Depression

What is depression?

We all feel 'blue' from time to time. Sadness is an important part of living. It helps us understand our inner world, communicate with others and gives richness and meaning to our lives. Where the 'normal' sadness that comes from the inevitable losses and frustrations of daily life, parts company with depression as an illness, is the severity, duration and the degree of disability that depression can cause.

Depression occurs along a continuum from mild to life threatening. Some mild episodes of depression may resolve with time, aided by making important adjustment to ones daily routines, and by seeking out the support of others.

However, major or clinical depression is a serious, debilitating illness that intensely affects how you feel, think, and ultimately how you behave. Depression can last for years and without treatment can cause permanent disability. It is a profoundly painful, distressing disorder that rarely can be overcome without external help. No amount of 'pulling up your sock', true grit and determination, positive self-talk, love and support will lift the dark veil of depression. It is an illness and it needs treatment.

Each individual experiences depression in his or her own unique manner. However, the following signs and symptoms are commonly reported and are used in making a diagnosis of depression.

Common Signs and Symptoms

Physical Changes

- Changes in appetite - with a resultant loss or weight gain.
- Sleep disturbances- with trouble falling asleep, staying asleep or sleeping too much.
- Sleep, when it comes, is not restorative. Feeling worse in the morning.
- Decreased energy, with feelings of weakness and physical fatigue.
- Some people experience agitation with restlessness and a need to move.
- Phantom pains, headaches, muscle aches and pains, with no known physical cause.
- Gastrointestinal upsets- constipation.

Changes in Thinking

- Thoughts are slowed, difficulty thinking, concentrating or remembering information.
- Decision-making is difficulty and often avoided.
- Obsessive ruminations, sense of impending doom or disaster.
- Preoccupation with perceived failures or personal inadequacies.
- Harshly self critical and unfairly judgemental.
- In extreme cases there can be a loss of touch with reality, perhaps hearing voices (hallucination) or having strange fixed ideas (delusions).
- Persistent thoughts of death, suicide or attempts to hurt oneself.

Changes in Feeling

- Loss of interest in activities that were once a source of pleasure.
- Decreased interest in and enjoyment from sex.
- Feelings of worthlessness, hopelessness, and excessive guilt.
- Deadening or an absence of feelings.

- Sense of overwhelming or impending doom.
- Loss of self-esteem.
- Feeling sad, blue, down in the dumps.
- Unexplained crying for no apparent reason.
- Irritability, impatience, anger and aggressive feelings.

Changes in Behaviour

- Withdrawal from social, work and leisure activities.
- Avoidance of decision-making.
- Neglecting duties such as housework, gardening, paying bills.
- Decrease in physical activity and exercise.
- Reduced self-care such as personal grooming, eating.
- Increased use of alcohol or drugs (prescription and non prescription).

If you, or someone you love, are experiencing symptoms of depression, most of the days, and for longer than a two-week period contact your family doctor. It is important not to try and diagnosis yourself or wait in hope that depression will just go away. A careful medical work-up is also essential to rule out other potential causes for how you are feeling, make an accurate diagnosis and start a treatment program, which will help you get better.

The good news is that most people who are treated for depression experience a complete recovery. The earlier treatment is initiated the quicker and more complete your recovery will be. Without treatment, symptoms may last for months or even years and the risk of recurrent episodes is high. There is no way of predicting how long an episode will last.

What we do know is that 15% of people suffering from depression will take their lives by suicide. This is a higher mortality rate than cancer and heart disease. Depression as an illness should be treated with the same degree of concern and urgency as other life threatening conditions.

What causes depression?

We still do not know for sure what causes depression. However, research suggests there may be more than one cause and most likely, it is a combination of factors, which leaves some individuals more vulnerable to developing a depressive disorder. The "kindling theory" suggests that the more factors that combine together the more at risk an individual is to developing a major depressive illness.

Some known factors, which contribute to depression, include:

- Genetic factors- depression does runs in families.
- Medical research demonstrates that people with depression have a chemical imbalance of neurotransmitters, the important chemical messengers in the brain.
- A history of childhood physical and emotional abuse, trauma, or parental loss is associated with higher rates of depression.
- Women are twice as likely to develop depression, which can be associated menstruation, childbirth, and menopause suggesting hormones may play a role.
- There are times in life when family and work pressures are higher and during which time people are more likely to get depressed.
- Depression can follow significant losses such as the death of a loved one, an unexpected job loss, or retirement.
- Depression is also strongly associated with medical illness and chronic disability.
- Temperament and personality also plays a role. Those who are more pessimistic and negative in their interpretation of life events, less resilient to change, perfectionist and lack a supportive social network are at greater risk of developing depression.

- Some prescription and non-prescription drugs are also known to cause depression by interfering with important brain neurotransmitters.
- Depression is also found to be more common in those with low income, are unemployed, unmarried or divorced.
- Alcohol is a known central nervous system depressant and prolonged use is associated with a greater incidence of depression.

Who gets depression?

Depression is an illness, which can affect anyone. People from every age, social, economic, occupational, cultural and religion groups get depressed. A distinctive feature of depression is the overwhelming feeling of isolation that it causes. Feeling 'alone' can lead to a sense of shame in somehow being 'different' from others. When in fact depression happens with disconcerting frequency.

