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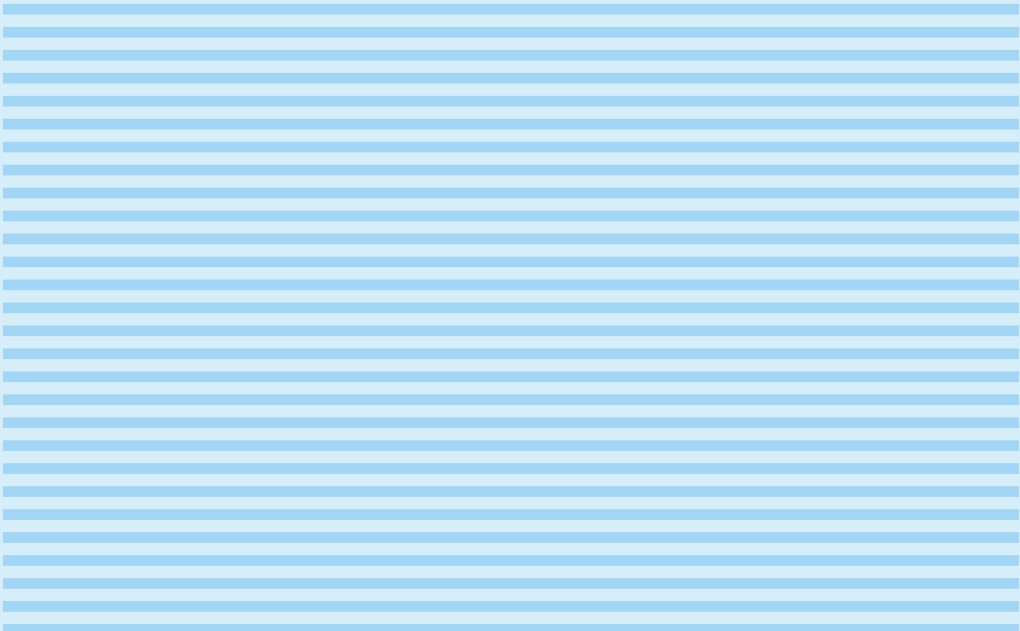
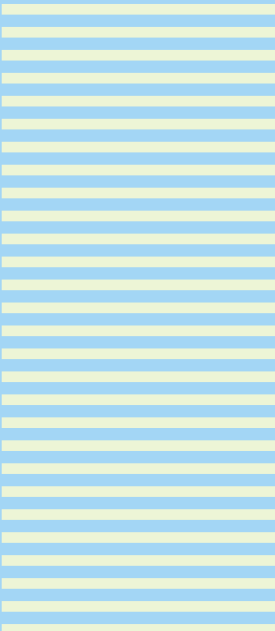
“Motivating & Empowering Women, in the Home for Business & Leisure”



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Overcoming Depression!



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SIGNS OF DEPRESSION

Everyone goes through rough times where we feel sad or down in the dumps. Actually, it's pretty normal to feel that way on occasion.

Crying can be cathartic and beneficial, allowing us to release all the negative stuff that is causing us to feel bad.

However, when depression seems to be going nonstop and the patient just can't snap out of it no matter how hard he or she tries, then that probably signifies depression.

Depression is one of the most common mental illnesses in America. It has been reported that about 9.5 million Americans suffer from depression almost every six months. You should remember that depression does not choose a victim as it could practically affect anyone whatever social status or race.

It is important that we know the signs of depression so that we can deal with it and have it alleviated.

If the following signs have been going on for more than two weeks, then you should seek professional help.

1. The person has drastic change of appetite.

If the person suddenly gains weight or plummets to a stick-thin figure, then chances are he might be depressed. This is just one sign that has to correspond with other signs to validate the existence of depression.

2. He suddenly has a sudden change in sleeping patterns.

The person could be a sound sleeper his entire life and then suddenly, experiences insomnia and other sleeping problems. This could be a symptom that depression is lurking.

3. The person suddenly loses interest in things and activities he used to enjoy.

If a person had been passionate about an activity, e.g., basketball, and then suddenly makes a 360 degree turn, that could be a symptom of depression.

4. There is energy loss and presence of fatigue.

You may see an apparent change in attitude. The person does not want to actively participate in activities. Energy is seeped from him and when asked what the matter is, he could only shrug and retreat back to his sadness.

5. The person feels he is unworthy.

This is when depression can be moving into a serious mode. The person begins to feel that he has nothing to live for and unworthy of being loved and appreciated.

6. The person starts losing hope.

Gone is his optimism to live another day. He is already hopeless and no amount of "hope springs eternal" can pull him out of this rut.

7. The person feels guilty without any reason at all. The person stops himself from being happy because he feels he has no right to be one. He harbors guilt for no apparent reason.

8. He becomes indecisive.

What used to be a firm decision-maker suddenly becomes fickle-minded and too indecisive. Depression occurs when one is too insecure to come up with decisions.

9. He is suicidal.

This is such an alarming sign that medical help must be provided as soon as possible.

10. He experiences melancholia.

Melancholia is that sadness that completely engulfs the person and is characterized by the following: waking up two hours earlier than the usual, languidly moving in the morning and walking slowly.

11. He becomes mentally disturbed.

He suddenly thinks of morbid things, detaches himself from his usual mindset and starts hallucinating.

12. He develops physical aches.


A depressed person gets stomachaches or muscle pains with no physiological basis at all.

13. He obtains that "My life is passing by" feeling.

Other than assimilating the "Life is unfair!" and "what has gone wrong?" drama, a clinically depressed person also feels that he is just simply watching his life deteriorating from afar.

14. The person becomes antisocial.

A depressed person is likely to isolate himself from his family and friends. But there is also a case when a depressed person gets so frightened being



alone that he clings to people all the time. However, no amount of social involvement makes him feel better.

Depression, if not seriously taken and treated, would lead to more severe mental illnesses or even death. Everyone has to know the signs and symptoms so the next time he has a hunch that a loved one is currently suffering depression, he could immediately ask a doctor to administer professional assistance.

How Do I know if I am severely depressed?

Curiously easily diagnosable and treatable medical problem, depression happens to at least 20 million American adults every year. As we discussed earlier, although everyone has experienced sadness and feelings of being depressed, people that are suffering from true depression have many frequent and recurring long-term symptoms, making them view life as something not worth living.

How would you know if you have a depression problem? Here are more depression symptoms. These symptoms vary in each person, although if these happen to you, it might be wise to consult a doctor.


