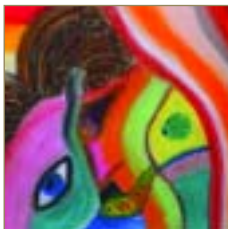


# mind yourself

## OVERCOMING DEPRESSION



Fishing



Wild Ducks



Untitled



Autumnal Rain



Sunflowers



Faces in Wonderland



Boy



Maple



Sunset on Mars

# CONTENTS

Page 2	Foreword
Page 3	What is depression?
Page 4	Symptoms of depression
Page 5	How common is depression? What causes depression?
Page 6	Are some people more at risk?
Pages 7   8	Different types of depression
Page 9   10	Anxiety disorders
Page 11	Treatment of depression
Pages 12   13	Antidepressant medication
Page 14   15	Talking therapy
Page 16	Mind yourself
Page 17	Relevant contacts
Page 18	About the Lundbeck Art Initiative About Lundbeck



**Dear Reader,**

Depression is an illness like no other, invisible yet overpowering, impacting on every aspect of life. It affects how a person thinks, feels and behaves. It touches the core of our existence, engendering feelings of hopelessness and helplessness.

It damages relationships with loved ones and leads many to question the very purpose of existence, sometimes with the tragic consequence of suicide.

In recent years the level of concern and awareness of depression has increased and this booklet will assist those who wish to deepen their understanding of this condition.

The World Health Organisation has estimated that depressive illness will be ranked as the second most disabling medical disorder by 2010. Depression remains an illness that is under-reported, misdiagnosed and improperly treated. Indeed, huge misunderstandings about its treatment still prevail and the stigma attaching to this diagnosis still remains, deterring sufferers from coming forward for appropriate help.

Depression is an illness and it should not be romanticised or idealised; neither should it be regarded as a hallmark of weakness. Most importantly, it is a treatable illness and nobody should have to put on a 'brave face' or feel they have to cope alone.

Professional help and treatments are available and people do recover, living successful and satisfying lives in every respect. Having a diagnosis of depression is no barrier to success and many famous people have suffered with it, among them Sir Winston Churchill and Spike Milligan.

I hope this booklet will encourage people to seek professional help for themselves or those they love, so that their depression can be relegated to the past and they can live life with joy and fulfilment.



Patricia Casey

Consultant Psychiatrist / Professor of Psychiatry  
Mater Misericordiae Hospital / University College Dublin

## WHAT IS DEPRESSION?

We use the word 'depression' to describe a range of moods and feelings. These can be short-lived feelings of sadness brought on by life's ups and downs. But it can also describe the more serious 'clinical' depression, also known as 'depressive illness', which can prevent a person from living a normal life. 'Clinical' depression means that the depression is severe enough to need medical help.

Although there are many different types of depression (see pages 7 & 8), there are a number of important symptoms that are common (see page 4). You don't have to have all of these symptoms to be diagnosed with depression. However, if you have a few of these symptoms for more than a couple of weeks, you may be depressed. Anyone who thinks they may have depression should seek professional help as it can get worse over time. It is important to take depression seriously and get treatment, as it affects a person's quality of life and relationships with other people. Depression is also linked to an increased risk of suicide.



Maple

## SYMPTOMS OF DEPRESSION

- ▣ Feeling unhappy most of the time (many people feel worse in the morning)
- ▣ Loss of interest in life and can't enjoy anything, feeling bored with everything
- ▣ Can't cope with things that you used to be able to cope with
- ▣ Feeling anxious, tense, agitated, irritable
- ▣ Feeling guilty
- ▣ Feeling tired a lot of the time
- ▣ Low energy levels, feeling 'slowed down'
- ▣ Sleep disturbances, including finding it hard to fall asleep, waking too early, or oversleeping
- ▣ Loss of interest in sex
- ▣ Avoiding other people
- ▣ Difficulty concentrating or making decisions
- ▣ Feeling hopeless, useless or worthless – no self-confidence
- ▣ Changes in weight or appetite
- ▣ Thoughts of suicide or death
- ▣ Negative thoughts about self, others and the world
- ▣ In severe cases, people may also experience delusions or hallucinations

## HOW COMMON IS DEPRESSION?

Between five and eight per cent of the population have depression at any one time. In Ireland, this means that as many as 300,000 people are living with depression right now. It is estimated that almost one in five people will have depression at some stage in their life. Women are twice as likely to be diagnosed as men are, and depression can affect people at any age, even children.

