



---

# Depression: Symptoms and Treatment

## *Guide for Adult Patients and Loved Ones*

Depression is a serious mental illness that affects how a person feels, thinks and behaves. It is typically characterized by feelings of intense sadness, hopelessness, and/or a loss of interest in activities the person once enjoyed. Depression can lead to a variety of emotional and physical problems and can decrease a person's ability to function at school, work and home.

Almost 1 in 5 adults will be diagnosed with depression sometime in their life, making it a very common mental health challenge. Gender makes a difference in depression, as women are nearly twice as likely as men to suffer from the disorder. About 80% of adults with depression report at least some difficulty with daily activities as a result of their depression.

Depression commonly begins in early adulthood, with people aged 18–25 representing the largest groups of individuals with the disorder. Depression becomes progressively less common with age, although it is not unheard of for depression to begin in middle age or even the later adult years.

### **Symptoms and Types**

Individuals who have depression often suffer from extended feelings of intense sadness and hopelessness. However, depression can also be associated with a variety of other physical and psychological symptoms, such as those listed below.

- Persistent sadness, anxiety, or feelings of emptiness
- Feelings of hopelessness or pessimism
- Feelings of guilt or worthlessness
- Increased irritability, frustration, anger, or restlessness
- Decreased interest in hobbies or inability to enjoy favorite activities
- Decreased energy, fatigue, or persistent boredom
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping or problems with oversleeping
- Changes in appetite or unplanned weight changes
- Social isolation, poor communication skills, and difficulty with relationships

- Inability to meet work and family responsibilities
- Impulsivity or increased participation in high-risk activities
- Increased use of alcohol or drugs
- Reduced sexual desire or problems with sexual performance
- Physical aches, pains, cramps, or digestive issues that do not have a clear physical cause and do not go away with treatment
- Thoughts or expressions of suicide or self-destructive behavior

Psychologists group depression into several subcategories based on the severity of symptoms and how long symptoms persist. Several of the most common types of depression are listed below.

➤ **Major Depression (also called Major Depressive Disorder, or MDD)**

Major depression is one of the most common and most severe types of depression, characterized by symptoms that occur most of the time for at least 2 weeks and which interfere significantly with daily activities.

➤ **Persistent Depressive Disorder (PDD, also called dysthymia)**

Persistent depressive disorder is characterized by mild or moderate symptoms that continue for 2 years or longer. Although symptoms persist for much longer than with major depression, they are typically less disruptive to daily activities.

➤ **Seasonal Affective Disorder (SAD, also called Seasonal Depression)**

A person with seasonal affective disorder experiences symptoms similar to those of major depression, but their depressed periods are closely tied to the seasons. Symptoms typically begin in fall or winter and disappear during spring and summer.

➤ **Premenstrual Dysphoric Disorder (PMDD)**

Women who menstruate may experience premenstrual dysphoric disorder, which is a type of premenstrual syndrome (PMS) that includes symptoms of extreme depression, anxiety and irritability. These symptoms can be severe enough to disrupt daily activities, but they usually resolve within a few days or weeks.

➤ **Perinatal Depression**

Perinatal depression is depression that occurs either during pregnancy (called prenatal depression) or soon after childbirth (called postpartum depression). Symptoms of perinatal depression are usually similar to those of major depression.

### ➤ **Depression with Symptoms of Psychosis**

Some people with depression may experience symptoms of psychosis in addition to depressive symptoms. Psychotic symptoms can include delusions, paranoia and hallucinations, which may require treatment with antipsychotic medications.

### ➤ **Atypical Depression**

Atypical depression varies from other types of depression in that its symptoms may be temporarily relieved by positive events (a phenomenon called mood reactivity). However, people with atypical depression may also be highly sensitive to criticism or rejection, have an increased appetite, and may sleep more than usual.

## **Depression and Suicide**

When speaking about depression, it is important to discuss its connection to suicidal thoughts and behaviors.

The vast majority of people who suffer from depression do not attempt or complete suicide. However, many people who do attempt or complete suicide also suffer from a mood disorder such as depression. This means that individuals who are depressed are at a higher risk of suicidal behavior.