- Sadness that is prolonged
- Crying spells that are unexplained
- Significant and abrupt changes in sleep patterns and appetite
- Anger, irritability, anxiety, worry, agitation
- Pessimism, indifference
- Energy loss
- Persistent lethargy
- Guilt feelings and unexplained sense of worthlessness
- Difficulty in concentrating and indecisiveness
- Inability in taking pleasure in interests you previously enjoy
- Social withdrawal
- Unexplained pains and aches
- Extreme fatigue when you have not done much
- Recurring and frequent thoughts of suicide or death

If you are experiencing at least five of the symptoms listed above and have begun interfering with family activities or work for more than a week, ask your doctor for a thorough checkup. This would most likely include having a comprehensive physical exam (although some symptoms might be caused by other health problems that you have) and a detailed clinical history. Just be honest and open on what and how you are feeling.

Do not even think of diagnosing yourself. Likewise, you cannot rely to a friend or a member of your family for diagnosis. Only a doctor that is properly trained to check illnesses is the only one that can fully determine if you are having a depression episode.

If you want, you could try self-evaluation tests available on the Internet that could help you gauge the symptoms that you have, or at least, can prepare you when you visit your doctor. Think of these tests as a way of communicating your symptoms better to a healthcare professional when you go in for a visit. Of course, online tests prove no match to an actual consultation.

For other people, depression is recurrent, which simply means that they experience depression episodes often - once or twice in a month, at least once a year, or many times throughout their lifetimes.



Do not feel embarrassed, shy, or ashamed of your depression problem. People of various ages, ethnic groups, races, and social classes get this problem. Although depression can happen at any given age, depression commonly develops in people whose ages lie between 25 and 44. If you have a depression problem, you're not the only one. Every day, there are more than 20 million American adults that are experiencing depression problems.

Be persistent and patient and you will find the method that suits you best for determining depression.

DEPRESSION IS A REAL ILLNESS

Because most people get depressed from time to time, there is that eternal question if depression is a real illness. The answer is: yes. The clinical one, that is. It has been said that about one out of eight United States residents will likely become clinically depressed. Some experience it once in a lifetime, while others have multiple episodes.

This is a fact: if a person gets depressed for the first time, there is a 50 percent chance that he will fall to the same predicament again. And come the second time, there is the threat that he will go into a third depressing episode.

Depression is a real illness as it involves the mental, emotional and even physical faculties of the person. It is not just a transient sad feeling that will go away when one wills it to. There are symptoms and signs as well as corresponding treatment. If not handled properly and immediately, it may escalate to worse conditions. Like any other illness, depression has also variations.

There are three types of depressive disorders: major depressive disorder, bipolar disorder and dysthymic disorder.


Major depression is a culmination of all the symptoms and signs that intervene with one's capability to act normally. It can happen once, but recurring episodes are possible.

Its less severe counterpart is dysthymia which is characterized by the same symptoms of major depression, only they do not totally interfere with one's activities. A person who has dysthymic disorder can suffer major depression sometime during his life.

Bipolar disorder is also a type of depression that involves drastic mood changes, from being very high one minute to severely depressed the next. The manic cycle can make the person hyper and overenthusiastic but it changes as soon as the depressed cycle hits. The depressed cycle encompasses all the symptoms of depression.

Because depression is an illness, there are symptoms. Again, they are the following:

1. Persistent "empty" feeling
2. Unbelievable hopelessness
3. Feeling guilty and worthless all the time
4. Lack or loss of interests in activities that used to bring joy to the patient and this includes sex.
5. Prominent fatigue
6. Has a difficult time making decisions
7. Development of sleep problems
8. Loss of appetite and drastic weight change or loss

- 
-
9. Suicidal attempts and thoughts.
 10. Pronounced irritability
 11. Physical aches and pains that have no physiological basis

The good news is at the end of this dark tunnel called depression, there is hope. Treatment is available in three types: psychotherapy, antidepressant medicine and the combination of the two. There are also times when electroconvulsive therapy (ECT) and light therapy are employed. We will discuss these in depth in an upcoming chapter.

What Causes Depression?

Usually in our adolescence, we are exposed to many sudden and inexplicable mood swings as a result of our body undergoing various hormonal changes that prepare us for adulthood.

Aside from increased social pressures, the onset of menstruation, for example, introduces adolescent girls to premenstrual tension (or premenstrual syndrome) and the menstrual cramps, the former being a mixture of physical and psychological symptoms, including temporary weight gain, fluid retention, depression, fits of temper and the like.

Of these, depression is perhaps one of the most commonly identified conditions that both males and females attest to, particularly at the onset of puberty.

Depression is a term we colloquially use to pertain to any particular period of prolonged sadness and lethargy. Colloquial use would even allow us to call depression any 'low' point in between periods of 'high' or happiness. A popular one-liner, which many of us are familiar with, even goes as far as saying that depression is in fact simply anger without enthusiasm.

However, the real essence of depression is the fact that you can't simply 'snap out of it', and that it has the capacity to disrupt your daily activities. It is characterized by prolonged sadness, anxiety, unusual mood shifts accompanied by a degree of irrational thought, pessimism, and is responsible for changes in the way we eat, sleep, or interact with other people that in effect incapacitates us from participating in productive activities.

Depression is deemed a disorder that requires treatment and attention first because it may be a cause for withdrawal from society as it gives a semblance of suffering, pessimism, and low self-esteem. Secondly, depression may cause changes in physical behavior (like eating or sleeping) that may disrupt regular daily activities or may be mortally dangerous for whoever suffers from it. It may also, in effect, harm interactions with other people, particularly those within the atomic community (like family and friends).

Lastly, the accompanying decrease in rational thought causes some people to eventually result to thoughts of harming oneself or even suicide.

Should you find yourself potentially exhibiting that degree of depression, it is best that you seek immediate help from a professional. The reason is because the many forms of depression, each varying in degree of abnormality it lends, are currently treatable. It will also allow you to accurately determine whether you may simply be suffering from a common or minor depression, which is a mild but similarly prolonged form of depression, or a severe or major depression.

What is severe or major depression then? Severe or major depression, which medical experts also call clinical depression, unipolar depression, or major depressive disorder, is a sort of depression that necessitates medical treatment.

This is because severe depression is thought to be a result of a chemical imbalance in the brain. This particular brand of depression is recognized as possibly hereditary by many psychiatrists and specialists.