## WHAT CAUSES DEPRESSION?

In about 50% of all cases, the person will be able to identify a specific reason, or combination of reasons, for their depression. However, it's important to realise this also means that for the other 50% there is no obvious reason for their depression.

Life events such as bereavement, job loss, relationship break-up or illness can make us feel sad, stressed, anxious or angry. Sometimes it can be difficult to say if someone is reacting normally to such a life event, or if they are not coping and have become clinically depressed. Some illnesses, such as Parkinson's Disease, stroke and heart disease are associated with depression. Some people who misuse alcohol or other drugs may develop depression and this may sometimes be due to the depressant effects of these substances.

Research has shown that the symptoms of depression are linked to changes in brain chemistry. Brain cells transmit messages to each other using tiny amounts of chemicals called neurotransmitters. There are hundreds of these chemicals involved in different functions of the brain. For example, serotonin (also known as 5HT) is involved in many important brain functions, including regulating mood and emotional behaviour, sleep and hormonal activity. In depressed people some of these neurotransmitters are not present in the right quantities or they do not work properly. In particular serotonin and another neurotransmitter called noradrenaline are affected. Antidepressant medications work by re-balancing the levels of these neurotransmitters.

Some people may be more prone to developing depression than others. For example, some people cope better with stress than others. Some personality traits, such as being a perfectionist or liking to be in control, can make it more difficult to deal with life's problems, especially those that involve change. People who don't have supportive family or friends whom they can talk to about their problems may also be more prone to depression.

A family history of depression can also be a risk factor and this may be due to genetic factors or it may be a result of the life events the family has experienced. However, just because a person has a risk factor for depression does not mean they will get depression.

People with depression may worry that their children might inherit the illness from them. Family studies show that in some cases there is a genetic component to depression, especially bipolar disorder (manic depression). However it's important to remember that it's not the illness itself that is inherited but an increased vulnerability to developing it under certain circumstances.



Fishing

## DIFFERENT TYPES OF DEPRESSION

### ■ Major depression / Depressive episode

A depressive episode may be diagnosed if a person experiences five or more symptoms of depression almost every day for more than two weeks (see page 4). Depression may be rated as mild, moderate or severe depending on how badly the person's life is affected.

### ■ Endogenous depression

Endogenous means 'coming from within'. The term is used to describe depression which comes on for no apparent external reason. This term is no longer used and has been replaced by the term major depression or depressive episode.

### ■ Recurrent depressive disorder

This is where a person experiences more than one single episode of depression. These recurrent episodes can vary in severity from person to person. The person may recover between episodes.

### ■ Dysthymia

This is a condition of constant mild depression lasting for two years or more.

### ■ Postnatal depression

Most women experience "ups and downs" in the first few days after giving birth, (the "baby blues"), but with postnatal depression, symptoms are more severe and long-lasting. About 10% to 15% of women experience postnatal depression in the first year after having a baby. Postnatal depression can happen to any woman after any pregnancy. Untreated postnatal depression can adversely affect the developing relationship between a mother and her child.

### ■ Psychotic depression / Depressive psychosis

This is a severe form of depression where, in addition to symptoms of depression, a person experiences hallucinations or delusions. Because of the severity of symptoms, many people with psychotic depression need to be treated for a time in hospital, and may require a combination of treatments.

### ■ Seasonal Affective Disorder (SAD)

Some people feel depressed regularly at certain times of the year, usually in winter. SAD is thought to be related to reduced exposure to light.

## ■ Bipolar disorder (Manic depression)

People with bipolar disorder experience periods of depression, as well as periods of the opposite mood, mania. In Type 1 bipolar disorder, the person has recurrent episodes of depression and mania which can be quite severe, while people with Type 2 experience alternate episodes of depression and mild mania (hypomania). During an episode of mania, a person may have some or all of the following symptoms:

- Racing thoughts and talking rapidly
- Jumping from one topic to another (“flights of ideas”)
- Feeling energetic or “on top of the world”
- Decreased need for sleep
- Poor judgement, suspiciousness and/or an unrealistic belief in own abilities
- Irritable, moody, demanding or pushy behaviour
- Vigorous denial that anything is wrong
- Risk-taking and involvement in pleasurable activities that can have negative consequences, such as overspending, drug using or casual sex



## ANXIETY DISORDERS

Anxiety is a common symptom of depression, and many people with depression may also have an anxiety disorder. On the other hand a person with an anxiety disorder may be at risk of developing depression.

