



# Recognizing the Faces of Major Depression

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Sarah is a 23-year-old homemaker who feels she can't cope because she is so tired and fatigued. Roger is a 48-year-old truck driver who feels bored with life. Alice is a 41-year-old lawyer who cries and feels suicidal. Maria is a 72-year-old potter with insomnia and disabling headaches.<sup>1</sup> What do all these people have in common? They are all suffering from clinical depression, a medical condition that is often unrecognized and untreated.

Clinical depression, known as major depressive disorder or major depression in medical terms, is the most common mental disorder and one of the most common medical illnesses in the general population. Major depression affects 1 in 7 people at some time in their life. At this moment, 1 in 25 people (4%), or 16,000 people in British Columbia alone, suffer from clinical depression. The chances of having depression are twice as high for women as compared to men. A depressive episode can last from weeks to months (and sometimes, years). The direct medical costs of treating depression in Canada exceed one billion dollars a year.

The social and physical costs of clinical depression are significant. A large study sponsored by the World Bank and the World Health Organization ranked the global burden of all medical diseases according to the combined mortality and disability caused by the disease. In 1990, major depression ranked fourth worldwide in combined disability, outranking heart disease, stroke, and AIDS. In fact, the only conditions that outranked depression were those experienced mainly by

Third World countries including infections, diarrhoeal diseases, and perinatal (i.e., before and after childbirth) mortality. This study also estimated that depression will rank second worldwide by the year 2020.

The most serious consequences of depression include death by suicide. One person commits suicide in British Columbia each day, and most people who are suicidal are clinically depressed.

Clinical depression can also worsen the outcome of medical conditions. For example, your risk of dying after a heart attack is four times greater if you are clinically depressed. Depression is a greater risk factor for predicting death after heart attack than a history of smoking, previous heart attacks, and poor heart function. (also see page 31).

## Symptoms of Depression

Unfortunately, major depression is often unrecognized and untreated even when people are seeing health professionals.

In part, this is because many patients present physical symptoms and the depression is missed. Table 1 shows the symptoms experienced by people with major depression. Many people are like Alice in that they feel sad and blue and cry during a depression. Others, like Roger, may not notice depressed mood but will experience lack of interest in usually pleasurable activities. Most patients have physical symptoms like changes in sleep, appetite, and weight. Maria has insomnia and wakens early in the morning, unable to sleep. She also has no appetite and has lost 15 pounds over the past few months. Sarah, however, experiences oversleeping and

**Table 1: Symptoms of Major Depressive Disorder**

<ul style="list-style-type: none"> <li>■ DIAGNOSTIC SYMPTOMS           <ul style="list-style-type: none"> <li><input type="checkbox"/> Depressed mood</li> <li><input type="checkbox"/> Loss of interest</li> <li><input type="checkbox"/> Sleep problems (insomnia or oversleeping)</li> <li><input type="checkbox"/> Appetite problems (loss of appetite or overeating)</li> <li><input type="checkbox"/> Feelings of guilt</li> <li><input type="checkbox"/> Low energy</li> <li><input type="checkbox"/> Poor concentration</li> <li><input type="checkbox"/> Psychomotor disturbance (feeling slowed down or agitated)</li> <li><input type="checkbox"/> Thoughts about suicide</li> </ul> </li>   <li>■ ASSOCIATED SYMPTOMS (symptoms which may accompany depression)           <ul style="list-style-type: none"> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Low self-confidence and self-esteem</li> <li><input type="checkbox"/> Cognitive distortions (negativity, pessimism)</li> <li><input type="checkbox"/> Dependent behaviour</li> <li><input type="checkbox"/> Hallucinations</li> <li><input type="checkbox"/> Delusions</li> <li><input type="checkbox"/> Sensitivity to criticism</li> <li><input type="checkbox"/> Irritability</li> </ul> </li> </ul>
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overeating during her depression along with carbohydrate cravings and weight gain. Some patients feel physically and mentally slowed down, while others feel agitated.

Feelings of hopelessness, helplessness, and worthlessness are also common when people are depressed. They often think of death and may have thoughts about suicide. There are many myths about suicide that flow through our culture and are still held by some health professionals. One myth is that asking about suicide makes it worse. This is not true. Most people, like Alice, are relieved when they are asked about suicidal thinking and find out that it is a common depressive symptom that can be treated.

Many associated symptoms are found in major depression but are not part of the formal diagnostic criteria. Roger experiences anxiety and has cognitive distortions where his thinking becomes very negative and pessimistic, as if he is seeing



▼ "Faces of Depression" (NMHA 1993 video cover)



the world through a depressive filter. Alice became indecisive in her court work, and her self-confidence and self-esteem fell. In severe cases, patients may be psychotic, losing touch with reality. They may have hallucinations (perceptual disturbances such as seeing things or hearing voices) or delusions (false fixed beliefs such as feeling responsible for wars going on in the world). Maria was very distressed because she heard voices telling her that she was evil and that she deserved to die.

