

Sadness vs Depression:

What's the Difference?

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Agenda

- What is Sadness?
- What is Depression?
- Etiology of Depression
- The Size of the Problem
- Case Studies
- How You Can Help
- Resources

What is sadness?



- Normal temporary emotional response-lowering of mood- to life events, breakup or death of loved one, a loss
- One of a range of emotions that are part of human experience
- Painful, Loss of energy, cry, may be motivator
- Experienced differently

Ways to Experience Normal Sadness in Healthy Way

- Recognize and allow yourself to be sad
- If feeling sad, plan a sadness day
- Think about why you are sad—loss? Change not expected?
- Can signal need for a change in your life
- Be aware when sadness can turn into depression



How is Depression Different from Sadness?

- Chronic sadness
- More intense
- More impairing globally with relationships, employment, school, community
- Depression experienced differently by different people

Definition of Depression

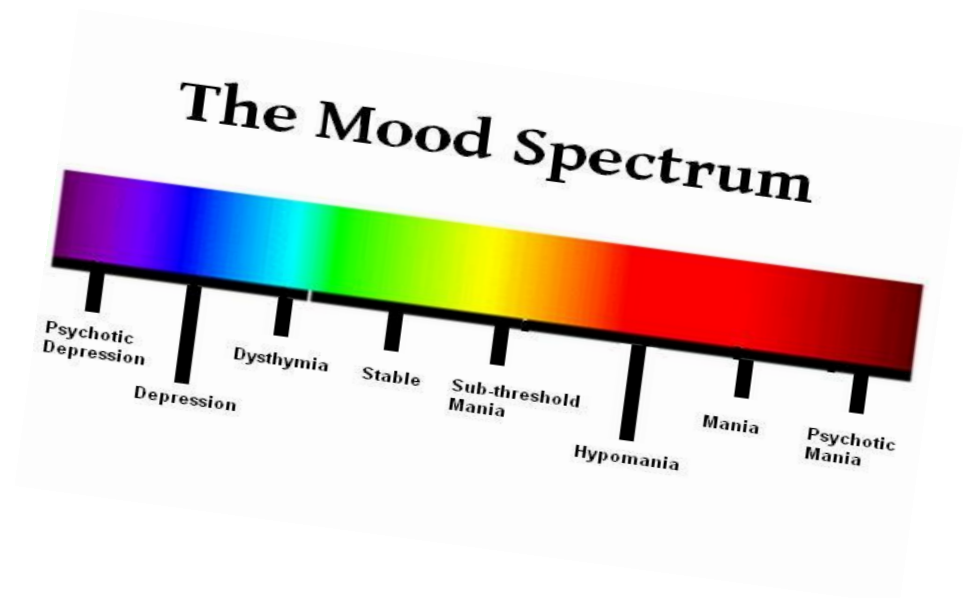
- Major depression is different.
 - Serious emotional and biological disease that affects one's thoughts, feelings, behavior, mood and physical health.
- Life-long condition in which periods of wellness alternate with recurrences of illness
- May require long-term treatment to keep symptoms from returning, just like any other chronic medical illness.

