Patient

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Depression

Depression is common. Symptoms can affect day-to-day life and can become very distressing. Treatments include talking (psychological) treatments and antidepressant medicines. Treatment takes time to work but has a good chance of success. Some people have repeated episodes of depression and require long-term treatment to keep symptoms away.

The word depressed is a common everyday word. People might say "I'm depressed" when in fact they mean "I'm fed up because I've had a row, or failed an exam, or lost my job", etc. These ups and downs of life are common and normal. Most people recover quite quickly. With true depression, you have a low mood and other symptoms each day for at least two weeks. Symptoms can also become severe enough to interfere with normal day-to-day activities.

Who gets depression?

About 5 in 100 adults have depression every year. Sometimes it is mild or lasts just a few weeks. However, an episode of depression serious enough to require treatment occurs in about 1 in 4 women and 1 in 10 men at some point in their lives. Some people have two or more episodes of depression at various times in their lives.

Depression symptoms

Many people know when they are depressed. However, some people do not realise when they are depressed. They may know that they are not right and are not functioning well but don't know why. Some people think that they have a physical illness - for example, if they lose weight.

There is a set of symptoms that are associated with depression and help to clarify the diagnosis. These are:

Core (key) symptoms

- Persistent sadness or low mood. This may be with or without weepiness.
- Marked loss of interest or pleasure in activities, even for activities that you normally enjoy.

Other common symptoms

- Disturbed sleep compared with your usual pattern. This may be difficulty in getting off to sleep, or waking early and being unable to get back to sleep. Sometimes it is sleeping too much.
- Change in appetite. This is often a poor appetite and weight loss. Sometimes the reverse happens with comfort eating and weight gain.
- Tiredness (fatigue) or loss of energy.
- Agitation or slowing of movements.
- Poor concentration or indecisiveness. For example, you may find it difficult to read, work, etc. Even simple tasks can seem difficult.
- Feelings of worthlessness, or excessive or inappropriate guilt.
- Recurrent thoughts of death. This is not usually a fear of death, more a preoccupation with death and dying. For some people despairing thoughts such as "life's not worth living" or "I don't care if I don't wake up" are common. Sometimes these thoughts progress into thoughts about and even plans for suicide.

An episode of depression is usually diagnosed if:

- You have at least five out of the above nine symptoms, with at least one of these a core symptom; **and**:
    - Symptoms cause you distress or impair your normal functioning, such as affecting your work performance; **and**
    - Symptoms occur most of the time on most days and have lasted at least two weeks; **and**
    - The symptoms are not due to a medication side-effect, or to drug or alcohol misuse, or to a physical condition such as an underactive thyroid or pituitary gland. (However, see section later: 'Depression and physical conditions'.)

Many people with depression say that their symptoms are often worse first thing each day. Also, with depression, it is common to develop physical symptoms such as headaches, the sensation of having a 'thumping' heart (palpitations), chest pains and general aches. Some people consult a doctor at first because they have a physical symptom such as chest pains. They are concerned that they may have a physical problem such as a heart condition when it is actually due to depression. Depression is in fact quite a common cause of physical symptoms. But, the opposite (converse) is also true. That is, people with serious physical conditions are more likely than average to develop depression.

Some people with severe depression also develop delusions and/or hallucinations. These are called psychotic symptoms. A delusion is a false belief that a person has, and most people from the same culture would agree that it is wrong. For example, a belief that people are plotting to kill you or that there is a conspiracy about you. Hallucination means hearing, seeing, feeling, smelling, or tasting something that is not real.

Severity of depression

The severity of depression can vary from person to person. Severity is generally divided as follows:

- Severe depression - you would normally have most or all of the nine symptoms listed above. Also, symptoms markedly interfere with your normal functioning.
- Moderate depression - you would normally have more than the five symptoms that are needed to make the diagnosis of depression. Also, symptoms will usually include both core symptoms. Also, the severity of symptoms or impairment of your functioning is between mild and severe.
- Mild depression - you would normally have five of the symptoms listed above that are required to make the diagnosis of depression. However, you are not likely to have more than five or six of the symptoms. Also, your normal functioning is only mildly impaired.
- Subthreshold depression - you have fewer than the five symptoms needed to make a diagnosis of depression. So, it is not classed as depression. But, the symptoms you do have are troublesome and cause distress. If this situation persists for more than two years it is sometimes called dysthymia.

What causes depression?

The exact cause is not known. Anyone can develop depression. Some people are more prone to it and it can develop for no apparent reason. You may have no particular problem or worry, but symptoms can develop quite suddenly. So, there may be some genetic factor involved that makes some people more prone than others to depression. 'Genetic' means that the condition is passed on through families.

An episode of depression may also be triggered by a life event such as a relationship problem, bereavement, redundancy, illness, etc. In many people it is a mixture of the two. For example, the combination of a mild low mood with some life problem, such as work stress, may lead to a spiral down into depression.

Women tend to develop depression more often than men develop it. Particularly common times for women to become depressed are after childbirth (postnatal depression) and the menopause.

Depression and physical conditions

Although the cause of depression is not clear, there are some useful things to remember about depression in relation to physical conditions.

- Depression is more common in people who are known to have certain physical conditions.
- The diagnosis of depression is sometimes confused with some undiagnosed diseases caused by physical conditions.

Known physical conditions

Depression is more common than average in people coping with serious or severe physical diseases. Although the treatment of the physical disease may take priority, the treatment of depression is also useful to improve overall well-being.

Undiagnosed physical conditions

Various physical conditions may at first seem to mimic depression. Doctors aim to be on the lookout for these diseases and may order tests to rule them out if one is suspected. Perhaps the most common examples are:

- An underactive thyroid gland (hypothyroidism) - can make you feel quite low, weepy and tired. A blood test can diagnose this.
- An underactive pituitary gland (hypopituitarism) - the pituitary gland is just under the brain. It makes various hormones which have various actions. Sometimes one hormone can be deficient; sometimes more than one. There are various symptoms that can develop. These include loss of sex drive, sexual problems, infertility, uncontrollable weight gain and feeling low, depressed and even suicidal. Blood tests can help to diagnose hypopituitarism. There are various causes of hypopituitarism, including head injury.
- Head injury - even a relatively mild one, even many years ago. For example, studies have shown that rates of suicide (presumably related to depression) are more common than average in people who have previously had a head injury. The reason for this is not fully understood. However, one factor that may be significant in some cases is that a head injury may result in hypopituitarism, as discussed above.
- Polymyalgia rheumatica - this condition mainly affects older people. Typical symptoms include stiffness, pain, aching, feeling depressed and tenderness of the large muscles around the shoulders and upper arms. Feeling depressed can be the first main symptom before the other symptoms predominate.
- Early dementia - is sometimes confused with depression.
- Certain medicines - both prescribed and street (illicit) drugs - can cause side-effects which may mimic depression.

The rest of this leaflet is about depression of unknown cause that is not associated with any physical condition.

What are the treatment options for depression?

In general, treatments are divided into those used for mild depression and those used for moderate and severe depression.

What if I don't have any treatment?

Most people with depression will get better without treatment. However, this may take several months or even longer. (The average length of an episode of depression is 6-8 months.) Meanwhile, living with depression can be difficult and distressing (and also for your family and friends). Relationships, employment, etc, may be seriously affected. There is also a danger that some people turn to alcohol or illegal drugs. Some people think of suicide. Therefore, many people with depression opt for treatment.

Treatment options for mild depression

The following are the commonly used treatment options for people with mild depression. They are also used for people with long-standing subthreshold depression that has shown no signs of improving. Some people prefer one type of treatment to another. So, personal preference for the type of treatment used should be taken into account when discussing the best treatment for yourself with your doctor.