Doctors detect severe depression by particular behavioral patterns that emerge. The first is that of a constant feeling of sadness or anxiety. This may be accompanied by feelings of inadequacy and low self-esteem. Another is when you feel lethargic, tired, or without energy despite the fact that you did not engage in any physical activity of any form alongside a feeling of restlessness. You may also feel a decreased capacity to concentrate and make decisions.

The more 'telling' signs that accompany the previous symptoms, which may be attributed to seasonal hormonal imbalances, strenuous physical activities, or physical sickness for non-depressive individuals, have a more or less social implication to them.

If you are suffering from severe depression, you may have a feeling of being uninterested in usual activities or hobbies and you may eventually withdraw from them. Changes in your appetite may also emerge, leading to drastic weight loss.

Another change is in sleeping habits, which may imply difficulty in sleeping, waking up too early, or sleeping too much. With these physically notable changes and the previous general symptoms is a prevalent feeling of inadequateness, hopelessness and guilt. Altogether, these may lead to thoughts of suicide or obsession over death and dying.

The fact that depression can happen to anyone including you, should be enough impetus to better understand depression. Understanding that people around you (and there are many of them) suffer from depression will both allow you to better interact with them, or, should you be suffering from it as well, allow you to benefit from support groups or other people who can better help you deal with the disorder and stop you from succumbing to it.

When do you see a doctor if you have (or you think you have) depression?

If you have depression, or at least you think you have one, you must realize that you should not diagnose yourself. You need to have a healthcare practitioner that is skilled to give you a correct assessment and professional diagnosis of your condition.

There is absolutely no reason to feel shy or embarrassed when talking to a healthcare provider regarding any symptoms of your condition. There are many healthcare professionals that are very understanding of your problem. After all, they were trained to study and treat depression.

If you have symptoms like these, do not hesitate consulting a medical practitioner. Before getting any actual help or treatment for depression, you must need to first have a diagnosis that is correct.

You see, these symptoms are also symptomatic of other problems. For example, weight loss, fatigue and sleeping patterns may not be caused by depression, but by some medical problem. Other symptoms like losing interest in activities that you previously enjoyed or problems with attention or memory may not be related to depression at all but may be indicative of a undiagnosed medical condition.

You need to consult a doctor so that you can make sure that the symptoms you are experiencing are actually a result of your depression and from there, you can start what the best treatment for you individual case. The doctor might ask you to answer questions to fully assess and help determine if you actually have depression and possibly conduct tests to determine that your symptoms are a result of some other health issue.

Depression is a medical condition that is real. Remember that having depression is not something that you want to have. You probably would not think less of someone who has influenza or is suffering from heart disease. In the same manner, you must not be ashamed or feel guilty that you suffer from depression.

Depression will not go away by "toughing it out" or "being strong." Being weak in your will does not instantly cause you to be depressed. Most cases of depression can't simply go away just by trying to cheer up. You can't simply make it go away by doing exercises, taking vitamins or going on a vacation. Treating your depression requires professional help - you can't do it alone. Like any other serious illnesses, depression needs professional treatment from a healthcare practitioner. When you are suffering from depression, you need to ask for help to make the problem go away.

Your feelings might change when treatment comes along. You should be pleased to know that depression has proved to be one of the most easily treated conditions.

When you are seeking treatment for your depression, what type of healthcare professional should you see?

Although there are some issues raised on what treatment is the best for depression problems (whether it is drugs, therapy, or if it is a mixture of both), there is actually a type of healthcare professional that is highly qualified to help you recover from depression and various mood disorders that use medications or drugs: a psychiatrist.

Psychologists, in fairness, are also highly qualified to cure depression problems, but they are not medical professionals and as such, cannot prescribe medications. You should realize that psychologists specialize in therapy, especially talk therapy. If you do not know if you need drugs or medications, it might prove best to start your treatment of depression under a psychiatrist's care.

If you think you might also have a good chance of eliminating depression through talk therapy, many psychiatrists can also be good in this, although there are some that may refer you to more experienced therapists. More on this in the next chapter.

Treating Depression

Health care providers can take care of depressed people. A physician, for one, has also training in treating psychiatric disorders. The same goes with the physician assistant and the nurse practitioner. If the case is severe, these health care providers will automatically refer the patient to mental health specialists.

The mental health specialists are composed of the following: psychiatrist, psychologist, a psychiatric nurse specialist and even a social worker.

The psychiatrist offers treatment and diagnosis for mental and psychiatric patients. A psychologist, on the other hand, is trained for counseling, psychological examination and psychotherapy. The social worker knows counseling to a certain degree, whereas a registered nurse who has taken masterals in psychiatric nursing can help out the patient.

Before the diagnosis can be made, the health care providers or mental health specialists will ask the patient on the following: symptoms, overall health and medical and mental history of the family. A physical exam will be carried out as well as some lab tests.

Depression, being an illness, requires tremendous emotional support from the family. A family member must accompany the patient on doctor visits to give the latter a boost.

During the course of the visit, the doctor will figure out if the case is severe, mild or moderate. Depression is severe if the person experiences all the symptoms and if it keeps him from doing all his daily activities. Moderate, if the person has a lot of the symptoms that it hampers his activities. It can be categorized mild if the person has some of the depression symptoms and if he needs more push to do all the things he needs to do.

No one must underestimate depression. It is a real illness, and therefore the patient needs all the help and attention he can get.

As said earlier, you are not alone in this problem. Fortunately, depression, of all psychiatric illnesses, proves to be one of the most treatable. With proper care, more than 80 percent of those suffering from major depression experience significant improvement. Even those suffering from severe depression can be helped.

Here are some treatments for depression problems:

Psychotherapy

There are many types and methods of therapeutic approaches used for treating depression. The most common types are behavioral therapy, cognitive behavioral therapy, rational emotive therapy, and interpersonal therapy. Approaches also include psychodynamic and family approaches. Both the individual as well as group modalities have been used commonly,

but these depend on the severity of one's depression, the financial resources of the person, and resources that are available locally.

Arguably the most prominent therapy in treating depression, the cognitive behavioral therapy is commonly used for handling the condition. There has been extensive research and medical studies that conducted to check or assess the safety as well as the effectiveness in treating depression using this type of therapy.

Considered the father of cognitive behavioral therapy, many written studies and books support this type of therapy. Cognitive behavioral therapy uses simple techniques that focus primarily on the patient's negative thought patterns. These negative thought patterns are also known as cognitive distortions. A person suffering from depression may from time to time use these cognitive distortions, igniting the condition.

