

Depression (Major depressive disorder)

Your treatment options. Your second opinion.



What is Depression

Your health may be affected by a condition called depression that may cause psychological and physical symptoms.

Depression affects people in different ways. You may experience one or more of the psychological symptoms such as persistent feelings of sadness and hopelessness, losing interest in things you used to enjoy, feeling tearful and anxiety, and the physical symptoms such as constant tiredness, poor sleep, no appetite, reduced sex drive and body aches.

The severity of symptoms may also vary, including:

- > mild depression; some impact on your daily life
- > moderate depression; significant impact on your daily life
- > severe depression; almost impossible to get through daily life and may include suicidal thoughts or psychotic (distorted reality) symptoms such as hallucinations or delusions

There are different types of depression. Major depressive disorder - also called clinical depression, unipolar depression or simply 'depression' - is the most common type. Other types include post-natal depression and bipolar disorder. One in seven Australians experiences a type of depression once in their lifetime.

Treatment

Different treatments are available that may often be effective for recovering from depression and preventing it from coming back. You can also help yourself with regular exercise, healthy eating and support from family, friends and groups that help people with depression.

Talking therapies

Talking therapies may often be the initial treatment for mild to moderate depression. Effective therapies include: cognitive behavioural therapy (CBT) to change how you think and act in order to improve how you feel; interpersonal therapy (IPT) to improve your relationships; mindfulness based cognitive therapy (MBCT) uses meditation to help with your thoughts and feelings.

Medications

Antidepressants are the main type of medication. They may often be suggested if you have moderate to severe depression, together with talking therapies or when talking therapies aren't suitable or not helping.

The most common antidepressants are selective serotonin reuptake inhibitors (SSRIs). Others include tricyclics and serotonin-noradrenaline reuptake inhibitors (SNRIs). It usually takes two weeks before showing benefits and you may need to try a different antidepressant or change the dosage, because it isn't always known which is going to be most effective for you.

Lithium may also be suggested if antidepressants don't work. St John's wort, a herbal treatment, may be suggested for mild to moderate depression. All medications and herbal treatments may have side effects.

Electroconvulsive therapy (ECT)

Electroconvulsive therapy (ECT), previously known as shock therapy, may be suggested if you have severe depression and talking therapies and/or medications have not successfully improved your symptoms. It is still not known why ECT may help.

It may also be suggested as the initial treatment. For example, if you have severe depression with either psychotic symptoms or a serious suicide risk, catatonia (where one presents as flat and non-responsive to the environment), or you have had a good response to ECT previously, then ECT may be the first choice of treatment. It may be your personal preference after discussion with your psychiatrist.

If you need help to keep using talking therapies and/or medications

Depression is often a long term condition. It may be a challenge to stay on your treatment, for example, if you're feeling pessimistic about the chances of recovery or experiencing medication side effects.

- > Let your doctor know about your preferences and concerns when planning treatment.
- > Learn as much as you can about your treatment, including how long it takes for benefits and potential side effects.
- > If you experience negative feelings doing a talking therapy, such as anxiety when confronting fearful issues, speak to your therapist.
- > It may help you take medications using a reminder system (pill box or alarm) or if cost is a problem, try cheaper, generic versions.

Always consult a medical expert before commencing or changing a course of treatment for any medical condition.





ECT involves passing an electric current through your brain. Before the procedure you receive a muscle relaxant and general anaesthesia. An electrode is placed on one or both sides of your head, and an electrical stimulus is applied to induce a therapeutic seizure. You wake up 5-10 minutes later. Sessions may be repeated up to 2-3 times a week, over a 3-6 week period. The number of stimulations depends on your clinical response; it can range from four, to up to twelve, and sometimes more.

Electroconvulsive therapy (ECT) and medical research

When evaluating you for ECT or other treatments for depression, your treating medical specialist will take into account many complex factors, including the latest medical research.

Studies have found that in the short term, ECT may often be more effective compared to medications for severe depression for achieving a quick and rapid improvement. It may be helpful for depression that has not responded to other treatments, including medication and psychotherapy. It has smaller benefits in mild to moderate depression and would not be recommended for these conditions, unless there were other factors.

While ECT may help alleviate symptoms of depression significantly and quickly, it does not prevent further episodes of depression. In other words, depression can still occur if only ECT is administered. You will also need to be on medications, including an antidepressant, after ECT to prevent further episodes of depression. Long term follow up and psychotherapy are also recommended.

Electroconvulsive therapy (ECT) and risks

Side effects of ECT include memory loss, confusion and headaches, which generally clear within a few hours. Memory problems are a concern for all patients. ECT has the potential to disrupt memories around the time of ECT and hospitalisation. However clinical depression also affects these memories. When depressed, many people simply cannot remember what occurred in their lives. There is a concern about the disruption of memories even prior to depression or even distant memories from years back. However, this phenomena is now rare given improved technology and understanding of ECT. Many people feel they are unable to

develop new memories after a treatment of ECT. This ability does return after the cessation of ECT.

The practice of ECT has advanced significantly in the last 20 years with several techniques in practice specifically designed to reduce memory problems. You should discuss these with your psychiatrist.

Understanding the risks is important, particularly given the possibility that ECT may be no more effective compared to medications in the long term, and less effective in the short term for your particular depression.

Electroconvulsive therapy (ECT) and depression – the main points

- > ECT may be considered for treating depression if medications and/or talking therapies have not been successful or you have severe depression, and a quick and rapid improvement may be helpful.
- > If you are considering ECT, take into account the medical studies showing that ECT only assists in the short term treatment of symptoms, there is a need for medications in the long term, ECT may not help in all types of depression and there are risks with ECT.
- > If you are finding it hard to take your medication or keep doing a talking therapy, you and your doctor may consider what can be done to try and overcome any problems.

Would you like a second opinion?

Deciding on a treatment path for a medical condition can be a difficult, complex and stressful question.

Would you like the benefit of an expert second opinion to help you to decide on your treatment options?

If you want to know more about GPS² or have a general enquiry, please contact us on 1800 477 246 or email via contact@gps2.com.au

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