Understanding that depression is an illness that affects many people helps break down the sense of isolation. It may also help you speak more freely about their experience with others and discover new sources of support and understanding.

Famous people with Mood Disorders – See list at the end of this document

The following statistics come from research studies and research reviews undertaken by the Centre of Addition and Mental Health – one of Canada's pre-eminent research, treatment and educational centres. *http://www.camh.net/*

Prevalence of Depression

- At any given time, almost three million Canadians have serious depression, but less than one third seek help.
- Three percent of men and six percent of women in Ontario have a mood disorder in any given year.
- During their lifetime, about 5-12 percent of men and 10-25 percent of women will have at least one episode of major depressive disorder.
- Females have higher rates of major depression than males by a ratio of 2:1
- 20 percent of patients visiting primary care physicians have depressive symptoms; the condition of nearly half these may go unrecognized
- Anxiety and depression account for 79 percent of all psychiatric diagnosis
- The World Health Organization (WHO) predicts that by 2020 major depression will be second only to heart disease as the leading cause of disability worldwide.

Mood Disorders & Suicide

- Persons who have depressive illness carry out 80 percent of suicides
- 15 percent of people who have significant depressive illness commit suicide
- Thoughts of taking one's own life are so common in mood disorders that they are considered a symptom of the disorder
- Women make 3 - 4 times more suicide attempts than men, but men complete suicide more often, probably because they choose methods that are more lethal.
- Males tend to attempt suicide early in a depressive episode; females in the later part of the episode
- 50-80 percent of older patients who commit suicide have been shown to have major depression.

Depression & Relapse

- Relapse is a common feature of depression.

- Without on-going treatment, 50-60 percent of individuals who have had a single episode of major depressive disorder can expect to have a second episode within a year of the first.
- For many this first relapse marks the beginning of debilitating cycle of episodes that in 25 percent of cases can lead to chronic depression.

Genetics of Depression

- Major depressive disorder tends to run in families -- it is 1.5-3 times more common among first-degree biological relatives of persons with mood disorders than among the general population.
- There may be an increased incidence of attention-deficit /hyperactivity disorder in the children of adults with depressive illness.

Mood Disorders Are Highly Treatable -- But Often Undiagnosed

- 80-90 percent of people with major depression can be treated successfully. Yet because of the stigma associated with admitting to emotional difficulties, only about a third of those with depression seek help.
- 29 percent of patients with mood disorders reported that it took over 10 years before receiving a correct diagnosis. 60 percent of patients had received an incorrect diagnosis before receiving the correct one.
- There is a need for increased recognition of mood disorders, even among physicians. In one study almost seven years elapsed between a patient first seeing a physician and receiving a correct diagnosis.

How depression is diagnosed

There is no currently lab test or x-ray, which will help the doctor make a diagnosis of depression. Instead, your doctor will ask you questions and observe your behaviour in order to make a diagnosis. Most people are diagnosed by their family physician although referral to a psychiatrist is common. S/he will ask about symptoms- how you have been feeling, changes in your sleep, interest in sex, weight changes and how you are functioning at work and home. The doctor will discuss how long you have been experiencing these symptoms and events, which may be contributing to feelings of sadness such as recent losses, stress, or crisis. The doctor will also explore with you past episodes of illness, whether there is a family history of trauma, mental illness, or substance abuse.

Depression can also be the presenting symptom for other medical illnesses and conditions that need to be ruled out through physical examination. When the primary medical disorder is treated, the associated depression will often resolve. Depression can also be a side effect of taking prescription drugs to treat other medical conditions. It is important that your doctor knows what prescription and over the counter drugs, you may be taking. Recreational drugs (cocaine, marihuana etc.) or performance enhancing drugs (steroids) are also known to cause mood disorders and when discontinued can lead to an improvement in mood.

Your job is to provide the doctor with the information s/he needs to make an accurate diagnosis. Talking about a lack of interest in sex can be embarrassing but important to making a diagnosis. Through a careful history taking important risk factors can be identified and patterns can emerge which will help determine what is going on and what to do.

Major depression, depressive disorder, uni-polar depression, clinical depression, affective disorder there have been many different names given to describe the same disorder. They are some of ways doctors have categorize depression, which changes over time. However, creating a common language is important so that research and clinical practices around the world can be shared in a meaningful way.

The Diagnostic and Statistical Manual 4th Edition (DSMIV) is the guide used by physicians and psychiatrist to make a diagnosis. This standardized approach allows the rates and prevalence of psychiatric disorders to be compared across the world. To review the criteria doctors' use in making a

diagnosis of depression (or any mental illness) you can visit this site or ask your local library if they have a copy.

How depression is treated

Because the factors contributing to depression are multifaceted, a number of different approaches to its management may be appropriate. Research suggests that a combination of therapies may provide the best treatment outcome.

The most common treatments of depression include:

Medications
There are many different types of anti-depressant and mood stabilizing medications, which are found to be highly effective in treating depression. Your doctor will work with you to select the medication most likely to relieve your symptoms. Sometimes it takes a few trials to find the treatment that will be most effective for you.

