

## UNIVERSITY STUDENT HEALTH SERVICES • Fact Sheet

**DEPRESSION**

Everyone occasionally feels down or sad, but these feelings are usually fleeting and go away in a few days. If your feelings are persistent and interfering with your ability to complete day-to-day activities, you may be suffering from clinical depression.

**WHAT IS DEPRESSION?**

Clinical depression is a medical condition that goes beyond everyday sadness. Left untreated, it can lead to a variety of physical and emotional problems. It is not a sign of weakness, a lack of willpower, or something that you can simply “snap out of”. Like high blood pressure or diabetes, clinical depression is a medical condition that can be treated and controlled. Medical professionals refer to clinical depression as Major Depression (also known as Major Depressive Disorder or Unipolar Depressive Disorder).

**WHAT ARE THE SYMPTOMS?**

- ❖ Symptoms of depression can vary widely in range and severity. However, someone with clinical depression typically experiences at least 5 of the following symptoms nearly every day, all day, and for at least 2 weeks:
  - Feeling down or depressed.
  - Little interest or pleasure in things you used to enjoy (including sex).
  - Excessive fatigue or loss of energy.
  - Trouble sleeping or sleeping too much.
  - Poor appetite or overeating.
  - Increased irritability.
  - Excessive restlessness/agitation or excessive sluggishness (reduced body movements, slowed thinking/speaking)
  - Poor concentration.
  - Persistent feelings of hopelessness, worthlessness, or excessive guilt.
  - Recurrent thoughts about death or suicide.
- ❖ Symptoms often interfere with multiple aspects of life, such as school, work, and relationships.
- ❖ Many people with depression don't discuss their symptoms with their healthcare providers. Instead, two-thirds of people with untreated depression present to their medical providers with other symptoms, such as headache, back pain, digestive problems, and fatigue.
- ❖ Left untreated, clinical depression can last 5-12 months.

**HOW COMMON IS IT?**

Clinical depression is the most common psychiatric disorder worldwide.

- ❖ In the US, nearly 1 in 5 people will experience clinical depression at some point in their lives.
- ❖ Prior to puberty, depression appears to be more common in males. After puberty, its prevalence is two times higher in females compared to males.
- ❖ Depression is more common in younger adults, those with lower incomes, and people who are divorced, separated or widowed.
- ❖ Approximately half of those who experience a depressive episode will have a recurrence.

**WHAT CAUSES DEPRESSION?**

Clinical depression likely results from a combination of genetic predisposition and accumulated biologic and psychosocial stress.

- ❖ Depression is associated with multiple physical changes in the brain. It is not clear whether these changes lead to depression or if they are a result of depression. Examples include differences in:
  - The chemicals that transmit electrical signals between the brain cells (neurotransmitters).
  - The size and number of certain types of brain cells.
  - The size of certain brain structures.
- ❖ Risk factors for depression include a family history of depression, low self-esteem, coexisting anxiety disorder, trauma, problem drinking/drug use, parental loss or other childhood stress, history of marital or relationship problems, low social support, and low education levels.
- ❖ Significant life events (especially within the past year), hormonal changes, medical illnesses, and medications can also play a role.

## **WHY IS TREATMENT IMPORTANT?**

People with untreated depression have a lower quality of life, a higher risk of suicide, and worse physical outcomes if they have other health problems. In fact, people with depression are almost twice as likely to die as people without depression, mostly due to coexisting medical conditions.

## **WHAT TREATMENTS ARE AVAILABLE?**

The good news is that the majority of people with depression get better with treatment. Counseling and antidepressant medications are the mainstays of therapy. You and your healthcare provider will work together to determine which treatment option or combination of options is best for you.

## **COUNSELING**

Counseling is hard work and requires more commitment than taking a pill, but one of its advantages over medications is that its benefits often persist beyond the end of active treatment. This is because psychotherapy helps people develop new coping skills, as well as become more adaptive to life problems.