A guided self-help programme

There are various pamphlets, books and CDs which can help you to understand and combat depression. The best are based on the principles of CBT, as described earlier. Ideally, a guided self-help programme is best. That is, a programme where the materials are provided by a trained practitioner such as a doctor and where a practitioner monitors your progress. A self-help programme takes some motivation and effort to work through - a bit like doing homework. A typical guided self-help programme consists of 6-8 sessions (face-to-face and via telephone) over 9-12 weeks.

Computer-based CBT

Computer- and internet-based self-help CBT programmes are recent innovations. They are supported by a trained practitioner who monitors progress. A programme typically takes place over 9-12 weeks and you are given tasks to try out between sessions.

Group-based CBT

This is CBT but in a group setting of 8-10 participants. Typically, it consists of 10-12 weekly meetings.

Group-based peer support

This is an option for people with depression who also have an ongoing (chronic) physical problem. This allows sharing of experiences and feelings with a group of people who understand the difficulties and issues facing group members. Typically, it consists of one session per week over 8-12 weeks. Ideally, it should be supported by a facilitator who has knowledge of the physical health problem and reviews progress with people taking part in the group.

Read more about self-help guidance for depression.

Antidepressant medicines

Antidepressant medication is not usually recommended for the initial treatment of mild depression. However, an antidepressant may be advised for mild depression in certain circumstances. For example, in people:

- With mild depression that persists after other treatments have not helped.
- Whose depression is associated with a physical illness.
- Who have had an episode of moderate or severe depression in the past.

Second-line treatment

For mild depression, the above treatments often work well and symptoms improve. However, if symptoms do not improve much with the above treatments, it is usual to move on to treatments usually advised for moderate or severe depression, as discussed earlier. That is, an antidepressant and a more intensive psychological treatment such as individual one-to-one CBT.

Treatment options for moderate or severe depression

Antidepressant medicines

Antidepressant medicines are commonly used to treat moderate or severe depression. A medicine cannot alter your circumstances. However, symptoms such as low mood, poor sleep, poor concentration, etc, are often eased with an antidepressant. This may then allow you to function more normally and increase your ability to deal with any problems or difficult circumstances.

An antidepressant does not usually work straightaway. It can take 2-4 weeks before the effect builds up fully. A common problem is that some people stop the medicine after a week or so as they feel it is not helping. You need to give it time. Also, if it is helping, follow the course that a doctor recommends. A normal course of an antidepressant lasts for at least six months after symptoms have eased. Some people stop their medication too early and the depression may then quickly return.

There are several types of antidepressants, each with various pros and cons. For example, they differ in their possible side-effects. (The leaflet that comes in the medicine packet provides a full list of possible side-effects.) If the first one that you try does not suit then another may be found that will suit. So, tell your doctor if you have any problems with an antidepressant. Antidepressants are not tranquillisers and are not thought to be addictive.

People with moderate or severe depression have a good chance of improving within a few weeks of starting an antidepressant. But, they do not work in everybody. However, some antidepressants work better in some people than in others. Therefore, tell your doctor if symptoms do not start to improve after about 3-4 weeks of taking an antidepressant. In this situation it is common to advise either an increase in dose (if the maximum dose is not yet reached) or a switch to another type of antidepressant.

At the end of a course of treatment it is usual to reduce the dose gradually over about four weeks before finally stopping. This is because some people develop withdrawal symptoms if an antidepressant is stopped abruptly.

Read more about antidepressants in the treatment of depression.

Psychological (talking) treatments

Various psychological treatments have been shown in research trials to be good treatments for depression. These are briefly listed below. In general, a combination of an antidepressant plus a psychological treatment is thought to be better than either treatment alone. However, further research is required to work out the best option. Typically, most psychological treatments for depression last in the range of 12-20 weekly sessions of 1-2 hours per session.

Those most commonly used for moderate or severe depression are:

- **Cognitive behavioural therapy (CBT)**. Briefly, cognitive therapy is based on the idea that certain ways of thinking can trigger, or fuel, certain mental health problems such as depression. The therapist helps you to understand your thought patterns. In particular, to identify any harmful or unhelpful ideas or thoughts which you have that can make you depressed. The aim is then to change your ways of thinking to avoid these ideas. Also, to help your thought patterns to be more realistic and helpful. Behavioural therapy aims to change any behaviours which are harmful or not helpful. CBT is a combination of cognitive therapy and behavioural therapy. In short, CBT helps people to achieve changes in the way that they think, feel and behave.
- **Interpersonal therapy (IPT)**. This is sometimes offered instead of CBT. IPT is based on the idea that your personal relationships may play a large role in affecting your mood and mental state. The therapist helps you to change your thinking and behaviour and improve your interaction with others. For example, IPT may focus on issues such as bereavement or disputes with others that may be contributing to the depression.

Other types of therapy sometimes used, depending on circumstances, include:

- **Behavioural activation**. The basis of this therapy is that behaviours such as inactivity and ruminating on certain thoughts can be key factors in maintaining depression. The therapist aims to help you to combat these unhelpful behaviours.
- **Couple therapy**. This may be an option for people who have a regular partner and where the relationship contributes to the depression. Or, where involving the partner is considered to be of potential useful benefit.

Other treatments

Electroconvulsive therapy (ECT) may be advised as a last resort if you have severe depression which has not improved with other treatments.

What about exercise?

It is difficult to give firm advice about exercise as a treatment. Some people claim that regular exercise helps to lift their mood and combat depression. But, there is conflicting evidence about this from research trials. The national guideline published in 2009 by the National Institute for Health and Care Excellence (NICE) and updated in 2016 advises regular exercise as a possible treatment. A large review published in 2012 supports this advice. It concluded that exercise, on average, seems to improve depressive symptoms. In contrast, a large research trial published in 2012 found that addition of an exercise programme to the usual care for depression neither improved the depression outcome nor reduced the antidepressant use compared with usual care alone.

But also bear in mind that regular exercise is generally a good thing to do anyway.

Some myths and other points about depression

Depression is common but many people don't admit to it. Some people feel there is a stigma attached, or that people will think they are weak. Great leaders such as Winston Churchill have had depression. Depression is one of the most common illnesses that GPs deal with. People with depression may be told by others to "pull their socks up" or "snap out of it". The truth is, they cannot and such comments by others are very unhelpful.

Understanding that your symptoms are due to depression and that it is common, may help you to accept that you are ill and need help. Some people ask: "Am I going mad?" It may be a relief to know that you are not going mad and that the symptoms you have are common and have been shared by many other people.

You may 'bottle up' your symptoms from friends and relatives. However, if you are open about your feelings with close family and friends, it may help them to understand and help.

What about St John's wort?

This is not advised. St John's wort (hypericum) is a herbal antidepressant that you can buy, without a prescription, from pharmacies. It became a popular treatment for depression. However, national guidelines for depression do not advise that you take this because:

- It is not clear how well it works. Although some studies suggest that it may help depression, other studies have failed to confirm this.
- Side-effects sometimes occur. (Some people think that because St John's wort is 'natural' then it is totally safe. This is not true. It contains many chemicals which sometimes cause problems.)
- It may react with other medicines that you may take. Sometimes the reactions can cause serious problems. For example, you should not take St John's wort if you are taking warfarin, ciclosporin, oral contraceptives, anticonvulsants, digoxin, theophylline, or certain anti-HIV medicines. Also, you should not take it at the same time as certain other prescribed antidepressants.

Some promising possible new treatments

Some newer treatments have recently had some press coverage. None of those listed below is currently routine treatment for depression. However, further research may clarify how useful they are for depression:

- Eating a Mediterranean diet may help to prevent depression. One theory as to why this may help is that a diet high in olive oil may increase the amount of brain chemical called serotonin. This is similar to the effect of some antidepressants.
- Omega-3 supplements. A large review was unable to come to any definite conclusions and suggested that more research was required.
- Ketamine. A large review was unable to obtain enough evidence to arrive at any definite conclusions as to whether this medicine was helpful in depression.

