

What doctors want patients to know about depression



DEC 27, 2024

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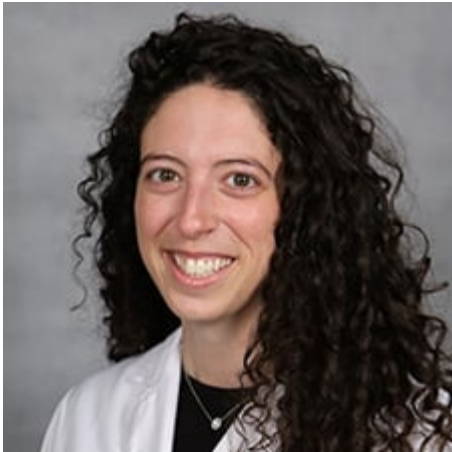
News Editor

It creeps in quietly, often unnoticed, until the weight becomes unbearable. Depression, often a master of disguise, hides behind smiles and routine, casting its shadow on countless lives. Despite its prevalence, stigma and misunderstanding frequently overshadow discussions about depression's reality, leaving many to struggle in isolation. But as the conversation about mental health grows louder, the veil is lifting.

More often diagnosed in women than men, depression affects about 18% of U.S. adults at some point in their lifetime, according to the Centers for Disease Control and Prevention (CDC). But that is not to say that men won't experience depression. Men may be less likely to recognize, talk about and seek help for their feelings, placing them at greater risk that their depression symptoms go undiagnosed or undertreated. Meanwhile, the National Institutes of Health says that research has shown higher rates of depression and increased risk for the disorder among LGBTQ+ patients.

The AMA's What Doctors Want Patients to Know™ series gives physicians a platform to share what they want patients to understand about today's health care headlines.

In this installment, Andrea DeSimone, DO, chair of the psychiatry department at [Bayhealth](#) Medical Center in Dover, Delaware, took time to discuss what patients need to know about depression.



Andrea DeSimone, DO

Bayhealth is a member of the [AMA Health System Program](#), which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

There are nine main symptoms

“Major depressive disorder, MDD, is a serious health condition that causes persistently low mood, a loss of interest in activities you once enjoyed and an inability to feel joy,” Dr. DeSimone said. “To be diagnosed with MDD, a person must experience at least five of the following symptoms, with one of them being a loss of joy.”

She added that the other symptoms include:

- Changes in sleeping patterns—either sleeping too much or trouble sleeping.
- Loss of interest in things you once enjoyed.
- Feelings of guilt or worthlessness.
- Persistent fatigue or loss of energy.
- Difficulty concentrating or making decisions.
- Changes in appetite or weight.
- Changes in movement (either restlessness or slowed down).
- Thoughts of death or suicide.

“These symptoms must last for at least two weeks and significantly affect your daily life such as your work, social life or personal relationships,” Dr. DeSimone said.

Pay attention to mood changes

There is a difference between clinical [depression](#) and occasional feelings of sadness or the blues.

“It’s completely normal to feel sad or down from time to time, especially during stressful life events. These temporary mood changes are part of being human,” Dr. DeSimone said.

“However, clinical depression—or major depressive disorder—is different. It involves feeling persistently sad or hopeless most of the day, nearly every day, for at least two weeks.

“Unlike normal sadness, depression can significantly impact your ability to function in everyday life,” she added, “whether that’s struggling with work or school performance or facing challenges in personal relationships.”

Depression types can vary

“While major depressive disorder is the most well-known form of depression, it’s just one of several types,” Dr. DeSimone said. “Other depressive disorders include disruptive mood dysregulation disorder, persistent depressive disorder—formerly known as dysthymia—and premenstrual dysphoric disorder.”

“In addition to these, there are some specific variations of MDD,” she added. For example, “major depressive disorder with peripartum onset—formerly postpartum depression—refers to depression that can occur before, during and after childbirth.”

There is also “major depressive disorder with seasonal pattern, often called ‘seasonal depression’ or ‘[seasonal affective disorder](#),’ occurs during certain times of the year, typically the fall or winter months when there is less sunlight,” Dr. DeSimone explained. “While these types of depression are treated with similar medications to those used for MDD, depression can also occur as a symptom of other conditions such as anxiety

disorders, bipolar disorder, post-traumatic stress disorder or schizoaffective disorder.

“In these cases, depressive symptoms may be treated with different medications tailored to the underlying condition,” she added.

Recognize risk factors for depression

Major depressive disorder “is often the result of a combination of biological, psychological and social factors,” Dr. DeSimone said, noting that some of the common risk factors of depression include:

- Exposure to traumatic or chronic stressful events.
- A history of difficult childhood experiences.
- A family history of depression.
- Poor diet or lack of proper nutrition.
- Chronic medical conditions or illnesses.
- Certain medications or medical treatments.
- Substance use or abuse.
- Prolonged grief or loss.
- Chronic pain.
- Poor sleep patterns.

Depression looks different in children

“While depression can affect people of all ages, children, teens and older adults may show different signs,” Dr. DeSimone said. “[Children](#) may display irritability, become unusually clingy, complain of unexplained aches and pains, or resist going to school.”

“Teens may be more sensitive, engage in substance use, isolate themselves, self-harm or experience a drop in academic performance,” she said.

In older adults, it may look like dementia

“For older adults, depression is not a normal part of aging, though it can sometimes be mistaken for other age-related issues,” Dr. DeSimone said. “Symptoms may include memory difficulties and physical aches and pains.

“When an older person reports memory issues or cognitive changes, it’s important to screen for depression as it can be a reversible condition,” she added.