It takes approximately two to six weeks to begin to feel a positive change once medication reach a therapeutic level. Research suggests that remaining on medication for at least four to nine months after depression has completely resolved will reduce the risk of future relapse. For people who have experience multiple episodes of depression ongoing use of medication may be recommended to prevent relapse.

Psychotherapy
Supportive therapy is an important part of treatment. Understanding and accepting your illness, addressing the factors which may have contributed to getting ill, and developing strategies to cope with life's challenges will build your resilience and help you get well.

Cognitive therapy
A unique form of talk therapy, cognitive therapy helps you understand how your thoughts affect your feelings and your feelings drive your behaviour. Research suggests that cognitive therapy can help prevent illness relapse. Accessing cognitive therapy is difficult in more urban areas and often impossible in rural communities. However there are some excellent self directed cognitive therapy handbooks available to guide you. Visit www.mooddisorderscanada.ca and click on Consumer and Family Support.

Interpersonal therapy
A relatively new form of brief individual psychological therapy, IPT has been demonstrated to be effective in treating dysthymia. IPT focuses on treating dysthymia by addressing interpersonal relationship problems associated with, or affected by the depressive mood. It is based on the belief that strengthening patients' social support systems enhances their ability to cope. Ultimately, this helps to alleviate the depression.

Peer support
Learning more about your disorder and seeking information and support in how cope with a mood disorders has been found to have a positive impact on recovery and prevention of relapse. Contact your local Mood Disorders Association to find a self-help group in your community. (Hyperlink to Associations)

Hospitalization
Sometimes hospitalization may be required, particularly if suicidal feelings are at risk of turning into action, there are complicating medical conditions or there is a lack of support at home.

For more information, visit http://www.psyweb.com/Mdisord/moodd.html#df

What can I do to help myself get better?

There are important things you can do to help your recovery:

Support your treatment

- Be patient with yourself. It takes time to get better you. You cannot rush yourself to get well!
- Work in partnership with your doctor. A trusting and honest relationship with your doctor is essential for good care.
- Take your medication as prescribed. Antidepressant medication can takes several weeks to be fully affective. Others close to you will see positive changes in your mood before you will feel them yourself.
- Keep your doctor informed about how you are feeling, changes in sleep, appetite and mood… so that the ongoing effectiveness of treatment can be evaluated.
- Report problems with side effects and do not change your medication without advice. While most side effects will go away with time and others can be minimized. However, side effects will make changing treatment necessary so speak with your doctor.
- There is a time delay between prematurely stopping treatment and the return of the symptoms of depression. If suicidal thinking is part of your symptoms of depression be very careful in making changes to your treatment plan without the close consultation of your doctor.

Take care of yourself

'Never get too lonely, too hungry, too tired or too angry".

- Remind yourself on a daily basis; "**This is not my fault… depression is an illness…. I am not alone…. I will get better!**"
- **Surround yourself with people who care for you**. They will re-enforce your sense of goodness and value. Avoid people who are critical, demanding, or judgmental of you. When you are depressed, you lack a 'protective skin', which allows you to weather criticism easily.
- **Join a self-help group** where you can gain support from people who understand what you are going through; learn more about your illness and strategies others use to cope. Research supports the value of self-help as an adjunct to professional care. The Mood Disorders Society of Canada is comprised of a network of provincial mood disorders self help groups and associated peer support organizations. Visit www.mooddisorderscanada.ca and click on Finding Help.
- Prepare your self by **learning as much as you can about mood disorders** and their treatment. Encourage your family to do the same. This will help you understand what is happening, make informed treatment decisions, 'normalize' your experience, and learn to recognize depression early.
- **Eat well.** When you are depressed, you cannot rely on feelings of hunger to guide you. Try to eat regular, healthy meals throughout the day- even if you are not hungry! Learning how to care for yourself is also of staying well once you have recovered.
- **Drink plenty of water** - it will help overcome dryness of mouth, the most common side effect of anti-depressant medication, and has none of the hidden calories found in juice and pop. (Unexpected and unwanted weight gain is a major reason people stop medications).
- **Exercise daily.** Research strongly supports the value of moderate exercise in helping you recover from depression and stay well after you recuperate. Start with a short walk, particularly early in the morning when depression is often at its worst and build up to longer and more vigorous routine. Exercise increases the presence of helpful brain neurotransmitters (endorphins) that are depleted with depression. When you exercise, choose a pleasant route and attend to the visual and sensory beauty around you. Shifting focus away from ruminative thoughts, helps give your mind a rest. Take a family member or friend with you. Exercising with a friend improves commitment.
- Limit or **avoid the use of alcohol, recreational and non-prescription drugs**. Alcohol and many recreational drugs act as central nervous system depressant, which can cause or

worsen the symptoms of depression. Reduce your consumption of caffeine (coffee, tea, pop and chocolate etc) it can make you irritable and interrupt your sleep.

