

Depression hos voksne, engelsk

Information about

DEPRESSION IN ADULTS

The disorder, its treatment and prevention



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Depression is a common psychiatric disorder. When someone is suffering from depression, knowledge about the condition is important. The more the person knows, the better he or she will be able to cope with and prevent the illness when it occurs.

This brochure describes the illness as well as options for its treatment and prevention. It is mainly intended for people being treated for depression by the psychiatric service in Region Midtjylland, and their next of kin.

The psychiatric service in Region Midtjylland offers both outpatient and inpatient treatment.

We hope this brochure will help you and your loved ones to learn more about the diagnosis of depression.

Kind regards,
Region Midtjyllands psykiatri
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WHAT IS DEPRESSION?

Depression is a common term for conditions that range from temporary moods to severe, long-lasting and recurring illnesses.

The symptoms manifest as significant changes in the person's emotional life, thoughts, motivation and behaviour. The main symptoms are dejection, overly negative thinking, lack of energy and initiative, difficulties concentrating and maintaining an overview, problems sleeping, suicidal thoughts, anxiety and restlessness.

life and leisure time. Their quality of life is reduced.

The World Health Organization (WHO) ranks depression fourth among the ten most serious illnesses in the world based on the reduction in quality of life and life expectancy that depressive illness can cause.

How does depression develop?

Depression develops differently from person to person. In most cases, the illness develops gradually over a period of months, but the symptoms can also occur suddenly in the course of a few days or a week. Depression can occur at any age, in children, young people, adults and the elderly.



I wish I were lucky enough to contract some fatal illness. That would be the easiest and best thing that could happen to me

A MAN OF 60 TALKS ABOUT THE DARK THOUGHTS HE HAD IN CONNECTION WITH HIS DEPRESSION

The symptoms can vary greatly from person to person. Some people experience few, relatively mild symptoms while others have multiple, severe symptoms. The symptoms can occur in different combinations and with differing degrees of severity.

Depression limits the person's ability to function normally at work, in their family



I couldn't do a thing. Absolutely nothing. I couldn't even get dressed. I just sat in my armchair and stared into space

ASTRID, AGE 45

Approximately 25% of people who develop depression only experience one depressive illness in the course of their lives. The risk of new depressive episodes increases with the number of episodes the person has experienced.

In 10–20% of cases the depression lasts more than two years. Residual symptoms often occur from several weeks to months after an episode of depression. These can include tiredness, lack of energy, problems



I woke up at 4 am.

The thoughts were churning around in my head and I couldn't stop them.

However would I manage to force myself to get up, prepare packed lunches for my children, get them off to school and get myself ready to go to work?

Everything seemed utterly overwhelming,

and I was just so fed up of it all, without understanding why. I used to just get on with things, be "happy" and take everything in my stride.

I didn't even want to be around my children. Those who otherwise always filled me and my life with joy. I didn't feel anything towards them at all, and that made me feel panicky and ashamed. I felt like the worst mother in the world and started to think **they'd be better off without me**

A WOMAN OF 37 TALKS ABOUT THE TIME BEFORE SHE WAS DIAGNOSED WITH DEPRESSION

sleeping or cognitive difficulties (problems with concentration, overview, initiative and memory).

Among people with recurring depression, many have completely symptom-free periods of various lengths, i.e. from weeks to years or decades. However, some will continue to experience depressive symptoms with varying degrees of severity and frequency between episodes.

Depression can progress in very different ways, depending on several factors. For example, the prognosis improves if the person receives appropriate and early treatment and there is good cooperation with the therapist. Factors such as emotional and mental resources and having a social support network also have a positive influence on the process.

ABOUT DEPRESSION

- 125,000 people suffer moderate to severe depression
- 75,000 have mild depression
- Depression affects twice as many women as men
- The prevalence of depression is more or less the same in all cultures and countries

WHY DO SOME PEOPLE SUFFER FROM DEPRESSION?

There is no straightforward explanation of why some people become depressed. In general, depression can be seen as a result of a complex interaction of biological (physical), psychological and social factors.

A generally accepted model for understanding depression is what is known as the stress-vulnerability model, whereby psychological and biological factors are viewed as a whole. This model suggests that specific biological and/or psychological conditions can make a person vulnerable to developing depression when various kinds of stressful situations arise. The greater the vulnerability, the less stress is needed to trigger depressive symptoms.

