



DEPRESSION AND ANXIETY

It's normal to be sad or blue or anxious once in a while. Everyone feels this way. But when depression begins interfering with your life, and it doesn't go away, you probably need help. How do you tell the difference between normal sadness or nervousness and depression or anxiety that needs treatment? Sometimes it's not so easy. Let's look at two teenagers and what's going on in their lives.

Making a Diagnosis

Annie* is a 15-year-old who has lumbar-level Spina Bifida with shunted hydrocephalus. Her grades have gone down. She is having trouble sleeping and has headaches. Her parents say she's been irritable lately. What else do we need to know? Does she have friends? Yes, and she still has good relationships with her friends. Her headaches occur mostly in the evenings. She is not vomiting and her vision has not changed. She does say she is not happy at school because some boys are teasing her. But Annie says she is not depressed. She looks a little worried, but she still smiles and jokes around occasionally. She does sound a little depressed, but a CT scan uncovered her real problem: Annie needs a shunt revision.

The first step in identifying depression is to rule out physical causes of behavior or mood change. Medical conditions, such as shunt malfunction, a severe infection, and some medications, may cause signs of depression. Once the underlying medical condition is remedied, the signs of depression disappear.

David* is an 18-year-old, and like Annie, has been having trouble in school. In fact, he quit college after failing a few courses. His appetite is poor and he has little energy. David spends most of his time watching TV, feeling guilty about failing school. He had friends in high school, but he didn't know anyone at college. So now he has almost no friends at all. He is starting to have trouble taking care of himself. David isn't taking care of his skin. He is not bathing. And he is not taking his medications regularly. He doesn't enjoy things that once made him happy. He doesn't keep good eye contact and doesn't joke around the way he used to. These are all signs of depression. After three weeks on an antidepressant, David got better.

**Not their real names*

To find out if a person is depressed, it is crucial to know his or her history, including health problems, drugs, family history, and current environment. Have relatives had depression? What's happening at home? Has there been recent stress? Is the patient alone, or does he or she have lots of friends? Does he or she find pleasure in things that are normally enjoyable? Does the patient sleep well?

Doctors can also learn a lot from working with patients. Does the person look depressed? Does he or she make eye contact? If a health care provider suspects depression, two screening questions are asked:

- 1) During the past month, have you felt down, depressed or hopeless?
- 2) During the past month, have you been bothered by little interest or pleasure in life?

If the person answers “yes” to either or both questions, more screening is needed. Sometimes you can learn a lot by simply asking: Are you depressed? Few doctors ask this. If the answer is “yes,” even fewer doctors ask the patient whether they’ve thought about suicide. These are very important questions to ask.

For parents, the most telling question may be: How is this affecting my child? Does she sleep well? How is his appetite? Is she interested in things that used to interest her? Is he able to go to classes, do his homework, study and concentrate?

Symptoms of Clinical Depression

Everyone has been sad or anxious, but clinical depression is more serious. Symptoms are more severe, last longer and generally don’t go away on their own. Clinical depression affects daily functioning. People who are clinically depressed don’t do what they used to do. Depression may affect daily activities, motor abilities, appetite and sleep. Most people with depression have less appetite, but some people, like teens, may eat more, especially sweet or high carbohydrate foods.

A common problem for people who are clinically depressed is insomnia. Insomnia is when people have trouble sleeping. It has different forms. Some people can’t get to sleep. Some people wake through the night. Others wake up too early and can’t get back to sleep. People who are depressed may pace, ring their hands, tug at their clothes and may seem restless all the time. Their speech and thinking may slow down, too, as if they were moving in slow motion. People with depression may also feel physical pain such as headaches or stomachaches.

Causes of Depression

We know that depression is linked to family history. If one person has depression, his family members are much more likely to have depression at some time. In identical twins this link is clear. If one twin is depressed, the chance of the other twin being depressed is 46 percent.

Most experts believe that depression is caused by problems with certain chemicals in the brain. These chemicals, called neurotransmitters, send signals from one nerve to the other. There are many of these chemicals, but researchers have found three that control our moods: 1) norepinephrine, 2) serotonin and 3) dopamine.

Depression is more common in women, in part due to hormonal differences. Some studies have shown more cases of depression in people with Spina Bifida. Young people with Spina Bifida are at a higher risk of depressed mood and lower self-worth, and are more likely to think about suicide. People with Attention Deficit Hyperactivity Disorder (ADHD) and/or learning disorders have higher rates of depression, too. This may be because of school failures, low self-esteem or a

chemical imbalance in the brain. Depression also is more common among people in northern climates, especially in winter.

Stress, especially chronic stress, plays a role in depression. This stress could be from home, school or work, or from something else like a surgery. Depression is more common following a major personal loss, such as the death of a parent.

Low self-esteem is associated with depression, which is one reason why people with Spina Bifida are more likely to be depressed. Other risk factors include decreased social support and isolation. Learned helplessness — where people feel that there is nothing they can do to improve their situations — may contribute to depression. For example, imagine an 8th grader who tries hard to make friends, but is not able to. After a while, she gives up. And even after starting at a new school with all new kids, she doesn't try because she has learned to be helpless.

Anxiety: Sister to Depression

If someone is anxious, they're also much more likely to be depressed. The reverse also is true. Many drugs used to treat depression are used to treat anxiety. Like depression, anxiety runs in families. Signs of anxiety include feeling tense or afraid, a sense of dread, panic or terror. People who are anxious may worry a lot. Anxiety breaks up concentration and tends to result in a focus on oneself.

One type of anxiety disorder is obsessive-compulsive disorder (OCD). Signs include repeated, purposeful behaviors that try to reduce anxiety. Behaviors may include repeated hand washing, counting objects and needing objects to be arranged in a certain order. Severe OCD interferes with functioning and should be treated.

How to Treat Depression and Anxiety

There are many ways to treat depression and anxiety. Studies show that exercise can have a great effect. So one thing people can do is be more active. For people in wheelchairs, wheelchair-based sports are great way to do this. Sports provide a good workout and make it easy to meet people. Horseback riding is fun, too. It stretches the muscles and joints.

Drugs and counseling may be needed. Today's drugs of choice are the SSRIs (selective serotonin reuptake inhibitors), which include Prozac, Paxil, Zoloft, Effexor and Serzone. Each drug has its own side effects that can be different in each person. Sometimes these side effects can be severe. It is important not to stop the drugs suddenly. Taper off instead. A sudden stop can cause dizziness, fatigue, headache, nausea and/or insomnia.

Counseling (including a type called cognitive-behavioral therapy) can be crucial, especially with anxiety. Counseling also helps if the person has low self-esteem or learned helplessness. Sometimes it's very helpful for the entire family to receive counseling. Drugs alone won't improve self-esteem or stop behaviors based on learned helplessness.

How long do you treat depression with drugs? It depends. For someone who has mild depression for the first time, treatment usually lasts for two to three months and then the drug is tapered off.

For people who have severe depression, troubles at home, low self-esteem or a hard time taking care of themselves, drugs and counseling are often necessary. Depression is very different for different people, but generally, doctors try not to give kids drugs for more than six months. Treatments can last much longer in cases where it is necessary.

Get Help

If you or someone you know seems to be depressed, talk to a doctor or nurse. Depression and anxiety are treatable. If you try to talk about depression or anxiety and your health care provider doesn't react the way you think he or she should, find another provider who will listen more.

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Questions?

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