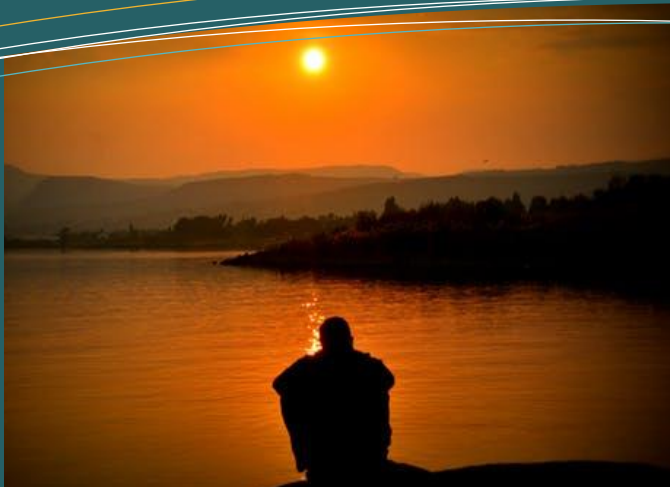


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Depression and Suicide Risk

Signs and Symptoms of Depression

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies or activities you usually enjoyed
- Decreased energy, fatigue, or being “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, waking up frequently during the night (early-morning awakening) or oversleeping
- Appetite and/or weight changes (weight gain or weight loss)
- Thoughts of death or suicide or suicide attempts
- Restlessness or irritability
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment



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Understanding, recognizing and treating Depression

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Advanced Primary Care believes that our patient’s mental well-being is just as important as their physical well-being. In this article, we will discuss depression: what it is, how to identify it, and how to identify suicide risk in those near and dear to us.

What is Depression?

We all feel sad or low sometimes, but these feelings usually pass with time. Depression (also known as “clinical depression” or “depressive disorder”) is a mood disorder that causes symptoms of distress affecting how you feel, think, and handle daily activities such as sleeping, eating or working.

To be diagnosed with depression, these symptoms must be present most of the day, nearly every day, for at least 2 weeks. Women are more likely to suffer these symptoms than men: studies have consistently documented higher rates of depression among women than among men with the female-to-male ratio averaging 2:1.

At Advanced Primary Care, we take special care to identify those suffering from depression and help improve their mental well-being. We screen all our patients during their annual wellness visit with a questionnaire called the PHQ-9, using the results of this screening tool to identify and treat depression in those under our care.

Can depression be treated?

Yes. If you believe you are suffering from depression, the first step in getting the right treatment is to visit your doctor or mental health professional, such as a psychiatrist or psychologist.

Your doctor can do an exam, interview, and arrange for lab tests to rule out other health conditions that may have the same symptoms as depression.

Once diagnosed, depression can be treated with medications, psychotherapy, or a combination of the two. If these treatments do not reduce symptoms, there are other forms of treatment option to explore.

Medications for treatment of depression are called antidepressants. They can work well to treat depression, but they can take 2 to 4 weeks to work.

Please Note: Although antidepressants can be effective for many people, they may present certain serious risks to some, especially children, teens, and young adults. Talk to your doctor about your risk prior to starting antidepressants.

Anyone taking antidepressants should be monitored closely, especially when they first start taking them. For most people, the risks of untreated depression far outweigh adverse effects of antidepressant medications. They are used under a doctor’s careful supervision.

Does depression look the same in everyone?

No, depression affects different people in different ways depending on gender and age. For example:

Women's biological, lifecycle, and hormonal factors that are unique to women may be linked to their higher depression rate. Women with depression typically have symptoms of sadness, worthlessness, and guilt.

Men with depression are more likely to be very tired, irritable, and sometimes angry. They may lose interest in work or activities they once enjoyed, have sleep problems, and behave recklessly, including the misuse of drugs or alcohol. Many men do not recognize their depression and fail to seek help.

Older adults with depression may have less obvious symptoms, or they may be less likely to admit to feelings of sadness or grief. They are also more likely to have chronic medical conditions, such as heart disease, which may cause or contribute to depression.

Younger children with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die.

Older children and teens with depression may get into trouble at school, sulk, and be irritable. Teens with depression may have symptoms of other disorders, such as anxiety, eating disorders, or substance abuse.



Are there different types of depression?

There are a number of different types of depression. However, the two most common forms are 'major depression' and 'persistent depressive disorder.'

Antidepressants

can have side effects, but many side effects may lessen over time. Talk to your doctor about any side effects that you have. Do not stop taking your antidepressant without first talking to your doctor.

Psychotherapy

helps by teaching new ways of thinking, behaving and changing habits that may be contributing to depression. Therapy can help you understand and work through difficult relationships or situations that may be causing your depression or making it worse.

Major depression

Where symptoms of depression last most of the day, nearly every day for at least 2 weeks and interfere with your ability to work, sleep, study, eat, and enjoy life. This type of depression can occur in a single episode (occurring only once in their lifetime). However, it is more common those afflicted with major depression experience multiple episodes at intervals throughout their life.

Persistent depressive disorder (dysthymia)

Having symptoms of depression that last for at least 2 years. A person diagnosed with this form of depression may have episodes of major depression along with periods of less severe symptoms.