- ❖ **Psychotherapy Techniques & Options:** A psychologist or therapist will often use a combination of psychotherapy techniques during treatment. They may talk to you about things that are going on in your life, including school, work, and relationships. The focus may be on your behavior, how it's affecting you, and what you can do differently.

Some examples of psychotherapy are described below:

- Psychodynamic therapy focuses on past life events and how they are affecting your current behavior and attitudes.
- Cognitive behavioral therapy (CBT) helps to identify, examine, and change negative thought patterns and beliefs that are contributing to depressive symptoms.
- Interpersonal psychotherapy focuses on relationships.
- Problem-solving psychotherapy takes a more practical and systematic approach to life problems.

If there is a form of psychotherapy that you feel would be particularly helpful, don't hesitate to ask your therapist about it. However, the most important aspect of psychotherapy is the relationship and connection you have with your therapist. Try not to be discouraged if it takes time to find the right therapist for you.

### ❖ **Where to Find Therapy:**

- **University Counseling Services or UCS** ([counseling.vcu.edu](http://counseling.vcu.edu)) offers free individual, group, & couples counseling, with offices on both campuses:

<u>Monroe Park Campus</u>	<u>MCV Campus</u>
University Student Commons	VMI Building
Room 238	1000 E. Marshall St, 4th Floor
804-828-6200	804-828-3964
Mon – Fri: 8am – 5pm	Evening hours available
- **TimelyCare** is a new emotional and mental health resource that VCU is offering to all students. It provides FREE 24/7 access to virtual therapy services, health coaching, and self-care tools. Licensed clinicians offer scheduled therapy sessions as well as crisis intervention. Download the app or visit [app.timelycare.com/auth/login](http://app.timelycare.com/auth/login) to create an account and explore your options.
- **VCU's Center for Psychological Services & Development or CPSD** ([cpsd.vcu.edu](http://cpsd.vcu.edu)) offers counseling services to the Richmond community on a sliding fee scale. No referral is needed, and applications can be submitted online.
- **For therapy services off-campus**, both UCS and Student Health can provide a list of nearby providers. Students can also request the assistance of the UCS Case Manager in finding a local therapist. Another great resource for finding a therapist who matches your specific needs is [www.psychologytoday.com](http://www.psychologytoday.com).

## **OTHER VCU RESOURCES**

Learn more at [health.students.vcu.edu/patient-resources/mental-health](http://health.students.vcu.edu/patient-resources/mental-health). Examples include:

- ❖ **You@VCU:** This interactive technology helps students find VCU resources and wellness content that matches their specific needs, interests, and goals. Go to [you.vcu.edu](http://you.vcu.edu) to get started.
- ❖ **Student support groups offered by UCS:** [counseling.vcu.edu/students/identity-based-resources](http://counseling.vcu.edu/students/identity-based-resources).
- ❖ **Well-being resources recommended by UCS:** [counseling.vcu.edu/students/well-being-resources](http://counseling.vcu.edu/students/well-being-resources)
- ❖ **Academic accommodations:** Students struggling to maintain their grades because of their diagnosis can request academic accommodations through [saeo.vcu.edu](http://saeo.vcu.edu) (for non-Health Sciences students) and

[das.vcu.edu](https://das.vcu.edu) (for Health Sciences students). Your medical provider or therapist can provide a letter that confirms your diagnosis and level of impairment.

## **CLINICIAN-GUIDED SELF-HELP**

Instead of attending formal therapy sessions, some patients may choose to work on their own and check in periodically with their healthcare provider.

- ❖ This approach may be a good choice for people with mild depression and no thoughts of death or suicide.
- ❖ Patients can also choose to supplement their formal counseling and/or medication use with self-help resources.
- ❖ Visit our Mental Health Self-Help Resources website ([health.students.vcu.edu/patient-resources/mental-health/self-help-resources](https://health.students.vcu.edu/patient-resources/mental-health/self-help-resources)) for links to a wide variety of well-being resources, including VCU resources listed above. Other examples include:
  - Workbooks, such as *Cognitive Behavioral Workbook for Depression* by Knaus (available on Amazon).
  - Mindfulness apps, CBT apps (Woebot, Wiza), videos, and other web-based resources.

