







DEPRESSIVEDISORDER

Major depressive disorder is much more than feeling sad or having a bad day.

It is a serious mental illness (SMI) that requires understanding, compassion and medical care. It can present different symptoms in different people. Yet for most people, a depressive disorder changes how they function day-to-day.

CATEGORY	DEPRESSIVE EPISODE
MOOD	 Depressed, sad or very irritable; can't be cheered up Loss of interest and pleasure in daily activities
PHYSICAL	 Insomnia or sleeping too much Change in appetite or significant, unintentional change in weight Visibly slowed down or agitated Extreme fatigue and lack of energy Decreased sex drive Catatonia (possible psychotic stage)
BEHAVIORAL	 Decreased motivation Decreased task performance Withdrawal and isolation Lack of attention to hygiene and appearance No desire to talk, interact, socialize Grossly disorganized (possible psychotic stage)
THINKING	 Accusatory, self-blaming thoughts Feelings of worthlessness or excessive guilt Extremely low self-esteem Marked indecisiveness or the inability to think, remember or concentrate Recurrent thoughts of death, suicidal thoughts, suicidal plans Delusions (possible psychotic stage) Disorganized, incoherent speech (possible psychotic stage)
SENSES	 Hypersensitive to noise, light, stress Hallucinations (possible psychotic stage)



of individuals with major depressive disorder will have only one episode. But in more than half of all cases, symptoms return within two years. In these recurrent cases, the average number of episodes in a lifetime is about seven. An episode may last a few months to several years, but treatment can shorten the episode. Those with recurrent depressive disorder are at a very high risk for a suicide attempt. Tragically, 15% of these individuals will die by suicide.



TREATMENT



Although major depressive disorder can be a devastating illness, it often responds to treatment.

Many treatment options are available. Yet how well those treatments work depends on the severity of the illness. For most people, the use of psychotherapy and medications together yields better results than either method alone. This is something to review with your mental health clinician.

Major depressive disorder can be treated and managed in several ways:

- Various forms of psychotherapy including cognitive behavioral therapy, psychodynamic therapy and interpersonal therapy.
- Medications including antidepressants, mood stabilizers and antipsychotics.

Brain stimulation therapies including electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS) may be used if symptoms are not responding to psychotherapy and/or medication.

- **Exercise** increases endorphins and stimulates norepinephrine.
- Complementary and alternative approaches including light therapy, acupuncture, meditation, nutrition and supplements (like folate and St. John's Wort) can support, but not replace, treatment.
- Experimental treatments like ketamine and deep brain stimulation, both of which have not yet been FDA-approved, have shown promise in research trials.

RECOVERY



RECOVERY from serious mental illness is not only possible — for many people today, it is probable.

RECOVERY is a journey, not a destination.

RECOVERY is often misinterpreted as a day when an individual is "healed" and done with treatment. Unfortunately, recovery is not an event. It is an incremental process towards wellness with good days and not-so-good days.

Some information that you read or hear may make it seem that **RECOVERY** is rare or unlikely. But people can and do recover from serious mental illness.

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