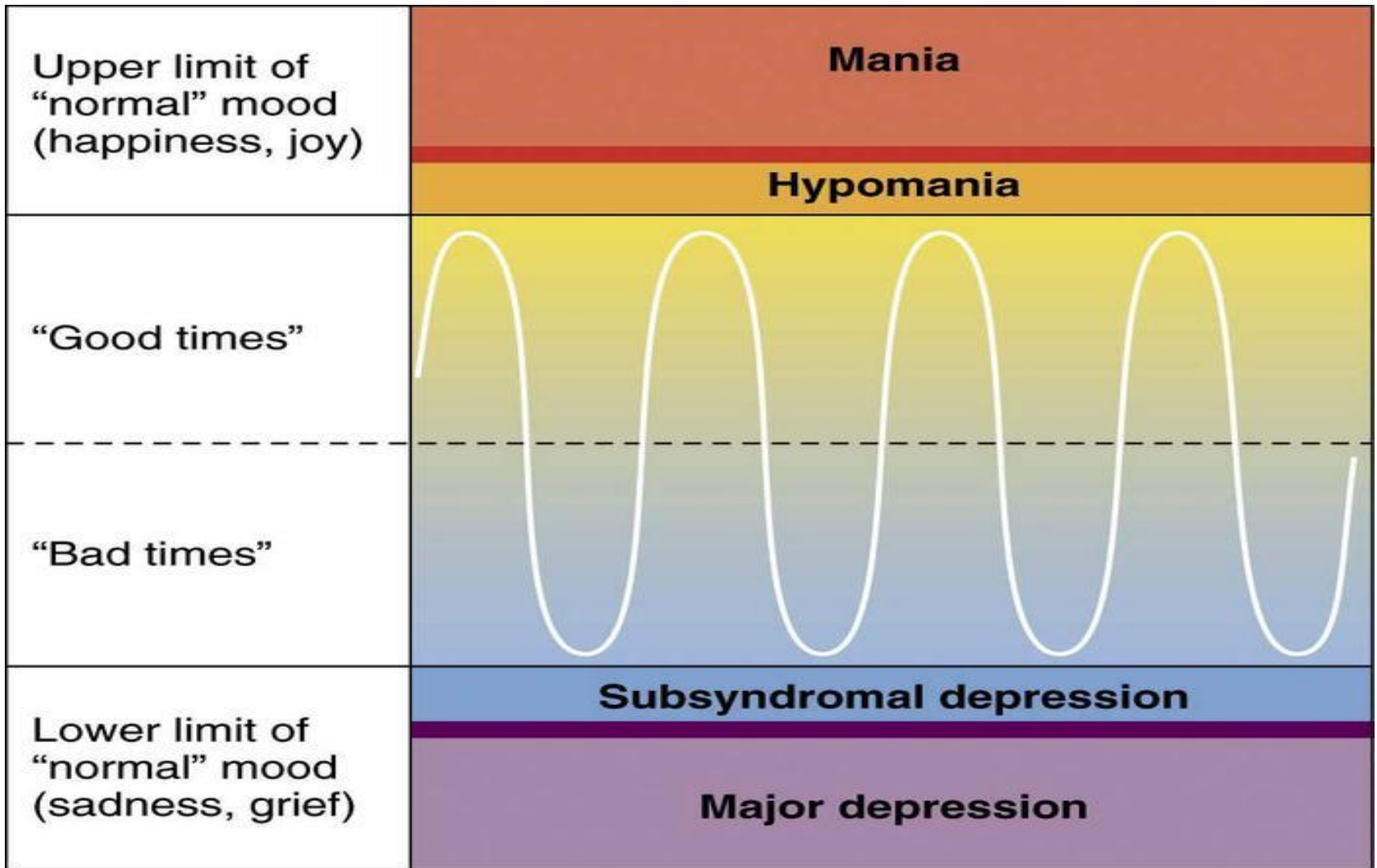
Depression Facts

- Estimated 25 million Americans affected by MDD in a given year
- By 2020 depression will be the leading cause of disability and the second leading contributor to global disease
- 10% to 20% of mothers after childbirth have depression
- Patient's culture, gender, and/or predominance of somatic symptoms can *impede the detection of depression*
- Up to 70% with depression are seen by their PCP and up to 50% are misdiagnosed

Depressive Illness on a Spectrum

- Transient Sadness
- Grieving
- Adjustment Disorder
- Dysthymia
- Major Depressive Disorder
- Bipolar Illness





Clinical Depression

- **Spectrum Disorder**
 - Subsyndromal (dysthymia) to syndromal symptoms (MDD)
- **Syndromal disorder (MDD)**
 - At least 2 weeks of persistent change in mood manifested by either depressed or irritable mood and/or
 - **Loss of interest and pleasure plus a**
 - **Wishing to be dead,**
 - **Suicidal ideation or attempts**
 - **Increased/decreased appetite, weight, or sleep**
 - **Decreased activity, concentration, energy, or self-worth**
- **Change from previous functioning** that produces **impairment** in relationships or in performance of activities.

