

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Depression

Feeeling unhappy or sad now and then is normal. These feelings usually go away within a few hours or days. When a person has **depression**, however, the feelings last longer and interfere with daily life. Depression can affect anyone, but women are more likely to be depressed than men. About 10% of women in the United States have signs and symptoms of depression.

This pamphlet explains

- *the definition of depression*
- *symptoms*
- *causes*
- *diagnosis and treatment*
- *concerns during pregnancy*

Definition

Depression is a common but serious illness. It is more than just feeling sad or upset for a short time or feeling grief after a loss. Depression changes your thoughts, feelings, behavior, and physical health. It can affect how you relate to your family, friends, and co-workers.

Depression can occur at different times of life or in different situations. It also can occur as part of other disorders. For example, bipolar disorder is a condition in which a person has periods of depression and periods of hyperactivity (called mania).

Most people with depression can get better with treatment. Without treatment, symptoms may not improve, and depression can last for years.

Symptoms

Depression causes a mix of emotional and physical symptoms. You have depression if you have five of the following symptoms most of the day, every day, during the same 2-week period. One of the symptoms must be either sad or depressed mood or loss of interest or pleasure in previously enjoyed activities:

- Sad or depressed mood
- Loss of interest or pleasure in activities you used to enjoy

- Weight loss when not dieting or weight gain; decrease or increase in appetite
- Trouble sleeping or sleeping too much
- Moving more slowly or moving more quickly than usual
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Having trouble thinking, concentrating, or making decisions
- Thoughts of death or suicide

Depression can be mild, moderate, or severe. If you have mild depression, it may take extra effort to do what you have to do, but often you can still do those things. With moderate depression, you may not be able to do some of the things you need to do. If you have severe depression, you may not be able to do any of the daily tasks you need to do. No matter what type of depression you have, if you ever feel that life is not worth living or think about suicide, get help right away (see Box “Getting Help”).

Causes

Researchers do not know for certain why some people become depressed. They do know that depression is a brain disorder in which the parts of the brain that control mood, sleep, and thinking are not functioning properly. Depression may be caused by an imbalance in certain chemicals in the brain. Factors that increase the risk of depression include the following:

- Genetics—A family history (someone in your immediate family has depression) can put you at high risk.
- Hormonal changes—Depression in women may be related to hormonal changes that happen during the menstrual cycle, pregnancy, after childbirth, and at *menopause*. When depression occurs after childbirth, it is called *postpartum depression*.
- Stress—Stressful circumstances such as trauma, loss of a loved one, a difficult relationship, unemployment, or abuse may trigger the onset of depression.

Getting Help

Talk to your health care professional about getting treatment if you think you have any of the symptoms of depression. A counselor, social worker, or clergy person can also help you find treatment.

If you are thinking about hurting yourself or others, call for help right away. Call 911 or call the 24-hour National Suicide Prevention Lifeline at 1-800-273-TALK (8255) to talk to a trained counselor. A counselor also can tell you where to find a crisis center near you to get more help in person.

- Other illnesses—Some disorders can lead to or occur with depression. Anxiety disorders often occur with depression. Alcohol and drug problems and chronic (long-lasting) pelvic pain also can occur with depression.

Diagnosis

To diagnose your depression, your health care professional will discuss your symptoms, how often they occur, and how severe they are. You also will be asked about your medical history, any medications you are taking, and whether you use drugs or drink alcohol. Certain medications and health conditions, such as an infection or a thyroid disorder, can cause symptoms similar to depression. Your health care professional can rule out these causes by performing a physical exam and certain lab tests.

If your health care professional confirms that you have depression, he or she will help figure out the best way to treat your symptoms. You also may be referred to a mental health care professional.

Treatment

Depression is a treatable condition. You and your health care professional will work together to find the best treatment options to relieve your symptoms. Depression is treated with *psychotherapy*, medications called *antidepressants*, or both. Once you and your health care professional decide on a treatment plan, there also are things you can do to cope until you feel better (see Box “Coping With Depression”).

Psychotherapy

Some people can feel better with psychotherapy or “talk therapy.” In psychotherapy, a therapist will work with you to identify problems and suggest ways you might change your behavior to help relieve your symptoms.

You may have one-on-one therapy (with just you and the therapist) or group therapy where you meet with a therapist and other people with problems similar to yours. Another option is family or couples therapy, in which you and family members or your partner may work with a therapist.

Depending on your symptoms and how well you respond to the therapy, your therapist may suggest seeing you on a short-term basis of about 10–20 weeks. Some people may need to attend therapy sessions for a longer period.

Antidepressants

Your health care professional may prescribe an antidepressant to treat your depression. Antidepressants are medications that work to balance the chemicals in the brain that control your moods. There are many types of antidepressants. If one type does not work for you, your health care professional can prescribe another. Drugs often can be combined. It may take some time to find the drug or combination of drugs that works best for you. It often takes at least 3–4 weeks of taking the medication before you start to feel better.

