



# Depression



Changi  
General Hospital



# Depression

## What is it?

## Is there help for it?

### A. What is Depression?

Sadness is a very common experience. Everyone feels fed up, miserable or upset sometimes. Usually the reason is obvious – disappointments, frustrations, losing something or someone important. Such sadness and grief are normal and temporary reactions to life stressors.

If, however, the sadness continues for some time, whether following a particular trigger or for no reason, the person may be suffering from clinical depression. Depression is an illness that affects a person's daily functioning and is not a sign of personal weakness or condition that can be willed or wished away. Depression can be effectively treated when diagnosed.

### B. Symptoms of Depression

The following are symptoms that one may experience when having depression. Not everyone will have all of the symptoms. The severity and duration of the symptoms also vary with the individual.

- Persistent sadness or low mood lasting more than 2 weeks
- Loss of interest and enjoyment in usual activities
- Lack of drive and motivation that makes even simple tasks and decision difficult or impossible
- Fatigue, feeling 'slowed down'

- Difficulty concentrating or making decision
- Memory disturbances
- Agitation and restlessness
- Irritability
- Change in appetite and weight (either gain or loss)
- Sleep disturbances (either too little or too much)
- Loss of outward affection, lost of interest in sex
- Loss of self-confidence, avoidance of people
- Feelings of guilt, worthlessness, inadequacy, helplessness and hopelessness
- Feeling worse at particular time of day, usually mornings
- Recurrent thoughts of dying and suicide

The presence of suicidal thoughts is an indication that the depression may be severe and that professional help is needed.

## C. Types of Depression

Depression can affect the way you think and feel, both physically and emotionally. It can come in various forms, just as there are various forms of heart diseases.

1. Major Depression
2. Dysthymia
3. Mixed anxiety-depression
4. Psychotic depression
5. Bipolar depression (temporary reactions to life stressors)

## Major Depression

A major depressive episode is characterised by combination of the above symptoms that affect one's work, interests and feelings towards family and friends. The diagnosis of depression is made when a person has

- persistent low mood and/or loss of interest that last for at least 2 weeks
- with 4 or more other associated symptoms that cause significant distress to interfere with daily functioning

These disabling depressive episodes can occur once, twice or several times in a lifetime.

## Dysthymia

This is a milder form of depression characterised by long-term, chronic depressive symptoms. The depressed mood persists for a period of 2 years and is accompanied by changes in energy, appetite or sleep as well as loss of self-esteem and feelings of hopelessness. These symptoms cause distress and difficulty in functioning but are not severe as in major depression. People who suffer from dysthymia are at increased risk for episodes of major depression. "Double depression" occurs when mild depression is present most of the time with occasional periods of more severe depressive symptoms.

## Mixed Anxiety-Depression

It is quite common to have both anxiety and depressive symptoms occurring together. In addition to the symptoms described earlier, the person may also experience worrying thoughts, feeling anxious and tensed up.

## Psychotic Depression

When depression becomes severe, there may be presence of psychotic symptoms such as hearing voices criticising or scolding oneself, which others cannot hear; having beliefs that other people are going to harm oneself. These symptoms come after the onset of depressive symptoms and are transient. They usually disappear when depression is adequately treated.

## Bipolar Disorder

This disorder is also known as manic-depressive psychosis. The person gets episodes of depression and mania. A person with manic symptoms may be

overtalkative, overactive, have increased energy, and a decreased need for sleep. The person's judgement may also become impaired and may make grandiose decisions about businesses/projects or get into romantic sprees. When the person has a depressive episode, he or she will experience the depressive symptoms as described earlier.

## D. Depression in Specific Groups

### Depression In The Elderly

The elderly have a much higher risk of depression and suicide than the young because major losses tend to take place in the later stages of life. For example, medical illnesses, changes in physical status, loss of income on retirement, death of parents and friends, loss of a life partner and changes in accommodation arrangements.



Many depressions are missed or thought of as normal by the family and hence undetected. Early detection and proper treatment is crucial to prevent unnecessary suffering.