In addition, there are other forms of depression, which are slightly different that may develop under unique circumstances. These include:

Perinatal Depression

Full-blown major depression or minor depressive episodes that occur in women during pregnancy or in the first 12 months after delivery. This type of depression is one of the *most common medical complications* during pregnancy and the postpartum period and affects one in seven women. It is important to identify because if it left untreated perinatal depression and other mood disorder can have devastating effects.

Several screening instruments are available for use during pregnancy and in the postpartum period. The American College of Obstetricians and Gynecologists recommends all obstetric care providers screen patients at least once during the perinatal period for depression and anxiety symptoms using a standardized, validated tool. Additional screening should also be done during the comprehensive postpartum visit.

Seasonal Affective Disorder (SAD)

SAD is a type of depression that comes and goes with the seasons. Typically, it starts in the late fall or early winter and goes away during the spring and summer.

Psychotic Depression

This type of depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations).



What causes depressive mood disorders?

Depressive Mood disorders have no single cause, but several risk factors can interact to produce clinical symptoms of the various depressive mood disorders including:

Family history of mood disorders

Individuals with depression and bipolar disorder often have a history of these disorders among their immediate family members. Many different genes may act together and in combination with other factors to cause a depressive mood disorder.

Previous episode(s)

One episode of major depression is a strong predictor of future episodes. More than 50% of individuals with a previous episode of major depression experience a recurrence.

Stress

Traditionally this has been viewed as a major risk factor for depression. Recent research suggests that stress may only predispose individuals for an initial episode, but not for recurring episodes.

Triggering events

Some individuals are more susceptible than others to depression following traumatic life events such as difficult abusive relationship, psychological trauma or other socioeconomic factors such as income, housing, workplace stress, and/or social prejudice.

Chronic medical conditions

A strong association exists between various chronic conditions and major depression. Chronic medical conditions such as stroke, heart disease, Parkinson, cancer, chronic pain are examples of chronic medical conditions that contribute to depression.

How can I help myself if I am depressed?

First, talk to a professional. Your family physician or a Psychologist can help diagnose mental health issues and form a treatment plan.

As you continue treatment, you may start to feel better gradually. Remember that if you are taking an antidepressant, it may take 2 to 4 weeks to start working.

Try to do things that you used to enjoy. Go easy on yourself. Other things that may help include:

- Trying to be active and exercise
- Breaking up large tasks into small ones, set priorities, and do what you can as you can
- Spending time with other people and confide in a trusted friend or relative
- Postponing important life decisions until you feel better. Discuss decisions with others who know you well
- Avoiding self-medication with alcohol or with drugs not prescribed for you

How can I help a loved one or someone who is depressed?

If you know someone who has depression, help him or her see a health care provider or mental health professional. You can also:

- Offer support, understanding, patience, and encouragement
- Never ignore comments about suicide, and report them to your loved one's health care provider or therapist
- Invite him or her out for walks, outings, and other activities
- Help him or her adhere to the treatment plan by setting reminders to take prescribed medications or participate in certain activities
- Help him or her by ensuring that he or she has transportation to therapy appointments
- Remind him or her that, with time and treatment, the depression will lift





Dr. Mary Szabo brings more than 30 years of clinical experience to Advanced Primary Care. After obtaining her Doctor of Medicine Degree from the University of Calgary in 1981, Dr. Szabo completed an Internship in Internal Medicine followed by a Residency in Family Medicine. She has extensive experience as an Emergency Physician for many years internationally and has been a Medical Officer (rank of Captain) with the Canadian Armed Forces. She has practiced medicine in many countries including the Pacific Islands, Saudi Arabia, the UAE, and the Caribbean as well as Canada.

Dr. Szabo places a very high value on evidence based medicine and has a particular interest in clinical research. She has participated in various clinical research projects sponsored by university Departments of Family Medicine and Departments of Infectious Diseases. In addition, she has directed her own study and publications in malignant hyperthermia.

She is the proud mother of 3 children: one is a lawyer, one is a physician and the third is in the Canadian Diplomatic Corps. Her favourite pastimes include cooking exotic recipes, travel, aerobic exercise and enjoying her grown-up family. Dr. Mary Szabo is fluent in Cantonese.

How do I know if my friend or loved one is at risk for suicide?

The behaviors listed below may be signs that someone is thinking about suicide:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty, hopeless, or having no reason to live
- Planning or looking for a way to kill themselves, such as searching online, stockpiling pills, or buying a gun
- Talking about great guilt or shame
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable pain (emotional pain or physical pain)
- Talking about being a burden to others
- Using alcohol or drugs more often
- Acting anxious or agitated
- Withdrawing from family and friends
- Changing eating and/or sleeping habits
- Showing rage or talking about seeking revenge
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often
- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, making a will

ACTION STEPS: Helping someone in emotional pain:

1. Ask: “Are you thinking about killing yourself?” It’s not an easy question but studies show that [asking at-risk individuals](#) if they are suicidal does not increase suicides or suicidal thoughts.

2. Keep them safe: Reducing a suicidal person’s access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and [removing or disabling the lethal means](#) can make a difference.

3. Be there: Listen carefully and learn what the individual is thinking and feeling. Findings suggest [acknowledging and talking about suicide](#) may in fact [reduce rather than increase](#) suicidal thoughts.

4. Help them connect: Canadian Association of Suicide Prevention CASP <https://suicideprevention.ca/need-help/>

5. Stay Connected: Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.



References

1. Health Canada <https://www.canada.ca/en/health-canada.html>
2. National Institute of mental Health (NIMH) www.nimh.nih.gov