Anxiety is a feeling of dread or fear that is out of proportion to the circumstances which cause the feeling. It is associated with physical and emotional symptoms.

Most of the physical symptoms are due to the “flight or fright” reaction. This is a normal response when we are in danger, but inappropriate in other situations.

These physical symptoms include hyperventilation (over-breathing), sweating, fast heartbeat or palpitations, dizziness, dry mouth, feeling sick or 'butterflies' in stomach and trouble sleeping. The emotional symptoms of anxiety include feeling nervous, tense, agitated, irritable or frightened.



Untitled

## ANXIETY DISORDERS

There are a number of different anxiety disorders including:

### ■ **Generalised anxiety disorder**

People with generalised anxiety disorder (GAD) tend to worry continually about everyday problems, or they worry to an excessive or unrealistic extent.

### ■ **Social anxiety disorder/social phobia**

A person with social anxiety disorder experiences persistent fear of social situations, accompanied by worry about doing something humiliating or embarrassing.

### ■ **Phobias**

A phobia is a kind of terror, or panic, that overwhelms the person when faced with a specific situation. Common phobias include fear of flying, fear of heights, claustrophobia (fear of enclosed spaces) or agoraphobia (fear of open spaces or crowded public places). People with a phobia will go to great lengths to avoid the situation that distresses them.

### ■ **Panic Disorder**

People with panic disorder suffer from sudden attacks of overwhelming fear not related to any specific circumstances.

### ■ **Obsessive Compulsive Disorder**

People with obsessive compulsive disorder (OCD) experience distressing obsessional thoughts which they cannot control and use repetitive behaviours or rituals to help them cope with their anxieties.

### ■ **Post Traumatic Stress Disorder**

This can affect anyone who has survived a severe and unusual physical or mental trauma. They may experience flashbacks or nightmares during which they re-live the trauma all over again.



## TREATMENT OF DEPRESSION

Depression is a treatable illness and in the majority of cases people recover fully. Most people with depression are treated by their family doctor (GP), but some (about 5%-10%) may also be referred to see a specialist, such as a psychiatrist.

Rarely, people may need to be treated in a psychiatric unit in a hospital, especially if their symptoms are very severe or they are feeling suicidal. The main treatments for depression are antidepressant medication and talking therapies (counselling/psychotherapy). Many people will be treated with a combination of therapies. Everyone's experience of depression is different and treatment is tailored accordingly. The person's symptoms, the severity of their depression and any likely causes of their depression, will determine which treatments are needed and for how long.



Tea Pot

Antidepressant medications affect the levels of neurotransmitters, such as serotonin and noradrenaline in the brain. Antidepressant drugs re-balance the levels of brain neurotransmitters and so relieve the symptoms of depression. This helps people to feel better in themselves while lifting the symptoms and enabling the person to deal more effectively with their problems.

There are several types of antidepressant drugs. These include the older tricyclic antidepressants (TCAs), and newer drugs such as the SSRIs (selective serotonin re-uptake inhibitors), which are now the most widely prescribed antidepressants. Other drug types include NaRIs (noradrenaline reuptake inhibitors), SNRIs (serotonin and noradrenaline reuptake inhibitors) and NaSSAs (noradrenaline and specific serotonergic antidepressants). Some people may need to try more than one antidepressant before they find the one that works best for them.

Mood-stabilising drugs, such as lithium, are used in the treatment of bipolar disorder. Lithium may also be used to treat severe depression that does not respond to antidepressants and is often used in combination with an antidepressant.

### How long does it take for them to work?

Antidepressant therapy is the most rapid treatment for depression. In general, it may take a few weeks for the full effects of antidepressants to be felt and for an improvement in mood to happen. However, some symptoms such as anxiety and sleeplessness may begin to improve within days. Most people who are prescribed antidepressants are advised to continue taking the medication for several months. This is to ensure that their depression is effectively treated and also to help prevent it returning.

