Major Depression and You

Of late, we have been confronted with news in the local media regarding a number of untimely deaths or suicides. These news snippets, which are often distressing, leave the readers thinking, “What drove such a person to do such things?” More importantly, for every one death, it is estimated that twenty others are also affected and these experiences can be traumatic for some.

Although we may never know the reasons for many of these cases, one illness which has often been implicated is major depression or in Malay, masalah kemurungan. For the learned, depression may mean something utterly different from the uninformed and therefore I am compelled to assist in bridging this gap through this article.

What is depression?

Major depression is a mental health condition associated with low mood. Unlike feeling depressed which is a symptom in itself, major depression, also known as major depressive disorder or clinical depression, is a mental illness associated with progressive and often intractable feelings of low mood or a sense of hopelessness. Often these feelings persist for weeks and are felt daily, if not most of the day, which differentiates itself from the usual depressed mood which is often short-lived.

At present, depression is a clinical diagnosis with standard criteria based on evidence. Both the World Health Organization (WHO) and the American Psychiatric Association’s criteria are similar. The criteria states that an individual is diagnosed to have clinical depression if they meet a history of two weeks or more with progressive symptoms (listed below) which is sufficient to cause distress and impairment in daily living.

1. Depressed mood or irritable most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears

Source: tribune.com.pk
3/10/2014
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2. Decreased interest or pleasure in most activities, most of each day
3. Significant weight change (5%) or change in appetite
4. Change in sleep: Insomnia or hypersomnia
5. Change in activity: Psychomotor agitation or retardation
6. Fatigue or loss of energy
7. Guilt/worthlessness: Feelings of worthlessness or excessive or inappropriate guilt
8. Concentration: diminished ability to think or concentrate, or more indecisiveness
9. Suicidality: Thoughts of death or suicide, or has suicide plan

Therefore, if you feel that you or those close to you may indeed have a number of these symptoms for a significant period of time, it may be time to visit your doctor to seek help or contact the local help available (listed below).

What is the current situation like?

There is a joke and also a misconception that those in my profession are able to read minds. This is of course, untrue. As Dr. Eugene highlighted earlier in his article, psychiatrists are medical doctors with extra training in mental health and are part of a group of professionals who may assist in alleviating those suffering from mental illness.

At present, major depression has been identified by the WHO to be the fourth cause of global health suffering and research predicts that it will be the primary cause by 2020 in developing nations.

A number of epidemiological studies have reported the lifetime occurrence for depression to be between 11-15% and within the year (current) to be around 5-6%. In Malaysia, the current occurrences of clinical depression in the general population is 2% and among those visiting general practice, 6-14%. There is a higher likelihood of under-reporting of these values within the community due to cultural reasons.
such as feeling embarrassed and not understanding that prolonged low mood is a problem, to name a few.

**What are the causes?**

There are a number of factors which may be risk factors to develop major depression. One of them is genetics. Individuals with a family history of major depression may have a higher risk. Also in those with anxious or depressed personalities which are also genetically driven to a certain extent.

Those with impactful life events are also at greater risk. These include psychological childhood trauma or early brain assault due to both physical injuries and drug use. Childhood accidents may lead to greater risk to develop major depression later in life. Those taking drugs, their risk is also greater compared to those not taking drugs, including tobacco smoking.

Certain life events, often negative or stressful may trigger an individual who is already vulnerable to develop major depression and therefore those at risk need to be extra vigilant.

At the brain level however, major depression is believed to be caused by an imbalance of certain chemicals within the brain called neurotransmitters. The main neurotransmitter often mentioned is serotonin, however, lately others such as norepinephrine and also dopamine may be involved. Often, there is a problem with producing, excessive breakdown or problems at the receptor level which may lead to this imbalance.

**How do we treat it?**

Major depression needs to be recognised and diagnosed before treatment is able to be provided. Persons with major depression, depending on their severity can choose either talking therapy (psychotherapy) or medication. Often for moderate to severe cases, a combination of both is given.