Some dos and don'ts about depression

- Don't bottle things up and 'go it alone'. Try to tell people who are close to you how you feel. It is not weak to cry or admit that you are struggling.
- Don't despair - most people with depression recover. It is important to remember this.
- Do try to distract yourself by doing other things. Try doing things that do not need much concentration but can be distracting, such as watching TV. Radio or TV is useful late at night if sleeping is a problem.
- Do eat regularly, even if you do not feel like eating. Try to eat a healthy diet.
- Don't drink too much alcohol. Drinking alcohol is tempting to some people with depression, as the immediate effect may seem to relieve the symptoms. However, drinking heavily is likely to make your situation worse in the long run. Also, it is very difficult either to assess or to treat depression if you are drinking a lot of alcohol.
- Don't make any major decisions whilst you are depressed. It may be tempting to give up a job or move away to solve the problem. If at all possible you should delay any major decisions about relationships, jobs, or money until you are well again.
- Do tell your doctor if you feel that you are getting worse, particularly if suicidal thoughts are troubling you. Learn more about dealing with suicidal thoughts.
- Sometimes a spell off work is needed. However, too long off work might not be so good, as dwelling on problems and brooding at home may make things worse. Getting back into the hurly-burly of normal life may help the healing process when things are improving. Each person is different and the ability to work will vary.
- Sometimes a specific psychological problem can cause depression but some people are reluctant to mention it. One example is sexual abuse as a child, leading to depression or psychological difficulties as an adult. Tell your doctor if you feel something like this is the root cause of your depression. Counselling may be available for such problems.

Will it happen again?

A one-off episode of depression at some stage in life is common. However, some people have two, three, or more episodes of depression. You can have treatment for each episode. But, if you are prone to repeated episodes of depression, options that may be considered by you and your doctor include the following:

- To take an antidepressant long-term to help prevent depression from returning.
- Mindfulness-based cognitive therapy. This may be advised (if available) for people who are currently well but have had three or more episodes of depression. This therapy is a specialist type of talking treatment. There is good evidence that it can help to prevent depression returning. The therapy is typically done in groups of 8 to 15 people. It consists of weekly two-hour meetings over about eight weeks. There are then four follow-up sessions in the 12 months after the end of treatment.

Some related conditions

Postnatal depression

Some women develop depression just after having a baby. See separate leaflet called Postnatal Depression.

Bipolar disorder

In some people, depression can alternate with periods of elation and overactivity (mania or hypomania). This is called bipolar disorder (sometimes called manic depression). Treatment tends to include mood stabilising medicines such as lithium. See separate leaflet called Bipolar Disorder.

Seasonal affective disorder

Some people develop recurrent depression in the winter months only. This is called seasonal affective disorder (SAD). For people in the UK with SAD, symptoms of depression usually develop each year sometime between September and November. They then continue until March or April. You and your doctor may not realise for several years that you have SAD. This is because repeated depression is quite common. You may have been treated for depression several times over the years before it is realised that you have the seasonal pattern of SAD. Treatment of SAD is similar to other types of depression. However, light therapy is also effective. See separate leaflet called Seasonal Affective Disorder.

Other mental health problems

Depression sometimes occurs at the same time as other mental health problems:

- People with anxiety, panic disorder and personality disorders quite commonly also develop depression. As a rule, depression should be treated first, followed by treatment of the other disorder. In particular, anxiety will often improve following treatment of depression.
- Eating disorders such as anorexia and bulimia may accompany depression. In this situation the eating disorder is usually the main target of treatment.

What are tricyclic antidepressants?

Tricyclic antidepressants are used to treat depression and some other conditions. They often take 2-4 weeks to work fully. A normal course of antidepressants lasts at least six months after symptoms have eased. Side-effects may occur but are often minor and may ease off. At the end of a course of treatment, you should gradually reduce the dose before stopping completely.

Tricyclic antidepressants are not just for depression

Tricyclic antidepressants are used to treat depression. They are also used to treat some other conditions such as migraine, panic disorder, obsessive-compulsive disorder, recurrent headaches, and some forms of pain. The word tricyclic refers to the chemical structure of the medicine.

How do tricyclic antidepressants work?

Tricyclic antidepressants alter the balance of some chemicals in the brain, called neurotransmitters. An imbalance of the neurotransmitters is thought to play a part in causing depression and other conditions. Tricyclic antidepressants generally block the effects of two neurotransmitters called serotonin and noradrenaline (norepinephrine). The role these chemicals have in causing, or treating, depression is unclear.

How effective are tricyclic antidepressants?

About 5-7 in 10 people with moderate or severe depression have an improvement in symptoms within a few weeks of starting treatment with an antidepressant. However, up to 3 in 10 people improve with dummy tablets (placebos), as some people would have improved in this time naturally. So, if you have depression, you are roughly twice as likely to improve with an antidepressant compared with taking no treatment. However, they do not work in everybody. As a rule, the more severe the depression, the greater the chance that an antidepressant will work well.

Note: antidepressants do not necessarily make sad people happy. The word 'depressed' is often used when people really mean sad, fed up, or unhappy. True depression is different to unhappiness and has persistent symptoms (which often include persistent sadness).

The success rate of tricyclic antidepressants can vary when used to treat the other conditions (migraine, panic disorder, obsessive-compulsive disorder, recurrent headaches and some forms of pain).

How quickly do tricyclic antidepressants work?

Some people notice an improvement within a few days of starting treatment. However, an antidepressant often takes 2-4 weeks to build up its effect and work fully. Some people stop treatment after a week or so thinking it is not helping. It is best to wait for 3-4 weeks before deciding if an antidepressant is helping or not. If poor sleep is a symptom of the depression, it is often helped first, within a week or so.

With some types of tricyclic antidepressant, the initial dose that is started is often small and is increased gradually to a full dose. (One problem that sometimes occurs is that some people remain on the initial dose which is often too low to work fully.)

If you find that the treatment is helpful after 3-4 weeks, it is usual to continue. A normal course of antidepressants lasts at least six months after symptoms have eased. If you stop the medicine too soon, your symptoms may rapidly return. Some people with recurrent depression are advised to take longer courses of treatment (up to two years or longer).

When you are taking tricyclic antidepressants

It is important to take the medication each day at the dose prescribed. Do not stop taking it abruptly. This is because you may develop some withdrawal symptoms. The dose is usually gradually reduced before stopping completely at the end of a course of treatment. But don't do this yourself - your doctor will advise on dosage reduction when the time comes. It is best not to stop treatment or change the dose without consulting a doctor.

Are there different types of tricyclic antidepressants?

There are several different types. The ones used in the UK include imipramine, amitriptyline, doxepin, mianserin, trazodone, and lofepramine. Each of these comes in different brand names.

There is no best type that suits everyone. A doctor makes a judgement as to which one would best suit, taking into account things such as:

- Your age.
- Other medicines that you may take.
- Other medical problems.
- Possible side-effects.
- Previous use of antidepressants.

If the one chosen does not suit, it is sometimes necessary to change the dose, or change the preparation. Also, if tricyclic antidepressants do not help then another type of antidepressant may be advised.

Tricyclic antidepressants side-effects and risks?

Most people have either minor, or no, side-effects. Possible side-effects vary between different preparations. The leaflet that comes in the medicine packet gives a full list of possible side-effects. You should read this before you start taking the medicine. It is beyond the scope of this leaflet to list all side-effects; however, the following highlights some of the more common or serious ones. As a rule, tell your doctor if a side-effect persists or is troublesome. Your doctor can advise on the best course of action - for example, to stop the medication, a switch to a different medicine, etc.