- **Establish a good sleep routine**. Try to avoid sleeping during the day. Establish a good bedtime routine like taking a warm, relaxing bath, listening to music etc. Avoid vigorous exercise before bed. Reserve your bedroom for sleep and pleasurable activities. Listen to the news during the day rather than before bed if its content bothers you. Try to avoid stimulating activities or disturbing movies or books before bed.
- **Hold off making important life decision** until you are feeling better. Depression affects your judgement and you may regret decisions made. If you must make decisions ask trusted family, friends, or colleagues to act as a resource.
- **Do not expect too much from yourself at work and home**. Cut yourself some slack. Striving for perfection, or trying to meet unreachable goals can contribute to lessened self-esteem. Break down large, demanding tasks into smaller more manageable steps. Make a list of things to do and at the end of the day check off what you have accomplished. If the list is too long, you will feel defeated. So, adjust the list tomorrow to what you can truly achieve.
- **Keep a diary**. Many people have found that keeping a journal helps them to organize their thoughts, relieve some of the negative feelings, and provide a valuable record that allows them to connect the dots of thoughts- feelings- and action.
- Try to **keep up with the daily tasks of life**. Bills piling up, neglecting personal grooming and hygiene and not caring for your home all contribute to feelings of low self-worth. If you do a little every day, it will add up.

For more information visit: http://www.carmha.ca/publications/index.cfm?topic=1

Other types of Depression

Seasonal Affective Disorder

Seasonal affective disorder or SAD is a type of clinical depression that occurs at a particular time of year and follows a seasonal pattern. It is estimated that 2- 4% of the population suffer from SAD. A recurrent pattern of winter depression occurring over a number of years, and during at least two consecutive years helps confirm a diagnosis of SAD.

It is important for your doctor to rule out a diagnosis of clinical depression or manic-depression, which can also have predictable cycles throughout the year. Most people with SAD have unipolar depression, but as many as 20% may have or go on to develop a bipolar or manic-depressive disorder. Manic or hypo manic episodes can also occur in the spring and summer. It is important to discriminate the improved mood associated with recovery from the winter depression and a manic episode because there are important treatment differences. People should avoid self-diagnosis. There may also exist medial conditions that may cause your depression or interfere with light treatment. Research studies report women are eight times more likely to suffer from SAD. Seasonal depression often first appear when people are in their 20's and 30's. The prevalence of of SAD increases until the mid 50's when the rates begins to decline. The prevalence of SAD among people over 65 is considerably lower.

The symptoms of SAD differ from clinical depression and include:

- Low mood, reduced interest in normally pleasurable activities, decreased concentration;
- Oversleeping (often an increase of 4 hours or more each day);
- Low energy and fatigue;
- Intense craving for carbohydrates;
- Weight gain and carbohydrate/sweets craving;
- Withdrawal from social contacts;
- Depression.

What causes Seasonal Affective Disorder?
No one knows for sure what causes SAD but researchers believe it may have to do with;

- Fewer daylight hours may reduce important mood altering chemicals in the brain;
- Hormonal disruption (cortisol, thyroid)
- Reduced retinal sensitivity to light,
- Low winter temperatures may trigger the body to rest and disrupt circadian rhythms;
- Barometric pressure and precipitant levels,
- Psychological mechanisms and personality traits may all be contributing factors.

Left untreated SAD can have serious impact social, educational, and work activities as its emergence coincides with a traditionally more demanding period of societal expectations.

How is SAD treated?
The most common form of treatment of SAD is the use of Light Therapy. The use of anti-depressant medication and psychotherapy is also though to provide beneficial results.

Light Therapy:
Light therapy involves exposure to bright light of a particular spectrum. Specially designed Light therapy boxes or visors have been designed to treat SAD. It is recommended that 30 minutes of light exposure (if you have a box with 10,0000 lux), and one hour (if you have a box with 5,000 lux) particularly in the morning, can have a positive benefit to lifting mood and energy. If it is effective, you should feel some relief within two to four weeks of initiating treatment. Treatment is usually continued throughout the winter period when symptoms are present. Some people with predictable episodes of SAD initiate treatment in advance of experiencing symptoms as a way of pre-empting the onset of depression. Research has proven the effectiveness in treating SAD with fluorescent light boxes in approximately 65% of cases. Light therapy can also be delivered through a light visor.
The most common side effects of light therapy reported are: eye strain or visual disturbances, headache, agitation or feeling "wired", nausea, sweating and sedation. These side effects are generally mild and subside with time or by reducing the dose of light. Hypo mania and mania have also been reported as uncommon but serious side effects of light therapy.
Please consult your physician about the treatment and do not start light treatment without an accurate diagnosis by a trained clinician. It is extremely important to let your doctor know if you are considering light therapy because exposure can cause severe reactions in people with certain medical conditions, like epilepsy, or with severe eye ailments like glaucoma, cataracts or retinopathy or if you are taking medication which increase photosensitivity before initiating treatment.

For additional information on SAD:

Canadian Consensus Guidelines for the Treatment of Seasonal Affective Disorder: Editors – Raymond W. Lam, MD, FRCPC and Anthony J. Levitt, MD, FRCPC

Depression Education Information (DIRECT) Toll Free- 1-888-557-5051 ext. 8000
Contact your local Mood Disorders Association for information on where Light therapy equipment can be purchased.