Diagnostic Criteria for Major Depression

Depressed mood or markedly decreased pleasure in most activities that occurs for 2 weeks or more defines a major depressive disorder. Patients will experience at least five of the following symptoms nearly every day. These symptoms cause clinically significant distress or impairment in social, occupational, or other functioning. To be considered a major depressive disorder, psychotropic drugs or a general medical condition aren't the cause of these symptoms and they don't occur within 2 months of the loss of a loved one:

- Depressed mood (irritability in children and adolescents) most of the day, nearly every day
- Markedly diminished interest or pleasure in almost all activities most of the day, nearly every day, as indicated either by subjective account or observation by others
- Significant weight loss or gain
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feeling of worthlessness or guilt
- Impaired concentration or indecisiveness
- Recurrent thoughts of death or suicide.

How Do I Know if I Have Depression?

- 5 Symptoms Simultaneously
 - Daily or nearly every day
 - Different severity, frequency or duration of symptoms
- A depressed mood during most of the day, particularly in the morning
 - Fatigue or loss of energy almost every day
 - Feelings of worthlessness or guilt almost every day
 - Impaired concentration, indecisiveness
 - Insomnia (an inability to sleep) or hypersomnia (excessive sleeping) almost every day

How Do I Know if I Have Depression?



- Markedly diminished interest or pleasure in almost all activities nearly every day
- Recurring thoughts of death or suicide (not just fearing death)
- A sense of restlessness or being slowed down
- Significant weight loss or weight gain
- Loss of interest in activities once enjoyed

Cause clinically significant distress or impairment

- Not due to direct effects of substance
- Not due to a medical condition such as hypothyroidism
- Most do not seek treatment
- Important to rule out physical causes

What is the size of the problem? Children?

- 0.3% of preschoolers
- 2% elementary school-age children
- One study of 9863 students age 10-16 years found
 - 29% of American Indian youth exhibited symptoms of depression,
 - 22% of Hispanic,
 - 18% of Caucasian,
 - 17% of Asian-American,
 - 15% of African-American youth.[\[14\]](#)



What is the size of the problem? Children?

- Treatments for children can help to prevent mental health problems or drug and alcohol misuse in later life.
- Equal prevalence among young boys and girls *until* puberty; then 2:1 females to males
- Adults seen for depression can have origins in childhood/adolescence



Size of Problem of Depression in Adolescents

- **Major Depressive Disorder**
 - 4% to 8% in adolescents, with a male-to-female ratio of 1:1 during childhood and 1:2 during adolescence
- By age 18 incidence is ~ 20%
- **Subsyndromal symptoms of MDD - 5% to 10% of adolescents**
- Dysthymic Disorder-prev of 1.6% to 8.0% in adolescents
- **Each successive generation since 1940 is at greater risk of developing depressive disorders & that these disorders have their onset at a younger age**

Risk Factors for Depression in Children/Adolescents

- ✓ Prior episode or episodes of depression
- ✓ Prior suicide attempts
- ✓ Being in the postpartum period
- ✓ Medical co morbidity
- ✓ Lack of social support
- ✓ Stressful life events
- ✓ History of sexual abuse
- ✓ Current substance abuse
- ✓ Teen girls (2x as likely to be depressed as teen boys)

Clinical Depression

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 - **loss of interest and pleasure plus a**
 - wishing to be dead,
 - **suicidal ideation or attempts;**
 - increased or decreased appetite, weight, or sleep
 - **decreased activity, concentration, energy, or self-worth or exaggerated**
- **Change from previous functioning and produce impairment in relationships or in performance of activities.**

Jason

- 14 year old boy, raised by single mother, has younger brother with whom he fights.

