Information for Families:
Major Depression
Bipolar Disorder and
Schizoaffective Disorder

The World's Voice for the Families of the Mentally Ill

Serving those with Major Mental Illness

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Pamphlet No. 11

About Depression

Introduction

A depressive disorder can affect your whole self, from the way you live day by day to how you feel and think about yourself. Many people talk about "being depressed", but major depression is not a passing low mood that will be gone tomorrow through a little effort of will. In fact it cannot be willed away and there is no use friends telling you to "pull up you socks and get on with life". Appropriate treatment can help the great majority of those who suffer from the disorder over time, but untreated the condition can last for many months or years.

Characteristic Symptoms

Depression may be experienced very differently from person to person. The symptoms need to be severe enough to interfere with daily living and/or work activities to be considered an indicator of major depression.

According to the International Statistical Manuals (ICD10 & DSM IV), five or more of the nine symptoms below, lasting for two weeks or more, require professional help:

1. Depressed mood most of the day, every day
2. Marked diminished interest or pleasure in activities most of the time. e.g. Loss of interest and pleasure in things formerly enjoyed
3. Significant weight loss or decrease in appetite
4. Insomnia nearly every day
5. Restlessness or a feeling of being slowed down
6. Physical symptoms, fatigue, aches and pains, loss of libido
7. Feelings of worthlessness, hopelessness, guilt or helplessness
8. Problems with thinking, concentration and attention
9. Recurrent thoughts of death or suicide

People also report the following symptoms:

- Decreased ability to make decisions
- Despondency
- Lack of motivation
- Becoming withdrawn
- Preoccupation with negative thoughts
- Self-blame
- Unreliability
- Excessive drinking
- Irrational fears and phobias

If the person also experiences abnormally high or elevated mood for a period, it is likely that another diagnosis, such as bipolar disorder be considered.

Depression with Psychotic Symptoms

Some people experience hallucinations - seeing, hearing, tasting, smelling or touching – things that are not there or perceiving things as distorted. Delusions – beliefs that appear real to the person but are really false can also be experienced. However, depression does not necessarily include these psychotic symptoms.

"Triggering" Events

Certain events or states predispose a person to depression. These include:

- Loneliness
- Bereavement
- Marriage problems or divorce
- Unemployment
- Retirement
- Financial difficulties
- Moving house
- History of abuse in the family

You will notice that several of the occurrences above are related to inevitable life changes that can be extremely stressful. While stress is not the whole picture, continuing high stress in our lives may make us susceptible to recurrent episodes of depression.

Who is at Risk?

Depression can be experienced at any age, from children to much older people. Men often have their first episode in middle age (~50). It is now commonly diagnosed in children, and young people in their teen years are also at risk.

Cause or Causes

Researchers are at present focusing on particular chemicals in the brain such as norepinephrine and serotonin, which they think are involved in causing depression. However, these remain theories for which there are as yet no definitive proof.

Diagnosing Depression

At present there is no diagnostic test for the disorder. A detailed history must be taken by the physician to determine the symptoms that the person and/or his family have noticed, over the previous two or more weeks, that are different from normal.

The doctor must also rule out other physical or mental conditions that could be responsible. Any doctor can make the diagnosis but often a general practitioner will refer a person to a psychiatrist for a formal diagnosis. To consider a diagnosis of depression the person should **not** have been experiencing psychotic symptoms in the absence of mood symptoms for the previous two weeks.

Course of Illness

Depression can affect someone at any time in their lives from adolescence or youth to advanced age. It may be of short duration, or continue for months or years, or it may appear episodically at different times during a lifetime. Some people fully recover, while others may suffer ongoing episodes. Degrees of severity may differ. When the condition is experienced mildly over years it is called dysthymia.

Treatment

Depression an be treated with medications and with psychotherapy.

