****

Title of seminar:

 Depression

 Presented by: Ali al-Saleh

 Grade: Tenth grade

 Date: **2015-2016 A.D.**

Under the supervision of: Ms. Siba Mansour

* The thesis(the problem that our research tackles):
* What is Depression? **Signs and symptoms of depression?**
* **How depression and sadness are different?**
* **What causes depression?**
* **how is depression treated?**

**The purpose of the following paper** is **Understanding**

**Depression and Effective Treatment.**

****

1. **Introduction:**

**Everyone experiences**

 **sadness from time to time. But depression lasts longer,**

**interferes with daily life and can cause physical pain. Fortunately, depression is highly treatable, and getting effective treatment is crucial. This question-and-answer guide explains depression and how it can be treated successfully.**

1. 1.What is Depression?

1.1. Depression is a serious medical illness that negative

affects how you feel, the way you think and how you act.

Depression has a variety of symptoms, but the most

common are a deep feeling of sadness or a marked loss of

interest or pleasure in activities.

 1.2. Other symptoms include:

* **Feeling bad about yourself**
* **Changes in appetite or weight**
* **Feeling overwhelmed by pessimism, anger, guilt, irritability and anxiety**
* **Varying emotions throughout the day for example, feeling worse in the morning and better as the day progresses**
* **Not able to enjoy life**
* **sexual problems**
* **Avoiding other people, sometimes even your close friends**
* **Low motivation to do things that used to matter to you**
* **Feelings of helplessness and hopelessness**
* **Insomnia or oversleeping**
* **Loss of energy or increased fatigue**
* **Restlessness or irritability**
* **Feelings of worthlessness or inappropriate guilt**
* **Reduced pain tolerance: decreased tolerance for minor aches and pains**
* **Difficulty thinking, concentrating, or making decisions**
* **Poor Memory**
* **Feeling exhausted**
* **Loss of self-confidence and self-esteem**
* **Self-harm**
* **Thoughts of death or suicide or attempts at suicide.**

1.3. Depression is very common. It affects nearly one in 10

adults each year—nearly twice as many women as men(It’s

more common among females). It’s also

important to note that depression can strike at any time, but

on average, first appears during the late teens to mid-20s.

Depression is also common in older adults. Depression increases

the risk of suicide by 20 times.

Fortunately, depression is very treatable.