The Society for Light Treatment and Biological Rhythms is a not-for-profit international organization founded in 1988, dedicated to fostering research, professional development and clinical applications in the fields of light therapy and biological rhythms. http://www.sltbr.org/

Post Partum Depression

The birth of a child is expected to be a blessed event bringing hope and joy to the mother and family. In truth approximately 20 – 40% of women, report that for a period of days following childbirth where they suffer "post partum blues" with uncontrolled crying and feelings of sadness. This period usually passes on its own with a little extra support and a few good nights of sleep.
However, between 15- 20% of women experience a more prolonged and debilitating period of clinical depression or Post Partum Depression (PPD), which robs them of pleasure, fills them with self-doubt about their ability to care for their infant, reduces them to frequent tears, and instils feelings of hopelessness and guilt. Sleep and appetite are also disrupted but this is often confused with the disruptive impact of life with a new baby.

PPD often has a gradual insidious onset, following an initial period of elation, and occurs within four weeks of childbirth. Women are often reluctant to share how they are truly feeling because it is out of keeping with "how it's supposed to be". This can mean that serious symptoms are ignored or overlooked until the depression is deeply entrenched and more difficult to treat.

Postpartum mania includes a heightened and inappropriate feeling of well being, excitability, irritation, and grandiosity. The mother's sleep is markedly reduced without any complaint of fatigue. The mother may forget her child or have delusional ideas about its importance or identity (i.e. the baby is the son of God). The lack of insight and awareness that anything is wrong complicates getting help.

However, getting treatment is essential not only for the health of the mother but also for the infant as well. Although rare, some women may develop a psychotic depression (false fixed beliefs) with hallucinations that can encourage the mother to take her life and the life of her child or delusions about the infant being dead or defective, excessive concerns about the baby's health or have impulses to hurt the baby.

A previous history of depression or manic depression can increase a women's risk of developing PPD after childbirth. If you have a personal or family history of mood disorders then getting good prenatal care to addresses this risk and develop an appropriate treatment plan is vitally important.
The clinical presentation of PPD is similar to that of major depression or manic depression. For more information on manic depression visit www.mooddisorderscanada.ca and click on Consumer & Family Support – Resources.

What causes PPD?

No one is 100% sure what causes some mother to develop PPD. Researchers are exploring the role that hormones play in searching for causes of pregnancy and postpartum mood and anxiety disorders. It is believed that the rapid changes in levels of hormones that accompany pregnancy and delivery such as estrogen, progesterone and thyroid have a strong effect on women's moods. .
(Hyperlink to causes of depression)

Common Symptoms

The common symptoms of PPD include:

- Depressed mood or mood swings with exaggerated highs and lows.
- Uncontrolled crying and irritability.
- Loss of interest in usually pleasurable activities.
- Lack of interest in sex.
- Difficulty with memory, concentrating, and making decisions.
- Psychomotor agitation or retardation.
- Fatigue, sluggishness, and feeling exhausted.
- Changes in appetite or sleep. Insomnia.
- Recurrent thoughts of death/suicide.
- Intrusive unwanted thoughts.

- Feelings of worthlessness or guilt, especially failure at motherhood.
- Lack of interest in the baby.
- Excessive anxiety over child's health.

Treatment

The treatment of PPD is highly successful but can be complicated because:

- Breast-feeding can reduce the number of treatment options available particularly regarding the use of medications.
- Women need to continue to care for an infant at a time when all her resources may be needed to look after herself. Seeking extra help from family or professional services is essential to help the mother cope and increase the opportunity for a good mother - infant bond.

Treatment for Postpartum Depression can be as varied as the symptoms. Common approaches include:

- Medications to stabilize mood and treat depression.
- Psychotherapy and psychosocial supports to help the mother adjust and cope with new responsibilities and infant care.
- Hospitalization may be required to provide a safe and supportive environment for mother and child.
- Electro convulsive therapy when medications cannot be used or are not effective.

Build in additional supports

- Creating a supportive environment, which nurtures both the mother and infant and encourages mom's self-care. Ask for help from family and friends for both infant care and managing daily tasks such as cooking, shopping chores.
- Build a support network of care providers. Speak with your doctor about additional resources in your community i.e. Public Health Nurses, Home Care Service.
- Keep connected with friends. You may feel a desire to pull back and hide what is happening. Friends can add support and give you a break from the all-compelling task of providing infant care.
- Seek out the support and reassurance of other new moms by joining a self-help group.
- Seek out the support of other more experienced moms. It can help to normalize your experience. There is nothing like the wisdom of experience to help a mother cope.
- Learn as much as you can about PPD so that you can understand what is going on and plan your care and make informed treatment decisions.

What can fathers do to help?

For many women the period following childbirth is extremely demanding. This is greatly exaggerated when PPD is part of the experience. You can play an important role in helping your wife and infant by:

- Encourage her to share her thoughts and feelings and show her you understand. Reassure her that she is loved and valued.
- If possible take some time from work in the early days to help with infant care and allow your partner to rest and care for herself.
- Ask family and friends to help with chores.
- Avoid minimizing or dismissing her experience. If you have concerns about how your partner is coping, go with her to the doctor and share your concerns.
- Look after your own needs. Find someone you can talk to. Being a new father is demanding for you, particularly if it is a first child. Speaking with others who have 'been there' can provide you with reassurance and support.
- Continue to participate and enjoy with personal interests and activities.