In this connection, stress can be broadly defined as psychological, social or physical burdens.

Biological/physical factors in the development of depression

The biological factors that may play a role in the development of depressive symptoms include hereditary (genetic) and hormonal factors.

WHAT HAPPENS IN THE BRAIN?

Research shows that in people with depression there is a disturbance of some of the substances that the nerve cells use to communicate with each other. There is a reduced amount of the neurotransmitters serotonin and norepinephrine.

This disturbance probably occurs due to an elevated level of the stress hormone cortisol in the body. High concentrations of this stress hormone can, for example, cause memory problems and affect the neurotransmitters.

Changes in the brain (registered in brain scans) are generally not seen in cases of depression. However, in some cases among people who have had many depressive episodes, a reduction in the size of the part of the brain called the hippocampus has been observed. This part of the brain is important for memory and learning, among other things. It is thought that such changes in themselves may increase a person's susceptibility to new depressive illnesses.

Research also shows that in many cases the brain is able to rebuild itself and form new brain cells if the depression is treated effectively, but this can take a long time.



I never saw my mother really happy, and sometimes she would lie in bed for weeks on end. She said she had a headache, and just lay there with the curtains shut. Today, I'm almost certain she was depressed, but as far as I know, she never got any treatment. I was an only child and I was more or less left to my own devices during those periods when my mother was ill.

My father wasn't usually home until late in the evening. **I had my first bout of depression** when I was 28. It happened when I changed jobs. Having to cope with all the complicated new tasks put an enormous strain on me, and at the same time **I had two young children at home**

HELEN, AGE 39

Studies of families show that the risk of developing depression is three times higher (than for the population in general) in people with a parent or siblings suffering from depression.

As regards hormonal changes, pregnancy and childbirth are risk factors for depression. Metabolic disorders and illnesses involving under- or over-production of the adrenocortical hormone may also lead to depression.

Certain neurological diseases such as Parkinson's disease, multiple sclerosis and strokes can also be accompanied by depression. Similarly, heart disease, arthritis and cancer can be risk factors.

Finally, the use of a wide range of medications and recreational drugs can lead to depression. These include corticosteroids, beta blockers (medication for heart disease and high blood pressure) or abuse of alcohol.

We also know that reduced exposure to sunlight can trigger depression in some people. The explanation for this is not just that circadian rhythms are supported by light (via, among other things, the neurotransmitter melatonin), but that light also affects the formation and release of the neurotransmitter serotonin.

Psychological and social factors

Psychological and social factors can play a role in the development of depression. Early loss and neglect, bullying, harassment, as well as physical and sexual abuse during childhood can contribute to the development of a vulnerability which increases the risk of depression in adulthood. Social isolation, poverty and loneliness can also increase the risk of developing depression.

Some people have a personality that makes them more susceptible to developing depression. People who have low self-esteem or are very emotionally

sensitive, perfectionistic or dependent on others may be at higher risk of developing depression.

Different types of stress as well as upsetting events such as losses, financial problems, loss of social status, unemployment, disappointments and conflicts can trigger depression.

Whether an exceptional event has occurred or exceptional circumstances lead to depression depends partly on the person's own interpretation and handling of the situation.

Research indicates that psychological and social circumstances play the biggest role as triggering factors in the first depressive episodes. Several repeated depressive episodes appear in themselves to contribute to increasing sensitivity to the development of new episodes, so that in time less and less stress can trigger a new depressive illness.



WHAT ARE THE SYMPTOMS of depression?



I couldn't see any way out other than taking my own life. I was convinced I was a really bad person who didn't deserve anything good to happen. **And I thought my family would be better off** if I wasn't there to ruin their lives

LASSE, AGE 42

Depression has far-reaching effects on a person's normal ability to function. It affects emotional wellbeing, the body, thinking, behaviour and motivation. Many symptoms of depression are readily recognisable to most people. It is common to feel a little down from time to time, to be lacking in aspiration and energy or to have difficulty sleeping. With actual depression, the symptoms are of a certain degree of severity; multiple symptoms must be present, and these must have been prevalent most of the time for at least 14 days.

