

Understanding Depression: A Resource for Patients



Fast Facts on Depression

- Depression, also referred to as major depressive disorder (MDD), is one of the most common mental health concerns in the U.S.¹
- Nearly 10.4 percent of American adults suffer from MDD in a given year²
- In 2020, an estimated 21 million U.S. adults experienced at least one episode of MDD¹
- Depressive disorders rank third highest worldwide amongst the leading causes of disability³
- The risk for developing MDD is greatest for:
 - Adult women (10.5%) have a higher prevalence of major depressive episode, compared to adult men (6.2%)^{1,2}
 - Individuals under the age of 65²
 - Individuals from lower-income groups²
 - Individuals who identify as being White or Native American²
 - Service members who experience traumatic occupational stressors (e.g., combat-injury)⁴

This Brochure May Help You

- Learn to recognize the symptoms of depression
- Understand the causes of depression
- Learn how depression can be treated
- Take steps to help you or your loved one feel better



Depression is not a character flaw or a weakness. Depression is a medical condition that can be treated and managed effectively with the help of a health care professional. The first step to recovery is to seek treatment and to discuss your concerns with your doctor in an open and honest manner.

More Than a Passing Emotion



Depression is more than temporary sadness or other emotions that often follow a loss or when going through difficult times. Depression can affect thoughts, feelings and behaviors, as well as physical health. A diagnosis of MDD is based on the following list of symptoms, with the affected individual experiencing five or more symptoms during the same two-week period with at least one of the symptoms being either:⁵

1. Depressed mood most of the day, nearly every day or
2. A loss of interest or pleasure most of the day, nearly every day

Additional symptoms include:

3. Changes in appetite or unintentional, significant weight loss when not dieting
4. Decreased thought and physical movement (this should be observed by others)
5. Feeling tired or exhausted most days
6. Feeling worthless or excessive, inappropriate guilt most days
7. Difficulty concentrating, indecisiveness most days
8. Frequent thoughts of death and/or suicide, suicide planning, or attempting suicide

These symptoms must cause significant distress or functional impairments to the affected individual (e.g., social, occupational, etc.) and must not be the result of substance abuse or another medical condition.

Causes of Depression

Depression may result from a combination of genetic, biological, environmental, and psychological factors.³ However, it is important to know that depression can still occur without a clear reason, as everyone reacts differently to stress and likely experiences different risk factors.⁶



Biological - Research indicates that depression can occur as a result of changes in brain chemicals called “neurotransmitters;” these changes can affect how nerve cells communicate, grow, and adapt over time.⁶



Genetic - A family history of depression increases the risk of developing the condition.^{2,6}



Environmental - Depression can be triggered by substance abuse, some medications, stressful events (e.g., divorce, death of a loved one, relationship difficulties, social isolation, unemployment, financial problems), childhood abuse or neglect, physical illness, and chronic pain.⁶



Psychological - Feeling a profound sense of sadness, emptiness or hopelessness, and losing interest in activities that were once enjoyable can heavily influence their perception of life events.⁶



Co-occurring - Depression may co-occur with some physical illnesses (e.g., cancer, thyroid disease, chronic pain), commonly associated with an increased risk of developing depression, as environmental conditions may influence genetic factors to increase the overall risk of an individual developing depression.⁶

Contributing risk factors for depression may include:

- Personal or family history of depression
- Permanent Change of Station (PCS), deployment, or family separation
- Certain co-occurring physical or mental illnesses or medications
- Reintegration
- Mission/operational stress
- High operational tempo

Psychotherapy

Psychotherapy has been proven to be effective in the treatment of depression. There are seven types of psychotherapies that are suggested by the Department of Veterans Affairs (VA) and Department of Defense (DOD). "For patients who select psychotherapy as a treatment option, we suggest offering individual or group format based on patient preference." (p. 36)⁷

Patients with an initial episode of MDD or patients who have previously responded well to monotherapy can be treated with either psychotherapy or pharmacotherapy as monotherapy, based on the patient's preference.⁷

Ask your health care provider to suggest a mental health provider who uses one of the following recommended psychotherapies. Additional resources are listed on the last page.

Treatments for Depression

There are a variety of treatment options available for people with depression. Talk to your health care provider to find out if you may have depression so that you can identify what treatment options might work best for you. Don't be afraid to ask questions. Take an active role in your treatment.