Genetics can play a role in depression

“Genetics can influence your risk of developing depression, but they do not act on their own,” Dr. DeSimone said. That is because “depression is a complex, multifactorial illness that is a combination of biological, psychological and social factors.”

“If you have a family history of depression, especially in close relatives such as parents, siblings or children, your risk may be higher,” she said. “This genetic link means that treatments or medications that worked for a family member may be effective for you as well.

“It’s important to share your family history with your doctor as it can help guide your treatment plan,” Dr. DeSimone added. “There are also certain genetic variations that are involved in depression, but more research is needed to fully understand their role.”

Life events can influence depression

“Several life events and lifestyle choices can influence the likelihood of developing depression,” Dr. DeSimone said. “Research has shown that childhood trauma—such as abuse, neglect, witnessing domestic violence, separation from family, poverty, systemic racism, food insecurity or homelessness—can have long-lasting effects on both physical and mental health, increasing the risk of depression later in life.”

“For women, the peripartum period—time around childbirth—can be joyful and challenging,” she said. But “some may experience new depressive symptoms or a return of past depressive symptoms during this time.”

Additionally, “lifestyle factors such as diet and physical activity can impact mental health,” Dr. DeSimone said. “A [balanced diet](#) rich in fruits, vegetables, whole grains and unprocessed foods can help reduce the risk of depression and may even support recovery for those already struggling with it.”

Meanwhile, “maintaining a healthy weight is associated with a lower risk of developing depression,” she added.

Diagnosis requires a clinical interview

“Depression is [diagnosed through a conversation](#) with a licensed health care professional,” Dr. DeSimone said. “If you’re concerned you may be depressed, a good first step is to speak with your family doctor. They may refer you to a mental health specialist if needed, such as a psychiatrist, psychologist or psychotherapist.”

“The first appointment with a mental health professional is often longer than usual as there’s a lot to discuss,” she said, noting that “you might not receive a diagnosis right away since depression can sometimes be mistaken for other medical conditions such as thyroid problems.”

“Additional discussion, testing or evaluations may be necessary to get a clear picture of what’s going on,” Dr. DeSimone said. “While the most reliable way to diagnose depression is through a clinical interview with a licensed mental health professional, some clinicians use screening tools to help identify individuals at risk or to track treatment progress.

“Commonly used tools include Beck Depression Inventory, Geriatric Depression Scale and Hamilton Depression Rating Scale,” she added. “These tools can provide helpful insights, but they are not definitive. A full diagnosis of depression always requires a clinical interview with a mental health professional.”

Treatments will vary

“The most common treatments for depression are psychotherapy and medications,” Dr. DeSimone said, noting that “I recommend psychotherapy for almost every patient with

depression as it helps explore the psychological factors that may contribute to mental health challenges.

“It’s important to find a psychotherapist you feel comfortable with, as a trusting, supportive relationship can greatly improve emotional well-being,” she added. “For many people, therapy alone is enough to manage depression.”

“In some cases, your doctor may suggest combining psychotherapy with antidepressant medication. Antidepressants work by increasing levels of certain neurotransmitters in the body such as serotonin, dopamine, norepinephrine or glutamate through various mechanisms,” Dr. DeSimone said. “After starting the medication, you may notice improvement in mood in as little as two weeks, although it can take up to eight weeks for full effect.”

Medication should be tapered

“Antidepressants are not necessarily a lifelong treatment,” Dr. DeSimone said. “After a depressive episode resolves, it’s generally recommended to continue the medication for at least six months. After this period, the medication can be gradually stopped.

“While antidepressants are not dangerous to discontinue, stopping suddenly can lead to withdrawal symptoms or side effects,” she added. “For comfort, I usually recommend tapering the dosage. Tapering off medication ensures that the process is managed safely as antidepressants, like all medications, have side effects or interact with other drugs or supplements over the course of a patient’s lifetime. Some medications, particularly those with a shorter half-life, need to be tapered more carefully.”

“If a person has had three or more episodes of major depression, or if one episode was severe—with suicide attempts—long-term use of antidepressants may be recommended,” Dr. DeSimone explained.

Move more, eat right

“Inflammation is one of the factors linked to depression and this inflammation can stem from various sources, including our lifestyle choices,” Dr. DeSimone said. “Making positive changes to your diet and activity levels can help prevent or manage depression.”

“Studies show that diets rich in fruits, vegetables, whole grains while limiting consumption of sugary and highly processed foods can support mental health,” she said. “However, there is no strong evidence that a specific diet—such as ketogenic, gluten-free, vegan or Mediterranean—is more effective in treating depression.”

“There is also a bidirectional link between obesity and depression, meaning that maintaining a healthy weight can help reduce the inflammation associated with depression,” Dr. DeSimone said. “As for exercise, any physical activity is beneficial, but research suggests that activities such as walking, jogging, yoga and strength training are especially effective at reducing symptoms of depression.”

Depression isn’t a person’s fault

“It’s important to remember that depression is not a character flaw, nor is it the person’s fault. They can’t simply ‘snap out of it’ or fix it on their own,” Dr. DeSimone said.

“Depression can cause changes in personality and behavior, so your loved one may act differently than you’re used to.”

“I often remind family members that these changes may be ‘depression talking’ rather than how their loved one is known to them to feel,” she said. “As a caregiver, you can help by encouraging them to stick with treatment such as attending appointments and taking medications.”

“You can also assist them in creating a routine that prioritizes healthy choices and make plans to engage in activities together, offering gentle support along the way,” Dr. DeSimone said.