There are a number of effective medications to treat depression. These are called antidepressants and fall into the following categories:

- Tricyclic antidepressants
- Monoamine oxidase inhibitors (MAO inhibitors)
- Serotonin selective reuptake inhibitors (SSRO's)
- Noradrenergic and specific serotonergic antidepressants (NaSSA)
- Serotonin noradrenaline reuptake inhibitors (SNRI)
- Noradrenaline and dopamine reuptake inhibitors (NDRI)
- Noradrenaline reuptake inhibitors (NRI)

When hallucinations or delusions are present,

antipsychotic medications may be prescribed. None of these medications is a cure for depression, but they can alleviate at least some of the symptoms.

Pharmacotherapy can be enhanced by psychotherapy such as Cognitive Behavioural Therapy (CBT). This a therapy that has been demonstrated to be effective in many patients with depression. This course of treatment is based on the premise that peoples' ideas about themselves can be changed.

For people with a severe depression that does not respond to other treatments, there is Electro Convulsive Therapy (ECT), a course of controlled treatment administered under general anaesthetic. ECT had very bad press in the past, owing to primitive methods of administering it, e.g. not using anaethesia, but it is now given under strict controls and the patient remains comfortable throughout.

Caring for Someone with Depression

When a close relative becomes depressed the whole balance of family life is disturbed. At first it is difficult to grasp what is happening and family members may become aggravated, angry and disbelieving at what the person with depression is telling them and the way they are behaving. It is important to remember that the person cannot help the symptoms and behaviours and that s/he is very distraught about what is happening. Loving care is vital to help someone who is depressed.

To better understand how depression affects your relative you should do all you can to learn about the condition. This will help you adapt your own behaviour to be supportive to your relative. It will also help you to realize that the person needs medical/ psychiatric help and that you must put aside your frustrations in favour of giving encouragement (even if it is not well received at first) and helping the person not to lose hope. You should avoid indulging in self-blame or guilt and concentrate on helping your relative work towards recovery. Your natural concern should be tempered by consideration for your relative's need for privacy at times. ■

In *Living with a Stranger* (Gaskell Press, 1997), Valerie Stillwell offers this useful advice:

"There is a fine line between keeping cheerful … and being insensitively over-cheerful. In other words, jollying him along telling him to cheer-up and pull himself together. He cannot. That is what the illness is all about, so however tempted you may be to utter the words—don't. … Urging him to do so hurts because he thinks you are blaming him for his condition, criticising behaviour, which is entirely beyond his control. …

"It goes without saying that you should not criticize or reproach him, but you may find it difficult not to argue with him. ...It is better simply to stick to positive statements, such as 'I know that you are suffering and I can't imagine what it might be like, but I do know that you will come through it eventually.'

"However irritated you are with the constant repetition of negative thoughts, try to switch off. Do your best to hide your anger and frustration when you are with them. It is hard, I know. Keep biting your tongue." ■

About Bipolar Disorder

What is Bipolar Disorder?

According to the World Health Organization, bipolar disorder (previously called manic-depression) is characterized by recurrent periods of depression and elevated mood consisting of increased energy and activity during which people may have sleep loss, extreme talkativeness and engage in irresponsible behaviour e.g. overspending. Bipolar disorder is a chronic disease with periods of remission and relapse. It remains one of the top ten causes of Years Lost to Disability (World Health Report 2001).

The symptoms of bipolar disorder can cause significant disruption to the person's ability to work, fulfill household responsibilities, and maintain interpersonal relationships. The experience of bipolar disorder, as well as having a close family member with the disorder, can be described as a roller-coaster ride that one cannot get off.

About one in every one hundred people (1 percent) develops bipolar disorder some time during his or her life.