The common symptoms of depression include a recent change in mood, especially pessimism, gloom and loss of cheerfulness. There may be poor concentration, lethargy, loss of interest in activities, a sense of guilt, changes in appetite and sleep. There are also abnormal symptoms of severe anxiety or bodily complaints. The affected person may develop unnecessary worry over apparently trivial issues, or may be constantly seeking attention for bodily aches and discomfort. Sometimes, depression can also cause memory changes

### Depression in Children And Teenagers

Depression in the younger age group differs from that of the adult. Some of the symptoms that parents can watch out for are:

- Persistent sadness or boredom
- Agitation, irritability or increased activity
- Frequent physical complaints such as headaches and stomachaches
- School refusal, or poor performance in school
- Unable to enjoy favourite activities
- Low energy, poor concentration
- Major change in eating and/or sleeping habits

In addition, the youngsters may have more negative thinking and entertain thoughts of dying. They have more interpersonal conflicts and may resort to alcohol and drugs as ways to feel better, especially among the teenagers.

In teenagers, having low mood may be due to the maturation process, the stress associated with it, the influence of sex hormones, and independence conflicts with parents. It may also be a reaction to a disturbing event such as death of someone close, relationship breakup, peer problems or failure at school. Adolescents who have low self-esteem, are highly-critical and who feel little sense of control over negative events are particularly at risk of being depressed when faced with stressful events. Depressed youths also have increased risk of suicide.

While it may be harder to pick up depression in children or teenagers, a high index of suspicion should be present when a child or teenager displays troublesome behaviour. Listening to the child/teenager and getting them to the appropriate help early will result in earlier diagnosis and treatment if warranted.

### Depression in Women

Post-natal depression is a result of combination of factors like hormonal and physical changes, as well as added responsibility in the family. The depression may start even during pregnancy, but typically takes place a couple of weeks following delivery.

It is important to detect and treat post-natal depression, as both the mother and baby are at risk of harm if the depression becomes severe and the mother is not able to carry out her usual duties/responsibilities.

## E. What Causes Depression?

The causes of depression are multifactorial. Some types of depression run in the family, suggesting a genetic predisposition. Fortunately, most people with family history of depression do not go on to develop the illness.

Personality may also play a part in depression. Although anyone can become depressed under certain circumstances, some are more vulnerable than others because of individual make-up or previous experiences.

Stressful social circumstances and lack of social support can also precipitate a depressive episode, especially when one's usual coping ways are overwhelmed. For example, someone who has just lost a job, had financial loans, on the brink of divorce and also worrying about a sick relative may be more likely to be depressed than someone with only a single event to handle.

Depression is also commonly accompanied by physical illnesses, especially life-threatening diseases such as cancer, heart disease, stroke and other chronic illnesses.

## F. Treatment for Depression

Antidepressant medications and psychological treatment can be used to treat depressive disorders. A combination of both has been found to give better results than either method alone. Medications target the symptoms more quickly, while psychological treatment helps the person deal with life's problems more effectively and sustains the recovery.

### 1. Antidepressants

Antidepressants are necessary if your depression is severe or had gone on for a long time. The commonly used antidepressants are selective serotonin reuptake inhibitors (SSRI), tricyclic antidepressants, monoamine oxidase inhibitors and some new antidepressants such as serotonergic noradrenergic re-uptake inhibitors (SNRI). Lithium and mood stabilisers such as sodium valproate are often used to enhance effectiveness of antidepressants.

It is important to note that the antidepressants take effect only a few days later. You need to be patient for the first week or two. When you feel better, you should not stop the medications immediately as you may then relapse into depression again. Consult your doctor regarding the duration of treatment.

With most antidepressants, you can eat a normal diet. Your doctor and pharmacist will advise you should there be dietary caution with specific antidepressants.

Most antidepressants are compatible with painkillers, antibiotics and oral contraceptive pills. You should avoid alcohol as it will interfere with the medications and make you too drowsy.