Feeling low, a lack of energy and lack of aspiration are **core symptoms** of depression, while **accompanying symptoms** include a number of psychological and physiological symptoms, such as lack of self-confidence, self-reproach, difficulty thinking and concentrating, suicidal thoughts, sleep disorders and changes in appetite.

Depending on the number and severity of the symptoms, depression is classed as mild, moderate or severe. See also page 10.

CORE SYMPTOMS

Feeling down:

Your mood is not how you normally feel. You feel sad, cry easily, and feel an inner emptiness and hopelessness.

Lack of aspiration or interest:

You lose the desire to do the things you normally enjoy doing. You lose interest in other people and activities and are unable to enjoy things normally associated with enjoyment. You may even find you are unable to feel anything at all.

Lack of energy and an increased feeling of tiredness:

You feel tired, worn out and you do not feel like doing anything. Everything is a big effort. You often feel tired before the sadness takes hold, and the tiredness often continues after the other symptoms have passed.

ACCOMPANYING SYMPTOMS

Lack of self-confidence or poor self-image:

You feel inadequate and you do not think you can cope. You have negative thoughts about yourself; for example, that you cannot do anything and you count for nothing.

Self-reproach or feelings of guilt

You beat yourself up unreasonably, you feel you have done lots of things wrong, you feel you are a burden and turn everything against yourself.

Thoughts of death or suicide

Suicidal thoughts can often be present to various degrees, ranging from a feeling that it could be a relief not to wake up in the morning, to actually contemplating or even planning suicide.

Difficulty thinking or concentrating

You have difficulty collecting your thoughts; you are unable to concentrate and your memory is poor. You become perplexed and indecisive.

Agitation or inhibition

Agitation manifests itself in the inability to be at peace; you are fidgety and restless. Inhibition manifests itself when you move more slowly than normal or you sit rigid with little facial expression. In the worst cases of inhibition, you could be lying completely motionless, not eating or drinking anything.

Sleep disorders

You may have difficulty falling asleep, or perhaps you wake up many times during the night or very early. Many people wake up at four or five in the morning, their

heads filled with depressing thoughts churning around incessantly. Everything seems utterly hopeless. Some people feel better in the afternoon; this is known as diurnal mood variation. Some people also feel a desire to sleep all the time, but no matter how much they sleep, they are still tired and out of sorts.

Changes in weight and appetite

You eat more or less than you usually do, and as a result, you put on weight or lose weight.

Other symptoms

A number of other symptoms are often observed in addition to the above. In some cases, these symptoms can be so intense that the depression is overlooked:

- Varying degrees of anxiety. Anxiety can range from becoming anxious very easily to sustained anxiety. Sometimes, actual panic attacks can occur, and anxiety in social contexts is not uncommon. Anxiety about dying or about suffering from a serious physical ailment can also occur.
- Physical pain such as headaches, chest pain, back and stomach pain
- Aggressiveness, negativity and irritable behaviour
- Loss of libido

DIFFERENT DEGREES

of depression

As previously mentioned, there are various categories of depression depending on the degree of severity. Here are brief descriptions of mild, moderate and severe depression:

Mild depression

At least two core symptoms and two accompanying symptoms are present in mild depression. Generally speaking, the person suffering from depression is able to continue a normal everyday routine of work and leisure activities, but with reduced quality of life. Mild bouts of depression often pass naturally.

Moderate depression

At least two core symptoms and four accompanying symptoms are present in moderate depression. The person suffering from depression often has difficulty functioning normally at work, as part of the family and in leisure activities. Moderate depression requires psychological or medical treatment.

Severe depression with or without psychotic symptoms

In severe depression, all three core symptoms are present, together with at least five accompanying symptoms. The condition is extremely unpleasant for the depressed person and often leads to thoughts of suicide. In severe depression, there may sometimes be psychotic symptoms in the form of delusions or hallucinations. Depression can bring on the delusion of being fully convinced that you are to blame for a serious accident or that the world and your loved ones would be better off without you. Hallucinations can include hearing voices saying negative things about you or encouraging you to commit suicide.

HOW IS depression diagnosed?