Additional resources:
Pacific Post Partum Support Society is a non-profit resource: http://www.postpartum.org/
Mother Risk- Hospital for Sick Children- Toronto: http://www.motherisk.org/

Dysthymia

Dysthymia is a mild form of chronic depression, which leaves a person living a life where objectively they function reasonably but lack a sense of competence and self worth. Dysthmia literally means "ill humoured" and captures well the subjective and objective experience of the disorders. Life lacks color and definition. A person suffering from dysthymia has a marked inability to derive pleasure from events or stimuli previously found pleasurable. Life lacks joy, colour, vibrancy, and pleasure. People with dysthymia tend to be irritable, self-critical, and ruminated about past events, disappointments, or personal slights. Overtime people with dysthymia become socially withdrawn and isolated. This is likely because of their inability to derive or give pleasure within social relationships.

Many people with dysthymia are unaware that they suffer from a treatable condition and will seek relief through alcohol and drugs, which only compounds their problem. This disorder robs people of life's pleasures and it can steal away their life. Research experts estimate anywhere from 3 to 12 percent of people with dysthymia end their suffering through suicide.

It is estimated that about three to five percent of the general population suffer from dysthymia and is slightly more prevalent among women than men. Children, teens and the elderly can experience dysthymia but their mood will more often be irritable than depressed. For some it has been a life long experience, others report a single or multiple episodes over their lifetime. Some people go on to develop a major depressive disorders or others developing dysthymia following an acute episode of depression. This is important to note because it may be that there has been an incomplete response to treatment.

Dysthymia has been called many things including: neurotic depression, minor depression, intermittent depression, and depressive personality. In the past, it was felt this disorder was fairly fixed part of temperament but research supports the benefits of getting treatment. Getting a diagnosis of dysthymia can now open the door to relief from suffering.

How is a diagnosed of dysthymia made?
To receive a diagnosis of dysthymia a depressed mood must be present for over two years, occurring on an almost daily basis, and with at least two of the following symptoms:

- Poor appetite or overeating;
- Insomnia or oversleeping;
- Fatigue or low energy;
- Low self-esteem,
- Poor concentration
- Problems in decision making;
- Hopelessness.

What causes dysthymia?
The exact cause of dysthymia is not known. Like other depressive conditions may be precipitated by the interaction of a number of factors:

- Research has indicated that individuals can inherit a predisposition to develop depressive conditions. Individuals who have family members who have suffered from depression may have an increased risk of contracting such disorders themselves.
- Imbalances or impaired functioning in the brain chemistry is associated with mood and changes in brain neurotransmitters can have an effect on thoughts, emotions and behavior.
- Environmental factors may also give rise to depressive conditions. Disappointment, stress and/or trauma resulting from such things as unemployment, personal failure or tragedies, and family breakdown, can all precipitate depression.

- Psychological factors may contribute to the development of depression. For example, behavioral explanations have suggested that depression may be a product of "learned helplessness" that arises from a repeated loss of positive reinforcement and a, perhaps, increased rate of negative life events among other things.
- The way in which one views the world can worsen depression by maintaining negative and/or unrealistic beliefs and attitudes about one's self, the people around us and what the future holds.
- The success in treating dysthymia with antidepressant medication suggests it may have biological underpinnings. Researchers are currently exploring possible immunology, hormonal and neurotransmitter connections to dysthymia.

How is dysthymia treated?

The treatment for dysthymia is similar to the treatment of major depression and research shows that it requires just as aggressive a course and length of treatment. A combination of treatments is found to have the greatest effect.

- **Medication**: Research shows a positive response to antidepressant medication, especially to the newer generation of drugs such as Prozac, Zoloft, Paxil, Effexor and Serzone.
- **Cognitive Therapy**: A unique form of talk therapy, cognitive therapy helps you understand how your thoughts affect your feelings and your feelings drive your behaviour. Research suggests that cognitive therapy can help help to treat depression and prevent illness relapse. Accessing cognitive therapy is difficult in more urban areas and often impossible in rural communities. However there are some excellent self-directed cognitive therapy handbooks available to guide you. Visit www.mooddisorderscanada.ca and click on Consumer & Family Support – More information, for a recommended reading list.
- **Interpersonal Therapy**: A relatively new form of brief individual psychological therapy, IPT has been demonstrated to be effective in treating dysthymia. IPT focuses on treating dysthymia by addressing interpersonal relationship problems associated with, or affected by the depressive mood. It is based on the belief that strengthening patients' social support systems enhances their ability to cope. Ultimately, this helps to alleviate the depression.
- **Peer support**- Learning more about your disorder and seeking information and support in how cope with a mood disorders has been found to have a positive impact on recovery and prevention of relapse. Contact your local Mood Disorders Association to find a self-help group in your community. Visit www.mooddisorderscanada.ca and click on Finding Help, for a list of community organizations.

