

**Depression is on a lumpy continuum from low mood to clinical depression.**

**It is a strange state – if you can describe your severe depression, you haven't truly experienced it.**

**There are virtually no good descriptions of depression in English novels, yet about 10% of the population may suffer from it.**

**An exception is Anthony Trollope's "The last chronicle of Barset" 1866**

# Diagnosis

No clinical test - a continuum with sadness and anxiety. 20% of the public

Extreme sadness

Suicidal thoughts

Sleep disorder

Eating disorder

Motor disorder

Only negative thoughts

Somatisation - stomach, head

Cultural differences lead to different symptoms including somatisation - physical symptoms.

40% of psychiatric outpatients at a Delhi hospital are suffering from depression.

Much somatisation -burning skin, stomach

Kleinman in China -neurasthenia

**There is strong stigma associated with depression, and public figures avoid admitting that they suffer from it.**

- **Stigma is barely mentioned in Standard psychiatric textbooks**

Few politicians and other public figures  
admit to mental health problems

- **There is virtually no research in the UK about what the public understands about mental illness**

**Causes / triggers of depression  
include:**

**Stress**

**Loss**

**Genes**

**Biological factors like low  
serotonin; increased cortisol;  
cytokines**

**Unpleasant experiences**

Biological factors are relevant

Cytokines like alpha-interferon  
can induce depression; and so  
can cortisol.

**Depression is an illness of the emotions, particularly sadness, and there are significant changes in the brain and thought processes. Negative thoughts predominate.**

**Too often it leads to suicide.**

- **Nuffield Council on Bioethics**

- 1998 report:**

- the mentally ill patient should be viewed as a whole
- genetic influences could not be separated from those of the environment

Depression may result from the interaction of biological sadness and negative cognition -malignant sadness. There may be positive feedback loop.

Anti-depressants and cognitive therapy and are thus sensible treatments.

Carers have a very hard time and must learn that they cannot cure, only support

# TREATMENT

Drugs - need to treat 3 to 4 to get one helped

Cognitive therapy

Psychoanalysis???

ECT and anything that works.

Carers cannot do it

Anti-depressants: SSRIs

Prozac, Effexor, Seroxat all increase serotonin. But do they help?

Cognitive therapy- not psychoanalysis, deals with negative thinking

**There is a strong genetic component in depression -about 0.5**

**Severe depression is disabling so why has evolution not selected it out? It is most common in early adulthood.**

**Emotions have evolved to give adaptive responses to harm or reward.**

**Emotions like sadness are universal and can be recognised by people in very different cultures.**

Sadness is a basic and universal emotion and is adaptive from an evolutionary viewpoint.

Loss can trigger depression,  
probably by causing severe  
sadness.

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Sadness is adaptive as it promotes attachment to people, things, and aims, and leads to appropriate responses to restore loss.

Mourning is not adaptive but the cost of commitment.

Cancer is an example of a normal healthy process, cell multiplication, gone wrong and become malignant.

The same may be true for depression.

The complexity of the processes involved may have prevented the evolution of adequate preventive mechanisms.

Severe depressives function very badly and have a high suicide incidence.

No one who had a severe depression could believe it was adaptive. But low mood?

**The social competition hypothesis is that the function of depression is to inhibit aggression from superior rivals.**

**But does not fit with women having twice the incidence of men.**

**Depression in children, and the increased chance of a depression in adulthood if a child is abused or neglected, also argue against it being adaptive.**

Is the function of low mood to  
make people accept unobtainable  
goals and so change?

**The social navigation hypothesis is that low mood and depression focuses resources and motivates partners to help.**

**Post--natal depression could be a plea for help.**

**Seasonal affective depression SAD occurs in winter but it is not much more common in the North. It could be an adaptation to reducing activity in the cold months. There is increased eating and sleeping. Women much more affected.**

**Should not children be taught  
about depression at school?**

- **Mental health test for 8th grade at private American school – questions included:**
  - **In 40 words give your opinion as to why increase in suicide has tripled since your parents were your age**
  - **T or F: A psychologist is a medical doctor and can prescribe drugs**
  - **T or F: A person suffering from schizophrenia has multiple personalities**
  - **Describe one possible theory that could cause anorexia**

- **Mental health problems are caused by stress**
- **People with schizophrenia have a split personality**
- **There is a stigma attached to mental health problems**
- **1 in 4 of people will develop mental health problems in their life**
- **Only 1% get all right before education**
- **Only 6% get all right within 6 months**

- **Education of students about depression did not have a significant effect in preventing them becoming depressed<sup>1</sup>**
- **However, Mental Illness Awareness Week in the USA did find that education did lead to more positive attitudes with respect to getting help<sup>2</sup>**
- **Similar studies in the UK<sup>3</sup>**

1. Andrew G *et al.* Br J Psychiatry 2002  
2. Battaglia *et al.* Am J Psychiatry 1990  
3. Pinfold V *et al.* Br J Psychiatry 2003