

Co-Occurrence of Depression with Medical, Psychiatric, and Substance Abuse Disorders

Depression is a common, serious and costly illness that affects 1 in 10 adults in the U. S. each year, costs the Nation between \$30-\$44 billion annually, and impairment, suffering, and disruption of personal, family, and work life.

Though 80 percent of depressed people can be effectively treated, two out of three of those suffering from this illness do not seek or receive appropriate treatment.

Of particular significance, depression often co-occurs with medical, psychiatric, and substance abuse disorders. When this happens, the presence of both illnesses is frequently unrecognized and may lead to serious and unnecessary consequences for patients and families.

Depressive Illness Comes in Various Forms

- **Major depression** is diagnosed when depressive symptoms (see below) are long lasting and disabling. Such episodes may occur only once or repeatedly.
- **Dysthymia** involves longer-term though less severe depressive symptoms that prevent individuals from functioning at their full potential.
- **Bipolar disorder**, also known as manic depression, occurs when episodes of major depression alternate with periods of elation or mania.

Symptoms of Depression

- Sad or "empty" mood
- Loss of interest or pleasure
- Decreased energy, fatigue
- Sleep disturbances
- Eating disturbances
- Feeling guilty, worthless, hopeless, or helpless
- Thoughts of death or suicide; suicide attempts
- Irritability; excessive crying
- Difficulty concentrating, remembering, making decisions

Symptoms of Mania

- Excessively "high" mood
- Irritability
- Decreased need for sleep
- Increased energy and activity
- Grandiose notions,
- Disturbed ability to make decisions
- Being easily distracted
- Racing thoughts
 - Increased talking, moving sexual activity

A thorough diagnosis is needed if five or more of the symptoms persist for more than two weeks or are interfering with work, family life, or with other health concerns. A good diagnosis involves a complete physical checkup, review of current medications and treatments, and a family history of health problems.

Depression Co-Occurs with Medical Illnesses

The rate of major depression among those with medical illnesses is significant. In primary care, estimates range from 5 to 10 percent; among medical inpatients, the rate is 10 to 14 percent.

Depressed feelings can be a common to many medical illnesses. However, depression severe enough to receive a psychiatric diagnosis is not the expected reaction to medical illness. For that reason, when present, specific treatment should be considered for clinical depression even in the presence of another disorder.

Research has shown that major depression occurs in:

- 40 and 65 percent of patients who had a myocardial infarction (MI). They may also have a shorter life expectancy than non-depressed MI patients.
- Approximately 25 percent of cancer patients.
- 10 and 27 percent of post stroke patients.

Failure to recognize and treat co-occurring depression may result in increased impairment and diminished improvement in the medical disorder.

Proper diagnosis and treatment of co-occurring depression may bring substantial benefits to the patient through improved medical status, enhanced quality of life, a reduction in the degree of pain and disability, and improved treatment compliance and cooperation.

Depression Co-Occurs with Psychiatric Disorders

A higher than average co-occurrence of depression with other psychiatric disorders, such as anxiety and eating disorders has been documented.

- Concurrent depression is present in 13 percent of patients with panic disorder. In about 25 percent of these patients, the panic disorder preceded the depressive disorder.
- Between 50 and 75 percent of eating disorder patients (anorexia nervosa and bulimia) have a lifetime history of major depressive disorder.

In such cases, detection of depression can help clarify the initial diagnosis and may result in more effective treatment and better outcome for the patient.

Depression Co-Occurs with Substance Abuse Disorders

Substance abuse disorders (both alcohol and other substances) frequently co-exist with depression. Substance abuse disorders are present in 32 percent of individuals with depressive disorders. They co-occur in 27 percent of those with major depression and 56 percent of those with bipolar disorder.

Substance use must be discontinued in order to clarify the diagnoses and maximize the effectiveness of psychiatric interventions. Treatment for depression as a separate condition is necessary if the depression remains after the substance use problem is ended.

What You Can Do

- **Be aware** that depression often co-occurs with medical, psychiatric and substance abuse disorders
- **Recognize symptoms of depression** to know when an evaluation is needed
- **Speak with a mental health professional or physician** when there are concerns about depressive illness
- **Do not give in to negative thinking** it is a part of depressive illness that will fade with treatment
- **Remember that effective treatments are available** so that a person need not suffer from depressive symptoms
- **Provide support** to help a depressed person seek or stay in treatment
- **Learn more** stay informed and educate yourself and loved ones

For More Information:

For a free and confidential mental health screening, go on-line to www.mhacolorado.org.

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