



Spring 2018

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# PSYC 4321 Newsletter

## Highlights:

- Common Myths
- Causes
- Assessments
- Types of depression
- Treatments
- Statistics

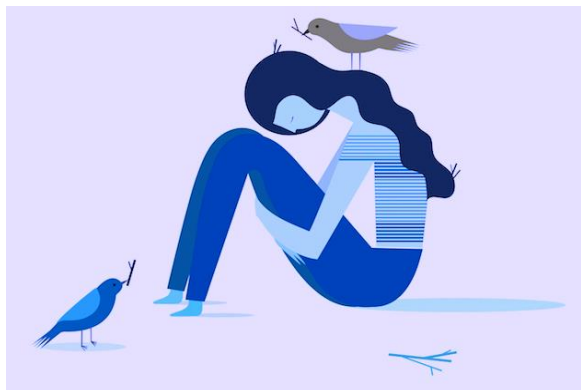
## Spotlight:



Patricia Daza is a senior psychologist and the Director of Clinical Training at the Menninger Clinic. In addition to that, she is the program director of the Compass Young Adult Program. She is also the assistant professor in the Menninger Department of Psychiatry and Behavioral Sciences at Baylor College of Medicine. She received her Ph.D. from the University of Houston in 2001. Dr. Daza has graciously agreed to an interview for this edition of the PSYC 4321 Newsletter.

## Unipolar Depressive Disorder

Depressive disorder is one of the most widely known disorder due to the media's portrayal and coverage of it. Unfortunately, the media tend to portray mental illnesses incorrectly. While a lot of people know of depression, how much do they actually know about depression?



### COMMON MYTHS

While depression is a commonly known disorder, it can prove to be fatal. Many lay beliefs have been formed about the disorder, which can sometimes turn into myths. There are a lot of common misconceptions about depression, which can have a damaging effect on those diagnosed with depression or those with symptoms of depression. Some common myths are:

- Only females get depression
- Depression means you have a weak mental state
- Depression can be fixed with antidepressants
- It's all in your head
- Depression is just extreme sadness

A study in 2003 showed that many people did not know that much about depression. The study had 873 participants, and it was styled like a short answered test.

### DSM-V

There are certain criteria a person has to meet in order to be diagnosed with clinical depression.

According to the DSM-V (2017), a person can be diagnosed with depression if they experience at least 5 of the following symptoms during the same 2-week period. The symptoms are:

- Depressed mood
- Decreased interest or pleasure in activities most of the day
- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day
- Insomnia or hypersomnia
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive/inappropriate guilt
- Loss of concentration
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

The person must be experiencing the first two symptoms in addition to at least three other symptoms.

## Common Myths cont.

According to the results, the majority of the participants attributed depression to psychological stress, particularly stress originating from the family and work. Shockingly, a third of the participants linked the cause of depression to illnesses. The study also found that “the public views depression [as] caused by psychosocial circumstances [rather] than by biology” (Lauber, Falcato, Nordt, & Rössler, 2003). In addition to that, the study discovered that older people were usually the ones that used heredity and illnesses as possible causes. This shows that there is a correlation between age and the beliefs people have about the disorder (Lauber et al., 2003).

When asked about how the media portrays depression, Dr. Daza responded, “Unfortunately, it is not very accurate. They often try to link mental illness with violence” (P. Daza, personal communication, March 20, 2018). It shows that the average person’s knowledge on depression is limited, and in order to help people with MDD, these misconceptions and false lay beliefs need to be eradicated.



### WHAT CAUSES DEPRESSION?

## CAUSES

One of the most common misconceptions about depression centers on the causes of the disorder. Many people associate depression with environmental problems, such as trouble with work or family. However, that is not always the case. There are three categories of possible causes of depression.

### Biological causes

- **Family and genetics:** it is estimated that the “genetic contributions to depression falls in the range of approximately 40% for women [and around 20%] for men” (Barlow, Duran, & Hoffmann, 2018, pg. 234 ).
- **Bodily systems:** neurotransmitter systems and the endocrine system also factor into depression. Low levels of serotonin has been the causes of mood disorders. In addition to that, dopamine has been found to have a role in depressive disorders. The endocrine system has stress hormones that can be harmful to neuron growth, which leads to a decreased hippocampus mass, which in turn can lead to depression.

### Psychological causes

- **Stress and trauma:** stressful life events clearly have a role in depressive disorders. Interpersonal stress, marital relations in particular, is shown to strong influence on depression.

### Social and cultural causes

- **Social support:** social influences have a strong effect on our psychological functioning. Many studies show that social support has an important role in developing depression and recovering from depression. Those with strong social support have less risk of being diagnosed with depression and a quicker recovery rate from depression than those with weak or no social support.

## Causes



Above is a graph depicting what people think causes depression (blog thing).

## ASSESSMENTS

There exists many assessments designed to evaluate and diagnose people with depression. However, how accurate are these assessments? Since depression has so many causes and symptoms, it can be hard to truly assess the disorder.

In Dr. Daza’s opinion, “some of the better ones are the Beck Depression Inventory [and the] Columbia Suicide Severity Rating Scale” (P. Daza, personal communication, March 20, 2018). The Beck Depression Inventory (BDI-II) is a self-report assessment based on the symptoms of depression.

