



Depression Fact Sheet

Key Facts

- Depression is the most common psychiatric disorder with 121 million people affected worldwide
- Symptoms include low mood, loss of interest, low self-worth and poor sleep, appetite and energy levels
- The tendency to develop depression may be inherited although both biological and psychological factors probably play a role
- The course of depression varies from one episode to a life-long disorder

What is depression?

Depression is a common psychiatric disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities.¹

The tendency to develop depression may be inherited; there is some evidence that depression may run in families. Most experts believe that both biological and psychological factors play a role. The course of clinical depression varies widely, from one episode to a life-long disorder.

The scale of the problem

Depression is a common disorder, affecting about 121 million people worldwide.¹ It carries a high burden in terms of treatment costs, effect on families and carers and loss of workplace productivity, and is considered by the WHO to be the leading cause of disability worldwide. By the year 2020, the WHO project that depression will be the second highest contributor to the global burden of disease for all ages and both sexes.¹

A recently reported study revealed an overall prevalence of depressive disorders in Europe of 8.56%. Higher prevalence was seen in urban areas of Ireland and the UK, while particularly low prevalence was seen in Spain.²

How severe is depression?

Depression can be reliably diagnosed in primary care. Antidepressant medications and brief, structured forms of psychological therapies are effective for 60-80 % of those afflicted and can also be delivered in the community. However, fewer than 25 % of those with depression receive such treatments due to lack of resources, lack of trained providers, and the social stigma associated with mental disorders such as depression.¹ At its worst, depression can lead to suicide; the WHO estimate the loss of about 850 000 lives every year.¹

Causes of depression

There is no single known cause of depression although it is likely to result from a combination of genetic, biochemical, environmental, and psychological factors.³ It is known from brain-imaging technologies that the brains of people who have depression look different to those of people without depression, and that neurotransmitters, chemicals used for communication in the brain, appear to be out of balance. However, it is not known why this occurs.

Depression can occur in people with or without family histories of depression. Genetics research indicates that risk for depression results from the influence of multiple genes acting together with environmental or other factors. In addition, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode. Subsequent depressive episodes may occur with or without an obvious trigger.⁴

Diagnosis

Normal sadness exists for everyone, but clinically significant depression is based on the severity, persistence and the degree of impairment and disability associated with the low mood. Patients are assessed using a questionnaire that forms part of a recognised rating scale. There are a wide range of scales; the two most frequently used scales are the:

- ▲ **Diagnostic and Statistical Manual Fourth Edition (DSM-IV)** classification
- ▲ **International Statistical Classification of Diseases and Related Health Problems – 10th edition (ICD-10): Mental and Behavioural Disorders.**

Some rating scales have been developed with specific patient groups in mind, such as:

- ▲ **HADS** - Hospital Anxiety and Depression Scale - for people with physical health problems
- ▲ **GDS** - Geriatric Depression Scale
- ▲ **ADI** - Amritsar Depression Inventory – developed with the Punjabi population
- ▲ **CCSS** - Caribbean Culture-Specific Screen for emotional distress.⁵

Main features of the disease

People with depressive illnesses do not all experience the same symptoms. The severity, frequency and duration of symptoms will vary depending on the individual and his or her particular illness.

Symptoms include:

- ▲ Persistent sad, anxious or "empty" feelings
- ▲ Feelings of hopelessness and/or pessimism
- ▲ Feelings of guilt, worthlessness and/or helplessness
- ▲ Irritability, restlessness
- ▲ Loss of interest in activities or hobbies once pleasurable, including sex
- ▲ Fatigue and decreased energy
- ▲ Difficulty concentrating, remembering details and making decisions
- ▲ Insomnia, early–morning wakefulness, or excessive sleeping
- ▲ Overeating, or appetite loss
- ▲ Thoughts of suicide, suicide attempts
- ▲ Persistent aches or pains, headaches, cramps or digestive problems that do not ease even with treatment.⁴

There are several forms of depressive disorders, with the two most common being:

- ▲ **Major depressive disorder**, also called major depression, is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy activities. It is disabling and prevents a person from functioning normally. An episode of major depression may occur only once in a person's lifetime, but more often, it recurs throughout a person's life.
- ▲ **Dysthymic disorder**, also called dysthymia, is characterized by long–term (two years or longer) but less severe symptoms that may not disable a person but can prevent one from functioning normally or feeling well. People with dysthymia may also experience one or more episodes of major depression during their lifetime.

Treatments and therapies

Clinical depression is usually treated by psychotherapy, antidepressants or a combination of the two.³

Antidepressants work to normalize naturally occurring brain chemicals called neurotransmitters, notably serotonin, noradrenaline and dopamine. These particular chemicals appear to be involved in regulating mood, but little is known of the exact ways in which they work.

The newest and most widely used antidepressant medications are:

- ▲ **Selective serotonin reuptake inhibitors (SSRIs)**. SSRIs include fluoxetine, paroxetine, citalopram, sertraline and several others
- ▲ **Serotonin and noradrenaline reuptake inhibitors (SNRIs)** are similar to SSRIs and include venlafaxine and duloxetine.

SSRIs and SNRIs are more popular than the older classes of antidepressants, such as **tricyclic antidepressants** and **monoamine oxidase inhibitors (MAOIs)** because they tend to have fewer side effects, although these older treatments may suit some patient's better.⁴

All classes of antidepressants must be taken for at least three to four weeks to gain full therapeutic effect, continued for the time specified by the doctor, and only stopped under medical supervision. Although antidepressants are not habit-forming or addictive, abruptly ending an antidepressant can cause withdrawal symptoms or lead to a relapse. Some individuals, such as those with chronic or recurrent depression, may need to stay on medication indefinitely.⁴

St. John's Wort (*Hypericum perforatum*) plant extract is used extensively to treat mild to moderate depression in Europe.⁴ Research studies have shown it to be better than placebo and equally as effective as standard antidepressants in mild to moderately severe depression. However, available products are not standardized and although reported side-effects are low, it has been shown to interact with certain other medicines.⁶

Cognitive-behavioural therapy (CBT) is used extensively to treat depression. It can be provided in various forms including individual counselling, group therapy and computer based self-learning. CBT helps people change negative styles of thinking and behaving that may contribute to their depression.^{4,5}

Electroconvulsive therapy (ECT) once had a bad reputation, but in recent years, has greatly improved and can provide relief for people with severe depression who have not been able to feel better with other treatments.⁴

Impact on the lives of those affected and carers

Experiences of depression can vary from one individual to another, but it is often felt and described as a blackness, a heavy weight or an emptiness. Those affected may feel removed from other people and find it difficult to relate to them, having an impact on their relationships, ability to work and social contacts. In severe cases, feelings of helplessness and worthlessness may be such that individuals lose any sense of a meaning in life, and can begin to consider suicide.⁷

The changes brought about by depression are likely to impact those close to a person with depression, due to the extent of the impairment on the person's ability to relate with others. Family, friends and colleagues may perceive the person with depression to be quiet, withdrawn and possibly feel rejected by them.⁷

Unmet needs

In order to have a better understanding of the impact of depression on European society, long-term prospective epidemiology and cost-of-illness studies are needed, particularly to address the lack of data from Central European countries.

Other challenges include:

- ▲ Improving mental healthcare policies
- ▲ Better access to healthcare for the mentally ill
- ▲ Further economic evaluations of treatments for depression in order to ensure a cost-effective use of European healthcare budgets.⁸

Further information

- European Alliance against depression <http://www.eaad.net/>
- Mind - <http://www.mind.org.uk>
- Rethink - <http://www.rethink.org>
- Sane - <http://www.sane.org.uk>

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