The therapy starts with the establishment of a supportive and warm environment for one suffering from depression. Making the patient learn about how his or her depression problem may be a result of thinking in cognitive distortions is generally the next step. The types of faulty logic and thinking are also discussed in this step (such as "everything or nothing logic," "blame mis-attribution," "overgeneralization," among others) and the person being treated is encouraged to start taking notes of the thoughts he or she has been having as they happen throughout his or her day. This is conducted for the person to understand and realize how often and common this kind of thoughts are occurring.

In this type of therapy, the emphasis is mainly placed on realizing the thoughts as well as the behaviors that are associated with the depression problem rather than on the emotions themselves. The rationale for this emphasis is that is strongly believed that by altering one's thoughts and consequently, behaviors, his or her emotions will most likely change as well. Because of this type of therapy, cognitive-behavioral therapy is often short-term (generally lasts up to a dozen sessions or two only) and best suits people that are experiencing some kind of distress that is related to the depression they are having. Individuals that are able to handle a problem using a perspective that is unique and therefore are most likely cognitively-oriented could also do well under this approach.

Interpersonal therapy, on the other hand, is also a therapy on a short-term basis used for treating depression. In this type of treatment, the focus usually lies on the social relationships of the patient and determine ways in improving these relationships. It is strongly believed that in order to improve the overall well-being of a person (or the patient in the case); he or she needs to have a stable and good social support.

When a person's relationships become unhealthy, the person would most likely suffer from this problem. This therapy approach then seeks to enrich one's skills in social relationships, expression of his or her emotions, assertiveness, and communication skills. This type of approach is usually

done individually but sometimes can be used also in a setting for group therapy.

Many individual approaches would place importance more on the patient's active personal involvement in recovering from depression. Persons being treated under an individual approach are usually enticed and encouraged to finish homework assignments between sessions. If the person is not capable yet to join in therapy sessions actively, then his or her therapist could be the one to first provide the patient an environment that supports him or her until the medication starts to help improve his or her state of feelings and mind.

Psychodynamic or psychoanalytic approaches in treating depression currently do not have much research to recommend their use. Although there are some therapists that might use psychodynamic theory in helping conceptualize a patient's personality, there are some issues raised on how this could prove to be an effective and efficient depression treatment.

Couples or family therapy could also be considered if the depression of the patient directly affects family relationships. These types of therapy focus on the interpersonal relationships among family members. In addition, these approaches seek to ensure good communication in the family. The roles of the family members in a patient's depression could be examined. Education about the depression problem in general might also be used as part of the family therapy.

Medication

The Food and Drug Administration (FDA) has approved numerous medications for treating depression. These drugs have been sorted into classes; each medication has a unique chemical structure which acts on various chemicals present in the brain.

It is necessary to remember that all medications approved by the DFA to treat depression are effective and recommended - they just do not work the same effect for everybody.

You might want to closely work with the doctor in determining which drug is the best for your condition. Sometimes, conditions may involve having more than just one medication; some work with a mixture of medications. This is important: Do not change your medication or discontinue your dosage without asking your doctor.

Natural Treatment for Depression It IS Possible!

Depression is one of the most common psychological and emotional problems American adults encounter. A study reports that about 13 to 20 percent of American adults have some form of depressive symptoms. Unfortunately, many severe cases of depression can ultimately lead to suicide.

Are there any solutions and treatments available to stem this unfortunate tide? Fortunately, the answer to this is yes. Unfortunately again, many of these treatments involves a soup of medicines that may have some form or side effect. As we discussed previously psychotherapy is another solution that is gaining popularity due to the favorable results they have exhibited.

For some people, the question that remains is if there are any "natural" depression treatments available that do not involve some cocktail of hard-to-spell medications that can be taken as a preventive and beneficial alternative to mainstream treatments. The answer is yes. Although it is recommended that any form of depression should be consulted with a doctor let's take a look at a list of natural supplements that may help alleviate symptoms of depression.

It Starts with the Diet

Depression can be treated with better nutrition. Studies have shown that such treatment not only has a beneficial effect on the person's physical health, but also a favorable effect on the person's mental and emotional health. This nutritional treatment includes modification of diet, vitamins and minerals, and the addition of some amino acid supplements.

The amino acid supplements are essential elements that are precursors to neurotransmitters. The amino acids D, L-phenylalanine and L-tyrosine are a viable alternative to antidepressant drugs.

A deficiency in vitamins and minerals in the body can also cause depression. If this condition is corrected, depression owing to this cause can be alleviated. Even if you are not sure if you lack vitamins and minerals, supplementing your diet with them will often improve symptoms related to depression and will contribute to better overall health.

Some Very Useful Herbs

The herb St. John's Wort (*Hypericum perforatum*) in an extracted standardized form is being used in Germany and other European countries to treat depression in its mild and moderate forms. It is also known to alleviate anxiety and sleep disorders.

This herb claims many benefits among them are its anti-depressive and antiviral properties.

The Ginkgo (*Ginkgo Biloba*) extract, while not a primary treatment for

major cases of depression, is an excellent supplement to any depression-related syndrome. Studies are beginning to show that Ginkgo can be used to treat some forms of depression that are not responsive to antidepressant agents. In cases of resistant depression, Ginkgo Biloba is beginning to appear attractive to the medical world.

Cut Back on Those Soft Drinks

Many practitioners advocate a nutrition oriented approach to treating depression. They believe that the answer to the depression question can be found in the diet of a person. Studies show that a decrease in the intake of sugars and refined carbohydrates can produce relief from symptoms of depression.

This diet will entail cutting out sugary drinks, pasta, white bread, and other processed foods. For your carbohydrate needs, it would be better to stick to grains, whole wheat, and other natural plant based carbohydrates. Also, cutting down on these kinds of food can do wonders for one's overall health.

This treatment is recommended for those who feel depressed and languid during the late hours of the morning and the afternoon. For these people, eating sugary foods will induce a temporary feeling of alleviation from depression. However, this is only for a few minutes, and the body automatically reverts to languid depression.

Depression is one serious disorder that should not be taken for granted. Some people will equate depression with other natural feelings such as anger, happiness, and sadness. However, depression is much more complicated than that. It is a disorder and an ailment that can be treated by natural or medical means. It would do well to consult your doctor for more information on dealing with depression.