If you are experiencing suicidal thoughts, or if a loved one mentions that they want to harm themselves or take their own life, you should seek medical assistance immediately. Always take suicidal thoughts, behaviors, or talk of suicide seriously.

Suicide warning signs may include:

- Talking about suicide
- Seeking out an object that could be used in a suicide attempt
- An obsession with death
- Feelings of worthlessness or of being a burden to others
- Giving away favorite possessions
- Unusual goodbyes to family or friends
- Isolating from others
- Self-destructive behavior, such as increased alcohol or drug use, reckless behavior, or taking unnecessary risks

## **Treatments**

Depression is a challenging disorder to live with, but it is treatable, and many people who suffer from depression live full, normal lives. Some forms of depression may naturally

resolve themselves over time, but others can be chronic. In either case, therapy, medication, and other forms of treatment can help individuals with depression manage their symptoms.

### ➤ **Therapy and Skills Training**

Professional therapy and counseling are important components of treatment for depression. Treatments like individual therapy, group therapy, and skills training can help individuals learn how to manage symptoms of depression.

Some common therapeutic practices include:

- Teaching you about depression and what it means.
- Talking about the way you think about yourself and how these thoughts make you feel. When talking about these thoughts, the therapist may be able to help change them and help you feel differently.
- Looking at your hobbies and interests and working on ways for you to participate in them while enjoying yourself.
- Encouraging you to pay attention to your thoughts, feelings, and behaviors and to connect those to depressed feelings.
- Talking about whom you feel close to and the different relationships in your life, and discussing how these relationships can ease your depression.
- Helping you manage feelings of depression through informative education, emotional support, self-monitoring, and problem solving.

### ➤ **Medication**

There are a variety of psychiatric medications that can be prescribed to help manage symptoms of depression.

Selective serotonin reuptake inhibitors (SSRIs) are the most commonly prescribed antidepressants, as they are generally effective and have few side effects. Commonly prescribed SSRIs include fluoxetine (Prozac), paroxetine (Paxil, Pexeva), sertraline (Zoloft), and escitalopram (Lexapro). If your depression does not respond to SSRIs, then your doctor may try prescribing other types of antidepressants like serotonin-norepinephrine reuptake inhibitors (SNRIs) or “atypical antidepressants”, called such because they don’t fit neatly into other categories. Common SNRIs include duloxetine (Cymbalta), venlafaxine (Effexor XR), desvenlafaxine (Pristiq), and levomilnacipran (Fetzima); atypical antidepressants include trazodone, mirtazapine (Remeron), vortioxetine (Trintellix), vilazodone (Viibryd), and bupropion (Forfivo XL, Wellbutrin SR).

It may be necessary to try several different medications or a combination of medications to find a prescription that works for you. In any case, you should speak with your clinician or psychiatrist about the potential benefits and possible negative side effects before taking any antidepressant.

## ➤ Brain Stimulation Therapies

Individuals who do not experience relief from depressive symptoms after trying therapy and medication may be eligible to receive a form of brain stimulation therapy.

These therapies use electric currents to generate magnetic fields within the brain, which in turn regulate brain activity and reduce depressive symptoms. The most commonly used brain stimulation therapies are electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS).

Brain stimulation therapies are safe and often effective for individuals with treatment-resistant depression, though they can carry side effects. Be sure to discuss the benefits and risks of brain stimulation therapy with your clinician before beginning any treatment.

## **Supporting a Loved One with Depression**

If you know someone who has depression or whom you suspect may have depression, then you might be looking for ways to help and support them. Family members, friends, and other supporters can be great sources of strength for individuals living with depression.

The following section includes tips that can be helpful for supporting someone with depression. Keep in mind they might not all be right for you and your loved one, but it could be useful to give them a try.

### **Educate yourself**

Stay informed about what depression is, what it looks like, and how it can affect your loved one. Encourage them to become educated about depression if they have not done so already.

### **Express your support**

Let your loved one know that you care about them, are concerned for their well-being, and are there to support them. This can help quiet any doubts they may have and reassure them that you are on their side.

### **Advocate for treatment**

Ask your loved one if they are seeking help for their disorder. If they are not, express to them why you think professional treatment could be helpful. Offer to help them find treatment if they would like you to.