- C/O moodiness, fastidiousness, 'emo', irritable, angry, disrespectful to mother, adults at school. Cognitively above average



Subtypes of MDD

- **Psychotic depression**
 - family history of bipolar and psychotic depression
 - more severe depression
 - greater long-term morbidity
 - resistance to antidepressant mono-therapy
 - increased risk of bipolar disorder
- **Atypical depression**
 - increased reactivity to rejection,
 - lethargy (leaden paralysis),
 - increased appetite, craving for carbohydrates,
 - hypersomnia
- **Seasonal affective disorder (SAD)**
 - sx's of depression during the season with less daylight
 - differentiated from depression triggered by school stress because both usually coincide with the school calendar.
 - ([Haley et al., 1988](#) ; [Stewart et al., 1993](#) ; [Strober et al., 1993](#); [Strober and Carlson, 1982](#); [Swedo et al., 1995](#); [Williamson et al., 2000](#))

Desiree

- 13 years old. Father in service, rarely lives with family. Mother has bipolar disorder, admits to sexual abuse, poor boundaries.
- C/o school failure, fights with teachers, refuses to do schoolwork, looks much older than stated age.



Dysthymia

- ✓ Low-grade depression
- ✓ Often occurs with an anxiety disorder
- ✓ Persistent, long-term change in mood, less intense but more chronic than in MDD, but cause as much or more psychosocial impairment
- ✓ Often overlooked or misdiagnosed
- ✓ Less severe but more chronic form of depression
- ✓ Carries an increased risk of developing major depressive disorder.
- ✓ Major depression can be superimposed on dysthymia. This condition is called double depression

Adolescents look different..

- Mood lability
- Irritability
- Low frustration tolerance
- Temper tantrums
- Somatic complaints
- And/or social withdrawal instead of verbalizing feelings of depression



Clinical Course Major Depressive Disorder

- Untreated?
- MDD affects the development of a child's emotional, cognitive, and social skills & interfere considerably with family relationships
- Adolescents at high risk of substance abuse (including nicotine dependence), legal problems, exposure to negative life events, physical illness, early pregnancy, and poor work, academic, and psychosocial functioning.
- Environment can support or exacerbate adolescent's depression
- ([American Academy of Child and Adolescent Psychiatry, 2001](#) ; [Beautrais, 2000](#) ; [Birmaher et al., 1996](#) [Brent et al., 1988](#) ; [Gould et al., 1998](#)). [Brent et al., 1999](#) ; [Gould et al., 1998](#), [Lewinsohn et al., 2003b](#)).

Alicia



- 15 yr AA/Hispanic female. Father in service for years. High achiever, straight A's, attends parochial school. Likes to be 'unique' but inwardly low self esteem.
- Met older teen at driver's ed in the summertime and began hanging out with he and his friends. Just prior to breakup began cutting on wrist. After breakup attempted suicide by overdose.

What causes depression?

- Genetic
- Biological
- Environmental

Depression Moderate Genetic Heritability

- 40-50% inheritability for major depression and **may be higher** for severe depression (ref)
- Parent has **history of depression** child has
2 to 3 x greater risk
- Parent has recurrent depression- child or sibling has 4 to 5 x risk



Brain Structures Implicated in Mood Regulation

Mood disorders- temporolimbic–frontal–caudate network.

Normal regulation - may depend on the integrity of pathways linking the paralimbic frontal cortex and the basal ganglia.

Two Systems Act in Concert

1. orbitofrontal–amygdalar network that supports emotions and moods
2. hippocampal–cingulate system that supports memory encoding and explicit processing (among other functions)

The hippocampus

- one region that has recently received significant attention in mood disorders research
- certainly not solely responsible for all of symptoms seen in depression
- highly plastic, stress-sensitive hippocampal region
- could play a central role in depressive illness