Depression and Suicide

Eighteen year old Catherine had everything: the most supportive family, a loving boyfriend, awesome set of friends and a comfortable life. But all of these things took a backseat when she was diagnosed with depression. From the bubbly chatterbox that she was, she morphed into a melancholic girl who had nothing in mind but to kill herself. "There is nothing left to live for. I'm worthless and hopeless." That statement ran in her head over and over again. She wanted to jump off the bridge or drink formaldehyde on a whim.

She was suicidal.

It took a lot of trips to the doctor and support from her family and friends before Catherine bounced back to normalcy. Now, the melancholia and suicidal thoughts are gone. She has just finished college and is about to start her dream job.

Suicide is defined as the act of killing oneself intentionally. It stems from severe depression, an illness that intervenes with the mental, physical and emotional aspect of a person.

The majority of depressed people do not actually die from suicide. But depression does trigger a higher suicidal risk. New data has reported that two percent of depressed people who have received treatment for depression in an outpatient scenario might die by suicide. Four percent of those who were treated in an inpatient hospital setting might also die by the same method. Those who have suicidal attempts before are also likely to die by suicide later on. Another research shows that 7 percent of men with a history of depression will eventually kill themselves whereas only 1 percent of women with history of depression will do.

Those who have had mood disorders commit suicide. The clinically depressed younger ones often turn to substance abuse to kill themselves.

The most common method of suicide is by the use of firearms, as it makes up the 60 percent of suicides. From a study of the National Institute of Mental Health, about 80 percent of white males commit suicide by shooting themselves. This pushes the resolve that a firearm must be removed from the home if a family member is discovered to be at risk for suicide.

The next most common method for men is hanging where as drug overdose or self-poisoning is the second most common suicidal method for the women.

Other than depression, there are other risk factors for suicide:

1. Impulsivity.

There are people out who do things on a whim. If one has a gun in hand, he

might shoot himself out of an impulse.

2. Traumatic life events.

A death of a loved one, financial rut or other adversity might compel a person to kill him or herself.

3. History of suicide in the family.

There is such a thing as "suicide contagion" in which a person is exposed to suicides and suicidal attempts often. This can become a risk factor for killing oneself.

4. Family violence

If one is physically or sexually abused, he or she might turn to suicide to end the ordeal.

5. Suicide attempt before

He has done it before, why not do it again?

6. Alcohol and drug abuse

An alcoholic or drug addict will reach a point when he will have no qualms on killing himself.

Depression is a problem that has to be uprooted to keep suicidal thoughts at bay. If a person is suicidal, it is a must that he receives professional treatment. Usually, those who are thinking of killing themselves do not know they need help.

Preventing suicide is no easy feat, either. It is in this light that a broad and extensive suicide prevention program must be established. These programs must zero in on the treatment of depression and drug abuse. Before being launched to the public, they must be scientifically assessed and tested first for effectiveness and safety. They must also be extensive and complex enough so that the effects will last a long time and eventually banish all suicidal thoughts. They must also be carried out according to the age, culture and gender of the suicidal patients.

Depression and suicide do go together, but if one works hard to combat depression thoughts of suicide will be banished.

Depression and Anxiety Disorders

We have discussed different types of depression in the previous chapters. However, there is another whole litany of conditions that are related or share some of the common symptoms of depression. These conditions are known as anxiety disorders. Let's explore some of those disorders.

The Common Types of Anxiety Disorders

Anxiety / Panic Attacks

An anxiety or panic attack is often due to exaggerated and inflated concerns about relationships or finances. The worry may be normal for a time but when this feeling of dread becomes prolonged and starts to manifest itself physically through heart palpitations, tremors, nausea, and breathing difficulties, then a panic attack has occurred.

Experts estimate that three out of 10 people will have at least one extreme panic attack episode with a great chance of recurrence. Seeking treatment to avoid the dangerous physical manifestations is important.

Social Anxiety Disorder

A constant fear of criticism from others has been defined as Social Anxiety Disorder a common form of anxiety usually developed at social settings like business, church, or school functions. Patients experience feelings of distress that lead to isolation and avoidance of social contact.

Phobias

People with specific fears of something manifest signs of anxiety when presented their particular phobia. Some common forms of phobias include the fear of heights, flying, water and spiders. Research shows over 1000 phobias have been documented.

Generalized Anxiety Disorder


As one of the most prevalent forms of anxiety GAD is recognized as an excessive worry over common things such as one's job or family. Feelings of concern recur very often hampering a person's ability to function well in their environment.

Agoraphobia

Agoraphobia is a phobia that can have devastating results. It upsets normal social function because of the fear of leaving one's home and being exposed to public places. When forced to leave the home, the patient may exhibit extreme panic attacks that affect the person physically with palpitations and breathing difficulties.

Post Traumatic Stress Syndrome

Triggered by extreme and traumatic events, a person suffering from Post Traumatic Stress Syndrome occurs when someone who has been through a traumatic life experience suffers future anxiety and panic over it.



Severe experiences in wartime, for example, may not only bring out anxiety and stress but also induce panic attacks. Other traumatic events that sufferers base their anxieties on are rape and sexual abuse, emotional abuse, and natural events like an earthquake or hurricane.

Most people know that they have these conditions. What is difficult to understand is why these disorders have such a hold on their lives. If you are experiencing any of these conditions, arming yourself with information and consulting with trained professionals is the first step in finding effective treatment that can lead to a speedier recovery.

There are some conditions that are so severe that we need to discuss them in depth. The next chapter is devoted to two serious disorders that appear to be increasing in our society at an alarming rate. Manic depression and bipolar disorder are not to be treated lightly.

Manic Depression and Bipolar Disorder

The term manic refers to the condition known in expert circles as manic depression or bipolar disorder an illness recognized for its dramatic shifts in moods, energy levels and behavior.

The periods of highs and lows (extreme mood swings from overly high to sad and back again) are called manic and depressive episodes.

Almost 2 million American adults are affected by the condition with an equal spread among males and females. However, there is a strong tendency for men to demonstrate more manic episodes and more depressive episodes for women. Experts note the high tendencies for the illness to recur among members of the same family therefore pointing to possibilities of genetic origins. Like other serious ailments, manic depression has a damaging effect on people's lives.

Symptoms of manic-depression

People who are manic-depressive exhibit experiencing alternate feelings of "highs" and "lows." The "highs" are called mania while "lows" are periods of depression.