The most common side-effects

These include a dry mouth, constipation, sweating, slight hesitancy in passing urine and slight blurring of vision. It is worth keeping on with treatment if these side-effects are mild at first. Minor side-effects may wear off after a week or so. Frequent drinks of water will help a dry mouth. Also, some people find that sucking pineapple chunks helps with the flow of saliva and helps to ease the feeling of dry mouth.

A possible sedating effect

Tricyclic antidepressants can cause drowsiness (a sedating effect) in some people. You must be aware of this possibility, especially if you are a driver, as it may impair your ability to drive safely. Any sedating effect is likely to be greatest in the first month of starting treatment, or on increasing the dose. The Driver and Vehicle Licensing Agency (DVLA) advises that you should not drive during this time if you feel that you are drowsy or sedated at all. Also, do not operate machinery if you feel drowsy.

Small increased risk of fractures

Research studies suggest that there is a small increased risk of fractures in people taking tricyclic antidepressants. However, the reason for this increased risk is not clear.

Antidepressants and suicidal behaviour

In recent years there have been some case reports which claim a link between taking antidepressants and feeling suicidal, particularly in teenagers and young adults. This may be more of a risk in the first few weeks of starting medication or after a dose increase. It is debatable whether this possible risk is due to the medicine or to the depression. If it is due to the medication then the risk remains very small. And, overall, the most effective way to prevent suicidal thoughts and acts is to treat depression. However, because of this possible link, see your doctor promptly if you become increasingly restless, anxious or agitated, or if you have any suicidal thoughts. In particular, if these develop in the early stages of treatment or following an increase in dose.

Sexual problems

Problems with sexual function are a common symptom of depression. However, in addition to this, all antidepressants may cause some problems with sexual function. For example, decreased sex drive (libido), difficulty getting an erection, delayed orgasm, and impaired ejaculation have been reported as side-effects in some people taking tricyclic antidepressants.

Are tricyclic antidepressants addictive?

Tricyclic antidepressants are not tranquillisers and are not thought to be addictive. Most people can stop tricyclic antidepressants without any problem. At the end of a course of treatment it is usual to reduce the dose gradually over about four weeks before finally stopping. This is because some people develop withdrawal symptoms if an antidepressant is stopped abruptly. If you have withdrawal symptoms it does not mean that you are addicted to the medicine, as other features of addiction, such as cravings for the medicine, do not occur.

Withdrawal symptoms that **may** occur include:

- Dizziness
- Anxiety and agitation
- Sleep disturbance
- Flu-like symptoms
- Diarrhoea
- Tummy (abdominal) cramps
- Pins and needles

- Mood swings
- Feeling sick (nauseated)
- Low mood

These symptoms are unlikely to occur if you reduce the dose gradually. If withdrawal symptoms do occur, they will usually last less than two weeks. An option if they do occur is to restart the medicine and reduce the dose even more slowly.

What are SSRI antidepressants?

Selective serotonin reuptake inhibitor (SSRI) antidepressants are used to treat depression and some other conditions. They can take 6-8 weeks to build up their effect to work fully. A normal course of antidepressants lasts at least six months after symptoms have eased. Side-effects may occur but are often minor. At the end of a course of treatment, you should gradually reduce the dose, as directed by your doctor, before stopping completely.

Are SSRI antidepressants used just for depression?

SSRIs are a group of antidepressant medicines that are used to treat depression. They are also used to treat some other conditions such as bulimia nervosa, panic disorder and obsessive-compulsive disorder.

How do SSRI antidepressants work?

Antidepressants alter the balance of some of the chemicals in the brain (neurotransmitters). SSRI antidepressants mainly affect a neurotransmitter called serotonin.

How effective are SSRI antidepressants?

About 5-7 in 10 people with moderate or severe depression have an improvement in symptoms within a few weeks of starting treatment with an antidepressant. However, up to 3 in 10 people improve with dummy tablets (placebos), as some people would have improved in this time naturally. So, if you have depression, you are roughly twice as likely to improve with an antidepressant compared with taking no treatment. But, they do not work in everybody. As a rule, the more severe the depression, the greater the chance that an antidepressant will work well.

Note: antidepressants do not necessarily make sad people happy. The word 'depressed' is often used when people really mean sad, fed-up, or unhappy. True depression is different to unhappiness and has persistent symptoms (which often include persistent sadness).

The success rate of SSRI antidepressants can vary when used to treat the other conditions listed above (bulimia, panic disorder and obsessive-compulsive disorder).

How quickly do SSRI antidepressants work?

Some people notice an improvement within a few days of starting treatment. However, an antidepressant often takes 6-8 weeks to build up its effect and work fully. Some people stop treatment after a week or so, thinking it is not helping. It is best to wait for 3-4 weeks before deciding if treatment with an SSRI is helping or not.

If you find that the treatment is helpful after 3-4 weeks, it is usual to continue. A normal course of antidepressants lasts at least six months after symptoms have eased. If you stop the medicine too soon, your symptoms may rapidly return. Some people with recurrent depression are advised to take longer courses of treatment (up to two years or longer).

When you are taking SSRI antidepressants it is important to take the medication each day at the dose prescribed. Do not stop taking an SSRI medicine abruptly. This is because you may develop some withdrawal symptoms. The dose is usually gradually reduced before being stopped completely at the end of a course of treatment. But don't do this yourself - your doctor will advise on dosage reduction when the time comes. It is best not to stop treatment or change the dose without consulting a doctor.

Are there different types of SSRI antidepressants?

There are several different types. They include citalopram, escitalopram, fluoxetine, paroxetineand sertraline. Each of these comes in different brand names. There is no best type that suits everyone. If the one chosen does not suit, it is sometimes necessary to change the dose, or change the preparation. Your doctor will advise. Also, if SSRI antidepressants do not help then another type of antidepressant may be advised.

SSRI side-effects and risks

Most people have either minor, or no, side-effects. Possible side-effects vary between different preparations. The leaflet that comes in the medicine packet gives a full list of possible side-effects. You should read this before you start taking the medicine. It is beyond the scope of this leaflet to list all side-effects; however, the following highlights some of the more common or serious ones.

As a rule, tell your doctor if a side-effect persists or is troublesome. Your doctor can advise on the best course of action - for example, to stop the medication, or a switch to a different medicine, etc.

The most common side-effects

These include diarrhoea, feeling sick (nauseated), being sick (vomiting) and headaches. It is worth keeping on with treatment if these side-effects are mild at first as they may wear off after a week or so.

A possible sedating effect

SSRIs can cause drowsiness (a sedating effect) in some people. This side-effect is not common and is not as much of a problem as with some other types of antidepressants. However, you must be aware of the possibility, especially if you are a driver, as it may impair your ability to drive safely. Any sedative effect is likely to be greatest in the first month of starting treatment, or on increasing the dose. The Driver and Vehicle Licensing Agency (DVLA) advises that you should not drive during this time if you feel that you are drowsy or sedated at all.

Bleeding into the gut

Some research has suggested that SSRIs may be associated with a small increased risk of bleeding into the gut; however, the evidence is inconclusive. This is especially in older people and in people taking other medicines that have the potential to damage the lining of the gut or interfere with clotting. Therefore, ideally, SSRIs should be avoided if you take aspirin, warfarin, novel anticoagulants (apixaban, edoxaban, dabigatran and rivaroxaban) or non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. If no suitable alternative to an SSRI can be found and you have an increased risk of bleeding, your doctor may advise that you take an additional medicine. This will help to protect the lining of the gut.

Small increased risk of fractures

Research studies suggest that there is a small increased risk of fractures in people taking an SSRI. However, the reason for this increased risk is not clear.

Nervous system side-effects

Dizziness, agitation, anxiety, difficulty sleeping and tremor have all been reported as possible side-effects.

