The different faces of depression
Depression manifests differently in men and in women, and in young people and old. Learn to spot the signs and get help early for this devastating but treatable condition.

BY GLYNIS HORNING

Depression affects around 20 percent of us during our lives, reports the SA Anxiety and Depression Group (SADAG). It strikes both sexes and all ages, but not in the same way, which can delay diagnosis – sometimes with serious implications.

A year after David, a retired Pietermaritzburg property developer, lost his wife to cancer, his children noticed changes in the once-outgoing 71-year-old. He lost weight, grew withdrawn and irritable, and complained of back pain and insomnia.

‘But when the caretaker rang to say he’d found Dad unconscious with empty bottles of Mom’s old painkillers beside him, we were shocked,’ says his son, Sean, 42, who lives in Pretoria. ‘We’d thought he was just getting over Mom, but the doctor said it was more than that – he had clinical depression.’

Buie, a Durban dental nurse, was just as shocked when her daughter received a similar diagnosis – at just 14. ‘Her school marks had dropped and she started crying a lot, sleeping all the time, and being cheeky to me when I tried to talk to her.’

It was when the school called Buie in to discuss her daughter’s disruptive class behaviour, and advised that she see a psychologist, that she realised this was ‘not just normal puberty behaviour’.

‘Clinical depression affects your mood, mind, body and behaviour,’ says Cassey Chambers, operations director at SADAG. ‘It’s not the same as a transient “blue” mood. It can’t be willed away. But appropriate treatment can help most sufferers.’ The earlier they get help the better – so it’s important to know the different faces the disorder presents.

Depression takes an array of forms. Major depression interferes with the ability to work, sleep, eat and enjoy activities you once found pleasurable, says Dr Moosa Moolaa, a psychiatrist at Life Fourways Hospital in Johannesburg. Dysthymia is a less severe type of depression where you can function, but far from your full potential, and it can linger for years. With bipolar disorder, episodes of depression alternative with episodes of elation or mania, which can affect your thinking, judgment and social behaviour. Undiagnosed or untreated depression is the leading contributing factor to suicide, so the sooner you get help for it the better, emphasises Chambers.

Depression can have numerous possible causes, from external events such as loneliness, financial worries or grief, to genetics – having close relatives with depression makes you more susceptible to this condition. Today, much research focuses on physiological or biochemical factors, and depression is widely seen as the result of an imbalance of brain chemicals (neurotransmitters), says Dr Moolaa. Medical illnesses such as stroke and thyroid problems can be contributory factors, as can medications, including those used to treat high blood pressure, birth control pills and steroids (cortisone). Alcohol and other substances can also play a role in the development of depression.

The symptoms of depression for men and women, children and the elderly can differ (see next page), but treatment is the same – usually a combination of medication and therapy, depending on individual needs. Medication is mostly with antidepressants, particularly a class known as selective serotonin reuptake inhibitors (SSRIs), which have few and mild side effects and are non-addictive. They take two to six weeks to work and are effective in about 70 percent of people, says Chambers.

Cognitive behavioural therapy teaches you to challenge negative ways of thinking and behaving, and interpersonal therapy can help you cope with relationship and other problems that worsen depression. In severe cases, modern electroconvulsive therapy can give quick, safe relief, says Dr Moolaa, but it doesn’t protect against future depressive episodes.

Changing faces

IN WOMEN depression is twice as common as in men. Hormonal changes can play a role, and women are more susceptible at puberty, during pregnancy and after giving birth (when mood may also be affected by hormones, lifestyle and work changes, lack of social support, relationship problems or mixed feelings about having a baby), around menopause, or after a hysterectomy, says Dr Moolaa.

Women may also be more at risk because of social inequality – many still earn less than men and have a double workload, shouldering domestic responsibilities and careers. They are also more at risk of physical or sexual abuse.

SPOT IT: The most common signs in women are tiredness, sadness, crying, low self-esteem, guilt, anxiety, loss of interest in life, loss of libido, changes in sleeping patterns or appetite, and suicidal thoughts. Women are more likely to attempt suicide than men, says Chambers, but less likely to succeed, as they use less violent means.
IN MEN, depression is less likely to be recognised, acknowledged and treated, as it's often seen as a 'women's condition and carries stigma. Causes in men include genes, brain chemistry and hormones, stress, and social expectations that they should repress emotions and always be tough and in control, Dr Moola says.

SPOT IT: The most common signs are tiredness, irritability, withdrawal, loss of interest, sexual problems, insomnia, complaints of physical ills (rather than emotional ones, which men are less likely to share), alcohol or drug abuse, or other risky behaviour. Men are five times more likely than women to commit suicide, Chambers reports.

IN THE ELDERLY, depression is often dismissed as a natural result of ageing, losing partners and friends, and loneliness. Failing health and certain medications can be factors, as can feelings of emptiness and loss of worth after retirement, financial worries and alcohol abuse.

SPOT IT: The most common signs are anxiety, sleeping problems, loss of memory, confusion, withdrawal, irritability, complaints of vague aches and pains or lack of energy (rather than of sadness, which they tend not to admit to), lack of personal care and hygiene, demanding behaviour, and thoughts of death. Men over 75 are at a higher risk for suicide, says Chambers. ‘Don’t just accept depression as an inevitable part of ageing – get treatment.’

IN CHILDREN, depression affects around two in 100, and it affects five in 100 teens. It's associated with family tension and break-up, the stress of expectations, pressure to succeed, bullying, academic problems, neglect or abuse, financial problems, and fanatical belief systems.

SPOT IT: Low mood, frequent crying, loss of energy, apathy, loss of interest in friends and games, anger, anxiety, regressive behaviour (thumb-sucking, bed-wetting), drop in school performance, complaints of aches and pains, use of alcohol or drugs, risk-taking, acting out (tantrums, rebelliousness, sexual behaviour), changes in eating and sleeping patterns, and talk about death. The suicide rate for 10- to 14-year-olds has more than doubled in the past 15 years, says Chambers. ‘Adolescents are the most at-risk group of all. Parents can be reluctant to accept that their children are depressed, she says, but early intervention can save lives.’

* Names changed for privacy

HELP END STIGMA
It’s estimated that by 2020 depression will be the second most common health problem in the world, but because of the surrounding stigma, many sufferers will not be treated. Stigma brings feelings of shame and hopelessness. Break it:

- Learn about depression and tell others about it – visit www.sadag.org.
- Give sufferers the same respect and support as you would if they were physically ill, and encourage others to as well.
- Speak out if friends or the media use negative stereotypes.
- Share your own experiences of depression.

HOW TO SUPPORT SOMEONE WITH DEPRESSION
1. Encourage them to get treatment and join a support group – go with them to the doctor or a counsellor or call SADAG on 0800-21-22-23 or sms 31393.
2. Explain that asking for help is a sign of strength, and let them know they will recover with time.
3. Give them care and support – never tell them to ‘snap out of it’; they are not lazy or weak, but ill.
4. Listen to them and treat them normally – ask them what they hope, fear, feel and need.
5. Tell them repeatedly that you’re there for them, and that you will get through this together.
6. Invite them for outings and activities – if they say no, don’t push the issue, but keep trying.
7. If they talk about death or suicide, or start finalising affairs or giving away things, get help immediately. Call SADAG, your doctor or your local hospital emergency department.

Helping hand
For psychiatrists and other healthcare professionals at Life Healthcare hospitals, fax 086-500-7535, email general information@lifehealthcare.co.za, or use the doctor search function on our website: www.lifehealthcare.co.za.