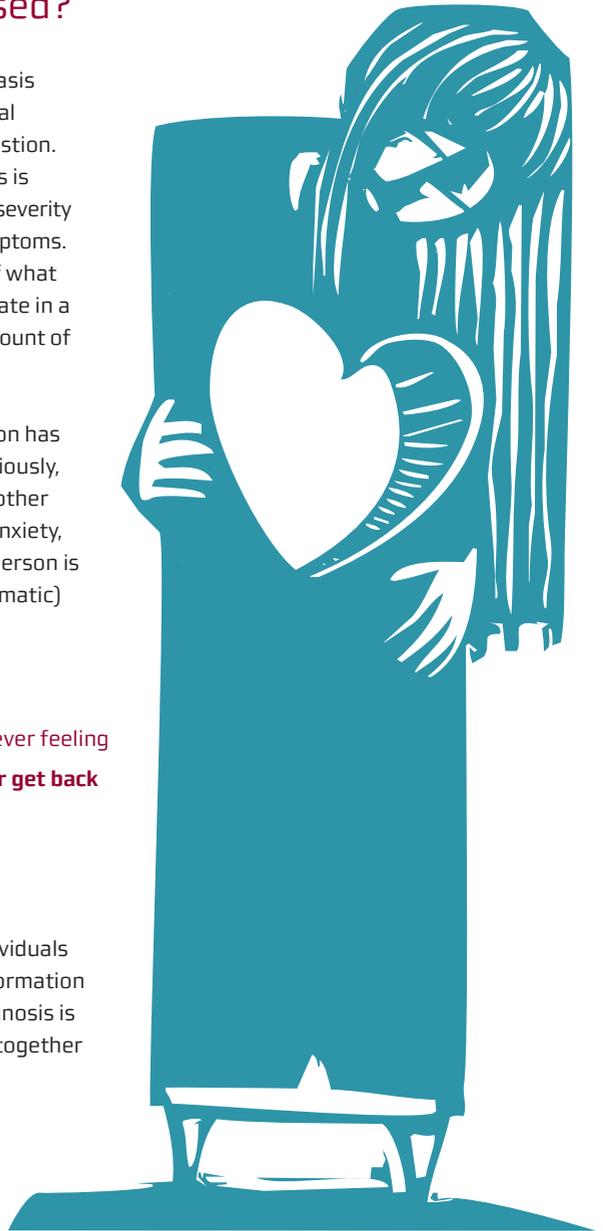
Depression is diagnosed on the basis of in-depth discussions and special interviews with the person in question. During the examination, emphasis is placed on the presence, degree of severity and duration of the individual symptoms. The assessment takes account of what appears reasonable and appropriate in a given situation, and also takes account of the person's usual condition.

It also explores whether the person has had any bouts of depression previously, and whether the person has any other psychological disorders such as anxiety, obsessions or compulsions. The person is also asked about any physical (somatic) disorders and symptoms.

“ **I couldn't see any hope of ever feeling any different. I would never get back to being my old self**

JETTE, AGE 51

The next of kin or other close individuals can often contribute valuable information in explaining the depression. Diagnosis is important with a view to putting together the right treatment plan.



WHAT PHYSICAL AND MENTAL DISORDERS can occur together with depression?

Many people suffering from depression also have other mental health problems. In particular, drug or alcohol abuse, anxiety, panic attacks, agoraphobia, OCD or social phobias frequently occur together with depression. Eating disorders, attention deficit or hyperactivity disorders (ADHD), behavioural disorders and autism-related disorders are also associated with an increased risk of depression.

If the person has other mental health problems in addition to depression, this will typically have a negative effect on the development of the depression. It can also make treatment more complicated.

Many people with depression also have lifestyle diseases such as cardiovascular disease. Moreover, a number of physical disorders increase the risk of developing depression, especially hormone-related diseases and neurological diseases.

Depression that occurs along with a physical illness is often overlooked. Conversely, a physical illness which is present along with depression may also be overlooked. It has been shown that depression occurring along with physical illness generally worsens the prognosis for the physical illness.

Consequences of depression

Emotional vulnerability

At the psychological level, depression is often associated with a number of temporary or long-term consequences that may themselves make the person more vulnerable to new depressive episodes. Common problems are lower self-esteem, reduced quality of life, loneliness and social isolation.