### Diagnosis of Depression

With all these different types of symptoms, it is not surprising that clinical depression is sometimes difficult to recognize. Screening questionnaires such as the Beck Depression Inventory can be helpful. This widely used, self-rated, 21-item scale helps to identify people who may be depressed, but by itself cannot be used to diagnose a clinical depression. Research has shown, however, that two simple questions can be as sensitive as a screening questionnaire: “Have you been feeling sad or depressed?” and “Have you lost interest in your usual activities?” By regularly asking these two questions, many clinicians will be able to identify patients with a clinical depression who might ordinarily be missed.

To make a medical diagnosis of major depression, at least 5 of the 9 major symptoms must be present for at least two weeks. These symptoms must also cause significant distress and/or result in impairment in functioning at work or with relationships. Other medical conditions that can have depressive symptoms (Table 2), prescription medications, and alcohol or substance abuse must be ruled out before making the diagnosis. The normal process of bereavement is also excluded, although extended periods of grief may turn into something meeting the criteria for a major depressive episode.

We classify people with a depressive disorder separately from those with bipolar disorder (formerly called manic-depressive illness). People with bipolar disorder experience manic episodes at some time in their lives in addition to having depressive episodes. During a manic episode, people with this disorder are uncharacteristically euphoric (or irritable), hyperactive, grandiose, and distractible. They speak very rapidly, have racing thoughts, and have less need for sleep. In severe cases, they will also experience psychotic symptoms, sometimes believing they have special powers like telepathy. During the manic episode, they have poor judgment and show

impulsive, reckless behaviour such as spending money or getting into needless arguments.

We also differentiate subtypes of depression, including patients with “psychotic” depression (with hallucinations or delusions), “atypical” depression (with overeating, oversleeping, and mood reactivity), and “seasonal” depression (with depressive episodes only in the winter). Distinguishing bipolar disorder and these depressive subtypes is important because they have specific and different treatments.

### Causes of Depression

The causes of clinical depression are not known, but it is clear that there is a complex interaction between psychological and neurobiological factors. Genetics play a role as clinical depression can run in families, and the chance of having a clinical depression is increased if a family member also has the condition. However, it is not yet possible to predict who in the family will develop depression. Many studies show biological changes in the brains of people with clinical depression, especially in neurotransmitters, the chemicals involved in transmitting signals between neurons. Disturbances are found with serotonin, noradrenaline, and dopamine, the main neurotransmitters regulating mood and emotion. There are also many hormonal abnormalities and disturbances in the biological function of sleep and circadian rhythms (the daily rhythms generated by the biological clock in the brain).

There is also much evidence that psychosocial factors are important. Early parental loss, social isolation, personality style, and stressful life events can all increase the risk of developing a clinical depression. For example, Roger began to be depressed after a recent separation from his wife, while Sarah is struggling with marital and parenting stress.

Unfortunately, for an individual person, it is not usually possible to identify a single cause of depression. However, it is still important to identify biological, psychological, and social factors that may be contributing to the clinical depression because specific treatments can be targeted in each of those domains. For example, antidepressants can be used for biological factors, psychotherapeutic approaches can be used for psychological factors, and occupational or marital therapy can address social factors. Later on in the issue, we’ll return to the stories of Sarah, Roger, and Maria, and look at the treatment alternatives that they’ve found helpful. (see page 16) ■

**Footnote**  
1 All names and case histories are fictitious and represent an amalgamation of patient stories.

**Table 2: Some Medical Conditions with Depressive Symptoms**

<ul style="list-style-type: none"> <li>■ NEUROLOGICAL                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Alzheimer’s disease / other dementias</li> <li><input type="checkbox"/> Huntington’s disease</li> <li><input type="checkbox"/> Migraine headaches</li> <li><input type="checkbox"/> Multiple Sclerosis</li> <li><input type="checkbox"/> Parkinson’s disease</li> <li><input type="checkbox"/> Stroke</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ CANCERS                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Brain</li> <li><input type="checkbox"/> Pancreas</li> </ul> </li> <li>■ INFLAMMATORY                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Irritable Bowel Syndrome</li> <li><input type="checkbox"/> Systemic Lupus Erythematosus</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>■ CARDIOVASCULAR                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Heart failure</li> <li><input type="checkbox"/> Myocardial infarction (heart attack)</li> </ul> </li> <li>■ METABOLIC AND ENDOCRINE                             <ul style="list-style-type: none"> <li><input type="checkbox"/> B<sub>12</sub> or iron deficiency</li> <li><input type="checkbox"/> Cushing’s Syndrome</li> <li><input type="checkbox"/> Diabetes</li> <li><input type="checkbox"/> Hypocalcemia</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hypo/Hyperthyroidism</li> <li><input type="checkbox"/> Uremia</li> <li>■ OTHER                             <ul style="list-style-type: none"> <li><input type="checkbox"/> AIDS/HIV</li> <li><input type="checkbox"/> Chronic Fatigue Syndrome</li> <li><input type="checkbox"/> Chronic pain</li> <li><input type="checkbox"/> Fibromyalgia</li> </ul> </li> </ul>
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