



Clinical Depression

Clinical depression is a serious disorder that impacts on a person physically, emotionally and even cognitively - slowing thought processes and reducing the ability to concentrate.

In this article

- Diagnosis of clinical depression
- Treatment of clinical depression
- Suicide risk

Diagnosis of clinical depression

A diagnosis is based on one of the following two elements being present for at least two weeks:

- depressed mood, or
- the absence of pleasure or the ability to experience it - anhedonia.

In addition, at least five of the following ten symptoms must also occur:

- feelings of overwhelming sadness, fear or lack of emotion
- decreased interest in daily activities
- changing appetite and marked weight gain or loss
- disturbed sleep patterns
- unintentional and purposeless movements
- fatigue, mental or physical, and loss of energy
- intense feelings of guilt, anxiety, hopelessness and worthlessness
- trouble concentrating, making decisions or remembering
- recurrent thoughts of death or suicide
- fear of being abandoned by those close to one.

Treatment of clinical depression

There are two primary modes of treatment, typically used in conjunction - medication and psychotherapy. A third treatment, electroconvulsive therapy (ECT), may be used when chemical treatment fails.

Medication

Most antidepressants are believed to work by slowing the removal of certain chemicals from the brain. These chemicals are called neurotransmitters (such as serotonin and norepinephrine). Neurotransmitters are needed for normal brain function and are involved in the control of mood and in other responses and functions, such as eating, sleep, pain, and thinking.

Antidepressants help people with depression by making the natural neurotransmitter chemicals more available to the brain. By restoring the brain's chemical balance, antidepressants help relieve the symptoms of depression.

Psychotherapy

Therapy offers people the opportunity to identify the factors that contribute to their depression and to deal effectively with the psychological, behavioural, interpersonal and situational causes.

Skilled therapists aim to:

- pinpoint the problems that contribute to depression
- identify and assist with negative or distorted thinking patterns
- explore learned thoughts and behaviours that contribute
- help regain a sense of control and pleasure in life.



Electroconvulsive Therapy (ECT)

This is an extremely effective, very fast-acting, antidepressant treatment. Where other antidepressant medications have failed, ECT is often still effective. The difficulty and main disadvantage for this procedure is the need for anesthesia and the short-term confusion and memory effects immediately after treatment.

Suicide risk

Be aware of any signs of suicide risk. If suicidal thoughts are present it is important to encourage the person to seek help from a doctor or psychologist. Warning signs to look for include:

- statements like "It would have been better if I had died"
- making threats about committing suicide
- suddenly becoming cheerful after a long period of depression - this can indicate a decision to use suicide as a solution
- having a plan for suicide, and the means to achieve it are very strong warning signs and must be taken very seriously.

All suicidal comments need to be addressed, but having a plan and the means to achieve it is a sign that professional help needs to be sought as a matter of urgency. If the situation is critical, call 000.

References and Further Information

Beyond Blue - <http://www.beyondblue.org.au>

Depression: Mayo Clinic - <http://www.mayoclinic.com/health/depression/DN99999>

HealthyPlace.com: A community of people providing mental health information, support and the opportunity to share experiences helpful to others - <http://www.healthyplace.com/>

Royal College of Psychiatrists <http://www.rcpsych.ac.uk/mentalhealthinformation/mentalhealthproblems/depression/antidepressants.aspx>

Sane Australia - <http://www.sane.org.au/>

You Can Cope: Changing the Way We Deal With Life's Problems Will Enhance Our Ability to Cope. Author: Peter Stebbins. Available from the Brain Injury Association of Queensland

References Specific to Electroconvulsive Therapy

Abrams, R. (2002). *Electroconvulsive Therapy* (4th Ed.). Oxford University Press Inc. New York.

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Ghaziuddin, N., Laughrin, D. & Giordani, B. (2000). Cognitive Side Effects of Electroconvulsive Therapy in Adolescents. *Journal of Child and Adolescent Psychopharmacology*, 10, 269-276.

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