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1-800-994-9662

TDD: 1-888-220-5446

Depression

Q: What is depression?

A: Life is full of ups and downs. But when the down times last for weeks or months at a time or keep you from your regular activities, you may be suffering from depression. Depression is a medical illness that involves the body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things.

It is different from feeling “blue” or down for a few hours or a couple of days. It is not a condition that can be willed or wished away.

Q: What are the different types of depression?

A: Different kinds of depression include:

- **Major depressive disorder.** Also called major depression, this is a combination of symptoms that hurt a person's ability to work, sleep, study, eat, and enjoy hobbies.
- **Dysthymic (diss-TIME-ic) disorder.** Also called dysthymia, this kind of depression lasts for a long time (two years or longer). The symptoms are less severe than major depression but can prevent you from living normally or feeling well.

Some kinds of depression show slightly different symptoms than those described above. Some may start after a particular event. However, not all scientists agree

Depression has many different faces:



After 10 years of working for a company she loved, Kim was laid off. She never saw it coming. Kim is a single mother raising two kids. She has been looking for work for about eight months now. Since losing her job, she's felt like a failure. Kim is up all night, and she never feels like eating much. She yells at her kids often.



Rose used to be an active senior citizen. Since retiring, Rose and her husband have traveled a lot – Europe, Australia, South Africa – they have been everywhere. Rose's husband died last year of a heart attack. She has been in mourning for a year. She rarely gets out, and she doesn't accept visitors into her home.



Many of Julie's family members have suffered with depression. But nobody ever talks about it. Julie has been dealing with depression since she was a teen. She is now 46. She has tried to kill herself twice. Julie has never been in counseling. “What is wrong with me?” she always asks herself. She just can't seem to “shake it off.”

You probably know women with stories like these. Depression affects both men and women, but more women than men are likely to be diagnosed with depression in any given year. That being said, depression is not a “normal part of being a woman” nor is it a “female weakness.” Many women with depression never seek treatment. But most women, even those with the most severe depression, can get better with treatment.



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on how to label and define these forms of depression. They include:

- **Psychotic depression**, which occurs when a severe depressive illness happens with some form of psychosis, such as a break with reality, hallucinations, and delusions.
- **Postpartum depression**, which is diagnosed if a new mother has a major depressive episode within one month after delivery.
- **Seasonal affective disorder (SAD)**, which is a depression during the winter months, when there is less natural sunlight.

Q: What causes depression?

A: There is no single cause of depression. There are many reasons why a woman may become depressed:

- **Genetics (family history)** – If a woman has a family history of depression, she may be more at risk of developing it herself. However, depression may also occur in women who don't have a family history of depression.
- **Chemical imbalance** – The brains of people with depression look different than those who don't have depression. Also, the parts of the brain that manage your mood, thoughts, sleep, appetite, and behavior don't have the right balance of chemicals.
- **Hormonal factors** – Menstrual cycle changes, pregnancy, miscarriage, postpartum period, perimenopause, and menopause may all cause a woman to develop depression.
- **Stress** – Stressful life events such as trauma, loss of a loved one, a bad relationship, work responsibilities, caring for children and aging parents, abuse, and poverty may trigger

depression in some people.

- **Medical illness** – Dealing with serious medical illnesses like stroke, heart attack, or cancer can lead to depression.

Q: What are the signs of depression?

A: Not all people with depression have the same symptoms. Some people might only have a few, and others a lot. How often symptoms occur, and how long they last, is different for each person. Symptoms of depression include:

- Feeling sad, anxious, or "empty"
- Feeling hopeless
- Loss of interest in hobbies and activities that you once enjoyed
- Decreased energy
- Difficulty staying focused, remembering, making decisions
- Sleeplessness, early morning awakening, or oversleeping and not wanting to get up
- No desire to eat and weight loss or eating to "feel better" and weight gain
- Thoughts of hurting yourself
- Thoughts of death or suicide
- Easily annoyed, bothered, or angered
- Constant physical symptoms that do not get better with treatment, such as headaches, upset stomach, and pain that doesn't go away

Q: I think I may have depression. How can I get help?