Who gets mood disorders?

Something in Common

All of these famous individuals are believed to have suffered from a mood disorder in various forms. Yet, they are remembered, not for their illnesses but for their ACHIEVEMENTS. ~ Mood Disorders Society of Canada

Those names highlighted in yellow are famous Canadians known to have a mood disorder

Milton Acorn	Poet/artist	Patrick Kennedy	Politician
Lionel Aldridge	Football Player	Margot Kidder	Actress
Alexander the Great	Monarch	Larry King	Talkshow Host
Edwin "Buzz" Aldrin	Astronaut	Ernst Ludwig Kirchner	Artist
Hans Christian Anderson	Author	Heinrich von Kleist	Poet
Diane Arbus	Photographer	Otto Klemperer	Conductor
Tai Babilonia	Figure Skater	Percy Knauth	Journalist
Honoré de Balzac	Writer	Charles Lamb	Poet
Roseanne Barr	Actress	Jessica Lange	Actress
Rona Barrett	Columnist	Margaret Lawrence	Author
James M. Barrie	Writer	Edward Lear	Artist
Ned Beatty	Actor	Frances Lear	Publisher
Charles Baudelaire	Poet	Robert E. Lee	Soldier
Ludwig Von Beethoven	Composer	Vivian Leigh	Actress
Brendan Behan	Poet	Abraham Lincoln	President
John Kim Bell	Music Conductor	Vachel Lindsey	Writer
Irving Berlin	Composer	Joshua Logan	Producer
Hector Berlioz	Composer	Jack London	Writer
John Berryman	Poet	Greg Louganis	Olympic Medalist
William Blake	Poet	James Russell Lowell	Poet
Charles Bluhdorn	Businessman	Robert Lowell	Poet
Napoleon Bonaparte	Emperor of France	Malcolm Lowry	Writer
Kenneth Branagh	Actor	Martin Luther	Religious Leader
Marlon Brando	Actor	Sir John A. MacDonald	Prime Minister
Willy Brandt	German Chancellor	Duke of Malborough	Soldier
Van Wyck Brooks	Writer	Imelda Marcos	Dictator
John Brown	Abolitionist	Ann Margaret	Actress
Ruth Brown	Singer	Gustav Mahler	Composer
Anton Bruckner	Composer	Elizabeth Manley	Olympic Medalist
Art Buckwald	Humorist	Vladimir Mayakovsky	Poet
John Bunyan	Writer	John Bentley Mayes	Author
Robert Burns	Poet	Kevin McDonald	Actor

Robert Burton	Writer
Tim Burton	Director
Barbara Bush	First Lady
Lord Byron	Poet
Robert Campeau	Businessman
Albert Camus	Writer
Drew Carey	Actor
Emily Carr	Artist
Jim Carrey	Actor
Dick Cavett	Broadcaster
Thomas Chatterton	Poet
Lawton Chiles	Governor/Flda.
Frederic Chopin	Composer
Winston Churchill	Prime Minister
Dick Clark	Entertainer
Jone Cleese	Actor
Rosemary Clooney	Singer
Kurt Cobain	Rock Star
Leonard Cohen	Poet
Natalie Cole	Singer
Samuel Coleridge	Poet
Joseph Conrad	Author
Francis Ford Coppola	Director
Patricia Cornwall	Author
Noel Coward	Composer
William Cowper	Poet
Hart Crane	Writer
Oliver Cromwell	Dictator
Sheryl Crow	Singer
Richard Dadd	Artist
Rodney Dangerfield	Comedian
Charles Darwin	Explorer
King David	Biblical Figure
Ray Davies	Musician
John Denver	Singer/Actor
Princess Diana of Wales	Princess
Charles Dickens	Writer
Emily Dickenson	Poet
Isak Dinesen	Author
Theodore Dostoevski	Writer
Eric Douglas	Actor

Gwendolyn MacEwen	Poet
Kristy McNichol	Actress
Herman Melville	Writer
Burgess Meredith	Actor
Edward Meunch	Artist
Conrad Meyer	Writer
Michelangelo	Artist
John Stuart Mill	Writer
Kate Millet	Writer/Feminist
Spike Milligan	Humorist
John Milton	Poet
Charles Mingus	Composer
Carman Miranda	Singer
Marilyn Monroe	Actress
J.P. Morgan	Industrialist
Mavor Moore	Producer
Modest Mussogorgsky	Composer
Ralph Nader	Advocate
Nebuchadnezzar	Biblical Figure
Ilie Nastase	Tennis Player
Sir Isaac Newton	Physicist
Florence Nightengale	Nurse
John Ogden	Pianist
Georgia O'Keefe	Painter
Eugene O'Neill	Playwright
Ozzy Osbourne	Rock Star
Charles Parker	Composer
Dolly Parton	Singer
Boris Pasternak	Writer
John Pastorius	Composer
George Patton	Soldier
Pierre Peladeau	Publisher
Murray Pezim	Buisnessman
William Pitt	Prime Minister
Silvia Plath	Poet
Edgar Allan Poe	Writer
Jackson Pollock	Artist
Cole Porter	Composer
Ezra Pound	Poet
Charlie Pride	Country Singer
Alexander Puskin	Poet