If you are a service member, a diagnosis of depression will not automatically result in a medical or administrative separation and will not automatically prevent your ability to deploy. There are certain prescription medications for the treatment of depression that are approved for use during deployment.⁸ A medical separation is a last resort, and generally occurs only after months of treatment have been unsuccessful and the service member is no longer considered fit-for-duty.



Some proven and effective methods for treating depression include:

- Psychotherapy
- Prescription medication

When treating uncomplicated MDD, the 2022 Department of Veterans Affairs/Department of Defense Clinical Practice Guideline for MDD states, "We recommend that MDD be treated with either psychotherapy or pharmacotherapy as monotherapy, based on patient preference... when choosing psychotherapy to treat MDD, we suggest offering one of the following interventions (not rank ordered): Acceptance and commitment therapy, behavioral therapy/behavioral activation, cognitive behavioral therapy, interpersonal therapy, mindfulness-based cognitive therapy, problem-solving therapy, short-term psychodynamic psychotherapy." (p. 33)⁷

Acceptance and Commitment Therapy (ACT)



ACT encourages patients to:

- Reduce symptom severity by accepting and acting based on personal values, and despite expected distress
- Develop goal-directed behaviors that help the patient create effective behavior changes that are based on identified personal values

Behavioral Therapy/Behavioral Activation (BT/BA)



BT encourages patients to:

- Schedule and track rewarding activities and practice interpersonal skills outside of treatment to improve their mood
- Monitor how their mood and behavior symptoms are affected in relation to the activities performed
- Work closely with their therapist to increase behaviors and objectively assess the benefit of engaging in them, while determining any obstacles to activities
- Behavioral activation (BA) is a version of BT that broadens the treatment component of BT by focusing on the link between avoidant behavior and depression

Cognitive Behavioral Therapy (CBT)



CBT encourages patients to:

- Learn how to change their thinking and behaviors that contribute to depression and identify, schedule, and engage in rewarding activities to improve mood
- Work closely with their therapist to select goals, identify, and develop ways to test the accuracy of unhelpful thoughts, and help the patient identify alternative beliefs that explore their current thought processes that worsen depression

Interpersonal Therapy (IPT)



IPT encourages the patient to:

- Improve communication skills and increase their problem-solving skills to resolve relationship-based difficulties
- IPT seeks to address the connection between the patients' feelings and their current relationship difficulties by primarily focusing on:
 - Interpersonal loss
 - Role conflict
 - Role change
 - Interpersonal skills

Mindfulness-Based Cognitive Therapy (MBCT)



MBCT encourages the patient to:

- Learn to become more detached and to observe thoughts as objects
- Experience emotions with less focus on changing, eliminating, or acting on them
- MBCT combines traditional CBT interventions with mindfulness-based skills (e.g., mindfulness meditation, imagery, experiential exercises, etc.)

Problem-Solving Therapy (PST)



PST encourages the patient to:

- Focus on learning to cope with specific problem areas
- Work closely with their therapist or health care provider to:
 - Develop skills for identifying and prioritizing specific areas of concern/challenges
 - Break problems down into specific, manageable tasks
 - Work to resolve problems
 - Develop appropriate coping behaviors

Short-term Psychodynamic Psychotherapy (STPP)



STPP is an effective, psychodynamic psychotherapy for adults with MDD, lasting approximately 10 to 20 weeks. Patients are encouraged to:

- Gain insight and work through unconscious conflicts, as life challenges and relationship difficulties arise
- Examine relationships (including the patient's relationship with the therapist) and explore feelings
- Assess current conflicts that result from past experiences (usually within childhood relationships to parental figures) to change behaviors and improve symptoms

Tips for Getting the Most out of Your Psychotherapy

- Keep all of your appointments with your mental health provider
- Talk to your mental health provider about your treatment goals and what type of support works best for you
- Be honest and open about how you feel and what issues are concerning you
- Ask questions related to your care
- Work cooperatively with your mental health provider and complete any homework assignments that you may be asked to do between sessions

Medication

Antidepressants are a type of prescription medication that can often help you recover from depression more quickly. "With the choice of pharmacotherapy, the VA/DOD Work Group recommends selecting any of several agents with no evidence supporting one over another. These choices include in no specific order:

- Bupropion
- Mirtazapine
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Selective serotonin reuptake inhibitors (SSRI)
- or trazodone (at recommended antidepressant doses)." (p.35)⁷

Note: Depending on your response to medications, your health care provider may suggest recommending a different type of medication specific to your needs.

