

Depression What You Need To Know

Clinical Depression is a common, real and treatable illness.

To meet this goal, the Campaign for America’s Mental Health works with a host of national organizations—both in and outside the health care field—for whom depression and its treatment represent an important concern for their memberships. In addition, local directors of the Campaign form partnerships with community groups to educate diverse populations about depression, promote screenings, and generate local media coverage.

Since 1992, this effort has helped hundreds of thousands across the country recognize depression, get needed treatment, and resume productive, fulfilling lives.

- At the local level, the Campaign draws strength from 60 local mental health associations in 34 states that bring the Campaign’s education programs, advocacy activities and screenings directly and effectively to their local communities.
- The Campaign works closely with the Screening for Mental Health, Inc. to coordinate hundreds of sites for National Depression Screening Day and promote year-round screenings in local communities across the country.

Basic Facts About Clinical Depression:

- Clinical depression is one of the most common mental illnesses, affecting more than 19 million Americans each year.^[1] This includes major depressive disorder, manic depression and dysthymia, a milder, longer-lasting form of depression.
- Depression causes people to lose pleasure from daily life, can complicate other medical conditions, and can even be serious enough to lead to suicide.
- Depression can occur to anyone, at any age, and to people of any race or ethnic group. Depression is never a “normal” part of life, no matter what your age, gender or health situation.
- Unfortunately, though treatment for depression is almost always successful, fewer than half of those suffering from this illness seek treatment.^[2] Too many people resist treatment because they believe depression isn’t serious, that they can treat it themselves or that it is a personal weakness rather than a serious medical illness.

Treatments for Clinical Depression:

Clinical depression is very treatable, with more than 80% of those who seek treatment showing improvement.^[3] The most commonly used treatments are antidepressant medication, psychotherapy or a combination of the two. The choice of treatment depends on the pattern, severity, persistence of depressive symptoms and the history of the illness. As with many illnesses, early treatment is more effective and helps prevent the likelihood of serious recurrences. Depression must be treated by a physician or qualified mental health professional.

Symptoms of Clinical Depression:

- Persistent sad, anxious or “empty” mood
- Sleeping too much or too little, middle of the night or early morning waking

- Reduced appetite and weight loss, or increased appetite and weight gain
 - Loss of pleasure and interest in activities once enjoyed, including sex
 - Restlessness, irritability
 - Persistent physical symptoms that do not respond to treatment (such as chronic pain or digestive disorders)
 - Difficulty concentrating, remembering or making decisions
 - Fatigue or loss of energy
 - Feeling guilty, hopeless or worthless
 - Thoughts of suicide or death
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If you have five or more of these symptoms for two weeks or more, you could have clinical depression and should see your doctor or a qualified mental health professional for help.

Causes of Clinical Depression:

Many things can contribute to clinical depression. For some people, a number of factors seem to be involved, while for others a single factor can cause the illness. Oftentimes, people become depressed for no apparent reason.

- **Biological** – People with depression typically have too little or too much of certain brain chemicals, called “neurotransmitters.” Changes in these brain chemicals may cause or contribute to clinical depression.
- **Cognitive** – People with negative thinking patterns and low self-esteem are more likely to develop clinical depression.
- **Gender** – Women experience clinical depression at a rate that is nearly twice that of men.³ While the reasons for this are still unclear, they may include the hormonal changes women go through during menstruation, pregnancy, childbirth and menopause. Other reasons may include the stress caused by the multiple responsibilities that women have.
- **Co-occurrence** – Clinical depression is more likely to occur along with certain illnesses, such as heart disease, cancer, Parkinson’s disease, diabetes, Alzheimer’s disease and hormonal disorders.
- **Medications** – Side effects of some medications can bring about depression.
- **Genetic** – A family history of clinical depression increases the risk for developing the illness.
- **Situational** – Difficult life events, including divorce, financial problems or the death of a loved one can contribute to clinical depression.

For additional resources, please call 1-800-969-NMHA.



NMHA's Campaign for America's Mental Health works to raise awareness that mental illnesses are common, real and treatable illnesses and ensure that those most at-risk receive proper, timely and effective treatment. [Click here for more information.](#)

**To find out how you can make a tax-deductible contribution to NMHA, visit us online at www.nmha.org and click on “Support NMHA,” or call us at 800/969-6642 (option #2).
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[1] National Institute of Mental Health: "The Numbers Count: Mental Illness in America," *Science on Our Minds Fact Sheet Series*. Accessed August 1999. Netscape: <http://www.nimh.nih.gov/publicat/numbers.cfm>

[2] Rupp A, Gause E, Regier D: "Research Policy Implications of Cost-of-Illness Studies for Mental Disorders," *British Journal of Psychiatry Suppl* 1998; 36:19-25.

