Everyone is always in search of happiness. However, we all know that there are ups and downs in everyone’s life.

People feel happy when something good and exciting happens. They feel down, sad, and disheartened when faced with difficult circumstances. They draw on their inner emotional strength, coping skills, or spiritual teachings. This helps them to continue to function as mothers, fathers, in various capacities at work, school, home and socially.

These are the normal ups and downs. People don’t need to seek professional help for such experiences. Speaking with supportive friends and family helps them get through tough times. Engaging in a favorite hobby might also help. Again, these people get over the adversity and continue to function.

When do feelings of sadness and unhappiness turn into depression or what is often referred to as clinical depression?

When the down periods are severe, persistent or pervasive, and affect an individual’s functioning in one or perhaps all areas of life or if it causes significant and unbearable emotional pain and anguish. Pain experienced during a severe depression is often seen as worse than physical pain. You should then seriously consider seeking professional consultation and treatment if indicated. Without treatment, the depression can get worse.

Clinical depression is a serious and common mental illness. According to the Centers for Disease Control (CDC), more than 1 out of 20 Americans 12 years of age and older reported current depression (moderate or severe depressive symptoms in the past two weeks) in 2009-2012.

Depression is a common cause of disability. Nearly 90% of persons with severe depressive symptoms reported difficulty with work, home, or social activities related to their symptoms. Almost 43% of persons with severe depressive symptoms reported serious difficulties in work, home, and social activities. It is very important to recognize and address depression.

HERE ARE SOME COMMON SYMPTOMS AND SIGNS OF DEPRESSION:

- Sadness, feeling down, or “empty”
- Feelings of hopelessness
- Feelings of pessimism, expecting only bad things to occur
- Loss of interest or pleasure in previously enjoyed hobbies and activities
- Neglecting care of oneself, such as not bathing, grooming, or eating
- Fatigue or decreased energy level, moving or speaking slowly
- Irritability and anxiety.
- Feelings of guilt, worthlessness, or helplessness
- Restlessness or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty following through with tasks, being unable to perform well at work, or ineffective parenting
- Increase in pain sensitivity
- Difficulty sleeping, waking very early in the morning, or sleeping more than usual
- Increased or decreased appetite, significant changes in weight
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause or that do not ease even with targeted treatment
- Thoughts of death or suicide, or suicide attempts
Depression in South Asians may manifest as vague physical symptoms, fatigue and boredom. After all it is easier to talk about physical symptoms rather than about depression. Not everyone who is depressed has all the symptoms. The severity and frequency of symptoms and how long they last will vary depending on the person. A person who has had depression in the past has an increased risk of developing depression again. Some people after recovering from an episode of depression may go many years without symptoms.

Depression can be mild, moderate or severe depending on the number and severity of symptoms. Sometimes severe depression is accompanied by psychotic symptoms, which result in the individual losing touch with reality.

Some women might experience mood changes e.g. sadness, irritability and moodiness a few days before the onset of menstrual period. Symptoms resolve with the onset of menstrual period. These symptoms may be due to Premenstrual Dysphoric Disorder or PMDD. It can cause significant distress, and difficulty in functioning. It may require treatment. It used to be called PMS. In some, depression has a seasonal pattern. For example, depression begins with the onset of fall season when the days get shorter and improves with the onset of spring.

Sometimes, depression might be part of underlying Bipolar disorder. These are associated with higher suicide risk. It is often good to think about underlying bipolar disorder if the severe depression has failed to respond to adequate treatment efforts.

**RISK FACTORS** for severe depression, or what is often referred to as a major depressive disorder:
- Severe stress, major life changes such as death, divorce, loss of a job and inability to find a job, financial problems, etc.
- Past history of depression.
- Lack of support system
- Substance abuse – alcohol or drugs
- Genetic – having a family member with a history of depression
- Family conflicts
- Trauma – physical, emotional, sexual.
- Physical illnesses
- Smoking

There are many factors that can trigger a severe depression or worsen an existing depression. Some factors are modifiable and under your control while others are not. It is important to know the factors that you can control and modify. For example, you can reduce the risk by avoiding smoking and avoiding abusing alcohol or drugs; by taking good care of your physical health, engaging in regular exercise, yoga, and meditation. Some studies have shown that smokers are at greater risk for developing depressions. This might be especially true for teenagers.

Stress cannot always be avoided. However, it is important to be aware of how you might be contributing your own stress. It is important to improve coping skills that will help when you face stress. Avoid isolating yourself. Reaching out to family and friends for support can be very helpful. It is important to address ongoing family conflicts by talking openly and finding solutions. If you are unable to do so, consider family counseling.

Depression can be treated effectively. There are many forms of evidence-based treatments. Remember, the longer you wait before seeking treatment, the longer you will suffer from the symptoms; and it becomes harder and takes longer to respond to treatment.

Untreated depression results in chronic emotional suffering and adversely impacts entire families. Suicide is the ultimate and tragic risk of untreated depression. It can be prevented with treatment.

There are some screening questionnaires for depression. One common one is PHQ-9. This is available freely online and takes 5 minutes to complete. This is just a screening test and is not diagnostic. If you score high it is advisable to get a psychiatric consultation.

Sometimes depression may be a manifestation of an underlying physical-medical condition or another mental disorder. Diagnosis of depression is made after a careful and thorough psychiatric interview of the person seeking consultation. Sometimes, the mental health provider may also speak with the family to obtain additional information to help make accurate diagnosis.

It is very important for you to become aware that you might have depression when experiencing the various symptoms described here. Sometimes, your family and friends might notice changes in your mood and behavior. Pay attention to what they are saying about you. It is only after you become aware and accept that you might have depression that you will take the steps toward treatment and recovery.

**RESOURCES**

Discussing with your doctor is better than relying on Internet searches. If you do read online, stick to more reliable sites. Here is a short list to learn more about depression.

- www.medlineplus.gov
- www.dbsalliance.org
- www.samhsa.gov
- American Psychiatric Association:
  - https://www.psychiatry.org/patients-families/depression
  - https://www.nimh.nih.gov/health/topics/depression/index.shtml#part_145397

**In the event of suicide risk following is an important resource:**

- www.suicidepreventionlifeline.org
- Suicide prevention hotline 1-800-273-TALK (8255)

If you have any questions, write to us at info@samhin.org.

**Vasudev N Makhija, MD**
President, South Asian Mental Health Initiative and Network – SAMHIN
www.samhin.org

www.illatimes.com