## **ANTIDEPRESSANT MEDICATIONS**

Antidepressant medications are safe and effective treatment options for depression. They are divided into different classes, depending on which neurotransmitter levels are affected. Changes in neurotransmitter levels are believed to affect neurocircuits downstream that maintain mood stability.

**Selective serotonin reuptake inhibitors or SSRIs** are the most commonly used class of antidepressants. Examples include fluoxetine (Prozac), sertraline (Zoloft), citalopram (Celexa), escitalopram (Lexapro), and paroxetine (Paxil). Studies show they all work equally well, but side effects will vary. Your medical provider may consider other medication classes based on your symptoms, response to treatment, medication side effects, health history, etc.

### **Medication FAQs**

- ❖ **How will I know which antidepressant is best for me?**

Unfortunately, there is not a good way to predict which medication will work best for you. A medicine that works well for one person may work differently in someone else. At this time, there is no evidence that using a genetic, psychological, or biological test to choose a medication leads to better outcomes than your medical provider using their best clinical judgement. The good news is that many patients respond to the first medication they are prescribed. However, if you don't fall into this category, don't get discouraged – some trial and error is part of the process for most patients.
- ❖ **How do I take the medication?**
  - Antidepressant medications must be taken regularly; they are not effective if taken as needed (ie. only when you feel bad).
  - Many medications only require once daily dosing.
  - It may be preferable to take certain medications with food, at least initially, to avoid an upset stomach (ie. Zoloft).
- ❖ **What are possible side effects?**
  - Side effects may occur during the first 1-2 weeks on medication, but they should be mild and disappear in a few days or weeks.
  - Common side effects include nausea, changes in sleep or appetite, headache, or sexual problems.
  - A common fear of patients is that they will feel flat, apathetic, or “like a zombie” on medication. Most patients do not experience this side effect. However, if this happens to you and does not improve, talk to your medical provider about making changes in your treatment plan.
  - Consult your healthcare provider if you experience other intolerable side effects or worsening symptoms of depression while on medication. **Some people may develop an increase in suicidal thoughts while on medication. If this happens to you, stop the medication and contact your healthcare provider immediately!**
- ❖ **How soon will medication work?**
  - Some patients will notice an improvement as early as one week after starting medication. But it may take 6-12 weeks to experience the full effects of these medicines.
  - If no significant improvement is noted within 4-6 weeks, your healthcare provider may recommend a change, such as increasing the dose, switching medication, or adding medication.

- ❖ **For how long will I need medication?**
  - Treatment duration will vary from patient to patient. The goal is to take medication long enough to reduce the chances of having another depressive episode.
  - In general, medication should be continued at the effective dose for 6-12 months after symptoms improve.
  - Patients with risk factors for recurrence or those with chronic or severe episodes of depression should consider taking maintenance treatment for at least 1-3 years.
    - ✓ Risk factors for recurrence include childhood trauma, early age of onset of depression ( $\leq 18-21$  years of age),  $\geq 2-3$  major depressive episodes, and others.
    - ✓ Patients with a history of multiple chronic or severe depressive episodes (or those with additional psychiatric or medical disorders) may benefit from staying on medication indefinitely.
  
- ❖ **How do I stop the medication?**
  - **Unless you have serious side effects, do not stop antidepressants without professional advice!**
  - Antidepressants are not addictive, but for unclear reasons, stopping an antidepressant suddenly may lead to withdrawal symptoms. Examples include dizziness, “brain zaps” (alarming but harmless), headaches, muscle aches, nausea, and feelings of depression.
  - Medications should be tapered gradually (usually over 2-4 weeks) to prevent withdrawal symptoms from occurring. When stopping medication(s), follow specific tapering instructions given by your medical provider.
  