#### Possible side effects of antidepressants

Antidepressants may cause mild and usually temporary side effects in some people. Not everyone will experience the side effects. The most common ones and their remedies are:

- dry mouth – drink more water
- constipation – eat bran cereals, prunes, fruits and vegetables
- dizziness – get up from bed or chair slowly
- drowsiness – this will pass soon; do not drive or operate machinery if feeling drowsy or sedated
- headache – this is transient and will usually go away
- nausea and stomach discomfort – even when it occurs, it is transient after each dose; take medicine with food
- nervousness and insomnia – these may occur in initial period of starting medication; dose reduction or time will usually resolve them



Anti-anxiety drugs such as diazepam, alprazolam and lorazepam are not anti-depressants although they are sometimes prescribed along with antidepressants. They should not be taken alone for a depressive disorder.



## 2. Psychological Treatment

Psychological treatments not only help you to recover, they can also help to prevent a recurrence of depression. There are a number of psychological treatments available, such as cognitive behavioural therapy (CBT), interpersonal, psychodynamic and other kinds of 'talk therapy' that help depressed individuals recover. Psychotherapy offers people the opportunity to identify the factors that contribute to their depression and to deal effectively with the psychological, behavioral, interpersonal and situational causes. Clinical psychologists work with depressed individuals to:

- pinpoint the life problems that contribute to their depression, and help them understand which aspects of those problems they may be able to solve or improve
- identify negative or distorted thinking patterns that contribute to feelings of hopelessness and helplessness that accompany depression
- explore other learned thoughts and behaviors that create problems and contribute to depression
- help people regain a sense of control and pleasure in life.

To put it simply, you will identify ways in which you can modify your activities, feelings and thoughts to help your recovery and prevent relapse.

## 3. Electroconvulsive Therapy

A small number of severely depressed people do not get better with these treatment or are intolerant to drugs. Electroconvulsive therapy may then be used. It involves giving a light anaesthetic and a drug to relax the muscles of the body, and a safe amount of electric current is then administered to the brain for a few seconds. The whole procedure takes about fifteen minutes and all that the patient is aware of is having gone to sleep. A course of ECT amounts from 6 to 12 treatments, usually given three times a week.

## G. How to Help Yourself

### 1. Talk to someone

If you recently had some bad news or a major crisis in your life, try and talk to people close to you about how you feel. It helps to get the load off the chest, have a good cry if needed and talk things through. This is part of the mind's natural healing mechanism. Many people reported feeling better after talking to someone, including a counsellor or doctor about their problems.

### 2. Set Realistic Goals

Break large tasks into small ones, set some priorities and do what you can. Do not set difficult goals during this period. Do not embark on important decision-making during this period. It is best to wait till depression has improved before making major decisions like job change, getting married or divorced, or moving house.

### 3. Balanced Diet

While your appetite may be affected, you should still make sure that you eat good, balanced meals regularly. This will help towards your recovery.

### 4. Don't Worry Too Much About Insomnia

Insomnia is a common symptom associated with depression. It will usually improve when the depression is treated. Do be patient in the initial weeks of starting treatment. Listen to soft music, read a book if you can't sleep. Resting your body will still help, even if you are not actually sleeping. If you have insomnia for a long period of time, it is likely that it will not go away immediately, so have realistic expectations that treatment will take time.

Doctors may prescribe some medications to help you to sleep initially, especially if you have bad insomnia. However, be careful not to over-rely on the sleeping pills.

### 5. Avoid Alcohol Abuse

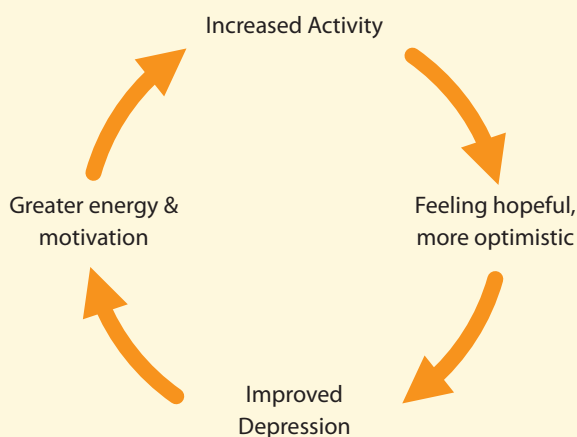
Some people take alcohol to calm themselves, or to aid sleep. While it may seem to give immediate relief, it may cause your mood to be more depressed eventually. Alcohol is also bad for your physical health. Prolonged use of alcohol may also give rise to addiction problem.