Symptoms

There are two broad types of symptoms typically experienced by persons with bipolar disorder: *mania* symptoms and *depressive* symptoms. The diagnosis of bipolar disorder requires that the person has experienced a *manic syndrome*, that is, a period of at least two weeks in which manic symptoms have been present to a significant degree. If the person has only experienced a manic syndrome, he or she still qualifies for the diagnosis of bipolar disorder. However, most persons with this disorder also experience *depressive syndromes*, periods of at least two weeks in which symptoms of depression predominate. Usually, the symptoms of mania and depression occur at different times. However, it is possible for manic and depressive symptoms to be present at the same time (called a *mixed state*). **If the person has experienced only symptoms of depression, but not mania, he or she is given a diagnosis of *major depression*, rather than bipolar disorder.**

Symptoms of Mania

In general, the symptoms of mania involve an excess in behavioural activity, mood states (in particular, irritability or positive feelings), and self-esteem and confidence. At least some of these symptoms interfere with the person's day-to-day functioning. Not all symptoms must be present for the person to have had a manic syndrome.

- **Euphoric or Expansive Mood**

Mood is abnormally elevated, such as extremely happy or excited (euphoria). The person may tend to talk more and with greater enthusiasm or emphasis on certain topics (expansiveness).

- **Irritability**

Easily angered or persistently irritable, especially when others seem to interfere with his or her plans or goals, however unrealistic they may be.

- **Inflated Self-Esteem or Grandiosity**

Extremely self-confident and unrealistic about his or her abilities (*grandiosity*). For

example, the person may believe he or she is a brilliant artist or inventor, a wealthy person, a shrewd businessperson, or a healer when he or she has not special competence in these areas.

- **Decreased Need for Sleep**

Only a few hours of sleep are needed each night (such as less than four hours) to feel rested.

- **Talkativeness**

Talks excessively and may be difficult to interrupt. The person may jump quickly from one topic to another (called *flight of ideas*), making it hard for others to understand.

- **Racing Thoughts**

Thoughts come so rapidly that the person finds it hard to keep up with them or express them.

- **Distractibility**

Attention is easily drawn to irrelevant stimuli, such as the sound of a car honking outside on the street.

- **Increased Goal-Directed Activity**

A great deal of time is spent pursuing specific goals, at work, school, or sexually.

- **Irresponsible Behaviour**

Involvement in pleasurable activities with high potential for negative Consequences.

Common problem areas include spending sprees, sexual indiscretions, increased substance abuse, or making foolish business investments.

Symptoms of Depression

At the other end of the spectrum are the depressive symptoms characterised by low mood and behavioural inactivity as the major features. Please refer back to page 2 for a list of these symptoms.

Other Symptoms

People with bipolar disorder also have other psychiatric symptoms at the same time that they experience manic or depressive symptoms. Some of the most common other symptoms include hallucinations (false perceptions, such as hearing voices) and delusions (false beliefs, such as paranoid delusions). These symptoms disappear when the mood-related symptoms have been controlled.

What is the Course of Bipolar Disorder?

Bipolar disorder often develops in late adolescence or early adulthood, but it can also develop late in life. It is a lifelong disorder, with symptoms varying over time in severity. In most cases, people with the disorder are able to function between episodes; for instance, they can work, maintain household responsibilities, and raise children.

Between episodes, most people are free of symptoms, but as many as one-third of people have some residual symptoms. A small percentage of people experience chronic unremitting symptoms despite treatment.

Episodes of mania and depression typically recur across the life span. The classic form of the illness, which involves recurrent episodes of mania and depression, is called **bipolar I disorder**. Some people, however, never develop severe mania but instead experience milder episodes of hypomania that alternate with depression; this form of the illness is called **bipolar II disorder**. When four or more episodes of illness occur within a 12-month period, a person is said to have

rapid-cycling bipolar disorder. Some people experience multiple episodes within a single week, or even within a single day. Rapid cycling tends to develop later in the course of illness and is more common among women than among men.[1]

What Causes Bipolar disorder?

No one knows the cause of bipolar disorder. Theories suggest that the illness may be caused by an imbalance in chemicals in the brain, particularly the chemical called *norepinephrine.* Some believe that this imbalance is determined by genetic factors.