The signs mania, or manic episodes include:

- Substance abuse
- Hyperactivity (mental and physical)
- Inflated confidence
- Bad temper
- Heightened aggressiveness
- Ability to perform despite lack of sleep
- Incoherent speech and thoughts
- Impulsiveness and poor judgment
- Easily distracted / short attention span
- Reckless behavior
- Inability to concentrate
- Overly euphoric mood
- High irritability
- Increased sexual drive
- Talking very fast to keep up with racing thoughts

Signs of depression, or depressive episodes, are:

- Crying for no apparent reason
- Unintended dramatic weight losses or gain, extreme changes in appetite
- Recurring feelings of fatigue
- Feelings of helplessness and/or hopelessness
- Long periods of sad or empty moods
- Diminished interest in activities formerly enjoyed
- Pensive moods or restlessness
- Thoughts of and/or attempts at suicide

Hypomania is a moderate type of mania and the person experiencing it may appear to feel and function well. It is possible that when family or friends recognize the mood swings as possible bipolar disorder, the person in question may actually refuse to acknowledge that something is wrong.

Self-diagnosis is not possible and only trained professionals can definitely conclude if the condition is applicable to your case. Unfortunately, many individuals choose not to seek expert attention and advice during periods of mania because they feel manic symptoms has a positive impact on their performances. However, if left untreated, hypomania can develop into severe mania.

Severe manic and depressive episodes can involve signs of psychosis. Common symptoms of psychotic episodes are hallucinations (sensing things not actually there) and delusions (false beliefs).

For example, during mania, delusions such as possessing special powers may occur. On the other hand, in depressive episodes, the person may be deluded to feel utterly worthless as if they were totally ruined.

In other patients, symptoms of manic and depressive episodes may happen at the same time, which is referred to as a mixed bipolar state. In this state, a person may have a very low view of oneself (self-esteem) while being in a highly energized state.

Causes of bipolar disorder

Scientists are researching the possible causes of bipolar disorder through several types of studies. Many agree that there is no single cause for bipolar disorder and many factors act together to cause the illness.

Types of Manic Depression

Manic depression is classified into Type I and Type II. The main difference between them is the intensity and severity of the condition.

If signs and symptoms of mania and a depression alternate with each other for a week, bipolar disorder type I may be the case. Given that this condition is the more serious of the two, Bipolar disorder Type I calls for immediate and expert professional advice and attention.

Although a less severe form of manic depression, Bipolar II disorder still exhibits low depressive episodes accompanied by at least one low- or hypo-manic episode. (Hypo-mania is simply manic episodes of a lesser degree.)

Consult with a doctor or a psychiatrist about hypomania diagnosis if you've had or are currently experiencing for several days symptoms such as:

- Inflated confidence
- No need for sleep
- Talkative and hyperactive
- Random fleeting thoughts with inability or difficulty to focus on one idea at a time
- Difficulty in concentrating
- Unusually goal-driven and aggressive
- Doing things uncharacteristic of your usual behavior

Be honest with your feelings and share them as well as the symptoms you're experiencing with your doctor. Do not hesitate to see seek a second opinion if you feel your condition is are not properly addressed or if no improvement is felt even after the prescribed treatment.

Bipolar Disorder Treatments

Most people with bipolar disorder can maintain stabilization of their mood swings with proper treatment. Since it is a recurring illness, long-term preventive treatments are recommended.

In most cases, bipolar disorder is much better controlled if treatment is constant rather than going on and off. But even when treatment is continuous, mood changes can occur. Working closely and communicating with the doctor about treatment concerns and options make a difference in the effectiveness of treatments.

Manic depression is a treatable disease with several therapies and treatments being developed or improved. However, since the condition is still difficult to address, it is highly recommended you consult with a psychiatrist with an established record and experience.

Be sure to share with your doctor your history regarding manic-depressive episodes as well as the current symptoms you're experiencing. Tell your doctor if any of your family have had the same condition or have had "nervous breakdowns" or have been diagnosed and/or treated for substance (drug/alcohol) abuse.

It is strongly recommended to keep track of daily mood symptoms, treatments, and lifestyle (habits and sleep patterns) as well as life events for people with bipolar disorder so that patients and their families can better understand the illness. The journal can also help the doctor treat the illness more effectively.

Medications

Medications for bipolar disorder are prescribed by psychiatrists (medical doctors with expertise in diagnosis and treatment of mental disorders).

Mood stabilizers usually are prescribed to help control bipolar disorder. In general, people with bipolar disorder continue treatment for years. Other medications are added when necessary, for shorter periods, to treat

episodes of mania or depression that occur even with mood stabilizers.

Thyroid Function

Bipolar disorder patients are commonly observed to have thyroid gland functions different from most. Since both too much or too few secretions of the hormone thyroid influences mood changes, it is important thyroid levels are diligently managed.

Talk Therapy

To supplement medication, psychosocial treatments help in lending support to people with bipolar disorder as well as for their families. It has been observed that talk therapy can lead to an increase in the stability on one's mood. Qualified professionals such as psychologists, or trained counselors can provide these therapy sessions. To carefully observe the patient's progress, these professionals often work in tandem with a psychiatrist. The regularity and the kinds of therapy sessions used are decided on the basis of the individual treatment needs of each patient.

Given these treatments however, it is important to understand that bipolar disorder is a long-term illness that currently has no cure. But with education and understanding on the part of not only the patient, but the family as well, and with continuing treatment (even when not symptomatic), the disease can be kept in check, reducing chances of recurrence and relapse and hopefully lead on to recovery.

Panic Attacks and Depression: A Sobering Connection

Our discussion of manic depression and bipolar disease would not be complete without addressing panic attacks and their relationship to depression.

It is reasonable to dread life threatening events such as accidents and mishaps. It is even normal for people to express fear over some things such as spiders, wild animals, heights and other phobias. But, have you ever suddenly felt a cold wave of fear for no reason at all? If so, then you may have just had your first episode of a panic attack.

A panic attack is a disorder that afflicts close to 3 million American people today. Although panic attack episodes may or may not be chronic, one thing is certain they can attack anyone, anytime whether you are at work, or at the mall, while eating, and even when you are not doing anything at all.

Panic attacks are different from other anxiety and fear disorders due to the fact that panic attacks are often unprovoked, sometimes baseless, sudden and out-of-the blue. Those who experience panic attack episodes are often shocked at how sudden and how unprovoked those attacks may be. Panic attacks can effectively disable a person for a short amount of time.

Panic attacks can strike anytime even when you are sleeping. These attacks usually peak after about 10 minutes; however, the symptoms of the disease tend to remain for a while longer.

Those who have experienced panic attacks report feeling a nauseating wave of fear washing over them. Also, they report a terrible feeling at the pit of their stomachs. These feelings can paralyze a person into inaction or hysteria for as long as the attack continues.

