What Is Depression?

ONE-PAGE QUICK REFERENCE • Understanding an illness that affects mood, thought and daily life

THE ESSENTIAL FACTS

- Depression is more than temporary sadness. Symptoms can persist and interfere with relationships, work, sleep, appetite, and daily life.
- Common symptoms: sustained low or empty mood; loss of pleasure; hopelessness; fatigue; altered sleep/appetite; impaired concentration; guilt or worthlessness.
- Some people chiefly experience irritability, detachment, physical complaints, or inability to enjoy things.
- Persistent symptoms for much of the day, nearly every day, for at least two weeks may indicate a depressive episode; assessment requires a clinician.

WHAT HELPS

- Evidence-based psychotherapy, medication, or a combination are standard options. A clinician can help choose care suited to the individual.
- Regular sleep, movement, supportive contact, and manageable routines can support recovery, but are not substitutes for treatment when it is needed.

SAFETY FIRST

- If you are thinking about suicide, call or text 988 in the U.S. If immediate danger or a medical emergency exists, call 911.

Important: General educational information only; not diagnosis, treatment, or individualized safety planning. U.S. crisis support: call or text 988. For immediate danger or medical emergencies, call 911.

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WHAT DEPRESSION CAN FEEL LIKE

A person may describe heaviness, blankness, relentless self-criticism, agitation, difficulty thinking, or a future that seems closed off. Anhedonia is the loss of capacity for enjoyment or interest.

Symptoms vary widely. Someone may still meet obligations while struggling profoundly; another person may have trouble getting out of bed. Neither presentation should be dismissed.

CAUSES ARE COMPLEX

Depression arises from interacting biological, psychological, social, and environmental influences. Stressful life events may contribute, but no single event or simple chemical explanation accounts for every case.

Other illnesses, sleep problems, substance use and medicines may mimic or worsen depressive symptoms. An evaluation can help identify relevant factors.

DIAGNOSIS IS NOT A SELF-TEST

Clinical assessment considers symptom duration, severity, functional impact, medical issues, past episodes, and possible bipolar symptoms. Treatment can differ greatly if mania or hypomania is present.

Bring a list of symptoms, medications, sleep changes, and questions to an appointment.

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TREATMENTS AND EXPECTATIONS

Psychotherapies such as cognitive behavioral therapy and interpersonal therapy have evidence for depression. Antidepressants may help; response can take several weeks, and side effects or adjustments should be discussed with a prescriber.

For symptoms not improving after initial treatments, specialists may consider other medications and options such as brain stimulation treatments. No single treatment works for everyone.

Do not start, stop, or change prescribed medicines without discussing it with the treating clinician.

HOW FRIENDS AND FAMILY CAN HELP

Stay connected; ask what practical assistance is welcome; avoid interpreting lack of energy as laziness or disinterest. Help make appointments, prepare meals, or arrange transport when invited.

Offer hope without making promises about the speed of recovery. Encourage continued contact with clinicians if symptoms worsen or treatment causes problems.

KEY MYTHS

Myth: Depression is weakness. Fact: It is a treatable health condition.

Myth: A cheerful appearance means someone is fine. Fact: Symptoms are not always visible.

Myth: Support alone always cures depression. Fact: Support matters; many people also need professional care.

RELIABLE SOURCES AND FURTHER READING

https://www.nimh.nih.gov/health/publications/depression

https://www.nimh.nih.gov/health/topics/psychotherapies

https://www.samhsa.gov/find-support/how-to-cope/how-to-ask-for-help

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