Grown Up...©
A Newsletter For Those Who Care For
ADOLESCENTS, ADULTS, and AGING ADULTS

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BEHAVIORAL OBJECTIVES

AFTER READING THIS NEWSLETTER THE LEARNER WILL BE ABLE TO:

1. Discuss five out of nine diagnostic criteria for depression.

2. Describe two characteristics of depression in adolescents, adults, and aging adults.

   Depression is a major psychiatric illness, affecting approximately eleven million adolescents, adults and aging adults. The World Health Organization (WHO) expects that by 2020, clinical depression will become the second leading cause of disability in the world, next only to heart disease. Many people experience short periods of depression in response to an overwhelming stressful event. As outlined by Kübler-Ross, depression is a normal part of the grieving process, occurring to some degree with any loss, such as the death of a loved one or friend, loss of a job, retirement and/or loss of a body part or ability to function.

   The exact cause of depression is unknown. It is still unclear why some people faced with enormous challenges develop depression, while others with similar challenges do not. Depression is believed to be caused by a combination of genetic, biological, environmental, and psychological factors. Longstanding theories about depression suggest that important neurotransmitters, chemicals that brain cells use to communicate, are out of balance in depression.

   This newsletter will discuss diagnostic criteria related to depression. Manifestations of depression in each age-group will be described. Management of depression and implications for the healthcare provider will be discussed in a future newsletter.

DIAGNOSTIC CRITERIA

The term depression is often used loosely to describe a low or down mood, "He looks depressed today." There are specific criteria that must be met for a diagnosis of depression to be made. Five of the nine symptoms outlined below must be present daily during at least a two-week period. At least one of the symptoms must be a depressed mood or loss of interest/pleasure in activities. According to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition, the criteria for major depression include:

1. **Depressed mood** - the patient may report feeling low, down, sad, and/or hopeless. Anxiety and panic attacks are common. The patient may report feeling sad or "empty" inside. The healthcare provider and others may observe the patient having a sad affect, as well as tearfulness and crying. Somatic complaints, such as headache or vague pains, are also common. Adolescents may show more anger and irritability, rather than a depressed mood.

2. **Loss of interest or pleasure in activities** - the patient will show diminished interest or pleasure in activities that were once important to him or her, such as grooming, hobbies, or interacting with family or friends.

3. **Change in weight (unintended) or appetite** - loss of appetite and weight are common with depression, but some people may overeat due to depression and gain weight.

4. **Change in sleep patterns** - insomnia is common with depression, especially waking early in the morning. Conversely, some patients may sleep excessively.

5. **Excessive or reduced physical activity** - the patient may be a whirlwind of activity, for example cleaning incessantly. Or, on the opposite extreme, he or she may have a marked decrease in activity.

6. **Fatigue or lack of energy** - the patient may feel exhausted, lacking the energy for even basic hygiene measures.

7. **Feelings of worthlessness or guilt** - the patient may report feeling like he or she is "no good for anyone", or may obsess about past failures.

8. **Inabilities to concentrate or make decisions** - the patient may be unable to concentrate, think clearly or focus. Indecisiveness is common, with the smallest decision often causing great inner turmoil.

9. **Thoughts of death, suicide, or thoughts of harming another person** - the person may have recurrent thoughts of death, not just a fear of dying, but also recurrent thoughts of suicide, without a specific plan.

GENDER, POPULATION AND SEASONAL-SPECIFIC DIFFERENCES

Nearly twice as many women (6.5%) as men (3.3%) suffer from depression. Researchers have shown that hormones, which are in constant fluctuation in women, directly affect the brain chemistry that controls emotions and mood. For example, postpartum depression may occur within 3 months of giving birth and can be a threat to the mother, as well as her baby and/or other children.
Additionally, during the transition into menopause, some women experience an increased risk for depression. Men often experience depression differently than women. While women with depression are more likely to have feelings of sadness, worthlessness, and excessive guilt, men are more likely to be tired, irritable, have difficulty sleeping, and have a loss of interest in once-pleasurable activities. Men are also believed to be more likely than women to turn to alcohol or drugs when they are depressed.

Many people also commonly suffer from seasonal depression, referred to as Seasonal Affective Disorder (SAD). Many of us notice tiredness, a bit of weight gain, a craving for sweets, difficulty getting out of bed, and bouts of "the blues" during the winter months. There is commonly a "let down" after the holidays at a time when daylight is shortened. Seasonal Affective Disorder usually resolves in the spring. However, susceptible individuals who work in buildings without windows may experience SAD-type symptoms at any time of year.

ADOLESCENTS:

Approximately 8 percent of adolescents, 12-18 years of age, in the U.S. suffer from depression. Depression during the teen years comes at a time of great change - when boys and girls are forming an identity apart from their parents, grappling with gender issues and emerging sexuality, and making independent decisions for the first time in their lives. Adolescence is a time of emotional turmoil, mood swings, and risk taking behaviors. Such normal changes often make it difficult to recognize symptoms of depression in teens. For example, having insomnia, a diagnostic criteria for depression, may be common in teens. Many teens, left to their own accord, will watch TV all night and/or text with their friends. This may be normal adolescent behavior or a symptom of depression.