A: Below are some people and places that can help you get treatment.

- Family doctor
- Counselors or social workers



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- Family service, social service agencies, or clergy person
- Employee assistance programs (EAP)
- Psychologists and psychiatrists

If you are unsure where to go for help, check the Yellow Pages under *mental health, health, social services, suicide prevention, crisis intervention services, hotlines, hospitals, or physicians* for phone numbers and addresses.

Q: What if I have thoughts of hurting myself?

A: Depression can make you think about hurting yourself or suicide. You may hurt yourself to:

- Take away emotional pain and distress
- Avoid, distract from, or hold back strong feelings
- Try to feel better
- Stop a painful memory or thought
- Punish yourself
- Release or express anger that you're afraid to express to others

Yet, hurting yourself does just that—it hurts you. If you are thinking about hurting or even killing yourself, PLEASE ASK FOR HELP! Call 911, 800-273-TALK (8255) or 800-SUICIDE, or check in your phone book for the number of a suicide crisis center. The centers offer experts who can help callers talk through their problems and develop a plan of action. These hotlines can also tell you where to go for more help in person. You also can talk with a family member you trust, a clergy person, or a doctor. There is nothing wrong with asking for help – everyone needs help sometimes.

You might feel like your pain is too

overwhelming to cope with, but those times don't last forever. People do make it through suicidal thoughts. If you can't find someone to talk with, write down your thoughts. Try to remember and write down the things you are grateful for. List the people who are your friends and family, and care for you. Write about your hopes for the future. Read what you have written when you need to remind yourself that your life is IMPORTANT!

Q: How is depression found and treated?

A: Most people with depression get better when they get treatment.

The first step to getting the right treatment is to see a doctor. Certain medicines, and some medical conditions (such as viruses or a thyroid disorder), can cause the same symptoms as depression. Also, it is important to rule out depression that is associated with another mental illness called bipolar disorder. A doctor can rule out these possibilities with a physical exam, asking questions, and/or lab tests, depending on the medical condition. If a medical condition and bipolar disorder can be ruled out, the doctor should conduct a psychological exam or send the person to a mental health professional.

Once identified, depression almost always can be treated with:

- Therapy
- Medicine called antidepressants
- Both therapy and medicine

Some people with milder forms of depression do well with therapy alone. Others with moderate to severe depression might benefit from antidepressants. It may take a few weeks or months before you begin to feel a change in your



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mood. Some people do best with both treatments – therapy and antidepressants.

Q: Should I stop taking my antidepressant while I am pregnant?

A: The decision whether or not to stay on medications is a hard one. You should talk with your doctor. Medication taken during pregnancy does reach the fetus. In rare cases, some antidepressants have been associated with breathing and heart problems in newborns, as well as jitteriness, difficulty feeding, and low blood sugar after delivery. However, moms who stop medications can be at high risk of their depression coming back. Talk to your doctor about the risks and benefits of taking antidepressants during pregnancy. Your doctor can help you decide what is best for you and your baby. In some cases, a woman and her doctor may decide to slowly lower her antidepressant dose during the last month of pregnancy. Doing so can help the newborn suffer from fewer withdrawal symptoms. After delivery, a woman can return to a full dose. This can help her feel better during the postpartum period, when risk of depression can be greater.

Q: Should I stop taking my antidepressant while breastfeeding?

A: If you stopped taking your medication during pregnancy, you may need to begin taking it again after the baby is born. Be aware that because your medication can be passed into your breast milk, breastfeeding may pose some risk for a nursing infant.

However, a number of research studies show that certain antidepressants, such as some of the SSRIs (see box at right) have been used relatively safely during breastfeeding. You should discuss with your doctor whether breastfeeding is

an option or whether you should plan to feed your baby formula. Although breastfeeding has some advantages for your baby, most importantly, as a mother, you need to stay healthy so you can take care of your baby.