### 6. Give Yourself Some Time

Remind yourself that depression is something that others have gone through and that you will eventually come out of it. Depression can be a useful and transforming experience. Situations and relationships may be seen more clearly, and following the depressive episode, you may now have the strength and wisdom to make important decisions and changes in your life that you used to avoid before.

### 7. Do Something to Occupy Your Mind

Engage yourself in some activities, such as getting out of the house for exercise, even if only for a walk. While you may not be able to work at your full functional capacity, it is helpful to keep up some light activities, such as simple housework and hobbies. This will help take your mind off those painful feelings. However, keep in mind not to over-exert such that these activities become too draining for you. Plan to do activities that give you a sense of achievement and keep you active, such as reading, going to the movies or interacting with supportive family and friends.



## 8. Counter Negative Thoughts

When people are depressed, they may think negatively about:

- themselves e.g.  
"I'm a failure.", "No one loves me."
- the world e.g.  
"There is nothing good out there."
- the future e.g.  
"Things will never improve!".



If your thinking habits are negative and biased, you will most likely view situations in ways that leave you feeling down. Negative thinking interferes with recovery and makes the person more vulnerable to depression in the future. It is important to recognise unhelpful thoughts and replace them with more realistic thoughts.

You can change your feelings by changing your thinking. By challenging negative thoughts, you can develop a thinking style which is more helpful in dealing with problems and decreasing intense, unpleasant feelings.

First, identify how or what you are feeling. Then, ask yourself **"What am I thinking? What conclusions am I making?"** to see how and why you are feeling distressed. Remember unhelpful thoughts will lead to you experiencing upsetting emotions.

The next step is to challenge your thinking by exploring other possible explanations and looking at a situation from different points of view. Ask yourself, **"What other ways are there of viewing this situation? How might someone else view this situation? What other explanations could there be?"**

The final step is to ask yourself, **"How can I change my original thoughts to take into account these other possible viewpoints?"** Then, think of an alternative explanation. This becomes your new, balanced, and helpful thought. A balanced and helpful thought or belief is one that takes into account alternative viewpoints and helps you feel better. Replace your original,

unhelpful thought with this new, balanced and helpful belief. After you have done this, you will probably find that you feel better and your mood will improve.

## Unhelpful Thinking Styles

(Put a tick next to the ones that describe your current thinking style)

### Mental Filter

This thinking style involves a “filtering in” and “filtering out” process – a sort of ‘tunnel vision’, focusing on only one part of a situation and ignoring the rest. Usually this means looking at the negative parts of a situation and forgetting the positive parts, and the whole picture is coloured by what may be a single negative detail.

### Jumping to Conclusions

We jump to conclusion when we assume that we know what someone else is thinking (mind reading) and when we make predictions about what is going to happen in the future (predictive thinking).

### Personalisation

This involves blaming yourself for everything that goes wrong or could go wrong, even when you may only be partly responsible or not responsible at all. You might be taking 100% responsibility for the occurrence of external events.

### Catastrophising

Catastrophising occurs when we “blow things out of proportion”, and we view the situation as terrible, awful, dreadful, and horrible, even though the reality is that the problem itself is quite small.

### Black & White Thinking

This thinking style involves seeing only one extreme or the other. You are either wrong or right, good or bad, and so on. There are no in-betweens or shades of gray.

### □ Should and Must

Sometimes by saying “I should...” or “I must...” you can put unreasonable demands or pressure on yourself and others. Although these statements are not always unhelpful (e.g., ‘I should not get drunk and drive home’), they can sometimes create unrealistic expectations.

### □ Overgeneralisation

When we overgeneralise, we take one instance in the past or present, and impose it on all current or future situations. If we say “You always...” or “Everyone...”, or “I never...” then we are probably overgeneralising.