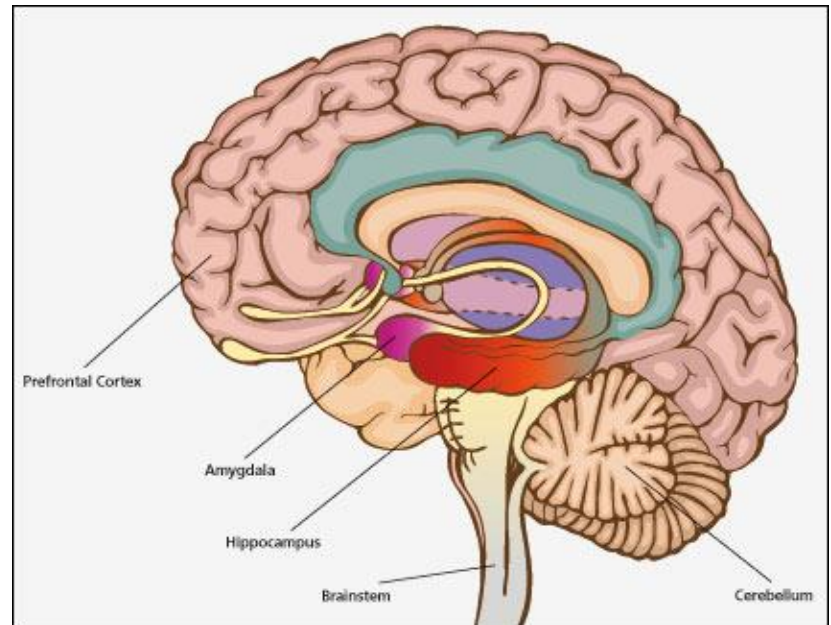
Biology

No Single Brain Structure or Pathway

Hippocampus -

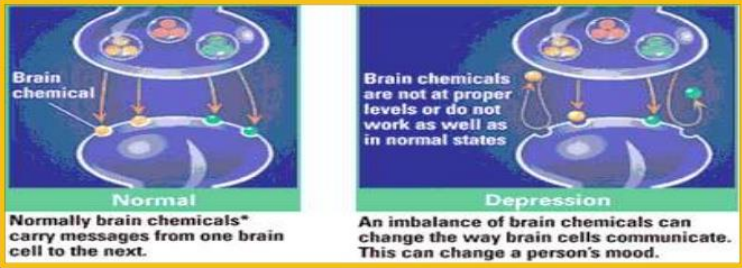
Memory storage

- Smaller in people with hx of depression most frequently reported neuroimaging finding
- Have fewer serotonin receptors
- WHY?
- Theory of excess production of cortisol which can shrink hippocampus or
- Born with smaller hippocampus



Biology- no single brain structure or pathway

↓ Depressed vs. Normal Brain



Normal
Normally brain chemicals* carry messages from one brain cell to the next.

Depression
An imbalance of brain chemicals can change the way brain cells communicate. This can change a person's mood.

- Normal brain has regular sized Hippocampus while the depressed brain has shrinkage in size of the hippocampus.
- Depressed brain has an abnormal number of neurotransmitters.

- Complex illness, many contributing factors
- “Neurotrophic effects”
- Scans of brain and brain chemistry suggest antidepressants help nourish nerve cells and help them form stronger connections to withstand stresses

Major Environmental Causes

- Current or past physical, sexual or emotional abuse
- Certain medications (Accutane)
- Conflict
- Death or Loss
- Genetics-complex trait
- Major events pos or neg
- Serious physical illness
- Substance abuse

Physical Symptoms of Depression

Children and adolescents with depression seeking treatment in a primary care setting may report **only physical symptoms:** headaches/stomachaches

Makes depression very **difficult** to diagnose.

Very important to **recognize if you care or work** with children and adolescents



Its All About Neurotransmitters...