Before taking medication for an anxiety disorder:

- Ask your doctor to tell you about the effects and side effects of the drug.
- Tell your doctor about any alternative therapies or over-the-counter medications you are using.
- Ask your doctor when and how the medication should be stopped. Some drugs can't be stopped abruptly but must be tapered off slowly under a doctor's supervision.
- Work with your doctor to determine which medication is right for you and what dosage is best.
- Be aware that some medications are effective only if they are taken regularly and that symptoms may come back if the medication is stopped.

What are SSRIs?

Selective serotonin reuptake inhibitors (SSRIs) are a kind of antidepressant for treating depression and anxiety disorders.

Q: Is it safe for young adults to take antidepressants?

A: It may be safe for young people to be treated with antidepressants. However, drug companies who make antidepressants are required to post a “black box” warning label on the medication. A “black box” warning is the most serious type of warning on prescription drugs. It may be possible that antidepressants



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make children, adolescents, and young adults more likely to think about suicide or commit suicide. In 2007, the FDA said that makers of all antidepressant medications should extend the warning to include young adults up through age 24.

The warning says that patients of all ages taking antidepressants should be watched closely, especially during the first weeks of treatment. Possible side effects to look for are worsening depression, suicidal thinking or behavior, or any unusual changes in behavior such as sleeplessness, agitation, or withdrawal from normal social situations. Families and caregivers should pay close attention to the patient, and report any changes in behavior to the patient's doctor. The latest information from the FDA can be found on their Web site at <http://www.fda.gov>.

Q: Can I take St. John's wort to treat depression?

A: St. John's wort is a plant with yellow flowers that has been used for centuries for health purposes, including depression and anxiety. However, research studies from the National Institutes of Health found that St. John's wort was not effective in treating major depression.

Other research shows that St. John's wort can make some medicines not work or that it can cause dangerous side effects. The herb appears to interfere with certain drugs used to treat heart disease, HIV, depression, seizures, certain cancers, and organ transplant rejection. The herb may also make birth control pills not work as well. Because of this, people should always consult their doctors before taking any herbal supplement.

St. John's wort is not a proven therapy for depression. If depression is not treated the

right way, it can become severe and, in some cases, may be linked with suicide.

Q: How can I help myself if I am depressed?

A: You may feel exhausted, helpless, and hopeless. It may be very hard to do anything to help yourself. But it is important to realize that these feelings are part of the depression and do not reflect real life. As you understand your depression and begin treatment, negative thinking will fade. In the meantime:

- Engage in mild activity or exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed. Participate in religious, social, or other activities.
- ★ Set realistic goals for yourself.
- Break up large tasks into small ones, set some priorities and do what you can as you can.
- Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself, and let others help you.
- Expect your mood to improve gradually, not immediately. Do not expect to suddenly "snap out of" your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.
- Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.
- Be confident that positive thinking will replace negative thoughts as your depression responds to treatment. ■



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For more information

For more information on depression, call [womenshealth.gov](http://www.womenshealth.gov) at 1-800-994-9662 or contact the following organizations:

National Institute of Mental Health

Phone Number: (866) 615-6464

Internet Address: <http://www.nimh.nih.gov>

National Suicide Prevention Lifeline

Phone Number: (800) 273-TALK (8255)

Internet Address: <http://www.suicidepreventionlifeline.org>

Kristin Brooks Hope Center

Phone Number: (800) SUICIDE (784-2433)

Internet Address: <http://www.hopeline.com/>

National Mental Health Information Center, SAMHSA, HHS

Phone Number: (800) 789-2647

Internet Address: <http://mentalhealth.samhsa.gov/>

Depression and Bipolar Support Alliance

Phone Number: (800) 826-3632

Internet Address: <http://www.dbsalliance.org/>

This FAQ was reviewed by:

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National Institute of Mental Health

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Content last updated March 17, 2010.