### □ Labelling

We label ourselves and others when we make global statements based on behaviour in specific situations. We might use this label even though there are many more examples that aren’t consistent with that label.

### □ Emotional Reasoning

This thinking style involves basing your view of situations or yourself on the way you are feeling. For example, the only evidence that something bad is going to happen is that you feel like something bad is going to happen.

### □ Magnification and Minimisation

In this thinking style, you magnify the positive attributes of other people and minimise your own positive attributes. It’s as though you’re explaining away your own positive characteristics.

### 9. Engage in problem solving

When people become depressed, problems may seem overwhelming. Developing new ways to deal with problems is often helpful. Problem solving involves the following steps:

- Step 1** Identify the problems that are worrying or distressing you and write them down.
- Step 2** Work out what options are available to deal with the problem and write them down.
- Step 3** List the main advantages and disadvantages of each option, taking into account what resources are available to you.
- Step 4** Identify the best option(s) to deal with the problem.
- Step 5** List the steps required for this option to be carried out.
- Step 6** Carry out the best option and then check its effectiveness.

# Problem Solving Worksheet

**Step 1: What is the problem or what do you want to achieve?**

Talk about the problem or goal, ask questions, get different opinions. Then write down exactly what the problem or goal is.

**Step 2: List all possible solutions.**

Write down all ideas, even bad ones. List the solutions without discussing further at this stage.

1 \_\_\_\_\_  
\_\_\_\_\_

2 \_\_\_\_\_  
\_\_\_\_\_

3 \_\_\_\_\_  
\_\_\_\_\_

4 \_\_\_\_\_  
\_\_\_\_\_

5 \_\_\_\_\_  
\_\_\_\_\_



**Step 3: Discuss each possible solution.**

Go down the list of possible solutions and discuss the main advantages and disadvantages of each one.

| Possible Solution | Advantages | Disadvantages |
|-------------------|------------|---------------|
| 1.                |            |               |
| 2.                |            |               |
| 3.                |            |               |
| 4.                |            |               |

**Step 4: Choose the “best” solution.**

Choose the solution that can be carried out easily to solve the problem.

Best option: \_\_\_\_\_  
\_\_\_\_\_

**Step 5: Plan how to carry out the best solution.**

List the resources needed and obstacles to overcome. Write down the tasks and set deadlines.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

**Step 6: Review implementation and reward yourself for all efforts.**

Focus on what you have accomplished. Review whether the plan was successful and revise it as necessary.

## H. How can relatives and friends help?

Relatives and friends can help by offering a listening ear and allowing the person to talk about his/her feelings and thoughts openly without fear of being criticised or judged. Encourage the person to see a doctor for proper diagnosis and treatment. Make appointments and accompany him/her to the doctor. Encourage him/her to stay on the treatment until symptoms abate, and help to monitor if the depressed person is taking medication.

Continued emotional support and constant reassurance by friends and relatives is invaluable as the depressed person lacks confidence and is prone to worries and doubts. Spend time and encourage him/her to talk, go for outings and walks. Encourage involvement in activities that was once enjoyed (eg hobbies, sports, religious activities), but do not be too insistent, as it may become a source of stress instead.

If the depressed person is getting worse and is starting to have suicidal thoughts, take these statements seriously and report them to the person's doctor/therapist.

## I. Seeking Professional Help

CGH's Department of Psychological Medicine offers comprehensive psychiatric services. If you wish to book an appointment for psychiatric consultation, please contact our Appointment Centre at tel: **6850 3333**

2 Simei Street 3 Singapore 529889  
Tel: 6788 8833 Fax: 6788 0933 [www.cgh.com.sg](http://www.cgh.com.sg)  
Reg No 198904226R

For appointments and enquiries,  
please call the CGH Appointment Centre at  
Tel: (65) 6850 3333

**CGH Appointment Centre operating hours:**  
8.30 am to 8.00 pm (Monday to Friday)  
8.30 am to 12.30 pm (Saturday & Sunday)  
Closed on Public Holidays

For more information, please visit  
<http://www.cgh.com.sg>



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