The need to be accepted by the teen’s peer group is paramount. Not fitting in can lead to loneliness, isolation, boredom, and a poor self-esteem, as well as depression.

Depression is generally associated with a significant crisis in the teenager's life. The crisis may seem insignificant to an adult, such as the teen whose boyfriend has just broken up with her. Such an event can be devastating to the teen and may lead to depression and/or suicide.

Suicide in adolescence is not always overt, such as hanging oneself. The adolescent may commit suicide by speeding and intentionally running the car he or she is driving into a tree. A suicide in a close friend is an important identifier of those at greatest risk. The teenager who exhibits obvious personality changes, including social withdrawal, or who gives away treasured possessions may also be seriously contemplating ending his/her life.

ADULTS

Depression affects an estimated 19 million American adults every year. Depression in adulthood can be triggered by such situations as isolation, boredom, "empty nest syndrome", financial problems, career frustrations, caring for elderly parents - while at the same time for nuclear family members, multiple personal failures, addictions, and loss of family members (spouse, child or parent).

Divorce and death of one's parents most commonly occur during adulthood, potentially leading to depression. Many childhood traumas may lead to depression in adulthood, such as rejection or abandonment, chronic illness, neglect, or abuse. Such feelings may have been repressed earlier. Lack of self-confidence and low self-esteem can also trigger depression, as can physical conditions, including weight issues and physical disabilities.

AGING ADULTS

There are over 35 million Americans who are 65 or older and of them, 7 million suffer from depression. Depression is not an inevitable consequence of aging. The belief that aging adults are normally depressed, as well as less active and social, and overly preoccupied with physical complaints, is a dangerous one. It means that older adults often suffer in silence, remaining either undiagnosed or misdiagnosed, and, most important, untreated. It can also mean suicide.

Risk factors for depression in aging adults are numerous. Many involve social circumstances, such as living alone, having little or no social support, being institutionalized, being unmarried or widowed, and going through a recent bereavement. Other risk factors, including fearing death, being in pain, feeling that life has no purpose - such as may occur with retirement, abusing substances, having a history of suicide attempts, or having a functional disability, such as loss of mobility, hearing, or vision. Having a chronic condition, such as diabetes, stroke, heart disease, lung disease, or arthritis, which are more common in the elderly, can make the age-group vulnerable to depression. Medical conditions such as anemia, incontinence, hyperthyroidism, hyponatremia, hypercalcemia, hypoglycemia, heart disease, and kidney failure often coexist with depressive symptoms. Medications are another risk factor.

Aging adults typically portray fewer symptoms of depression than adolescents or adults. Common symptoms include memory impairment, sleep disturbances, decreased appetite, weight loss, irritability, and fatigue. Older adults may also express feelings of hopelessness, anxiety, worry, or anhedonia (loss of pleasure). Many aging adults don’t believe that depression is a health problem. Elderly persons commonly believe they can "handle it themselves."

Depression is a serious medical condition that affects adolescents, adults and aging adults at alarming rates. Specific risks that predispose each age group to depression should be identified by the healthcare professional. Additionally, symptoms related to the diagnostic criteria should be assessed in all patients.

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1. To meet the criteria for major depression as listed in the Diagnostic and Statistical Manual of Mental Disorders (4th Ed), which of the following must be present?
   a. Fatigue or insomnia
   b. Decreased weight or loss of appetite
   c. Depressed mood or loss of interest in activities
   d. Persistent feelings of worthlessness or extreme guilt

2. For diagnostic purposes, symptoms of depression must persist for a minimum of:
   a. two weeks.
   b. one month.
   c. six weeks.
   d. three months.

3. Sarah and her parents were in a car accident several months ago. Her parents were killed instantly. Sarah cries as she states, “I can’t even put butter on my toast. I’m starting to wonder if I even know how anymore.” This is most consistent with which of the following diagnostic criteria for depression?
   a. Loss of interest or pleasure in usual activities
   b. Loss of appetite
   c. Inability to concentrate or make decisions
   d. Excessive or reduced physical activity

4. Which of the following statements, made by Sarah, most clearly indicates possible depression?
   a. “I’ve had trouble sleeping, off and on, lately.”
   b. “I’ve been having these vague aches and pains.”
   c. “I don’t have much of an appetite.”
   d. “I just feel sad and empty inside.”
5. Which of the following is NOT a part of the diagnostic criteria for depression?
   a. Insomnia or excessive sleepiness
   b. Increased emphasis on personal grooming
   c. Thoughts of suicide
   d. Weight loss or, sometimes, weight gain

6. Anxiety and/or panic attacks are often associated with depression.
   a. True
   b. False

7. In adolescents, which of the following behaviors is LEAST likely to be associated with depression?
   a. Boredom
   b. Irritability
   c. Memory impairment
   d. Isolation

8. For teens, it is paramount for them that they:
   a. please their parents.
   b. fit in with their peers.
   c. make curfew.
   d. attend school.

9. The incidence of depression is highest in men.
   a. True
   b. False

10. The elderly are most likely to seek help for depression.
    a. True
    b. False