[3] National Institute of Mental Health, D/ART Campaign, "Depression: What Every Woman Should Know," (1995). Pub No. 95-3871.



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Overview

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What is Schizophrenia?

Schizophrenia is a chronic, severe, and disabling brain disease.

Approximately 1 percent of the population develops schizophrenia during their lifetime - more than 2 million

Americans suffer from the illness in a given year. Although schizophrenia affects men and women with

equal frequency, the disorder often appears earlier in men, usually in the late teens or early twenties, than in women, who are generally affected in the twenties to early thirties.



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People with schizophrenia often suffer terrifying symptoms such as hearing internal voices not heard by others, or believing that other people are reading their minds, controlling their thoughts, or plotting to harm them. These symptoms may leave them fearful and withdrawn. Their speech and behavior can be so disorganized that they may be incomprehensible or frightening to others. Available treatments can relieve many symptoms, but most people with schizophrenia continue to suffer some symptoms throughout their lives; it has been estimated that no more than one in five individuals recovers completely.

This is a time of hope for people with schizophrenia and their families. Research is gradually leading to new and safer medications and unraveling the complex causes of the disease. Scientists are using many approaches from the study of molecular genetics to the study of populations to learn about schizophrenia. Methods of imaging the brain's structure and function hold the promise of new insights into the disorder.

Schizophrenia as an Illness

Schizophrenia is found all over the world. The severity of the symptoms and long-lasting, chronic pattern of schizophrenia often cause a high degree of disability. Medications and other treatments for schizophrenia, when used regularly and as prescribed, can help reduce and control the distressing symptoms of the illness. However, some people are not greatly helped by available treatments or may prematurely discontinue treatment because of unpleasant side effects or other reasons. Even when treatment is effective, persisting consequences of the illness - lost opportunities, stigma, residual symptoms, and medication side effects- may be very troubling.

The first signs of schizophrenia often appear as confusing, or even shocking, changes in behavior. Coping with the symptoms of schizophrenia can be especially difficult for family members who remember how involved or vivacious a person was before they became ill. The sudden onset of severe psychotic symptoms is referred to as an "acute" phase of schizophrenia. "Psychosis," a common condition in schizophrenia, is a state of mental impairment marked by hallucinations, which are disturbances of sensory perception, and/or delusions, which are false yet strongly held personal beliefs that result from an inability to separate real from unreal experiences. Less obvious symptoms, such as social isolation or withdrawal, or unusual speech, thinking, or behavior, may precede, be seen along with, or follow the psychotic symptoms. Some people have only one such psychotic episode; others have many episodes during a lifetime, but lead relatively normal lives during the interim periods. However, the individual with "chronic" schizophrenia, or a continuous or recurring pattern of illness, often does not fully recover normal functioning and typically requires long-term treatment, generally including medication, to control the symptoms.

Making a Diagnosis

It is important to rule out other illnesses, as sometimes people suffer severe mental symptoms or even psychosis due to undetected underlying medical conditions. For this reason, a medical history should be taken and a physical examination and laboratory tests

should be done to rule out other possible causes of the symptoms before concluding that a person has schizophrenia. In addition, since commonly abused drugs may cause symptoms resembling schizophrenia, blood or urine samples from the person can be tested at hospitals or physicians' offices for the presence of these drugs.

At times, it is difficult to tell one mental disorder from another. For instance, some people with symptoms of schizophrenia exhibit prolonged extremes of elated or depressed mood, and it is important to determine whether such a patient has schizophrenia or actually has a manic-depressive (or bipolar) disorder or major depressive disorder. Persons whose symptoms cannot be clearly categorized are sometimes diagnosed as having a "schizoaffective disorder."

Can Children Have Schizophrenia?

Children over the age of five can develop schizophrenia, but it is very rare before adolescence. Although some people who later develop schizophrenia may have seemed different from other children at an early age, the psychotic symptoms of schizophrenia—hallucinations and delusions—are extremely uncommon before adolescence.

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