### Concerns you may have about antidepressant medication

Like all medications, antidepressants have side-effects. The possible side-effects of these drugs will be listed in the patient information leaflet accompanying the medication.

## ANTIDEPRESSANT MEDICATION

Many side-effects will wear off after the first couple of weeks once your body gets used to the drug. Your doctor or pharmacist will be happy to answer any questions you may have about your medication.

Some people worry that they may become addicted to their antidepressant. These drugs are not addictive. However, some people may experience discontinuation symptoms if they suddenly stop taking the drug. Therefore it is advisable to gradually reduce the dose under your doctor's supervision.

The risk of suicide is the most serious element of depression. International drug safety organisations have concluded that during the early stages of treatment, with any antidepressant, the risk of suicide may be increased. There is no evidence that the antidepressants actually cause suicidal thoughts. During the first few weeks of treatment, as the drugs begin to work, patients will experience changes in how they feel and behave, becoming more motivated and active. One theory is that a small percentage of patients may at that point act on the suicidal thoughts they have been experiencing.

It's important to remember that for most people antidepressants have been proven to be safe and effective drugs, and their benefits far outweigh the risks. Any concerns about your medication should always be discussed with your doctor or pharmacist.

### Alternative remedies

A herbal remedy is also available on prescription from your family doctor. There is evidence that it can be effective in mild to moderate depression. You should tell your doctor if you are taking any alternative therapies as they may react with other medications.

### Electro Convulsive Therapy

Electro Convulsive Therapy (ECT) may be considered in the treatment of severely affected people, who have not responded to other methods of treatment. During ECT a small amount of electric current is sent to the brain. This current produces a mild seizure that affects the centres which control thinking, mood, appetite and sleep. Repeated treatments can alter chemical messages in the brain and bring them back to normal. ECT is carried out under anaesthetic and with the patient's consent. Some people may experience temporary memory problems after ECT but there is no evidence of long-term memory impairment.



Faces in Wonderland

Talking therapy is also called psychotherapy or counselling. There is some debate about the role of talking therapy in the treatment of depression and it can be a time-consuming process. Often it is used in combination with antidepressant treatment. Many people find talking therapy useful in helping them to better understand their depression, how it affects them or what may be causing it.

### It's good to talk!

Simply talking about your feelings can be helpful, but sometimes it is hard to express your real feelings to close friends or loved ones. Talking things through with a trained counsellor or therapist can be easier. It can be a relief to get things off your chest. If you can have another person's undivided attention for a while, you are likely to feel better about yourself. You can feel more supported and less alone. Counselling may help you to be clearer about how you feel about your life and other people. It may also help you to see how your past experiences may be affecting your life here and now.

One form of talking therapy that has been shown scientifically to be effective in mild or moderate depression is "Cognitive Therapy". This therapy helps people challenge the negative thoughts that makes them feel depressed and learn more positive ways of thinking about themselves and their lives. If a person's depression has a specific cause, there may be a talking therapy that helps them to deal with this cause. For example, if their depression is linked to their relationship with their partner, marriage or relationship counselling may help. Or if they find it difficult to get over the death of a loved one, specific bereavement counselling may help.



## TALKING THERAPY

Sometimes people find self-help groups helpful in dealing with their depression. It can be good to know you are not the only one with depression, and people can learn from each other's experiences. Talking in groups can also be helpful in changing how you behave with other people.

You get the chance, in a safe and supportive environment, to hear how people see you and the opportunity to try out different ways of behaving and talking.

Talking treatments do take time to work. Sessions usually last about an hour and your therapist will advise you on how many sessions they feel you might need. Some therapists will see you weekly, others less often.

Sometimes talking about things may bring up upsetting memories from the past and this could make you feel low or distressed. Some people have reported that therapy can change their outlook and the way they relate to friends and family, which can put a strain on relationships. It is important to make sure that you can trust your therapist and that they have the necessary training. If you are concerned about having therapy, talk it over with your doctor or therapist.



Ringwood

### **Promoting positive mental health may help you reduce the risk of depression**

#### **Talk about it**

Don't bottle things up. Problems don't go away just because you ignore them. It is better to confront them before they become bigger. It helps to discuss problems and share your feelings with someone close or a trusted professional. Don't feel embarrassed about how you feel – everybody has downs as well as ups in their lives.