**Listen**

Ask how your loved one is feeling, and listen to what they tell you. Don't try to guide the conversation too much or downplay their challenges. Sometimes people just need to be heard, and they will notice whether or not you are truly listening.

**Offer to help with tasks**

Ask your loved one if there are any daily tasks or obligations you can assist with. This can be helpful if their disorder makes certain tasks difficult for them, or if they are short on time because of their treatment schedule.

**Give them space**

Give your loved one space when they need it. Do not push them to talk about their disorder or treatment if they don't want to. Avoid prying into intimate details if they seem reluctant to share with you. Respect their emotional boundaries.

**Involve them in plans**

Invite your loved one to join in social events and gatherings, either with a group or just between the two of you. Continue to socialize with them as you have in the past. This will help reassure them that your relationship has not changed because of their disorder.

**Watch for self-harm**

Individuals with depression are at heightened risk for self-harm and suicide. Be alert for signs of self-harm or suicidal thoughts, and talk to your loved one if you suspect they are self-harming or considering suicide. It is OK to ask them directly about suicidal thoughts.

**Treat them with respect**

Your loved one has not changed just because they are experiencing a mental health disorder. They are still the same person they were before. Treat them with the same respect and dignity you would anyone else, and do not patronize or talk down to them.

**Don't make assumptions**

Even if you know a lot about depression, do not make assumptions about your loved one's experiences. Ask questions and seek to understand their situation rather than telling them what to do.

**Don't criticize or blame**

Criticizing your loved one's behavior or blaming them for their situation will not help anyone. Be supportive in any way possible, and understand that they did not choose the challenges they are experiencing.

**Celebrate their progress**

Let your loved one know that you are proud of their progress both in and out of treatment. Celebrate their "wins" and successes in recovery. Encourage them to keep going!

---

## **References**

- Brody, D. J., Pratt, L. A., & Hughes, J. P. (2018, February). Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016. *NCHS Data Brief No. 303*. National Center for Health Statistics. Retrieved November 2023.  
<https://www.cdc.gov/nchs/products/databriefs/db303.htm>
- Cleveland Clinic. (2022, September 23). *Antidepressants: Selecting One That’s Right for You*. Retrieved November 2023.  
<https://www.mayoclinic.org/diseases-conditions/depression/in-depth/antidepressants/art-20046273>
- Cleveland Clinic. (2023, January 1). *Depression*. Retrieved November 2023.  
<https://my.clevelandclinic.org/health/diseases/9290-depression>
- Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Ustun, T. B. (2007, July). Age of Onset of Mental Disorders: A Review of Recent Literature. *Current Opinion in Psychiatry*, 20(4), 359–364. <https://doi.org/10.1097/YCO.0b013e32816ebc8c>
- Lee, B., Wang, Y., Carlson, S. A., Greenlund, K. J., Lu, H., Liu, Y., Croft, J. B., Eke, P. I., Town, M., & Thomas, C. W. (2023, June 16). National, State-Level, and County-Level Prevalence Estimates of Adults Aged ≥18 Years Self-Reporting a Lifetime Diagnosis of Depression — United States, 2020. *Morbidity and Mortality Weekly Report*, 72(24), 644–650.  
<http://dx.doi.org/10.15585/mmwr.mm7224a1>
- National Alliance on Mental Illness. (n.d.) *Tips for How to Help a Person with Mental Illness*. Retrieved November 2023.  
<https://www.nami.org/Get-Involved/NAMI-FaithNet/Tips-For-How-to-Help-a-Person-with-Mental-Illness>
- National Institute of Mental Health. (2023, September). *Depression*. Retrieved November 2023. <https://www.nimh.nih.gov/health/topics/depression>
- National Institute of Mental Health. (2023, July). *Major Depression*. Retrieved November 2023. <https://www.nimh.nih.gov/health/statistics/major-depression>
- Smith, M. & Robinson, L. (2023, March 1). *Suicide Prevention*. HelpGuide.org. Retrieved November 2023.  
<https://www.helpguide.org/articles/suicide-prevention/suicide-prevention.htm>
- Substance Abuse and Mental Health Services Administration. (2023, April 24). *For Friends and Family Members*. Retrieved November 2023.  
<https://www.samhsa.gov/mental-health/how-to-talk/friends-and-family-members>