

# Is It Depression?

How to Recognize  
and Treat It



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From **ADDitude's** Experts

**ADDITUDE**  
Strategies and Support for ADHD & LD

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# Is It Depression?

## How to Recognize and Treat It

by William W. Dodson, M.D.

Depression is a serious mood disorder that affects personal relationships, career success, and general satisfaction with life. Yet depression is difficult to identify and diagnose — important prerequisites to effective treatment.

**W**hat is a mood disorder? Simply put, it's a disorder in the level or intensity of moods. The moods themselves (sadness, irritability, and so on) are universal — everybody experiences them. For a mood to turn into a disorder like depression, it must meet three guidelines:

- 1. The moods take shape independently.** In other words, there's no cause or trigger for the emotions — the person feels depressed for no apparent reason. The individual — and his or her loved ones — may grow frustrated searching for the root cause of depressed moods.
- 2. The change is gradual.** Depression doesn't happen overnight — patients develop it over a period of weeks or months.
- 3. Nothing you do helps.** The feelings of depression are outside of your will and your control, and since there's no specific trigger causing your low moods, you can't just “snap out of it” — no matter how much you want to.

If your “down” mood meets these three guidelines, consult with a specialist about major depression.

## What Are the Diagnostic Criteria?

Most people use the words “blue” or “down in the dumps” when talking about depression. While **persistent sadness** is a common symptom of depression, it’s not the only one — and, moreover, not everyone with depression actually reports any sadness. The bottom line: You don’t have to be sad to be depressed.

A more common symptom of depression is **irritability**. About 95 percent of patients report that they are exceedingly — and uncharacteristically — irritable. Little things get under their skin and they have **explosive outbursts** that are out of the ordinary.

Other common symptoms include:

- Significant weight loss or weight gain
- Disrupted sleep
- Very low energy
- Unexplained aches and pains
- Recurrent thoughts of hurting yourself, suicide, or death
- Difficulty focusing
- Feelings of worthlessness or guilt

## How Can I Treat Depression?

Since depression is a biologic, genetic disorder, most cases respond well to antidepressant medication. But remember that medication is rarely the whole story. When people get depressed, they start to think differently — they are overwhelmed easily, they feel very fragile, and putting effort into getting better seems futile.

This is where therapy comes in, particularly cognitive behavioral therapy (CBT). CBT helps patients recognize that they’re thinking differently, and works to return their mindset to a pre-depressed state.

## What Do I Need to Know About Antidepressants?

There are seven different classes of antidepressant medications from which to choose. Which one is best? Honestly, none of them — they all report a fairly standard 70 percent response rate. Consequently, an individual’s medication choice often comes down to tolerability — patients take the medication that is most effective with the fewest negative side effects.

Other deciding factors include cost, insurance coverage, and associated symptoms. That means that doctors will look at the symptoms presented along with depression, and try to pick an antidepressant that provides benefits for both. For example, if someone suffers from depression and anxiety, the doctor will likely prescribe a serotonin-specific reuptake inhibitor (SSRI), which works on both depression and anxiety. If a patient suffers from depres-

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sion that causes severe physical pain, the common choice would be duloxetine (Cymbalta), which is FDA-approved for both depression and pain relief.

## How Can I Expect to Feel On an Antidepressant?

Seventy percent of people report a good response to antidepressant medication. If you fall into the 30 percent that doesn't, your next move is to try another medication class. If multiple attempts yield disappointing results, your doctor may prescribe what are called "augmenting agents" — additional medications that work alongside the antidepressant to give it a boost.

Augmenting agents can include Abilify, thyroid hormones, lithium, or a second antidepressant. ADHD stimulants have been shown to help as well, but it's unclear whether they work to improve symptoms of primary depression or just decrease symptoms of secondary depression by keeping ADHD symptoms better under control.

## How Can Therapy Help?

CBT is the form of therapy most often recommended for depression patients. Traditional therapy focuses on emotions and mines the past to find causes of current problems. With cognitive-behavioral therapy, the focus is on thinking, and the way transient thoughts and enduring beliefs about yourself and the world influence how you feel and act. It's a tool for getting organized, staying focused, and improving your ability to control anger and get along with others.

This might sound a lot like what's offered by run-of-the-mill self-help books. But it's much more than that. Knowing *what* to do is seldom enough, especially when irrational thoughts and expectations stop you from doing it. Cognitive behavioral therapy — with a qualified CBT-trained therapist — eliminates these roadblocks and helps to change the way you think.

## How Can I Change the Way I Think?

The demoralizing thoughts and beliefs that keep us trapped in depression rarely stand up to the light of logic. CBT helps patients see these thoughts for what they are — distorted in certain characteristic ways:

- **All-or-nothing thinking.** You view everything as entirely good or entirely bad: If you don't do something perfectly, you've failed.
- **Overgeneralization.** You see a single negative event as part of a pattern: For example, you *always* forget to pay your bills.
- **Mind reading.** You think you know what people think about you or something you've done — and it's bad.
- **Fortune telling.** You are certain that things will turn out badly.
- **Magnification and minimization.** You exaggerate the significance of minor problems while trivializing your accomplishments.