Sexual problems

Problems with sexual function are a common symptom of depression. However, in addition to this, all antidepressants may cause some problems with sexual function. For example, problems getting an erection, vaginal dryness and decreased sex drive have been reported as side-effects in some people.

Antidepressants and suicidal behaviour

In recent years there have been some case reports which claim a link between taking antidepressants and feeling suicidal, particularly in teenagers and young adults. This may be more of a risk in the first few weeks of starting medication or after a dose increase. It is debatable whether this possible risk is due to the medicine or to the depression. If it is due to the medication then the risk remains very small. And, overall, the most effective way to prevent suicidal thoughts and acts is to treat depression. However, because of this possible link, see your doctor promptly if you become increasingly restless, anxious or agitated, or if you have any suicidal thoughts. In particular, you should speak with your doctor if these develop in the early stages of treatment or following an increase in dose.

Are SSRI antidepressants addictive?

SSRIs are not tranquillisers, and are not thought to be addictive. Most people can stop an SSRI without any problem. At the end of a course of treatment you should reduce the dose gradually over about four weeks before finally stopping. This is because some people develop withdrawal symptoms if the medication is stopped abruptly. If you have withdrawal symptoms it does not mean that you are addicted to the medicine, as other features of addiction such as cravings for the medicine do not occur.

Withdrawal symptoms that **may** occur include:

- Dizziness
- Anxiety and agitation
- Sleep disturbance
- Flu-like symptoms
- Diarrhoea
- Tummy (abdominal) cramps
- Pins and needles
- Mood swings
- Feeling sick (nauseated)
- Low mood

These symptoms are unlikely to occur if you reduce the dose gradually. If withdrawal symptoms do occur, they will usually last less than two weeks. An option if they do occur is to restart the drug and reduce the dose even more slowly.

What are MAOI antidepressants?

Monoamine-oxidase inhibitor (MAOI) antidepressants are a group of medicines that are used to treat depression. They can take up to three weeks to build up their effect to work fully. A normal course of antidepressants lasts at least six months after symptoms ease. You cannot drink alcohol or eat food that contains tyramine (for example, cheese, liver, yoghurt or Marmite®) while you are taking an MAOI. You cannot take some cough and cold medicines while you are taking an MAOI.

How do MAOI antidepressants work?

Antidepressants alter the balance of some of the chemicals in the brain (neurotransmitters). MAOI antidepressants prevent the breakdown of neurotransmitters such as noradrenaline (norepinephrine) and serotonin. An altered balance of serotonin and other neurotransmitters such as noradrenaline is thought to play a part in causing depression.

When are MAOI antidepressants usually prescribed?

MAOI antidepressants are usually prescribed when several of the newer types of antidepressants have been tried but have not worked so well, or caused troublesome side-effects. Some examples of newer types of antidepressant are fluoxetine, citalopram and sertraline. An MAOI may also be used if you have atypical depression. Atypical depression is a type of depression in which there are specific features not present in other types of depression. Examples of these include an improvement in mood if something good happens in your life, excessive sleepiness and a heavy feeling in the arms or legs.

MAOI antidepressants are normally prescribed or recommended by doctors who specialise in treating depression. For example, a consultant in mental health, or a GP who has a lot of experience of treating people with depression.

Most people who take antidepressants find that the newer types are easier to take because:

- They have fewer side-effects and drug interactions.
- You don't have to avoid certain foods or drinks that contain tyramine or cough and cold medicines.

How well do MAOI antidepressants work?

About 5-7 in 10 people with moderate or severe depression have an improvement in symptoms within a few weeks of starting treatment with an antidepressant. However, up to 3 in 10 people improve with dummy tablets (placebo), as some people would have improved in this time naturally. So, if you have depression, you are roughly twice as likely to improve with an antidepressant compared with taking no treatment. But, they do not work in everybody. As a rule, the more severe the depression, the greater the chance that an antidepressant will work well.

Note: antidepressants do not necessarily make sad people happy. The word depressed is often used when people really mean sad, fed-up, or unhappy. True depression is different to unhappiness and has persistent symptoms (which often include persistent sadness).

How quickly do MAOI antidepressants work?

Some people notice an improvement within a few days of starting treatment. However, it may take up to three weeks or more to build up its effect and work fully. Some people stop treatment after a week or so thinking it is not helping. It is best to wait for 3-4 weeks before deciding if an antidepressant is helping or not. If poor sleep is a symptom of the depression, it is often helped first, within a week or so.

When taking MAOI antidepressants

Some important considerations are:

- Do not eat foods or drinks that contain tyramine.
- Do not take certain other medicines.
- Carry a special card at all times.
- Rules when switching to other antidepressants.

Avoid tyramine

Do not eat food or drinks that contain tyramine (including alcoholic drinks) because this can cause a very large, sudden increase in blood pressure (hypertensive crisis). This is very important if you are taking one of the older MAOI antidepressants such as phenelzine, isocarboxazid and tranylcypromine. Hypertensive crisis is less likely to happen with moclobemide, but you still cannot eat or drink large amounts of food and drinks that contain tyramine. The first sign of a hypertensive crisis may be a throbbing headache.

Tyramine is found in cheese, liver, yoghurt, Marmite®, Oxo®, Bovril®, brewer's yeast, flavoured textured vegetable protein, broad bean pods (the beans inside can be eaten), protein which has been allowed to age, or ferment (for example, hung game, pickled herrings or dry sausage such as salami or pepperoni), fermented soya bean extract and large amounts of chocolate.

Tyramine is also found in alcoholic drinks, including beer, lager or wine (especially red wine). It is best to avoid all alcoholic drinks. It is also found in non-alcoholic beer.

Only eat fresh foods and avoid food that is stale or 'going off', especially meat (including poultry meat and offal meat) and fish while taking an MAOI and for two weeks after you stop. This is because these foods may contain tyramine.

Other medicines that you may take

MAOIs sometimes react with other medicines that you may take. So, make sure your doctor knows of any other medicines that you are taking, including ones that you have bought rather than been prescribed. Always check with your pharmacist before buying any medicines from the chemist or supermarket to see if they are safe to take with an MAOI antidepressant. Some medicines that you can buy for coughs and colds can also cause a very large sudden increase in blood pressure (hypertensive crisis), or make you very excitable or depressed.

In particular, avoid medicines for coughs and colds that contain dextromethorphan, ephedrine or pseudoephedrine while you are taking an MAOI antidepressant and for two weeks after you stop it:

- **Dextromethorphan** when taken with an MAOI antidepressant may make you very excitable or depressed.
- **Ephedrine, pseudoephedrine and phenylpropanolamine** when taken at the same time as an MAOI antidepressant may cause very large increases in blood pressure.

Carry a card

If you are taking an MAOI antidepressant you will be given a small card that you must carry with you at all times. This card lists the different foods, drinks and over-the-counter medicines you can't take. Always make sure you show this card to anyone giving you medical treatment (for example, a doctor, a dentist, a pharmacist or a nurse).

If you change your antidepressant

If your doctor wants to change your medication from an MAOI to another antidepressant, you must leave two weeks between stopping your MAOI antidepressant before starting your new antidepressant.

MAOI side-effects

Phenelzine, isocarboxazid and tranylcypromine

The most common side-effect with these older MAOIs is feeling dizzy when you stand up (postural hypotension). It is more likely to happen if you are older. Less commonly, some people have drowsiness, difficulty sleeping, headache, weakness and tiredness, a dry mouth, or constipation. Very rarely these medicines can affect your liver - for example, jaundice has been reported and a few deaths from liver reactions (but these are very rare). Peripheral neuropathy (weakness, cramps, and spasms, a loss of balance or tingling, numbness, and pain) has also been reported very rarely.