Common side effects of antidepressants include:

- Nausea and vomiting
- Diarrhea
- Sleepiness
- Weight gain
- Sexual problems



- Call 988 or contact your health care provider immediately if you are having suicidal thoughts or a mental health crisis
- Call 911 for medical emergencies and other serious side effects (e.g, seizures, heart problems, etc.)

Other Treatments for Depression

Most cases of depression, even when they are severe, can be treated with psychotherapy, medication, or a combination of both. Discuss your concerns with your health care provider so that your preference and the additional safety risks of pharmacotherapy can be adequately considered when making this decision. There may be times when your health care provider may recommend other treatment methods or times when you may prefer to use other treatments.

Treatment Recommendations for Specific Populations:

- For individuals with mild to moderate MDD who are breastfeeding or pregnant, we recommend offering an evidence-based psychotherapy as a first-line treatment... In patients with a history of MDD prior to pregnancy who responded to antidepressant medications, and are currently stable on pharmacotherapy, weigh risk/benefit balance to both mother and fetus in treatment decisions. (p. 56)⁷
- For older adults (≥65 years) with mild to moderate MDD, we suggest offering a first-line psychotherapy... Patient preference and the additional safety risks of pharmacotherapy should be considered when making this decision. (p. 56)⁷
- For patients with mild to moderate MDD and significant relationship distress, we suggest offering couples-focused therapy. (p. 57)⁷
- For patients with mild to moderate MDD with or without a seasonal pattern (formerly seasonal affective disorder), we suggest offering light therapy. (p. 58)⁷

Reminders about Taking Antidepressant Medication



Take your medication for depression as prescribed.



Discuss any concerns or side effects with your health care provider as soon as possible.



Tell your health care provider if you have any existing medical conditions (including allergies).



Tell your health care provider about all current prescriptions and over the counter medications you are taking (including vitamins and dietary supplements), as they may lessen the effectiveness of the antidepressants or cause side effects.



Continue to take your medication as prescribed—even if you begin to feel better.



Call your health care provider before changing or stopping your medication, as negative side effects can occur.



Contact your health care provider as soon as possible if you have any questions or concerns with your medication.

Keep in mind that everyone reacts differently to medications. If your depression does not noticeably improve after four to six weeks, talk to your health care provider about any concerns you may have or about other possible treatment options.

It is recommended that patients with MDD who have achieved remission with antidepressant medication continue their antidepressant as prescribed for a minimum of six months to decrease the risk of relapse.

Other Treatment Options: For patients who have not responded adequately using first-line pharmacologic monotherapy at the maximum dose after at least four to six weeks of treatment, other options are available, to include:⁷

- Pharmacotherapy options (e.g., MAOIs: monoamine oxidase inhibitors, TCAs: tricyclic antidepressants)
- Electroconvulsive therapy (ECT)
- Repetitive transcranial magnetic (rTMS)
- Ketamine/esketamine

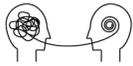
Self-Help, Complementary, and Alternative Treatments for MDD



Based on patient preferences, consider the following as an adjunct to psychotherapy or pharmacotherapy (self-help with exercise [e.g., yoga, tai chi, qi gong, resistance, aerobics], patient education, light therapy, and bibliotherapy) or as an alternative if first-line treatments are not acceptable and/or available. (p. 18)⁷



Exercise (e.g., yoga, tai chi, qi gong, resistance, aerobics): Evidence suggests exercise such as yoga, tai chi, qi gong, resistance training, and aerobics improves symptoms in those with MDD over waitlist or usual care. (p. 59)⁷



CBT-based bibliotherapy: ... we suggest CBT-based bibliotherapy as an adjunct to pharmacotherapy or psychotherapy, or as an alternative when patients are unwilling or unable to engage in other treatments. (p. 60)⁷



St. John's wort: For patients with mild MDD who are not pregnant or breastfeeding and who prefer herbal treatments to first-line psychotherapy or pharmacotherapy, we suggest standardized extract of St. John's wort as monotherapy. (p. 26)⁷



Acupuncture, biofeedback, or meditation: For patients with MDD, there is insufficient evidence to recommend for or against...