Robert Downey Jr.	Actor
Jack Dreyfus	Businessman
Richard Dreyfuss	Actor
Kitty Dukakis	FirstLady (Mass.)
Patty Duke	Actress
Thomas Eagleton	U.S.Senator
Thomas Eakins	Artist
Thomas Edison	Inventor
Edward Elgar	Composer
T.S. Eliot	Poet
Queen Elizabeth I	Monarch
Ron Ellis	Hockey Player
Ralph Waldo Emerson	Writer
William Faulkner	Writer
James Farmer	Civil Rights Leader
Jules Feiffer	Cartoonist/Satirist
Timothy Findley	Author
Carrie Fisher	Actress
Eddie Fisher	Actor / Singer
F.Scott Fitzgerald	Writer
Connie Francis	Entertainer
Larry Flynt	Publisher
Betty Ford	U.S. First Lady
James Forrestal	Sec. of Defense
George Fox	Quaker
Harrison Ford	Actor
Stephen Foster	Composer
Sigmund Freud	Psychiatrist
Brenda Fricker	Actress
Peter Gabriel	Rock Star
John Kenneth Galbraith	Economist
Judy Garland	Actress
Paul Gauguin	Painter
Harold Geneen	ITT Industries
King George III	Monarch
Johan Goethe	Writer
Oliver Goldsmith	Poet
George Gordon	Poet
Tipper Gore	Public Figure
Glenn Gould	Musician
Francisco de Goya	Painter

Thomas De Quincey	Poet
Sergey Rachmaninoff	Composer
Bonnie Raitt	Singer
Lou Reed	Singer
Jeannie C. Riley	Singer
Rainer Maria Rilke	Poet
Joan Rivers	Comedian
George Romney	Artist
Norman Rockwell	Artist
Theodore Roethke	Poet
Theodore Roosevelt	President
Axel Rose	Rock Star
Dante Rossetti	Poet/ Painter
Gioacchimo Rossini	Composer
Philip Roth	Writer
John Ruskin	Writer
Edna St.Vincent	Poet
Charles Schultz	Cartoonist
Robert Schumann	Composer
King Saul	Biblical Figure
Delmore Schwartz	Poet
Alexander Scriabin	Composer
Jean Seberg	Actress
Sabatini Sevi	Messiah Figure
Anne Sexton	Poet
Del Shannon	Singer
Mary Shelley	Author
Percy Byssche Shelly	Poet
William Tecumseh Sherman	Soldier
Christopher Smart	Poet
Phil Spector	Empresario
Rod Steiger	Actor
Robert L. Stevenson	Writer
David Strickland	Actor
August Strindberg	Writer
William Styron	Writer
Donna Summer	Singer
Gordon Sumner (Sting)	Rock Star
Emmanual Swedenborg	Religious Leader
James Taylor	Singer
Lily Taylor	Actress

Graham Green	Writer
Shecky Greene	Comedian
Alexander Hamilton	Politician
Linda Hamilton	Actress
Georg Fredich Handel	Composer
King Herod	Biblical Figure
Marietta Hartley	Actress
Nathanial Hawthorne	Writer
Ernest Hemingway	Writer
Audrey Hepburn	Actress
Hermann Hesse	Writer
Abby Hoffman	Activist
Sir Anthony Hopkins	Actor
Gerard M. Hopkins	Poet
Howard Hughes	Industrialist
Victor Hugo	Author
Helen Hutchison	Broadcaster
Heinrich Ibsen	Playwright
Charles Ives	Composer
Kay Redfield Jamieson	Author
Henry James	Writer
Randall Jarell	Poet
Jim Jensen	CBS News
Thomas Jefferson	President
Jerimiah	Biblical Leader
Joan of Arc	Religious Leader
Job	Biblical Leader
Lyndon Baines Johnson	President
Samuel Johnson	Poet
Karen Kain	Prima Ballerina
Danny Kaye	Entertainer
John Keats	Writer

P.I. Tchailovsky	Composer
Alfred, Lord Tennyson	Poet
Nicola Tesla	Inventor
Dylan Thomas	Poet
Edward Thomas	Poet
Leo Tolstoy	Writer
Ivan Turgenov	Writer
Ted Turner	CNN Network
Pierre Eliot Trudeau	Prime Minister
Mark Twain	Author
Mike Tyson	Prizefighter
Jean Claude Van Damme	Actor
Vincent Van Gogh	Painter
Queen Victoria	Monarch
Kurt Vonnegut	Writer
Mike Wallace	Broadcaster
Michael Warren	Canada Post
George Washington	President
Walt Whitman	Poet
Robin Williams	Actor
Tennessee Williams	Playwright
Brian Wilson	Rock Star
Jonathan Winters	Comedian
Hugo Wolf	Composer
Thomas Wolfe	Writer
Mary Wollstoncraft	Writer
Virginia Woolf	Writer
Bert Yancey	Pro Golfer
Gig Young	Actor
William Zeckendorf	Industrialist
Emile Zola	Writer
Stefan Zweig	Poet