Other symptoms of panic attacks include pain in the chest, dizziness, nausea, difficulty breathing, arrhythmia, chills, flushes, terror (sense of dread), a general feeling of being in a dream-like state, a sudden fear of dying, and other anxiety related symptoms. If a person continues to have these episodes, then he or she is said to have a panic disorder.

The unfortunate thing about panic disorders is that they could lead to something worse. If a person suddenly experiences a panic attack while shopping, he or she might associate the fear with the act of shopping, resulting in the person avoiding shopping at all. This could lead to a domino effect that at the end could result in a debilitating fear that may prevent the person from even stepping out of his or her home.

What causes panic attacks?

Panic attacks are caused by the fear and alertness mechanisms in the body that come into play when a person is in a life-threatening situation.

These mechanisms bring in a heightened sense of alertness and a burst of energy to help people cope with danger. However, these mechanisms are sometimes triggered for no reason at all. Studies are inconclusive as to why, but it seems that some people are more predisposed to acquiring this disorder than other people.

Panic disorders tend to run in families. It may also be triggered by major stress events and heightened activity in the fear center of the brain. People who do drugs and abuse alcohol can be predisposed to panic disorder.

Panic Disorder and Depression

Depression is one of the major predisposing factors to panic disorder. This is probably due to the fact that panic disorders are more likely to occur in less emotionally and mentally stable situations. Depression is a major emotional and mental imbalance that tends to result in many other disorders such as insomnia, loss of appetite, etc. When assessing panic disorder cases, it would do well to do an emotional assessment of the patient. This would also help by isolating a stressing factor in the patient's life. This would alleviate many emotional, mental, and behavioral problems the person may encounter.

Because of diligent research, many forms of treatment are now readily available; treatments include several promising medications coupled with specific forms of psychotherapy. This combination of medications and psychotherapy typically yields good results. Also emotional counseling has been explored to address the emotional aspect of the disorder.

Data from panic disorder treatment is encouraging; a marked improvement in condition is usually noticed in quite a short period of time usually anywhere from six to eight weeks. Appropriate and timely treatment for panic attacks and panic disorder can either prevent or at least substantially reduce panic attacks.

For your part, be conscious of how and when you feel the symptoms of a "panic attack" and when you feel them. Any form of treatment or amount of therapy will be less effective if you fail to assess your own feelings and states of energy. With the right diagnosis, you and your doctor have a better chance of finding a treatment that is right and appropriate for you and your condition. With continued treatment, the chances of recovery are increased as well as relief for your friends and family.

Alcohol and Depression

In the United Kingdom, approximately 9 out of 10 Britons drink alcohol. In the United States, drinking is also common, being a part of the culture. Drinking, in itself, is not necessarily a bad thing. In fact, moderate drinking usually does not cause many problems.

However, in the past 30 years, societies have become wealthier and at the same time, alcohol has become cheaper. People start to drink more, and at an earlier age. For every four men, at least one is drinking more than is medically safe for them. In seven women, there is also at least one that drinks excessively.

Alcohol, like the many other drugs that influence brain function, acts as a tranquilizer. If you are drinking alcohol regularly, you find that your present number of drinks has lesser and lesser effect. In order for you to achieve the effect you want, you tend to drink more. This effect is called the "tolerance effect" and has a powerful outcome in becoming an alcohol addict.

Alcohol might also lead you to:

- Dementia - Loss of memory, similar to the dementia condition in Alzheimer's disease.
- Psychosis - Drinkers who have been consuming alcohol for a long-time can begin to hear strange voices.
- Dependence - If you stop taking alcohol, you may get symptoms of withdrawal like nervousness, shaking, and sometimes, hallucinations.
- Suicide - Forty percent of men who plan and attempt suicide have long histories of alcoholism. Of those who succeeded in getting themselves killed, seventy percent have consumed alcohol first before killing themselves.

Alcohol and depression: What is the connection?

Research studies have proven that there is indeed a connection between alcohol and depression. Studies point out that suicide and self-harm, which are common symptoms of depression, are much more frequent in people that have alcohol problems. It tends to work in two types.

- If you drink in excess, and often too regularly, you are likely more to be more depressed.

Regular excessive drinking could leave you depressed and tired. There is much evidence showing that alcohol can actually change your brain chemistry thereby increasing the risk of depression.

Hangovers could create a regular habit of being awakened feeling anxious, jittery, guilty, and ill.

Regular excessive drinking could also make your life very depressing. A

regular and excessive alcoholic could develop poor work, family arguments, poor memory, unreliability and sexual problems

- If you take alcohol in relieving problems of depression or anxiety, you become more depressed and problematic later.

Alcohol might help forget your problems in the short term. If you are feeling depressed and therefore lack energy, it can prove tempting to drinking alcohol. The main problem, however, is when you begin to use drinking as an excuse to drink frequently, passing it off as a sort of medication.

Any benefits of this abusive and excessive drinking habit will soon wear off with drinking alcohol becoming a part of your routine. Subsequently you need to drink more and more alcohol for you to have the effect that you previously had.

There are some drinks that prove to be stronger than others. The easiest method in determining how much you are drinking a specific alcohol is by counting "units" of the alcohol. In general, one unit is equal to 10 grams of alcohol. This is the amount or measure given in a common pub, such as a beer or lager of normal strength given in half pint, or wine given in a small glass.

If a woman and man with more or less similar weight drink similar amounts of alcohol, it is likely that the woman will have a much higher amount of alcohol in her body as compared to the man. Therefore, although it may seem unfair, the safe alcohol limit for women is lower (around 14 units weekly) compared to men (who could have 21 units weekly). Drinking alcohol for depression does not solve your medical problem. In fact, it will exacerbate it.

How Does Depression Affect Physical Health?

Depression is such a physically and socially debilitating condition. It restricts your body from doing the normal day-to-day activities and jeopardizes your work and how you deal with others.

The National Institute of Mental Health reports that more than 11.6 million Americans are suffering from depression. More specifically, clinical depression. While some willingly undergo robust treatment, other individuals still find it very hard to identify early symptoms of this affective disorder.

According to the latest research findings, early symptoms of depression should be dealt with immediately and accorded with appropriate treatment. Otherwise, major depression sets in and may result to other cardiovascular complications.

We previously explored the definition and possible symptoms of depression. Before we look at how depression affects your body physiologically or physically, however, let us first review the various symptoms manifested by people and their relative causes to fully delineate the path of its origin and occurrence from a more clinical viewpoint.