Moclobemide

Common adverse effects include, sleep disturbance, and feeling sick (nausea). Less commonly, agitation and confusion have been seen in people taking moclobemide.

Note: the above is not the full list of side-effects or interactions for these medicines. Please see the leaflet that comes with your particular brand for a full list of possible side-effects and cautions.

Can I buy MAOI antidepressants?

You cannot buy MAOI antidepressants. They are only available from your chemist, with a doctor's prescription.

What is the usual length of treatment?

If you find that the treatment is helpful after 3-4 weeks, it is usual to continue. A normal course of antidepressants lasts at least six months after symptoms have eased. If you stop the medicine too soon, your symptoms may rapidly return.

Some people with recurrent depression are advised to take longer courses of treatment.

Who cannot take MAOI antidepressants?

It is normally recommended that you avoid taking MAOI antidepressants if you:

- Have bipolar disorder and are in a manic phase.
- Experience excitation or agitation as a major part of your depression (your doctor may prescribe a sedative medication such as a benzodiazepine for 2-3 weeks).
- Have had a stroke or any other condition that affects the blood supply to the brain.
- Are taking other antidepressants.
- Have a growth on your adrenal gland (phaeochromocytoma) which can cause high blood pressure.
- Have heart disease.
- Are pregnant.
- Are breast-feeding.

Are MAOI antidepressants addictive?

MAOI antidepressants are not tranquillisers and are not thought to be addictive. (This is disputed by some people and so this is a controversial issue. If addiction does occur, it is only in a minority of cases.)

Most people can stop an MAOI without any problem. At the end of a course of treatment you should reduce the dose gradually over about four weeks before finally stopping. This is because some people develop withdrawal symptoms if the medication is stopped abruptly. If you have withdrawal symptoms, it does not mean that you are addicted to the medicine, as other features of addiction such as cravings for the medicine do not occur.

Withdrawal symptoms that may occur include:

- Drowsiness.
- Anxiety and agitation.
- Sleep disturbance.
- Vivid dreams.
- Slowed speech.
- A lack of muscle co-ordination.

Rarely, some people may have hallucinations and delusions.

These symptoms are unlikely to occur if you reduce the dose gradually. If withdrawal symptoms do occur, they will usually last less than two weeks. An option if they do occur is to restart the medicine and reduce the dose even more slowly.

How to use the Yellow Card Scheme

If you think you have had a side-effect to one of your medicines you can report this on the Yellow Card Scheme. You can do this online at www.mhra.gov.uk/yellowcard.

The Yellow Card Scheme is used to make pharmacists, doctors and nurses aware of any new side-effects that medicines or any other healthcare products may have caused. If you wish to report a side-effect, you will need to provide basic information about:

- The side-effect.
- The name of the medicine which you think caused it.
- The person who had the side-effect.
- Your contact details as the reporter of the side-effect.

It is helpful if you have your medication - and/or the leaflet that came with it - with you while you fill out the report.

Many people who have suicidal thoughts experience them when they are not in their usual frame of mind. This can be due to an illness, such as depression, or because of stressful events going on in their lives. Therefore these feelings are often temporary, or treatable.

There are lots of ways to obtain help in order to make the suicidal feelings go away and to prevent a tragedy. If you need help now, you can call the Samaritans free in the UK on 116 123, 24 hours a day.

What is suicide?

Suicide is the act of intentionally killing oneself. In the past it was considered a crime but in the UK it has been legal since 1961. Self-harm, on the other hand, is the act of causing oneself harm irrespective of the motive. In other words it is not necessarily done with the aim of causing one's own death. However, people who self-harm may have a higher risk of dying from suicide.

Who has suicidal thoughts?

Thoughts about suicide are quite common. As many as 17 in 100 people experience them. Most people who have thoughts about suicide will not actually kill themselves.

Figures on suicide in the UK and Republic of Ireland, are published regularly by the Samaritans. The latest ones showed that in 2015 6,639 people were registered as having died from suicide.

Evidence shows the following factors can increase the risk of suicide:

- Being male. Three times as many men die from suicide as women.
- Age. The highest risk is in people aged 40-44.
- Having a mental health disorder. 9 in 10 people who die from suicide have a mental health problem of some kind. Illnesses which increase the risk are:
    - Depression.
    - Bipolar disorder.
    - Schizophrenia.
    - Emotionally unstable personality disorder (formerly called borderline personality disorder).
    - Alcohol or drug dependence.
- Having a lot of pain from a physical illness, such as arthritis or cancer.
- Being unemployed.
- Being homeless.
- Living alone.
- Difficult life events, such as death of a loved one, redundancy, relationship break-ups.
- Being institutionalised - for example, being in prison or in the army.

- Bullying - in person or online.

Why do people have suicidal thoughts?

People often feel they want to end their lives when they can no longer bear the pain and difficulty they are in. Most often this is because they are not in their normal frame of mind. This could be because of:

- Having depression and seeing everything at its worst, or not having the energy or motivation to carry on.
- Having odd beliefs and ideas due to schizophrenia, or hearing voices.
- Something terrible having happened that they can't cope with - for example:
    - Death of a loved one.
    - Break-up of a close relationship.
    - A criminal conviction.
    - Being in prison.
    - A problem at work.
    - Redundancy.
    - Getting into debt.
    - Being abused.

- Guilt or remorse over something they have done.
- A physical illness making them unwell or giving them a lot of pain.
- Being under the influence of alcohol or mind-altering drugs.

Often the cause of these feelings is something which can be treated, or a feeling which will change over time. That is why friends, family, health professionals and governments want to do everything they can to help people cope with suicidal feelings. People with suicidal thoughts often think everyone else will be better off without them. In fact, suicide leaves devastation and guilt for others left behind. Relatives, friends and professionals are left wondering what more they could have done to help, and wishing the person who killed themself had confided their feelings.

What can I do if I have suicidal thoughts?

If you are having thoughts about suicide, you may feel alone and that nobody can help you, or that nobody cares. This is not at all true.

If you read the section above, you will see that many of the reasons for suicidal thoughts are temporary. They can be treated or improved. Health professionals, charity organisations, families and friends may be able to help you cope with your feelings and help you work out ways to make you feel better about life.

The Government considers the prevention of suicide so important that a new strategy was launched in January 2017 focusing on the prevention of suicide and self-harm. It also intends to improve services for people bereaved by suicide and target high-risk groups.

Here are some of the many options you might consider to help you through this difficult time:

Talk to somebody

Often just sharing how you feel and being able to express yourself helps. Remember you may not be in your normal frame of mind (see section above). So feelings may be confusing and talking them through with somebody else may help you see things differently. Everyone's situation is different but people who may be able to help just by listening include:

- Close friends.
- Partners and family members.
- Your GP (see below).
- A person on a telephone helpline (see below for details).
- A counsellor (your GP can refer you, or you can find one via one of the self-help websites mentioned below).

Telephone helplines

Samaritans - 116 123 (UK and Ireland, free to caller)

Somebody is available at the end of the phone just to listen to you 24 hours a day every day of the year. They are trained to help people understand and deal with their suicidal feelings. They have talked to many people with the same feelings, so they will not be fazed by anything you have to say. Because there is always someone there to listen to you, it is worth making a note of the number, as that phone call might be a good place to start in a crisis.

Papyrus UK - HOPELineUK - 0800 068 41 41

Papyrus is a charity devoted to children and young people up to age 35 with suicidal thoughts. You can ring their helpline, HOPELineUK, to talk to a trained professional who won't judge and won't lecture - they're just there to offer support and practical advice. The lines are open from 10 am-10 pm on Monday-Friday, from 2 pm-10 pm at the weekend and from 2 pm-5 pm on Bank holidays.