Some people with depression have felt particularly sensitive or vulnerable prior to their first depression. Others have previously felt and seen themselves as robust, but experience increased emotional vulnerability as a consequence of long-term or recurring depression. This vulnerability may manifest as an increased emotional dependence on others, a tendency to quickly activate negative thought patterns or to react strongly to experiences of rejection, criticism or disagreements.

Some people with depression also develop very inappropriate thought and reaction patterns in the form of brooding, worrying and stressful self-criticism.

Cognitive difficulties

Depression is often associated with cognitive difficulties. This means having trouble staying focused, remembering and keeping on top of things.

The person may find it very hard to make decisions or to plan, start and finish activities.

Some people with depression have had cognitive problems, such as problems staying focused and keeping on top of things, prior to their first episode of depression. This is the case, for example, with people who have attention disorders.

While some people mainly have cognitive difficulties during the depressive episode itself, others also experience a significant impact on cognitive functions for a long time after going through depression. While most gradually return to their normal cognitive functions, some continue to have major difficulties with attention, memory and keeping on top of things.

In some cases the cognitive difficulties worsen with the number of depressive episodes. Lasting cognitive difficulties are in themselves associated with increased vulnerability to stress and strain and are a significant factor in susceptibility to new depressive episodes.

Problems with attention, memory and maintaining an overview can easily give rise to self-criticism and feelings of shame at not living up to the person's own and others' expectations of what they should be able to do at home, in their spare time, in their studies or in the workplace. Both the person and the people around them may mistakenly interpret these cognitive problems as a sign of stupidity, laziness or lack of commitment and willingness.

HOW DO YOU TREAT depression?

There are different forms of treatment that can have a positive effect on depression or help prevent new depressive episodes.

In severe depression and some cases of moderate depression, medication can play a crucial role. However, medication should be combined with different types of talking therapy.

Before treatment is started, the person will have a consultation with the thera-

pist to discuss the most appropriate forms of treatment.

Treatment may consist of the following elements:

Talking therapy

A very important part of the treatment is conversations between the person and the doctor. This applies whether the person has been admitted to hospital or is receiving outpatient treatment. If the person is suffering severely from

depression, the conversations will be of a supportive nature and will be based on “here-and-now” situations. When the depression begins to lift and the person’s concentration and memory improve, other topics can be included. For example, the person and the therapist can examine the possible causes of the depression, discuss the development of the illness in depth and prepare plans for the near future. Identifying what triggered the episode of depression can help to avoid recurrence.

Education about the illness – psychoeducation

The person – and his or her relatives – will be offered education about all relevant aspects of depression and how to deal with it. It is important to know as much as possible in order to be able to relate to the depression, deal with it and, if possible, prevent relapses or quickly get treatment again if the symptoms re-occur. The teaching can take place either in groups or individually.

Psychotherapy

Depression can lead to inappropriate thought and behaviour patterns and may be associated with different psychological issues, such as loss, trauma or childhood issues or other mental health problems. These issues can be factors in prolonging depression or triggering a new depressive episode.

Psychotherapists typically work with some of the factors that can contribute

to prolonging or triggering depression. These conversations can take place individually, in groups, with couples or families. The purpose of the therapy is to reduce the symptoms of depression, prevent suicide, prevent new depressive episodes and improve the person’s ability to function.

Whether the person can benefit from psychotherapy depends partly on their current state (including the severity of the depression), their medical history, psychological resources, motivation and current and past life circumstances.

Different therapeutic approaches have been shown to have beneficial effects on treating or preventing depression. These include cognitive behavioural therapy, mindfulness-based cognitive therapy, interpersonal therapy and psychodynamic short-term therapy. The individual psychotherapeutic processes vary in terms of their explanatory models, form, content, aims, methods and duration – but the relationship between the therapist and the patient is always very important.

Medical treatment

Medical treatment is often necessary in moderate and severe depression. Anti-depressants influence some of the chemical processes that are out of balance in the brain due to depression. One of the functions of the medicine is to normalise the level of the stress hormone cortisol and the



brain's neurotransmitters serotonin and noradrenaline, which affect mood, concentration and memory. In addition, a normal level of these substances is also important in terms of maintaining a normal circadian rhythm and sleep rhythm.