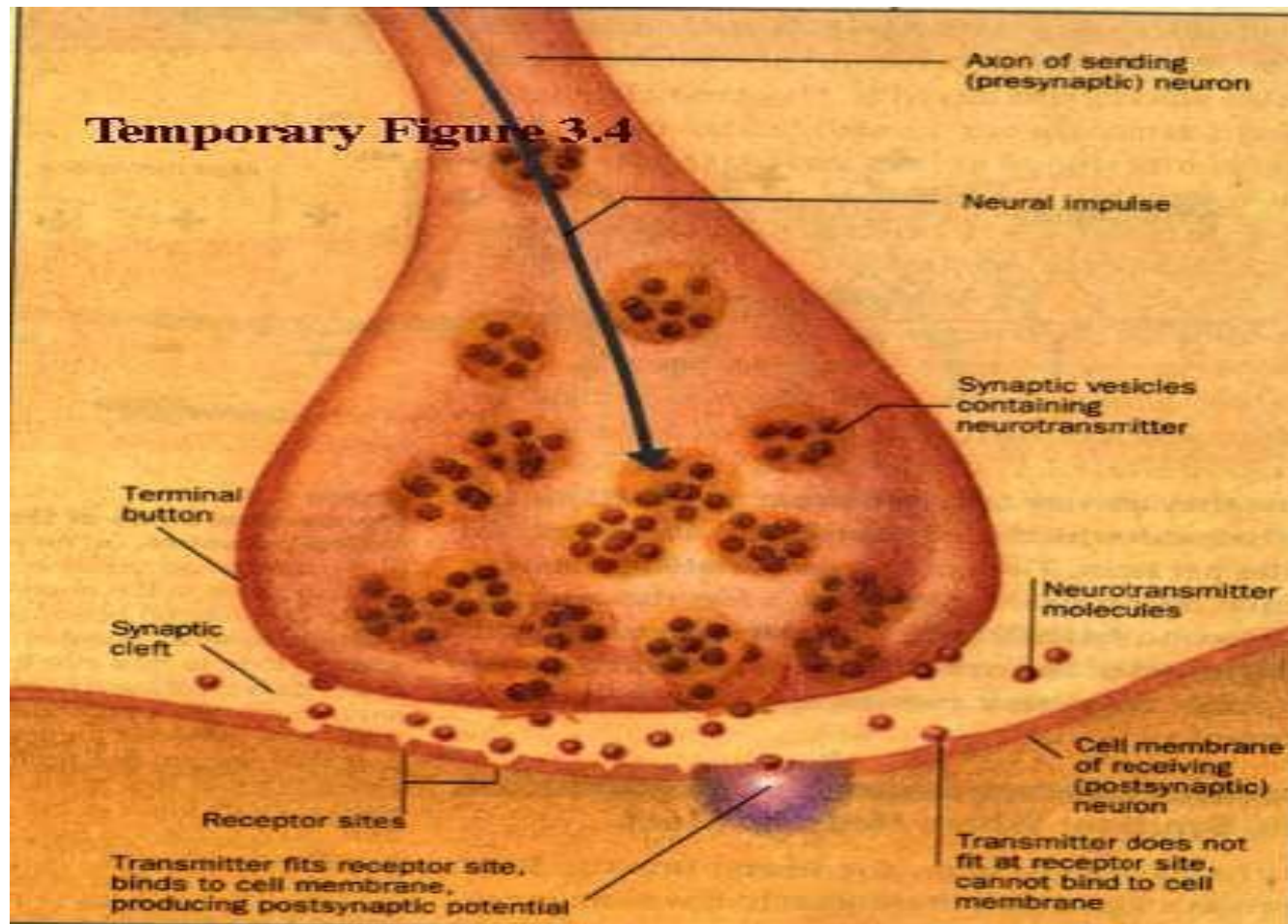
The chemical communication between neurons of neurotransmitters across the synapse and these are implicated in one's mood.....

SUMMARY TABLE

MAJOR NEUROTRANSMITTERS AND THEIR EFFECTS

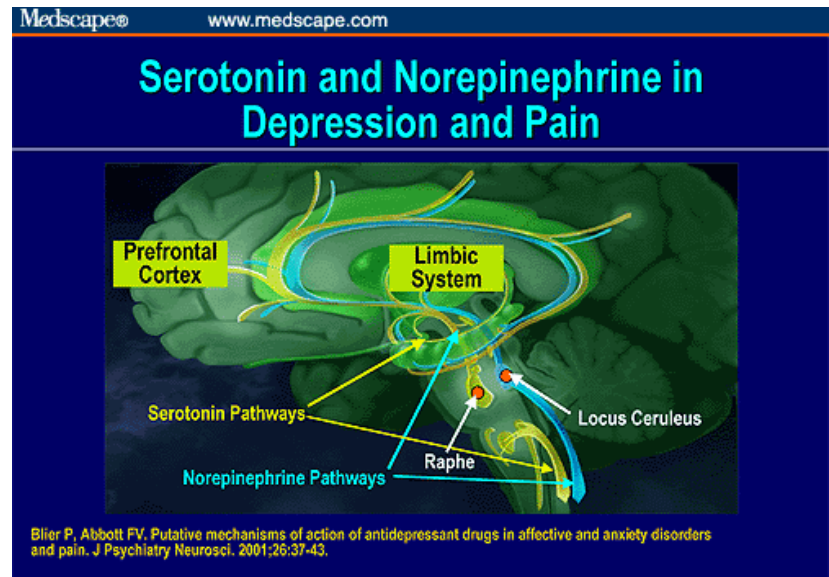
Acetylcholine (ACh)	Generally excitatory	Affects arousal, attention, memory, motivation, movement. Too much: spasms, tremors. Too little: paralysis, torpor.
Dopamine	Inhibitory	Inhibits wide range of behavior and emotions, including pleasure. Implicated in schizophrenia and Parkinson's disease.
Serotonin	Inhibitory	Inhibits virtually all activities. Important for sleep onset, mood, eating behavior.
Norepinephrine	Generally excitatory	Affects arousal, wakefulness, learning, memory, mood.
Endorphins	Inhibitory	Inhibit transmission of pain messages.