See your GP

Seeing your GP would be a good place to start with trying to deal with your suicidal feelings. The GP will want to know all about how you feel and why you think you might be feeling this way. They will be able to check whether you have any of the signs of depression, or schizophrenia or any of the other mental health disorders mentioned above. Remember most people (but not all) with suicidal thoughts have one of these illnesses. Most of these can be successfully treated. For example, if you have depression, a course of antidepressants may totally change the way you feel. After being treated, the suicidal thoughts would settle down. Also if it is a physical illness causing your thoughts, your doctor may be able to help with this, or help you cope with it better.

Having tried to establish the reason or reasons for your feelings, your GP may also be able to refer you for support or specialist help. For example, some people are helped by various different types of talking therapies. These include counselling and cognitive behavioural therapy (CBT). CBT aims to train your brain to look at things differently and react to stressful situations in other ways. A specific type of CBT called dialectical behaviour therapy (DLT) is sometimes used. This also helps people deal with their emotions in a more positive way. Alternatively, your GP may feel you need help or support from the mental health services. This is a team of psychiatrists, psychologists, psychiatric nurses and social workers who help people with mental health problems, or people who are feeling very suicidal. If they are very concerned about the risk of you killing yourself, the crisis team may support you intensively at home, or you may occasionally be admitted to hospital. Or they may provide less intensive support and treatment via the clinic or in your home.

Consider keeping a diary

Sometimes just letting your feelings out, instead of bottling them up, can help. If there is nobody you feel you can talk to, it may be that writing down how you feel may help. Or you may find art a better way of expressing yourself.

Look after yourself well

Try to look for positive things to make you feel better. List the good things in your life. Consider making a 'distraction box' of things you like. For example, pictures or photos you like or which remind you of happy times, a favourite CD or book or DVD. Try to eat well. Exercise regularly, as this boosts your 'happy hormones'. Pamper yourself. Arrange occasions or holidays which might help cheer you up if you can.

Look through the information on self-help websites

There are several support groups available. Their websites have information on who you can contact and what you can do to help yourself. There are also stories of others who have had similar problems.

Hospital services

As discussed above, your GP may refer you to the local specialist mental health team. The team typically consists of a psychiatrist, a psychologist, a psychiatric nurse, an occupational therapist and a social worker. Any or all of these individuals may be involved in your care. They sometimes see you in a hospital clinic, or sometimes visit you at your home. There is usually a crisis team to offer emergency assessment, support and treatment if your feelings are particularly severe. The mental health team may be able to help by:

- Prescribing medication.
- Providing support.
- Talking treatments (see above).
- Helping with social problems such as housing and financial difficulties.
- Helping with getting you back to the practical things in everyday life.

In a crisis, sometimes the local Accident and Emergency (A&E) department may be the place to go. There may be a long time to wait but the A&E doctor will talk to you and assess your suicidal feelings. That doctor may then arrange for the on-call mental health team to see you, who will decide on an action plan with you, to help you feel better. The mental health team will then arrange regular review and follow-up, probably starting the next day. It is unlikely that you would be admitted to hospital but sometimes, in extreme cases, this may be advised.

It is worth noting that mental health teams usually do not assess people who are drunk. This is because they can't assess what your real mental state is under these conditions. It is worth avoiding alcohol anyway when you feel low, as it tends to make you feel worse. Turning up in A&E with suicidal thoughts and being drunk are not the best ways to get help. It would be better to stay with, or talk to, a friend or to phone Samaritans, and seek professional help urgently once you are sober.

If you have already taken an overdose or seriously harmed yourself then seek urgent help by calling 111 (or 999/112/911), or by attending your local A&E department. Remember many of the reasons people want to kill themselves are temporary, and life can get better.

Other tips

Remove any means of killing yourself in case you have a strong impulse to do so. For example, give a friend or family member your medication to look after.

Avoid large amounts of alcohol, as this tends to exaggerate your feelings. If you are feeling low, a lot of alcohol will tend to make this much worse. Similarly avoid drugs which may cause 'lows' or 'downers' or paranoid feelings.

Remember suicide is permanent, whereas the feelings you are struggling with are probably temporary. There are ways of helping you through this horrible time.

I'm worried about someone else who is having suicidal thoughts - what can I do to help?

If you are concerned about a friend, partner or relative who is having suicidal thoughts, there is a lot you can do to help. People who are thinking of ending their lives usually feel very hopeless, so it is important to show them that somebody does care. The most important thing you can do is to listen to them, and allow them to express their feelings. This is often very helpful. You may be able to help them put their feelings in perspective. Sometimes, just having the opportunity to talk to someone can be helpful in itself. Ask questions about how they are feeling. Offer support and show that you care. Check in on them regularly to show that you mean this. Try to direct their thoughts and activities to things and people that they enjoy and love, and help distract them from their negative feelings.

You can direct them to the sources of support and treatment in the section above. If you feel they may have an illness, mental or physical, encourage them to see their GP. Offer to go with them if this might help. Write out the Samaritans' phone number for them and leave it somewhere they can easily find it if they need it.

What self-help options are available for mild depression?

There is much you can do yourself, once you have been pointed in the right direction. This is sometimes referred to as guided self-help. There's a lot of advice out there - on the internet, in a leaflet such as this, in magazines and books and from professionals such as GPs, practice nurses and counsellors.

Don't bottle it up

Don't try to 'soldier on' with your depression. You may try to hide your feelings in the hope that your depression will go away. You may fear that revealing that you have depression is a sign of weakness. This may be aggravated by unkind remarks from acquaintances that you should 'pull your socks up'.

Trying to suppress your depression is never a good idea and will only make you worse. This leaflet shows you how to understand your symptoms, that depression is an illness and that it is very common. Being open and honest with your family and friends will help them understand and they can be a good source of support for you.

Keep yourself occupied

If you are depressed, your natural reaction may be to withdraw from the world. This is the worst thing you could do. You need to increase your activity, not reduce it. Getting out from under that duvet and engaging with life may be very hard to start with, but it is the first step on your road to recovery.

- Make a list of activities you enjoy.
- Engage with people.
- Participate in activities.
- Do some exercise.

Making a list

You will need to get motivated; otherwise you may spend the entire day staring out of the window. Make a daily plan of the things you need to do. Add in a few 'treat' activities that you normally enjoy (and maybe don't usually have enough time for).

Keep it simple and choose activities that don't need a lot of organising, such as a walk in the park or listening to music. Activities which bring you into contact with friends, family or pets are useful,

Exercise has been found to be particularly beneficial. Studies have shown that regular exercise can be as good as medication in the treatment of depression.

Keeping a diary

Tick off each activity once it is done. At the end of the day, look back and see what you have achieved and what you have enjoyed. Don't be surprised if you don't enjoy some of the activities you list to start with. Give it time; the enjoyment will come back. Just think of it as therapy in the first instance. Rate your enjoyment from 1 to 10. You can see which activities you most enjoy and how you are progressing over time.

Avoiding what is unhelpful

You may list activities which you think are going to make you feel better but actually make you feel worse. Drinking alcohol, watching TV all day or staying in bed are typical examples. By keeping a daily diary you should be able to identify these unhelpful activities. Reduce the amount of time you spend on them and increase those that have brought you pleasure or a sense of achievement, to compensate.

Solving problems

Problems that you used to solve in your stride may seem insurmountable when you are depressed. Fear not - help is at hand.

- Write the problem down, including as much detail as possible:
    - Write down possible solutions using the following approach:
        - Did you solve a similar problem in the past and if so how did you tackle it?
        - What would a friend do?
        - What are the possible solutions? (Be creative, write the silliest or most impractical solutions first.)
- Break your solution down into steps and tick them off as you achieve each step.