Are There Factors that Might Increase the Likelihood of Relapse?

Sleep deprivation and substance abuse tend to increase the possibility that a manic episode will develop. Depressive episodes often occur when the individual is confronting a loss or life change.

How is Bipolar Disorder Treated?

Effective pharmacological treatments are available for bipolar disorder. These medications do not "cure" the disorder, but they reduce the symptoms and prevent relapses from occurring. Lithium is the most common drug used for bipolar disorder. Carbamazepine (Tegretol) and valproic acid are also effective medications. Some people with psychotic symptoms also benefit from antipsychotic medications. A small subset of people continue to have symptoms of the disorder, even when they are receiving excellent pharmacological treatment.

Dealing with episodes of bipolar disorder can be horribly disruptive and distressing. Many persons with the disorder can benefit from supportive counselling to learn how to manage the disorder, as well as deal with its impact on their lives. Some types of family therapy also can reduce stress and teach family members how to monitor the disorder. ■

[1] The two paragraphs above the footnote sign are taken from the NIMH (US) website information on bipolar disorder.

We have also referred to *Behavioral Family Therapy for Psychiatric Disorders by* Kim T. Mueser and Shirley M. Glynn, New Harbinger Publications Inc.1999. ■

About Schizoaffective Disorder

As the name suggests, there are some characteristics of schizophrenia and some characteristics of "affective" or mood disorders present when you are diagnosed with schizoaffective disorder. In some people there are more psychotic symptoms prevalent, while others exhibit more symptoms associated with mood disorders.

The disorder can affect all aspects of daily living, including work, social relationships, and self-care skills (such as grooming and hygiene). People with schizoaffective disorder can have a wide variety of symptoms, including the following:

- Problems with their contact with reality (Hallucinations and delusions). It can be hard for the person with the disorder to distinguish between reality and fantasy
- Abnormal mood (such as marked depression or mania)

- Low motivation inability to experience pleasure
- Poor attention

The serious nature of the symptoms of this disorder sometimes require hospitalization for treatment.

Because schizoaffective disorder will have some of the symptoms of schizophrenia you may wish to consult our pamphlet on schizophrenia and its symptoms: Pamphlet No.1 Information for families: Schizophrenia. At the same time you should look at the symptoms listed for bipolar disorder and depression in this pamphlet. ■

Differentiating Bipolar from Schizoaffective Disorder

How are symptoms of bipolar disorder and schizoaffective disorder different?

You will realize from the description of this condition that a diagnosis may be difficult for a physician to make in the early stages.

Many persons with a diagnosis of bipolar disorder also have had, at some point, a diagnosis of schizophrenia or schizoaffective disorder. Diagnosis uncertainty results because during a symptom flare-up, a psychotic symptom such as delusional grandiosity (e.g. a belief that a person is Jesus Christ or Mohammed) may reflect either mania, schizophrenia, or a schizoaffective disorder. However, over time the symptoms of these three disorders tend to differ.

Of particular importance, when their moods are stable, persons with bipolar disorder do not usually experience psychotic symptoms, while persons with schizophrenia or schizoaffective disorder often do. So schizoaffective disorder would be the preferred diagnosis for those experiencing mania, depression and psychotic symptoms over a period of time. ■

Other Pamphlets from WFSAD

health and medication.

- Information for Families on schizophrenia: how to behave, maintaining your own health and medication information.
- Warning Signs of Illness & Relapse; Managing a Crisis; Risk of Suicide
- Making a Crisis Plan
- Treatment and Care
- Information on Research
- How to start self-help groups
- Leave My Stuff Alone—explaining illness to teen siblings
- When a Parent has Mental Illness
- I Grew Up Very Fast—for young people with a parent who is unwell
- The Meaning of Recovery

See also: www.world-schizophrenia.org