Again, depression is a psychoneurotic illness where patients manifest some or all of the following symptoms: sadness, sudden decrease or increase in appetite, concentration difficulty, inactivity, and hyperactivity (manic depression), feeling of rejection and setting in the idea of committing suicide.

These and other symptoms may represent many indication of psychological degeneration and may take toll on your physical well-being.

To understand better how depression works in the human body and its possible adverse effects, it is better to know some of the essential scientific and physiological basis of this rather unusual condition.

Physiology of Depression and its Causes

Clinical depression is basically a neurological condition. It is caused by an imbalance of hormones present in the body, which is in that case, produced by the brain itself.

Hormones are small biologically active molecules that direct the function of other organs. They are responsible for the direct physiological activity and characteristic behavior of a person through various social and environmental circumstances.

Imbalance in the hormone levels in blood serum can cause a massive effect on your state of emotional health. This sudden increase or decrease of these chemical messengers may cause you to become overly excited

over any situation (manic depression) or may feel very low to the point of becoming apathetic, and choose not to respond to their everyday needs.

Some evidence points to a genetic cause of depressive illness, although not fully confirmed for many of the evidences of genetic linkages are not fully substantiated.

Most individuals who manifest genetic predisposition do not outwardly exhibit such illness. It is found that all people can develop this condition if triggered by appropriate environmental factors.

Physical Effects of Depression

The extent of physical effects of depression depends on the severity of the depression you are experiencing. For people with mild forms of depression (dysthymia), it may last for months or even years and individuals who do not get proper and individualized medical treatment may progress into a severe depression or psychotic state.

Bipolar depression experiences a roller-coaster symptom of excitement and loneliness. They may experience a rapid mood swings from lonely to manic attacks. On the other hand, major depression shows a wide-range and full-blown emotional imbalance which interferes with normal activities such as work, study, family affairs and social responsibility.

Since this condition is basically a neurological problem, it may spin off a host of mental and physical incapacity to perform your usual activities. Pathologically apathetic individuals tend to avoid their friends and colleagues, which are in turn, responded with reciprocal action due to displays of irritable mood and expressions.


Individuals with this condition tend to be very worrisome and exhaust themselves into thinking that other people do not care about their concerns or problems. Some may experience worst palpitations and could set in a major catastrophic cardiovascular disease.

Due to consistent worrying and being unable to maintain an adequate amount of sleep severely depressed individuals are less able to keep their daily activities together and maintain a good relationship with their peers.

These and other problems are effective health de-stabilizers and these same symptoms can manifest in many health complications.

Depression may also affect marital relationship due to loss of sexual urges and other social activities which most couples used to enjoy.

Other professional individuals experiencing depression may find it difficult to manage their work and family relationships and even with their friends. They find it hard to find enjoyment on petty things and usually prefer to be alone and suffer silently amidst of unsuspecting people around them.



This makes it even harder for patients to be treated successfully because they refuse to acknowledge the existence of the symptoms underlying clinical depression. Proper education and treatment are required hand-in-hand in order to fully identify and treat specific diseases debilitating an individual with this condition.

Avoid Depression in a Few Easy Steps

Although depression is a very common, oft-mentioned disorder, we really need to take a look at what causes depression in the first place.

The factors that contribute to depression are well-known, and well-researched, however what causes it is not yet fully understood.

Recent studies have helped uncover some of the factors that contribute to the likelihood of people developing depression.

Stress

Stress is the all-time great winner of the depression-causing awards. Any stressful environment or situation could lead to depression - social stress, worrying about jobs, problems in relationships, financial worries, staying up late, irregular and uncontrolled lifestyle, pressures of studying and getting good grades. Other events that could cause depression are: death among acquaintances, change of work, moving to a new home, etc.

While these events cannot be avoided, we must come up with an effective stress coping and handling mechanism to be able to thrive even in stressful situation.

Drinking and Drug Use

People who take drugs and alcohol are more predisposed to experiencing depression. When these substances are used at a young age, they can truly have a profound effect on a person's brain. Although these substances help make the person feel good temporarily, they often become addictive.

Drugs release dopamine within the pleasure center of the brain, just like other pleasurable experiences do. Take this for instance: delicious food boosts dopamine release by about 50 percent. Sex, on the other hand, doubles this number.

However, drugs can increase dopamine release anywhere from four to ten times. This unnatural high almost certainly leads to depression after the high subsides. This cocktail of substance is the surest way to fry brain circuitry.

Drugs make a person depressed more than it makes him happy. This effect will spiral downward until the person doing drugs will want more and more of the substance to break the cycle of depression that follows each high. Thus an addiction is born.

Lack of sleep

Studies show that up to 40 percent of adults do not get the proper amount of sleep per day. And among students, up to 71 percent complain of sleep disorders and lack of sleep.

Sleep is an integral part of a person's health. During sleep, the body repairs itself and reorganizes thought. Lack of sleep contributes to a lack of coherence in brain waves. This scenario often leads to depression. Sleeping during the day and staying up late also interferes with the body's natural rhythms. This will also lead to a sense of depression.

Here are few ways on how to prevent depression.

Sleep is an integral part of preventing depression. Balance your life with enough rest and exercise everyday. Go for seven to eight hours of sleep per day.

Try to keep some regularity in your life. Keep your activities organized so that they can come at expected and regular intervals. If your weekly, daily or monthly routine is set then your body has time to get used to the activities. This will lead to a reduced chance for depression to set in.

Don't endanger your health by pushing yourself beyond your limits. Keep stress in check and try to avoid stressors if you can. If you cannot, then try to deal with the stressors in a manner that mitigates the damage it may cause.

Sunlight and exercise can help the brain to function a higher level. Be sure to catch some rays in the morning and try to stay active in the daylight when possible.

Keep yourself away from substances such as alcohol and drugs. They may seem attractive at first, but all they really do is cause havoc in a person's life.

Make at least one warm meal daily a priority. Good eating habits and good health are important when keeping one away from depression.

Have some fun every day. Nothing takes the load off of depression like some good old fun time. Make sure that every day you devote a little time to some simple, natural, healthy fun. Social activities such as chatting, joining a support group sports, and other hobbies can do wonders towards healing a stressed out and busy mind.

Depression can be avoided and treated. And the fun fact is, it can be fun doing so. Follow the above mentioned tips for a sunnier and happier disposition every day. You will look and feel better for it and will never regret not overloading yourself!

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