2. **How Depression and Sadness are different?**

**2.1.** **The death of a loved one, loss of a job, or the ending of a**

**relationship are difficult experiences for a person to endure.**

**It is normal for feelings of sadness or grief to develop in**

**response to such stressful situations. Those experiencing**

**trying times often might describe themselves as being**

**“depressed.”**

**But sadness and depression are not the same. While**

**everyone occasionally feels sad or “blue,” these**

**feelings tend to pass rather quickly, the disorder of**

**depression can continue for months, even**

**years. Patients who have experienced depression**

**note marked differences between normal sadness and**

**the disabling weight of clinical depression.**

**3.** **What causes depression?**

**3.1.** **There’s no simple answer to this because Depression can**

**affect anyone—even a person who appears to live in**

**relatively ideal circumstances.**

**But several factors can play a role in the onset of**

**depression:**

**3.2.Biochemistry. Abnormalities in two chemicals in the**

**brain, serotonin and norepinephrine, might contribute to**

**symptoms of depression, including anxiety, irritability and**

**fatigue.**

**Other brain networks undoubtedly are involved as well;**

**scientists are actively seeking new knowledge in this area.**

**3.3.Genetics. Depression can run in families. For example, if**

**one identical twin has depression, the other has a 70%**

**chance of having the illness sometime in life.**

**3.4.Personality. People with low self-esteem, who are easily**

**overwhelmed by stress, or who are generally pessimistic**

**appear to be vulnerable to depression.**

**3.5.Environmental factors. Continuous exposure to violence,**

**neglect, abuse or poverty may make people who are**

**already susceptible to depression all the more vulnerable to**

**the illness.**

**3.6.Also, a medical condition (e.g., a brain tumor or vitamin**

**deficiency) can cause depression, so it is important to be**

**evaluated by a psychiatrist or other physician to rule out**

**general medical causes.**

**3.7.** **But certain factors can put you at higher**

**risk. These include:**

***Family***

**• A family or personal history of depression.**

**• Conflict or violence within your family.**

**• Bad things that happened when you were a child.**

***Events***

**• Death or loss of someone close.**

**• Breaking up with a partner.**

**• Falling out with someone you care about.**

**• Traumatic or life threatening events.**

**• Too much pressure and stress at work, school or university.**

**• Feeling you’re being bullied or undermined.**

**• Losing your job or being unemployed for a long time.**

**• Having a head injury or other trauma, epilepsy,**

**or a long term or serious illness.**

**• Some women experience depression during or after childbirth.**

***Lifestyle***

**• Drinking too much alcohol.**

**• Using a lot of recreational drugs such as cannabis.**

**• Social isolation.**

**• Lack of sleep.**

**• Poor diet and lack of exercise.**

**4.** **Types of depression**

**4.1. Mild depression**

**Depression is described as mild when it has a negative but**

**limited effect on your daily life, for example, you may have**

**difficulty concentrating at work or motivating yourself to**

**do the things you normally enjoy. It is described as more**

**severe when it has a major impact on everyday life, such as**

**being unable to work or look after yourself, or needing to be**

**hospitalized.**

**4.2. Major depression**

**Major depression interferes with an individual’s ability to**

**cope with their daily life; with eating, sleeping and many**

**other everyday activities. Some people may experience only**

**one episode but several episodes in a lifetime is more**

**common. Recognising the signs that indicate an episode is**

**very useful as it means the person can seek help earlier.**

**Sometimes, there may not be an obvious cause.**

**4.3. Bipolar (Manic) depression**

**The mood swings which define bipolar depression can be**

**extreme. These range from highs – where the individual feels**

**extremely elated and indestructible; to lows – where**

**they may experience despair and lethargy. Sometimes there**

**will also be severe symptoms where the person cannot make**

**sense of their world and does things that seem odd or**

**illogical. Bipolar depression is a long term illness.**

**4.4. Post-natal depression**

**Many new mothers experience what are sometimes called**

**“baby blues” a few days after the birth. But these feelings of**

**anxiety and a lack of confidence are unlikely to last**

**more than a couple of weeks. Post-natal depression is more**

**intense and lasts longer. It can leave new mothers feeling**

**inadequate, completely overwhelmed and unable to cope.**

**They may have problems sleeping, panic attacks or an**

**intense fear of dying.**

**They may also experience negative feelings towards their**

**child. It affects one in ten mothers and usually begins two to**

**three weeks after the birth.**

**4.5. Seasonal Affective Disorder (SAD)**

**This type of depression is associated with the start of winter**

**and can last until spring when longer days bring more**

**daylight. When it is mild, it is sometimes called “winter**

**blues”. SAD can make the sufferer feel anxious, stressed and**

**depressed. It may interfere with their moods and with their**

**sleeping and eating patterns.**

**5. Can depression be treated successfully?**

**5.1.** **Absolutely. Depression is highly treatable when**

**an individual receives competent care. Licensed**

**psychologists are highly trained mental health**

**professionals with years of experience studying**

**depression and helping patients recover from it.