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- **“Should” statements.** You focus on how things *should* be, leading to severe self-criticism as well as feelings of resentment toward others.
- **Damnation thinking.** You experience bouts of distorted logic. For example, you think: “If something can be done, it should be done. If it should be done, it must be done. And if I don’t do the things that good people do, I am a bad and shameful person.”
- **Personalization.** You blame yourself for negative events and downplay the responsibility of others.
- **Mental filtering.** You see only the negative aspects of any experience.
- **Emotional reasoning.** You assume that your negative feelings reflect reality: Feeling bad about your job means “I’m doing badly and will probably get fired.”
- **Comparative thinking.** You measure yourself against others and feel inferior, even though the comparison may be unrealistic.

Once you learn to recognize the distorted thoughts that accompany your depression, you’ll be able to replace them with realistic thinking.

“Understanding how you think is an effective start to making changes in your life,” says J. Russell Ramsay, Ph.D., assistant professor of psychology at the University of Pennsylvania. “Changing thoughts and changing behavior work hand in hand. Widening your view of a situation makes it possible to expand the ways you can deal with it.”

## When Will I Stop Feeling Depressed?

No depression treatment will begin working instantly, so patients are advised to take a long-term view. Antidepressants, in particular, can take almost a month to begin improving symptoms. For the first 10 days to two weeks, patients may report side effects, including nausea, headaches, weight gain, insomnia, and other unpleasant symptoms. However, after about two weeks, irritability begins to taper off and crying spells (if they were present) all but disappear. At this point, you should “start the clock” — in many cases, patients achieve full remission in about eight weeks. About 30 percent of people who respond to an antidepressant do not achieve full remission. An augmenting agent, like those mentioned previously, are often used to help these patients reach full remission.

## How Long Should I Continue Treatment?

Multiple studies show that 75 percent of patients who stop treatment less than nine months after going into full remission will lapse back into full depressive syndrome. However, only 5 percent of those who continue treatment for a full 12 months after remission report a relapse. As such, most doctors recommend continuing treatment for one year after remission.

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When you do stop treatment, don't stop suddenly. Decrease the frequency of your therapy appointments — perhaps from once a week to twice a month — until you feel comfortable continuing CBT techniques on your own. Similarly, talk to your doctor about strategies for slowly tapering off your medication until you can stop it completely.

The reality is that 85 percent of people who experience one depressive episode will continue to have them for the rest of their lives. You may need to revisit treatment several times during your lifetime. It doesn't mean there's anything wrong with you — it's the way your brain is wired.

## Where Do I Begin?

If you think you may be depressed, seek help. Here are four straightforward steps you can take toward diagnosis and treatment:

- 1. See your doctor as soon as possible.** She can start you on a treatment plan that's right for you — prescribing medication if necessary, or referring you to a therapist who can help you work through your depression.
- 2. Find people to motivate you.** When you start to feel depressed, it's common to withdraw from friends, family, and even your partner. Many depressed people do not have the energy and motivation to call a friend or even the doctor's office. The depression makes them think, "Why bother? Nothing is going to make me feel better anyway." Family and friends have to step in and be the motivating force that helps the depressed person get to the doctor and therapist, take his medication consistently, and give the realistic expectation that things are going to be better soon.
- 3. Take care of yourself.** This means plenty of exercise, eating right, and trying to get enough sleep. Make sure you spend lots of time outside, too — vitamin D from sunlight is a natural antidepressant.
- 4. Set small goals.** Setting concrete goals helps us look positively toward the future. If the goals are too ambitious, however, we can lose motivation and fall back into depression. Setting real, reachable goals will inspire and motivate you to keep moving forward. Start small — try going for a 30-minute walk, doing the dishes, or calling an old friend. You will be on your way to a more positive future.

William W. Dodson, M.D., is a board-certified adult psychiatrist who has specialized in adults with ADHD for the last 23 years. He has written on how the basic research on ADHD can be applied to everyday clinical practice.

Dr. Dodson is currently in private practice in Denver, Colorado. He is a Life Fellow of the American Psychiatric Association and was the 2006 recipient of the Maxwell J. Schleifer Distinguished National Service Award for his work

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with people with disabilities. His upcoming book is titled, *What You Wished Your Doctor Knew About ADHD*.

## **MENTAL HEALTH RESOURCES**

- National Alliance on Mental Illness  
[www.NAMI.org](http://www.NAMI.org)
- National Depression Screening Day  
[www.mentalhealthscreening.org/programs/initiatives](http://www.mentalhealthscreening.org/programs/initiatives)
- National Institute of Mental Health (NIMH)  
[www.nimh.nih.gov](http://www.nimh.nih.gov)
- Depression and Bipolar Support Alliance  
[www.dbsalliance.org](http://www.dbsalliance.org)

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