A study by Gonzales and Jenkins (2014) found that “cognitive subscales tend to be psychometrically sound, but...somatic scales tend to lack discriminant validity”. In other words, assessments based on cognitive symptoms tended to have more accurate results while assessments focused on bodily

Assessments cont.

symptoms were unable to identify if the symptoms were due to depression or to another factor, like a disease or injury. Of course, most assessments are a mix between the two. For instance, the BDI-II focuses more on cognitive subscales, but there are some questions pertaining to somatic symptoms. However, even though the BDI-II is more psychometrically sound than most assessments, the study points to the Inventory for Depression and Anxiety Symptoms (IDAS) as the recommended assessment. The IDAS has a general depression scale like other assessments, but it also has “theoretically based scales...that measure components of depression”, and it has the ability to measure all the criteria depression in the DSM-V (Gonzales & Jenkins, 2014). If a psychologist wants to use another type of assessment, such as the BDI-II, then the study recommends using a combination of assessments in order to cover all the symptoms listed in the DSM-V.



## TREATMENTS

Many people believe that anti-depressants are the best and only treatment available to depression.

Some antidepressants are:

- Selective serotonin reuptake inhibitors (SSRIs): these block reuptake of serotonin. They have less side effects than other antidepressants. Some side effects include: insomnia and lack of libido
- Serotonin-norepinephrine reuptake inhibitors (SNRIs): these block reuptake of serotonin and norepinephrine
- Tricyclics: affects norepinephrine. These have more severe side effects such as blurred vision and weight gain. It can be lethal if overdosed on.
- Monoamine oxidase inhibitors (MAOIs): these require a strict diet because of the dangerous interaction effects with certain foods

There are other types of antidepressants as well.

For the most part, studies have shown that antidepressants are effective. In fact, a study found said that However,

antidepressants “do not work for at least a third of the patients” (Smyth 2018).

Another type of treatment is psychotherapy.

There are two types of psychotherapy that can

## TYPES OF DEPRESSION

Some depressive disorders are more severe than others. The type of treatment a person should receive changes depending on the type of depressive disorder they have.

Here are some of the types of depression:

- Major Depressive Disorder (MDD): one of the most easily recognized depressive disorder.
- Persistent Depressive Disorder (dysthymia): a depressed state that happens for at least 2 years.
- Psychotic features: there is the addition of hallucinations and depression
- Melancholia features:
- Seasonal affective disorder: recurrent MDD during specific seasons
- Peripartum depression: occurs after women give birth
- Premenstrual dysphoric disorder: women experience severe emotional reactions during their premenstrual cycle
- Disruptive mood dysregulation disorder: children up to 12 years old that experience intense negative moods

These are just a few to start off with. Many other types of depression features exist as well. Dr. Daza says the more common types of depression are “major depressive disorder or dysthymia.” (P. Daza, personal communication, March 20, 2018). Depending on which type of depression a person has, the treatment will change.



Treatments cont.

be done. The first one is cognitive behavioral therapy (CBT). In CBT, the psychologist attempts to change the thinking errors of the patient. According to the book, “CBT can effectively prevent the onset of depressive episodes in at-risk youth” (Barlow et al., 2018, p. 236). Interpersonal therapy focuses on improving social functioning and correcting social skills deficits.

It is a common theory that combining both medication and psychotherapy would be the most effective treatment. According to a study by Lynch et al. (2011), a combination of “CBT and a switch to another antidepressant agent resulted in a higher rate of clinical response”. While antidepressants and psychotherapy are both effective, the best option is when two treatments are combined.

## STATISTICS

One of the common myths people believe about depression is that only women get depressed. Women are actually two times as likely to get depression as men. After a divorce, approximately 21% of women and 17% of men experience severe depression (Barlow et al., 2018, p. 247). Dr. Daza theorizes that it is because “women are more likely to talk [and] discuss their feelings...culturally, this is not as acceptable for men”. However, the gender difference does not occur until adolescents. In children, the sex ratio for depression is 50:50 (Barlow et al., 2018, p. 235).

The prevalence of depression occurs “less in prepubertal children than in adults but rise dramatically in adolescence” (Barlow et al., 2018, p. 235). Between adolescents and adults because they both experience depression at the same ration. The overall prevalence is that half of people over the age of 65 has depression.

As mentioned before, those with strong support groups are less likely to be depressed. In terms of living style, those who live alone are 80% more likely to be depressed than those who live with other people. Only 10% of women with close friends got depression (Barlow et al., 2018, p. 248).

Culturally speaking, it has been found that African American are 4 times more likely to be depressed as the general population (Barlow et al., 2018, p. 237). People’s culture is a factor in treatment as well. Dr. Daza says that “in the African American, Asian, and Hispanic cultures, there is a tendency to try spiritual/religious avenues first and mental illness isn’t always openly discussed”. Because of that, associated problems can stem from depression. Family issues can occur because “families and significant others can become overwhelmed and may not know where to get support”. Dr. Daza also mentions that “the suicide rate is generally highest with adolescent and geriatric populations” (P. Daza, personal communication, March 20, 2018). In addition to that, depression can also lead to physical diseases and death among the elderly (Barlow et al., 2018, p. 237).

**20%** of people with major depressive disorder develop psychotic symptoms.



**10-15%** of women develop postpartum depression.



## CONCLUSION

Many people are misinformed about depression, which leads to misconceptions that can be harmful to those with depression. We, as a community, should work to dispel the false stigmas and aim to educate the public more. Dr. Daza recommends that we should provide support to family and patients with depression. We should also “normalize that this is a very common experience and that earlier treatment leads to better outcomes” (P. Daza, personal communication, March 20, 2018).

In order to prevent depression, people should work on having more secure relationships with people. If you are depressed or if you know someone who is depressed, don’t be afraid to reach out to depression groups and clinics.



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