**

**6. How Is Depression Treated?**

**6.1.** **For many people, depression cannot always be**

**controlled for any length of time simply by exercise,**

**changing diet, or taking a vacation. It is, however, among**

**the most treatable of mental disorders: between 80% and**

**90% of people with depression eventually respond well to**

**treatment, and almost all patients gain some relief from**

**their symptoms.**

**Before a specific treatment is recommended, a psychiatrist**

**should conduct a thorough diagnostic evaluation, consisting**

**of an interview and possibly a physical examination. The**

**purpose of the evaluation is to reveal specific symptoms,**

**medical and family history, cultural settings and**

**environmental factors to arrive at a proper diagnosis and to**

**determine the best treatment.**

**6.2. Medication: Antidepressants may be prescribed to**

**correct imbalances in the levels of chemicals in the brain.**

**These medications are not sedatives, “uppers” or**

**tranquilizers. Neither are they habit-forming. Generally**

**antidepressant medications have no stimulating effect on**

**those not experiencing depression.**

**Antidepressants may produce some improvement within**

**the first week or two of treatment. Full benefits may not be**

**realized for two to three months. If a patient feels little or no**

**improvement after several weeks, his or her psychiatrist will**

**alter the dose of the medication or will add or substitute**

**another antidepressant.**

**Psychiatrists usually recommend that patients continue**

**to take medication for six or more months after symptoms**

**have improved. After two or three episodes of major**

**depression, long-term maintenance treatment may be**

**suggested to decrease the risk of future episodes.**

**6.3. Psychotherapy: Psychotherapy, or “talk therapy,” is**

**sometimes used alone for treatment of mild depression; for**

**moderate to severe depression, it is often used in**

**combination with antidepressant medications.**

**Psychotherapy may involve only the individual patient,**

**but it can include others. For example, family or couples**

**therapy can help address specific issues arising within**

**these close relationships. Group therapy involves people**

**with similar illnesses.**

**Depending on the severity of the depression, treatment**

**can take a few weeks or substantially longer. However, in**

**many cases, significant improvement can be made in 10 to**

**15 sessions.**

****

**7.+ protecting yourself from depression**

**7.1.** **There are many things you can do that can help protect**

**you from getting depressed. These include:**

* **Staying fit and healthy.**
* **Getting enough sleep.**
* **Having balance in your life – identifying and managing stress.**
* **Spending time with people you like and trust, and doing things you usually enjoy.**
* **Developing skills like problem-solving and communication.**

****

1. **Conclusion**

**Depression is never normal and**

**always produces needless suffering.**

**With proper diagnosis and**

**treatment, the vast majority of**

**people with depression will**

**overcome it.**

**Hence, on an individual,**

**community, and national level, it is**

**time to educate ourselves about**

**depression and support those who**

**are suffering from this mental disorder.**

**References**

**American Psychiatric**

**Association (APA)**

1000 Wilson Blvd.

Suite 1825

Arlington, VA 22209

703-907-7300

[www.healthyminds.org](http://www.healthyminds.org)

***The Ministry of Health*:** *NZ Mental Health Survey 2006, NZ Guidelines Group, Royal Australian and NZ College of Psychiatrists, MaGPie*

*Research Group, Beyond Blue (Australia).*

**Black Dog Institute**

Hospital Road, Prince of Wales Hospital, Randwick NSW 2031

(02) 9382 4530 Email: blackdog@blackdog.org.au

[www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)

***The American Psychological Association*:** *Daniel J. Abrahamson, PhD, Lynne M. Hornyak, PhD, and*

*Lynn P. Rehm, PhD*

[www.apa.org/helpcenter](http://www.apa.org/helpcenter)

**Mental Health Foundation Scotland Office**

**Sea Containers House Merchants House**

**20 Upper Ground 30 George Square**

**London, SE1 9QB Glasgow, G2 1EG**

**020 7803 1100 0141 572 0125**

[**www.mentalhealth.org.uk**](http://www.mentalhealth.org.uk)

Andrews G, Cuijpers P, Craske MG, McEvoy P, Titov N. Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: a meta-analysis. PLoS One. 2010 Oct 13;5(10):e13196.

**Araya R, Flynn T, Rojas G, Fritsch R, Simon G. Cost-effectiveness of a primary**

**care treatment program for depression in low-income women in Santiago,**

**Chile. Am J Psychiatry. 2006;163:1379–87.**

**Bolton P, Bass J, Neugebauer R, et al. Group interpersonal psychotherapy**

**for depression in rural Uganda randomized controlled trial. JAMA.**

**2003;289(23):3117-3124.**

**Patel V., Weiss H.A., Chowdhary N., Naik S., Pednekar S., Chatterjee S., De**

**Silva M.J., (...), Kirkwood B.R. Effectiveness of an intervention led by lay**

**health counsellors for depressive and anxiety disorders in primary care in Goa,**

**India (MANAS): A cluster randomised controlled trial (2010) The Lancet, 376**

**(9758), pp. 2086-2095.**

**Rahman A, Patel V, Maselko J, Kirkwood B. The neglected ‘m’ in MCH**

**programmes – why mental health of mothers is important for child nutrition.**

**Trop Med Int Health 2008; 13: 579-83**

**World Health Organization 2008, The Global Burden of Disease 2004**

**update. http://www.who.int/healthinfo/global\_burden\_disease/GBD\_**

**report\_2004update\_full.pdf Accessed 16.6.2012**

**World Health Organization, World suicide prevention day 2012. http://www.**

**who.int/mediacentre/events/annual/world\_suicide\_prevention\_day/en/**

**Accessed 16.6.2012**