And Synapses!



Neurotransmitters

- Serotonin and epinephrine neurotransmitters influence both **pain and mood**.
- **Dysregulation** of these transmitters is **linked** to both **depression and pain**.
- **Antidepressants** that inhibit the reuptake of both serotonin and norepinephrine may be used as **first-line treatments** in **depressed patients** who present **with physical symptoms**



Physical Symptoms of Depression



- Chronic joint pain
- Limb pain
- Back pain
- Gastrointestinal problems
- Tiredness
- Sleep disturbance
- Psychomotor activity changes
- Appetite changes

MDD & Suicide

- Suicide attempts & completion most significant and devastating sequelae
- Approximately 60% report having thought about suicide and 30% actually attempt suicide
- Risk of suicidal bx increases
 - history of suicide attempts
 - comorbid psychiatric disorders (e.g., disruptive disorders, substance abuse)
 - impulsivity and aggression
 - availability of lethal agents (e.g., firearms), exposure to negative events (e.g., physical or sexual abuse, violence)
 - family history of suicidal behavior)

Screening

- Clinicians should screen all adolescents for key depressive symptoms including depressive or sad mood, irritability, and anhedonia.

To screen for depressive symptoms, clinicians could use checklists derived from the DSM or ICD-10 criteria for depressive disorders, clinician-based instruments, and/or child and parent depression self-reports.

- Beck Depression Inventory free online
- ([American Academy of Child and Adolescent Psychiatry, 1997](#) ; [Klein et al., 2005](#) ; [Myers and Winters, 2002](#)).

Assisting Potential Suicidal Patients

- ✓ Be attentive
- ✓ Remain calm and do not appear threatened
- ✓ Stress a partnership approach
- ✓ Discuss suicide in a calm, reasoned manner
- ✓ Listen to the patient
- ✓ Emphasize that suicide causes a great deal of pain to family members

Suicide Assessment: Warning Signs

- ✓ Pacing
- ✓ agitated behavior
- ✓ frequent mood changes
- ✓ chronic episodes of sleeplessness
- ✓ Actions or threats of assault, physical harm or violence
- ✓ Delusions or hallucinations
- ✓ Past suicide attempt
- ✓ Recent loss
- ✓ Threats or talk of death (e.g., "I don't care anymore," or "You won't have to worry about me much longer.")
- ✓ Putting affairs in order, such as giving possessions away or writing a new will
- ✓ Unusually risky behavior (e.g., unsafe driving, abuse of alcohol or other drugs)

Online Resources

➤ National Institute of Mental Health
301-443-4513
www.nimh.nih.gov

➤ The MacArthur Foundation
Initiative
on Depression and Primary Care
603-650-1162
www.depression-primarycare.org

➤ American Academy of Family
Physicians
<http://familydoctor.org>

➤ American Psychiatric
Association
888-357-7924
www.psych.org

Resources

- <http://www.napnap.org/index.cfm?page=198&sec=221&ssec=270>
Mental Health Nursing Resources
- http://www.mchlibrary.info/KnowledgePaths/kp_Mental_Conditions.html
- Bright Futures in Practice: Mental Health—Volume II and its accompanying Tool Kit,