It can take up to 4–6 weeks to establish whether the medicine is working. Sometimes the dose needs to be increased, or a new prescription tried, if the desired effect is not achieved or if the person experiences unpleasant side-effects. When deciding on the treatment, consideration is given to factors such as the person's age, the severity of the depression and the number of previous bouts of depression.

ECT (Electroconvulsive Therapy)

ECT is an extremely effective treatment for severe bouts of depression where there is an imminent danger to life either due to the risk of suicide or because the depressed person has stopped eating and drinking. This treatment is also used if other treatments have proved ineffective.

The treatment involves the person having an electric current directed at parts of the brain, under anaesthetic, via two electrodes placed on the head. Various studies indicate that therapy using ECT also stimulates the formation of new brain cells. To prevent recurrence, the treatment is usually supplemented with medical treatment and, in some cases, preventive ECT therapy is used.

RISK OF ANOTHER BOUT OF DEPRESSION

- 20–30% of all depressed people only experience one bout of depression – the vast majority are affected by more than one.
- The more bouts of depression someone has had, the greater the risk of having another.
- The greatest risk of recurrence is in the early months up to six months after the illness.

WHAT CAN BE DONE to prevent it?

There is a high risk of bouts of depression recurring later in life – especially in someone who has already suffered more than one bout of depression. This is why it is important to prevent further depressive periods.

PREVENTION IS PART OF THE TREATMENT, BUT THERE ARE THINGS YOU CAN DO YOURSELF TO REDUCE THE RISK OF RECURRENCE.

Some of the key areas of preventive work are described here:

Be aware of pressures and early warning signs

It is important to talk through the course of depression in depth in order to be able to put it behind you and so that you can learn from it. If pressures contributed to triggering the depression, it might be possible to avoid putting yourself into similar pressurised situations in future, or you could learn new ways of handling pressure.

If you are able to identify the symptoms that manifested themselves as the first indications, that will make it easier to

seek help in time. Early signs of depression may include starting to wake up early, having a lot of negative thoughts and having difficulty remembering things. You can get help to chart the early warning signs, trigger situations and appropriate strategies by talking with your GP, a nurse or a psychologist.

Involve your loved ones

Your loved ones play a key role in preventive work. They can participate in discussions while you are having treatment. They can also familiarise themselves with the illness, its course and treatment, as well as how best to relate to the various phases of its course.

Those closest to the person suffering from depression can contribute important information. They usually know the depressed person extremely well. Relatives are often the first to notice changes in behaviour at the onset of depression or to become aware of any pressures the person is under. If a renewed bout of depression is on the way, they can support the depressed person by responding appropriately and seeking professional help.

Medicine

Medical treatment can help reduce the risk of recurring bouts of depression. It is common to consider stopping taking the medicine when the person is feeling better. However, it is important for the

depressed person to follow the doctor's orders as regards the dose and the duration of the treatment. If there are any unpleasant side-effects, a solution should be sought in consultation with the GP.

It is generally advisable to continue with medical treatment for at least six months to a year after coming out of the first bout of depression. Recommendations about the duration of treatment depend on factors such as the number of previous bouts of depression. Some people require treatment for many years, and others need life-long treatment.



WHAT CAN YOU DO YOURSELF if you are suffering from depression?

- **Learn to recognise your illness.** Be well informed so that you will be better able to handle your illness.
- **Comply with medical treatment.** Do not stop taking your medicine of your own accord until you have discussed this with your GP.
- **Make use of your GP,** nurse or psychologist.
- **Talk to your loved ones** about the things that can prove difficult because of your illness.
- **Avoid extensive use of alcohol,** as well as sleeping medicine and anti-anxiety medication. This could increase the risk of another bout of depression.
- **Get some exercise.** This can help to divert your sad thoughts and reduce the stress and unpleasantness.
- **Demand less of yourself.** You will be more tired, and you will have less energy and capacity for a while after a bout of depression.
- **Be sure to plan your day.** Use a calendar or diary. Remember to plan nurturing activities.
- **Be open about your illness,** when appropriate.
- **Make sure you sleep well** and have a healthy diet.
- **Practise challenging** negative thoughts.
- **Include breaks** in your everyday routine. Resting can reduce your stress level.
- **If you have difficulty** paying attention and remembering things, you should take this into account. For example, you could write things down and make other people aware of your difficulties.
- **Allow yourself to fail.** Everyone makes mistakes.
- **Talk to other people** who have suffered from depression.