#### **Take control**

Try to become aware of what triggers negative thoughts or moods and think how you could react differently to these triggers. Depression can be a vicious circle with negative thoughts leading to more negative thoughts in an ever-downward spiral. There are no instant solutions. Take small steps to climb back up. Write down problems as you think of them and also possible solutions. Make a 'to do' list and deal with things one at a time.

#### **Don't drown your sorrows**

Alcohol can hinder our ability to deal with problems. It is a depressant and drinking too much will make you feel more depressed. Try to stick to the recommended weekly allowance - 21 units for men, 14 for women (1 unit = 1/2 pint or 1 short).

#### **Mind your body**

Restore your self-pride. Pay attention to your appearance, hygiene and be good to yourself. Give yourself a treat every now and again – you deserve it. Be active. Physical activity can help improve a low mood. A balanced diet will help you feel more healthy and give you the energy to cope with life.

#### **Mind your mind**

A balanced lifestyle is important for your mental well-being. Try to find a healthy balance between the work, home and social parts of your life. Try to take time out every day to relax and switch off and consider meditation, prayer or relaxation exercises. Getting enough sleep is also very important for your mental well-being.

## RELEVANT CONTACTS

### ▣ FOR FURTHER INFORMATION

#### Aware

72 Lower Leeson Street  
Dublin 2

**Telephone:** 01 661 7211  
[www.aware.ie](http://www.aware.ie)

#### Samaritans

112 Marlborough Street  
Dublin 1

**Telephone:** 01 872 7700  
**Helpline:** 1850 60 90 90  
[www.samaritans.org](http://www.samaritans.org)

#### Mental Health Ireland

Mensana House  
6 Adelaide Street  
Dun Laoghaire  
Co Dublin

**Telephone:** 01 284 1166  
[www.mentalhealthireland.ie](http://www.mentalhealthireland.ie)

#### Schizophrenia Ireland / Lucia Ireland

38 Blessington Street  
Dublin 7

**Telephone:** 01 860 1620  
**Helpline:** 1890 621 631  
[www.sirl.ie](http://www.sirl.ie)

#### Recovery Inc

Cherry Orchard Hospital  
Dublin 10

**Telephone:** 01 626 0775  
[www.recovery-inc.org](http://www.recovery-inc.org)

### ▣ FOR FURTHER READING

#### Depression:

The Common Sense Approach  
by Tony Bates  
2001, Crossing Press

Depression and Its Treatment  
by J.H. Greist and J.W. Jefferson  
1992, American Psychiatric Press

#### Coping with Depression and Elation

by P. McKeon  
1997, Sheldon Press

#### What To Do When Someone You Love is Depressed

by Golant and Golant  
1996, Henry Holt



The Lundbeck Art Initiative was established to encourage artistic expression among those using the mental health services throughout Ireland. Its aim is to create an opportunity for a better understanding of mental illness in the community and to allow those suffering from such illness, a greater means of self-expression.

This booklet features some of the art that has been submitted for the Lundbeck Art Initiative during the past few years. Expression through the medium of art can serve to enhance the life experience of many users of the mental health services and we believe that the works produced by these patients should be seen by others.



Sunset on Mars



Wild Ducks

## ABOUT LUNDBECK

Lundbeck Ltd., founded in 1915, is the only fully integrated pharmaceutical company focused on finding new and effective therapies for psychiatric and neurological disorders. This focus allows Lundbeck to establish strong links with academics, clinicians and patients with interests in central nervous system disorders.

A key part of Lundbeck's mission is to create partnerships with Psychiatrists and Neurologists that result in the improved treatment and hence improved quality of life for patients suffering from CNS disorders. As part of this commitment, Lundbeck established the Lundbeck Institute in 1997, which is dedicated to educating physicians from around the world who are involved in treating CNS disorders.



## Lundbeck (Ireland) Limited

14 Deansgrange Business Park,  
Blackrock, Co. Dublin, Ireland.  
Tel + 353 1 289 9222  
Fax + 353 1 289 9233  
Email [rece@lundbeck.com](mailto:rece@lundbeck.com)



[www.lundbeck.ie](http://www.lundbeck.ie)