Coping With Depression

While you are getting treatment for your depression, there are many things you can do to help make coping a little easier:

- Set realistic goals for yourself. Do what you can but do not take on too many tasks all at once.
- Try doing something you once enjoyed. Go to a movie, see a play, or do a craft project.
- Exercise. There is some evidence that moderate exercise can help relieve symptoms of depression. Walking, biking, yoga—even yard work and gardening—may help you feel better.
- Seek out people you trust for support. Do not cut yourself off from your family and friends. Emotional support is important to coping better.
- If possible, put off making important life decisions, such as getting divorced or changing jobs, until you feel better. If you must make a decision, ask someone you trust to help you.
- Continue following your health care professional's treatment instructions. It may take some time for your mood to improve, so take your medications as prescribed and keep any therapy appointments.

Although antidepressants can cause side effects, most are temporary and will go away after a short time. Listed are some of the most common side effects:

- Headache
- Nausea
- Trouble falling asleep or waking often during the night
- Feeling jittery
- Loss of sex drive
- Difficulty having an orgasm

If you have severe or unusual side effects that get in the way of your normal daily habits, tell your health care professional right away. If your depression worsens soon after starting medication or if you have new thoughts of suicide or other symptoms that you think may be related to your depression, notify your health care professional. Do not stop taking your medication. In teenagers and young adults taking certain kinds of antidepressants, the risk of suicidal thoughts and actions is increased. Close monitoring by a health care professional is necessary while taking these medications.

It is important to continue taking antidepressants for as long as your health care professional has prescribed—even if you are feeling better. Do not suddenly stop taking your medication because this can cause withdrawal symptoms or lead to a return of your depression. Some medications need to be stopped gradually to give your body time to adjust.

Herbal Supplements

Some people believe herbal supplements, such as the plant St. John's wort, are effective in treating depression. Research has shown that St. John's wort does not work for treating major depression. It even can be harmful because it can make some medications, including those taken to treat heart disease, seizures, and certain types of cancer, not work as they should. St. John's wort also can make birth control pills not work as well. Talk with your health care professional before taking any herbal supplement if you are being treated for depression.

Concerns During Pregnancy

It is estimated that almost 1 in 5 women will experience depression during their pregnancies. About 1 in 10 women have postpartum depression, which is depression that occurs after pregnancy.

Depression During Pregnancy

Depression during pregnancy can affect the health of both the pregnant woman and her baby. Women who have severe depression during pregnancy may have trouble taking care of themselves. They may not eat healthfully or get enough rest. Depression during pregnancy has been linked to several problems, including premature birth, problems with growth of the *fetus*, having a low birth weight baby, and complications after birth.

It is important to tell your health care professional if you have a history of depression or if you are currently taking medication to treat depression. Ideally, you should tell your health care professional before you become pregnant. Do not stop taking your medication without talking to your health care professional.

Antidepressants appear to have a low risk of causing birth defects when taken during pregnancy. In general, the fetus is most at risk of any drug-related birth defects between the third week and eighth week of pregnancy. If you were taking antidepressants before pregnancy, your health care professional can assess your individual situation and decide whether you should continue taking the medication during your pregnancy. If you were taking multiple medications for your depression, you may be switched to a single medication.

Postpartum Depression

Although having a baby can be a joyous time, many women feel sad, afraid, or angry after childbirth. Most new mothers have these feelings in a mild form called "postpartum blues" or "baby blues." Postpartum blues usually go away in a few days. When these feelings last longer and are more intense, it is known as postpartum depression. If you experience any of the following symptoms for more than 2 weeks, talk with your health care professional:

- Feeling sad, hopeless, empty, or overwhelmed
- Crying more often than usual for no clear reason
- Worrying or feeling overly anxious

- Feeling moody, irritable, or restless
- Having trouble concentrating, remembering details, and making decisions
- Experiencing anger or rage
- Losing interest in favorite activities
- Suffering from frequent headaches, stomach problems, and muscle pains
- Eating too little or too much
- Withdrawing from or avoiding friends and family
- Having trouble bonding with your baby
- Persistently doubting your ability to care for your baby
- Thinking about harming yourself or your baby

Tell your health care professional if you are afraid you might neglect or hurt yourself or your baby. Women with postpartum depression need treatment, which can include antidepressants, *cognitive behavioral therapy (CBT)*, peer counseling, or a combination.

Finally...

Depression is a common illness that can affect anyone. If you have any symptoms of depression, do not wait to ask for help. Talk with your health care professional, trusted family member or friend, or counselor about getting treatment. With treatment, you can get better.

Glossary

Antidepressants: Drugs that are used to treat depression.

Cognitive Behavioral Therapy (CBT): A type of psychotherapy. During CBT, you learn specific skills that help you change the way you think about and cope with problems.

Depression: Feelings of sadness for periods of at least 2 weeks.

Fetus: The stage of human development beyond 8 completed weeks after fertilization.

Menopause: The time when a woman's menstrual periods stop permanently. Menopause is confirmed after 1 year of no periods.

Postpartum Depression: A type of depressive mood disorder that develops in the first year after the birth of a child. This type of depression can affect a woman's ability to take care of her child.

Psychotherapy: Working with a therapist to identify problems and find ways to change behavior to help relieve symptoms.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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