HOW CAN YOU KEEP YOURSELF ON AN EVEN KEEL?

- By complying with your agreed treatment
- By learning new skills and making demands on yourself in keeping with your resources
- By getting some exercise
- By having a healthy diet
- By not smoking, and by cutting down on alcohol

WHAT CAN your loved ones do?

It can be a challenging experience being close to someone who suffers from depression. This produces a variety of emotions. Sadness, uncertainty, irritation, frustration and anxiety are common responses among loved ones. They are often deeply affected by watching the suffering of someone close to them. Many feel powerless because there is nothing they can do directly to bring the suffering to an end. Some relatives can become tired and worn out. They may have to take on more practical tasks than usual. They want to support the sick person, while still holding down their own job, education or other activities.

WHAT CAN YOU, AS A RELATIVE, DO FOR YOURSELF?

If you need to give long-term support to someone who suffers from depression, you will also need to take care of your own needs and try to lead as normal a life as possible. You must try to accept that you will not always be in a condition to provide help. No one can be present, positive and available all the time. You may need to take a short or longer break at times. It helps if you can share the responsibility with other

relatives so that you do not have to bear the brunt of the responsibility yourself. In addition to having contact with therapists, you might also benefit from contacting patient and carers' associations such as SIND's Pårørenderådgivning (advice for relatives), Bedre Psykiatri ("better psychiatry") or Depressionsforeningen (association for depression), all of which provide advice over the telephone.

If you personally feel you are becoming emotionally overburdened as time goes on and/or you are developing distinct symptoms of anxiety or depression yourself, you should consult your own GP to get help and support. In some cases, a referral to a practising psychologist will be possible with a subsidy from health insurance.

When the person suffering from depression has children, special attention should be paid to their needs and reactions. It is important to talk to the child about the parent's illness. It is possible to have family counselling at the treatment centre, and some municipalities have facilities for the child to participate in a children's group with other children whose parents suffer from depression.

DID YOU KNOW...

As a patient or relative, you can call a psychiatric advice line if you are facing an acute psychiatric crisis. The lines are open 24/7.

PSYCHIATRIC ADVICE LINE

78 470 470

WHAT CAN YOU, AS A RELATIVE, DO TO HELP SOMEONE WITH DEPRESSION?

As a relative of someone with depression, it is a good idea to find out about the illness, key symptoms and treatment. If you feel able to offer support to the depressed person, you could find out what they need during the different phases of the process. Family counselling with a counsellor might prove helpful in this regard.

In an emergency, e.g. in the case of severe depression, where the person experiences the urge to commit suicide, you can help by establishing contact with the GP, emergency doctor or a psychiatric emergency ward. If the sick person is already undergoing treatment and agrees to it, the treatment centre can be your first port of call if the person's condition deteriorates seriously.



If you are in any doubt about how best to support someone with depression, you can ask the person directly. You can offer contact, but there is a great deal of variation in what a depressed person needs or is able to cope with. While some people in depression want to talk about how they feel, others prefer to be distracted, e.g. by talking about things entirely unrelated to the illness.

The depressed person should be given support to maintain hope that he or she will get better and to keep going at his or her own pace. Recognition of the person's efforts is key. Very ordinary tasks, such as having a bath or getting up, require a great deal of effort on the part of a person with severe depression. In some cases, you may need to relieve the sick person of all responsibilities. In other cases, it works better if you tackle tasks together rather than you, the relative, simply taking over tasks and functions.

If you are worried that the person with depression is contemplating suicide, you should try to talk to him or her about it. Perhaps you can help him or her to recognise other solutions; above all, it is important not to be condemnatory towards the person. If the urge to commit suicide is strong, the person should not be left alone.

After a bout of depression, the person is usually more tired and vulnerable. The ability to be attentive, to remember things and to keep track of things is often impaired. As a relative, there are various ways you can offer support. You can help by organising the person's everyday routine and maintaining a stable rhythm. You might need to repeat important information and messages, or write things down. You could also check whether the person needs support to plan, start and complete specific tasks, such as housework, shopping, gardening and leisure activities. If it is not possible for the person to return to his or her former level of functioning at first, you must try to adjust your expectations, even though this may be difficult.

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