- Acupuncture as an adjunct
- The addition of biofeedback
- Meditation as an adjunct (p. 26)⁷

Other Things to Remember

It may take weeks before you start to feel better from psychotherapy or medication. There are also a number of additional things that you can do to help with depression, as listed below.³

1. Take small steps

- **Concern:** When you're depressed you may become overwhelmed by problems and decisions, find that you have little energy, or that you have more difficulty concentrating
- **Suggestion:** Reduce large problems into several smaller, manageable steps before moving onto the next. Complete small steps at a comfortable pace to reduce the chance of becoming overwhelmed

2. Avoid making major life decisions

- **Concern:** There may be times when you are faced with making a major decision (e.g., changing jobs, making a financial investment, relocating, divorce, or a major purchase) when you are depressed
- **Suggestion:** If you feel that you must make a major decision about your life, ask a trusted source for advice (e.g., a family member, health care provider, therapist, chaplain, commander, friend, etc.)

3. Eat healthy, balanced meals for your physical and mental health

- Learn about choosing healthy foods by talking with your health care provider or a nutritionist. There are many online resources that may also be helpful, to include: My HealtheVet at <https://www.myhealth.va.gov>

4. Avoid using alcohol, illegal drugs and tobacco

- Alcohol is a depressant and can increase feelings of depression
- Alcohol, tobacco, marijuana, and illegal drugs can also reduce the effectiveness of antidepressant medications and may create harmful side effects

5. Follow your health care provider's instructions about your treatment

- Work with your health care provider(s) to plan your treatment based on your needs, situation, and lifestyle
- Take your medication as prescribed, even if you begin to feel better

6. Remain hopeful - depression is treatable

- Most people with depression begin to feel better with treatment, but it may take some time
- Remember: negative thinking (blaming yourself, feeling hopeless, expecting failure, etc.) is part of depression—As the depression lifts, so will the negative thinking

Remember: Start slowly and take small steps on your way to feeling better.



Talking to Your Child About Depression

Talking to your child about your depression will depend on their age and ability to understand. When sharing information with your child, keep it short, simple and in language that they can understand. A few key points to cover when talking with your child include:

- A young child may think that the depression is their fault; reassure them that your depression is not their fault
- Reassure them that the adults in the family and other people, such as doctors, are helping you and getting help for your depression is a grown-up's—not a child's—responsibility
- Explain that depression affects people in different ways and tell your child how depression affects you (for example, you may be more tired, irritable, impatient or cry more often)
- Tell your child what you are doing to make yourself feel better—this gives you the opportunity to explain that you are seeing a health care provider to talk about your depression or why you are taking medicines that your child has likely seen you take
- If you are a single parent, it may be helpful to develop a plan for taking care of your young child in the event that your depression gets worse for any reason
- If you are a service member and single parent, be sure that your family care plan is up-to-date

References

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- 7 Veterans Affairs and Department of Defense. (2022). *VA/DOD Clinical Practice Guideline for the Management of Major Depressive Disorder*. Version 4.0. <https://www.healthquality.va.gov/guidelines/MH/mdd/VADoDMDDCPGFinal508.pdf>

Additional Resources:

MILITARY ONE SOURCE Military OneSource: Provides counseling services free-of-charge for service members and dependents for 12 sessions (can be extended as needed). Also provides 24/7 support and information on housing, financial, legal, medical, and other psychological services.
State side: 800-342-9647; Overseas: 703-253-7599; or Collect 484-530-5908.
www.militaryonesource.mil

Books such as *Sad Days, Glad Days: A Story About Depression* by Dewitt Hamilton can be helpful for talking with children.

DOD and VA Resources

Military/Veterans Crisis Line

Dial 988, then press 1 to chat live with a counselor.
www.veteranscrisisline.net

Military OneSource

800-342-9647
www.militaryonesource.mil

Real Warriors

www.health.mil/realwarriors

Psychological Health Resource Center

866-966-1020
www.health.mil/PHRC

inTransition

State-side: 800-424-7877
Overseas: 800-748-8111
www.health.mil/inTransition

My HealtheVet

www.myhealth.va.gov

Psychological Health Center of Excellence

www.health.mil/PHCOE

External Resources

988 Suicide & Crisis Lifeline

988
www.988lifeline.org

Depression and Bipolar Support Alliance

800-826-3632
www.dbsalliance.org

Families for Depression Awareness

781-890-0220
www.familyaware.org

National Alliance on Mental Illness

www.nami.org

Mental Health America

800-969-6642
www.mentalhealthamerica.net

National Institute of Mental Health

866-615-6464
www.nimh.nih.gov

SAMHSA's National Helpline

Provides free, confidential 24/7 information and treatment referrals in English and Spanish; Call 800-662-HELP (4357)

