-pleasurable activities. Difficulties in sleeping or eating can take the form of excessive or insufficient of either behavior. Disabling episodes of depression can occur once, twice, or several times in a lifetime.

**Dysthymia**

Dysthymia is a less severe but usually more long-lasting type of depression compared to major depression. It involves long-term (chronic) symptoms that do not disable but yet prevent the affected person from functioning at "full steam" or from feeling good. Sometimes, people with dysthymia also experience episodes of major depression. This combination of the two types of depression often is referred to as double-depression.

**Bipolar Disorder (Manic Depression)**

Another type of depression is bipolar disorder, which encompasses a group of mood disorders that were formerly called manic-depressive illness or manic depression. These conditions show a particular pattern of inheritance. Not nearly as common as the other types of depressive disorders, bipolar disorders involve cycles of mood that include at least one episode of mania or hypomania and may include episodes of depression as well. Bipolar disorders are often chronic and recurring. Sometimes, the mood switches are dramatic and rapid, but most often they are gradual.

When in the depressed cycle, the person can experience any or all of the symptoms of a depressive disorder. When in the manic cycle, any or all of the symptoms listed later in this article under mania may be experienced. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment. For example, indiscriminate or otherwise unsafe sexual practices or unwise business or financial decisions may be made when an individual is in a manic phase.

A significant variant of the bipolar disorders is designated as bipolar II disorder. (The usual form of bipolar disorder is referred to as bipolar I disorder.) Bipolar II disorder is a syndrome in which the affected person has repeated depressive episodes punctuated by what is called hypomania (mini-
highs). These euphoric states in bipolar II do not fully meet the criteria for the complete manic episodes that occur in bipolar I.

**Symptoms of Depression and Mania**

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms and some many symptoms. The severity of symptoms also varies with individuals. Less severe symptoms that precede the more debilitating symptoms are called warning signs.

**Depression Symptoms of Major Depression or Manic Depression**

- Persistently sad, anxious, angry, irritable, or "empty" mood
- Feelings of hopelessness or pessimism
- Feelings of worthlessness, helplessness, or excessive guilt
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Social isolation, meaning the sufferer avoids interactions with family or friends
- **Insomnia**, early morning awakening, or oversleeping
- **Decreased appetite** and/or **weight loss**, or overeating and/or **weight gain**
- **Fatigue**, decreased energy, being "slowed down"
- Crying spells
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- **Difficulty concentrating**, remembering, or making decisions
- Persistent physical symptoms that do not respond to treatment, such as **headaches**, digestive disorders, and/or **chronic pain**

**Mania Symptoms of Manic Depression**

- Inappropriate elation
- Inappropriate irritability or anger
- Severe insomnia or decreased need to sleep
- Grandiose notions, like having special powers or importance
- Increased talking speed and/or volume
- Disconnected thoughts or speech
- Racing thoughts
- Severely increased sexual desire and/or activity
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

Read full article:
http://www.medicinenet.com/depression/article.htm
Q: Depression is identified by a sad and/or irritable mood exceeding normal sadness or grief. True or False?
A: True.

A depressive disorder is a syndrome (group of symptoms) that reflects a sad and/or irritable mood exceeding normal sadness or grief. More specifically, the sadness of depression, also referred to as clinical depression, is characterized by a greater intensity and duration and by more severe symptoms and functional disabilities than is normal.

Q: Depression usually results in high libido. True or False?
A: False.

Depressive signs and symptoms are characterized not only by negative thoughts, moods, and behaviors but also by specific changes in bodily functions (for example, crying spells, body aches, low energy or libido, as well as problems with eating, weight, or sleeping).

Q: Less severe symptoms that precede the more debilitating symptoms are called?
A: Warning signs.

Less severe symptoms that precede the more debilitating symptoms are called warning signs.

Take the Depression Quiz:
http://www.medicinenet.com/depression_quiz/quiz.htm
Depression: What Is It?

It's natural to feel down sometimes, but if that low mood lingers day after day, it could signal depression. Major depression is an episode of sadness or apathy along with other symptoms that lasts at least two consecutive weeks and is severe enough to interrupt daily activities. Depression is not a sign of weakness or a negative personality. It is a major public health problem and a treatable medical condition. Shown here is a PET scan revealing "hot spots" of increased activity in the brain of a non-depressed person.

View Slideshow:
http://www.medicinenet.com/depression_overview_pictures_slideshow/article.htm

Related Slideshows

**Depression Myths and Facts**
Depression affects nearly one in six people at some point in their lives, so folk remedies and half-truths about this illness abound. Watch this slideshow on depression myths and facts to see how they prevent many from getting treatment.
http://www.medicinenet.com/depression_pictures_slideshow_myths_and_facts/article.htm

**Physical Symptoms of Depression**
Depression is a mental illness, but it can affect your body as well as your mind. Watch this slideshow to learn how depression can cause physical problems such as insomnia, chest pain, fatigue, headaches and more.

**Bipolar Disorder**
Do you or someone you know suffer from bipolar disorder (sometimes called manic depression)? Watch this slideshow to get an overview of this disorienting condition that causes extreme shifts in mood.
http://www.medicinenet.com/bipolar_disorder_overview_pictures_slideshow/article.htm
**Patient Comments: Depression – Effective Treatments**

**Question: What kinds of treatments have been effective for your depression?**

Comment from: 13-18 Female (Patient) Published: December 29

I'm an 18-year-old female who has been in and out of various hospital wards for bipolar disorder with atypical psychotic tendencies and suicidal tendencies. The first drug I was on was Seroquel, which didn't suit me at all. It made me drowsy all day long at a mid-range dose (250mg). After I stopped that, I went on Risperidal, which caused increased appetite and drowsiness, but these side effects dissipated in the first month of treatment. The doctors added fluvoxamine (Luvox/Movox) into the mix to help conquer the severe depression. All medication was stopped after my final exams. Bad move. I was then shortly tried on Olanzepine, but was quickly removed from it when it made me constantly hungry -- this was only a few weeks ago. Now Im being trialed on a combination of Risperidone and escitalopram with the thought of adding a mood stableiser into the mix in mid january.

**Related Reading:** bipolar disorder | fluvoxamine | depression

Comment from: olmsted73, 35-44 Male (Patient) Published: December 29

I have suffered severe depression, anxiety, panic disorder, and insomnia for many years. I've tried Cymbalta, Paxil, and Effexor. Recently, my doctor prescribed Prozac, Ambien, Abilify, and Xanax. This combo seems to work well, although I still have severe insomnia. I'm hoping he can suggest something in combination with the Ambien or increase the dosage; otherwise, the symptoms have dramatically decreased for me.

**Related Reading:** anxiety | insomnia

View all Comments:
Suggested Reading on Depression on MedicineNet

More on MedicineNet:

http://www.medicinenet.com/depression/index.htm

http://www.medicinenet.com/depression/related-conditions/index.htm


http://www.medicinenet.com/depression/focus.htm
Suggested Reading on Depression Across the WebMD Network

**WebMD**

Depression Health Center on WebMD.com
http://www.webmd.com/depression/default.htm

**MedicineNet.com**

Depression Health Center on Medicinenet.com
http://www.medicinenet.com/depression/focus.htm

**eMedicineHealth.com**

Depression on eMedicineHealth.com
http://www.emedicinehealth.com/depression/article_em.htm

**RxList**

The Comprehensive List of Antidepressants