The vicious cycle

Depression can make you lack motivation and feel physically unwell. It may be easier to avoid activities than to tackle them. You may then feel guilty and start to get angry with yourself. This in turn can cause lack of self-esteem and make you feel even more depressed. Understanding how depression affects your thinking can help you break this vicious cycle.

Make a list of any thoughts that have fallen into any of the categories below in the last couple of weeks:

Gloomy thoughts

When you are depressed, your image of yourself may suffer. You may feel you are worthless, lazy or unattractive. You may feel more sensitive about what other people think of you and imagine that you have become less popular among your friends.,

Catastrophising

This means jumping to the worst conclusion. If a family member is late, you immediately picture them being rushed to hospital in an ambulance. Or if you haven't heard from a friend for a few days, you assume you've said something to upset them.

Over-generalising

This means drawing wide conclusions from one small detail. If someone spoke sharply to you at work, you may think: 'All my colleagues hate me.' Or if you run out of milk, you may think: 'I'm a total disaster and useless at organising my life.'

Focusing on the negatives

This means over-exaggerating setbacks whilst ignoring all the good things in your life. For example, you may focus on a negative comment someone has made at work, whilst taking no notice of the praise other colleagues have given you. Or you may criticise yourself for not achieving everything on your list of tasks but ignore all the things you did manage to do.

Taking the blame unnecessarily

This means blaming yourself for no good reason. For example, if a co-worker is off-hand with you, you immediately wonder what you have done wrong. It may be that the other person has just had a bad day or is preoccupied.

Guessing another's thoughts or predicting the future

A neighbour who normally stops in the street for a chat passes by with just a wave. You immediately think: 'I must have upset her last time we spoke.' In reality, she may just be late for an appointment. You may be convinced that things are not going to go well at an interview and think: 'I know they won't offer me the job, so I won't bother going.'

Breaking the cycle

Don't beat yourself up if any of the thinking patterns above look familiar to you. Celebrate the fact that you are beginning to recognise them in yourself. You will now be in a position to stop them from affecting your mood.

Whatever it is that has upset you, sort it out into three parts:

- What happened?
- What did I think?
- What did I feel?

For example:

- Your best friend ignored you all evening and chatted to someone else.
- You thought: 'She finds the other person better company than me.'
- You felt unwanted and inferior.

Various techniques can be used to break the cycle.

Balancing

This means cancelling out the negative thought with a positive thought.

Using the above example:

"She finds the other person better company than me.' This could be balanced with: 'She bought me a great present for my birthday.'

It may be worth keeping a diary of events, with columns for feelings, negative thoughts and balancing thoughts.

It's known that people who are depressed are not very good at recording details so keeping a diary will help. Diaries are useful not only to help with the balancing technique but also to record positive experiences such as praise from a colleague or a compliment from a partner.

Challenge long-held views

You may be your own worst critic and you may have developed long-held negative opinions about yourself. For example, you may think you are lazy, not well liked or not particularly bright. These criticisms are often imagined and have no basis in reality. Imagine that you were trying to cheer up a friend who had these thoughts. Look for evidence that supports the opposite view. Writing things down may help.

Mindful awareness

This is a technique which has become increasingly popular as a way of getting 'in tune' with your thoughts and bodily feelings. It can be used to help manage anxiety. Entire books have been written about it and it's not easy to summarise the whole subject in a few lines. However, in a nutshell it involves focusing on what is happening in the present and not being distracted by the past or the future.

One exercise involves concentrating on your breathing whilst observing in an objective way whatever else is happening to your mind and body. If thoughts come into your mind, acknowledge them but bring your attention back to your breathing. You may notice physical feelings, emotions and sounds: notice them but let them drift away, and come back to your breathing. If you do become distracted, recognise that this has happened but just bring your focus back on to your breathing,

The more you practise this technique, the easier it will be to deal with the negative thoughts that come into your mind during a bout of depression.

What other treatment options are available for mild depression?

See your GP.

If self-help techniques don't do the trick, your doctor can help to rule out physical causes. These may include:

- An underactive thyroid gland (hypothyroidism).
- An underactive pituitary gland (hypopituitarism).
- Head injury.
- Polymyalgia rheumatica - an inflammatory condition causing severe pain and stiffness.
- Early dementia.
- Some medicines and some illicit drugs.

Having ruled out treatable causes of depression, your doctor might suggest other treatments.

What are the treatment options for mild depression?

Talking therapies

This involves sessions with a psychologist. The most common technique is cognitive behavioural therapy (CBT). The aim is to change the way you think and behave, using techniques similar to those described at the beginning of this leaflet. For mild depression, CBT is often offered in a group or via a computer. However, if the depression persists, one-to-one CBT may be advisable. Group-based peer support is a technique in which you share experiences and feelings with other people who are in a similar situation. This is often helpful for people whose depression is associated with a long-term physical illness.

Antidepressant medicines

These are not usually necessary for mild depression. However, they may be considered if your depression has persisted despite self-help techniques, if you have had moderate or severe depression in the past, or if your depression is associated with a physical illness.

What are the treatment options for moderate to severe depression?

As with mild depression, physical causes must be ruled out. Your doctor may then recommend talking therapy, antidepressant medication or a combination of both. Studies suggest that a combination of psychological treatment and a course of antidepressants produces a better outcome than either treatment alone.

Cognitive behavioural therapy

CBT is offered in a more intensive way than for mild depression and usually needs one-to-one sessions,

Interpersonal therapy

This uses similar techniques to CBT but focuses particularly on your relationships with others and the way these affect your mental state and mood. This may be particularly helpful if your depression was a reaction to a bereavement or a dispute within the family.

Behaviour activation

This involves focusing on increasing the amount of activity you do. It is based on the fact that certain behaviours in depression, such as avoidance of activity and dwelling on negative thoughts, perpetuate the vicious cycle of depression.

Couple therapy

This is sometimes considered when your depression is thought to stem from your relationship with your partner, or where it would be thought particularly helpful for your partner to be involved.

Antidepressant medicines

These are particularly helpful in moderate to severe depression. They are good at controlling the symptoms of depression such as sleep disturbance and low mood. They take 2-4 weeks to work and need to be taken for at least six months. There are various groups of medicines, each with its own pros and cons. Your doctor can help you decide which is the best one for you.

Electroconvulsive therapy

This used to be used widely in severe depression but is now reserved as a last resort in cases which do not respond to other treatments..

Am I depressed?

If you are depressed, you may notice the following features:

Emotions

- Sadness, guilt, feeling upset, despairing, or feeling as if your mind is numb.
- Not enjoying the things you normally do or losing interest in them.
- Feeling lonely even when you are with people.
- Being on a 'short fuse'.

Bodily signs

- Feeling tired.
- Lacking energy.
- Not being able to relax.
- Having sleeping problems and waking up early in the morning.
- Feeling worse at a particular time of day, particularly in the morning.
- Weight changes, poor appetite, going off your food.

Thoughts

- Loss of confidence.
- Being pessimistic.
- Thinking everything is hopeless.
- Thinking you hate yourself.
- Difficulties with memory or concentration.
- Suicidal thoughts (if you are severely depressed).

Your behaviour

- Being unable to make up your mind.
- Putting off daily tasks.
- Not doing hobbies or things you enjoy.
- Steering clear of other people.

If most of these features apply to you, you may be depressed. Most people will experience some of these symptoms from time to time but with depression they persist for more than a few weeks.

What are the causes of depression?

Usually, there is no one single cause of depression. Common life events associated with depression include the loss of a loved one, loneliness, money worries and unemployment. Some people seem to cope better with these difficulties than others. People who are vulnerable to depression tend to have other members of the family who have depression, who have had a difficult childhood, something in their personality or a chemical imbalance. Sometimes, depression occurs for no rhyme or reason.

Further reading & references

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Author: Dr Laurence Knott	Peer Reviewer: Dr John Cox	
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