- ❖ **Can I drink alcohol if I’m taking antidepressants?**
  - It’s best to avoid combining antidepressants and alcohol. It may worsen depressive symptoms and/or lead to dangerous side effects.
  - Alcohol (even just one drink) can intensify any sedative effects of an antidepressant. This can result in significant impairment of alertness, judgement, coordination, motor skills, and reaction time.
  - Because alcohol is a depressant, regular use will counteract the beneficial effects of antidepressant medications.
  - An occasional drink may be okay under certain circumstances, but talk to your medical provider first.
  
- ❖ **Are antidepressants safe in pregnancy?**
  - In general, antidepressants carry a small risk during pregnancy. Patients who are pregnant or become pregnant during treatment should discuss the pros and cons of medication use with their medical provider. Each patient’s risk/benefit profile will vary based on their own unique set of circumstances.
  - Experts generally agree that the SSRIs sertraline (Zoloft) and escitalopram (Lexapro) appear to confer the lowest risk during pregnancy and breastfeeding. Talk to your medical provider for more information.

## **WHAT IF I HAVE SUICIDAL THOUGHTS?**

People with depression sometimes think about suicide. Suicidal thoughts can be part of the depression and improve with treatment. It is not uncommon for patients with depression to have fleeting thoughts about death or not wanting to wake up. **However, if you are having active thoughts about suicide, such as a specific plan that you think you will act on, call someone immediately!**

- ❖ Call or text your therapist, family, and friends.
- ❖ **University Counseling Services (UCS)** has a trained counselor on call 24/7 for any VCU student with a mental health emergency. Simply call **804-828-6200**. You can also walk into the UCS office during regular business hours for emergency assistance.
- ❖ The **National Suicide Prevention Lifeline** offers professional assistance at **9-8-8** or **1-800-273-TALK (8255)**.
- ❖ VCU students can use the **TimelyCare** app to access free emergency crisis counseling. It’s a good idea to download the app and create an account ahead of time, even if you never end up using it.
- ❖ You can also call **Student Health** after hours at 804-828-8828 and follow instructions to page the on-call provider.
- ❖ Create a personal **Safety Plan** with your therapist or provider to help you manage stressful situations and find the support you need.

## **OTHER SELF-CARE TIPS**

In addition to following the treatment plan recommended by your healthcare provider, here are some other suggestions that can make your recovery more successful:

- ❖ **Give yourself time.** Don't expect to do everything you normally can. Set realistic expectations, be kind to yourself, and try not to get discouraged.
- ❖ **Don't believe the negative thoughts** you may have. For example, blaming yourself or expecting failure is part of the depression. These thoughts normally go away as your depression improves.
- ❖ **Avoid isolating yourself.** Don't be afraid to talk to family and friends. Use your church if you attend one, or consider joining a support group. Needing support from others is not a sign of weakness. It is a healthy way to deal with your depression.
- ❖ **Avoid making big life decisions** while you are depressed. If the decisions can't wait, seek help from someone you trust.
- ❖ **Avoid alcohol, illegal drugs, and excessive caffeine.** They can make depression worse and cause serious side effects when taken with antidepressants. Regular use of alcohol and illicit drugs will also prevent antidepressants from working as well.
- ❖ **Stay active.** When motivation and energy have improved, get involved in activities that make you feel good or give you a sense of accomplishment.
- ❖ **Exercise regularly.** Physical activity helps to improve mood over time by releasing natural endorphins that increase your sense of well-being. Several studies suggest that exercise is effective in easing depression. We suggest 3-5 exercise sessions per week, lasting 45-60 minutes per session, for at least 10 weeks.
- ❖ **Eat well-balanced meals.** Food is medicine. You will not have the energy to get better if you are not fueling your body.
- ❖ **Maintain a regular sleep schedule.** Your body needs restful sleep to repair and rejuvenate itself. Lack of sleep can also lead to increased levels of stress hormones. Try to wake up and go to bed at the same time each day. If you are having difficulty falling or staying asleep, talk to your healthcare provider and refer to our Insomnia handout for more information. For better sleep, it is best to stop using electronic devices at least 30-60 minutes before bed.