



SIEC ALERT

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SIEC ALERT is a quick reference guide to some of the
newest resources in the field of suicide prevention.

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Please contact us if you'd like to be added to our free mailing list, or if you have an idea for a future topic!
phone: 403-245-3900 fax: 403-245-0299 email: siec@siec.ca web: <http://www.siec.ca>

Depression: Some Pieces of the Puzzle

The prevalence of depression, depending on the definition used and the population studied, is between 3.5%- 27% (Canadian Task Force on the Periodic Health Examination, 1990, p.1234). Women are twice as likely as men to suffer from depression (CMHA, Depression: An overview of the literature, 1994, p.22), although increased substance abuse is now being viewed as a 'masked' counterpart of depression in males. Major Depressive Disorder is most prevalent in the 25-44 year age group (CMHA, ibid, p. 341). In 1990, Unipolar Major Depression was the 4th leading cause of death in industrialized nations, and it is projected that by the year 2020, depression will become the second leading cause of premature death in the world (Murray, J.L.C.,(Ed.), Global Burden of Disease, vol.1, 1996).

Depression and Suicide

For 25 years, it has been commonly believed that the lifetime risk for suicide among the depressed is 15%. Newer studies and reanalysis of older data claim the lifetime risk to be from 3.5%(Blair-West, 1997) to 6% (Inskip, 1998). Between 30-70% of people who have committed suicide were previously identified as having Major Depressive Disorder (NIMH, Depression: What we Know, 1985, p. 49).

It is difficult to reach definite conclusions about the association between suicidal behaviors and mood disorders, because not only is depression a complex issue, but the terms depressive symptom/syndrome and disorder have been inconsistently addressed in the literature (Tanney, 1992, p. 298).

The term "depression" is used in five different ways:

- **Depression as Affect:** normal feelings of transient sadness that we all experience
- **Depression as Mood:** a prevailing, dominant emotion lasting a few hours to a few days
- **Depression as Symptom*:** several emotional or physical complaints
- **Depression as Syndrome:** a group of symptoms and signs that occur together and are characteristic of a specific condition (e.g. Major Depressive Episode)
- **Depression as Disorder:** the expression of a number of depressive symptoms of enough severity and duration to meet an accepted diagnostic criteria. A Major Depressive Disorder can have genetic, biological, & psychosocial origins, much like a specific illness. (Friedman, H.S., (Ed.), Encyclopedia of Mental Health, 1998, p. 733-735)

Mood Disorders are classified in two categories:

- **Depressive disorders (unipolar depressions):** mood disorders in which changes from normal mood occur in only one direction, toward depressed mood (e.g. Major Depressive Disorder, Dysthymic Disorder)
- **Bipolar disorders:** a mood disorder characterized by periods of mania which may alternate with depression, usually interspersed with variable intervals of normal mood (e.g. Bipolar I, Bipolar II, Cyclothymia)

*Symptoms of Depression:

Depression becomes an illness, or clinical depression, when the feelings described below are severe, last for several weeks, and begin to interfere with one's work and social life:

- **Depressed mood most of the day, nearly every day**
- **Reduced interest or pleasure in all or almost all activities**
- **Significant weight loss or weight gain, or a significant decrease or increase in appetite**
- **Trouble sleeping or sleeping too much**
- **Psychomotor agitation or retardation**
- **Fatigue or loss of energy**
- **Feeling worthless or guilty in an excessive or inappropriate manner**
- **Problems in thinking, concentrating, or making decisions**
- **Recurrent thoughts of death, suicidal ideation, specific suicidal plan, or a suicide attempt**

Note: Symptoms of depression may vary according to an individual's age and culture (e.g. complaints of weakness, tiredness, or "imbalance", instead of sadness or guilt, in Asian cultures; or irritability and social withdrawal in children. (APA, DSM IV, 1994)

■ Risk Factors for Depression

- • prior episodes of depression
- • family history of depressive disorder
- • prior suicide attempts
- • female gender
- • age of onset under 40
- • postpartum period
- • medical comorbidity
- • lack of social support
- • stressful life events
- • current alcohol or substance abuse (U.S. DHHS, Depression in Primary Care: Vol.1, 1993)

■ Suicide Risk Factors

- • prior suicidal behaviour in self or family
- • mental disorder, especially depression
- • alcohol or drug abuse
- • suicide ideation, talking or planning
- • few social supports
- • problems of affective control (anger, impulsivity)

■ Antidepressant Side Effects & Suicidality

- • feelings of restlessness and desperation associated with some antidepressants
- • when patients begin to improve on antidepressant therapy (because they have enough energy to carry through with suicidal urges)
- • when hospitalized depressed patients are discharged (Malone, 1997)

■ Treatment

- Nearly 2/3 of depressed people do not get appropriate treatment because their symptoms are:
- • not recognized
- • blamed on personal weakness
- • so disabling that they cannot reach out for help
- • misdiagnosed and wrongly treated (NIMH, Depression: Effective treatments are available, 1996)

■ Depression is one of the most treatable mental illnesses.

- Depression Information Resource & Education Centre (DIRECT) claims 80-90% of people with depressive disorders can be successfully treated. (1997)
- Some of the many treatment options include:
- • counselling
- • medication
- • psychotherapy
- • self-help groups
- • support of family & friends (CMHA, 1995).

- Special thanks to: Nancy DiNicolo, SIEC Library Summer Assistant for researching this issue of SIEC ALERT, and Dr. Bryan Tanney for his content review.

■ Please see VERSO for Sources & Resources

Suicide Affects All of Us. Let's Talk About it.

Organizations & Their Resources on Depression:

Canadian Mental Health Association • National Office, 970 Lawrence Avenue West, Suite 205, Toronto, ON., M6A 3B6 • Tel: (416) 789-7957 • Fax: (416) 789-9079 • email: cmha.toronto@sympatico.ca • internet: www3.sympatico.ca/cmha.toronto/home.htm (lists branches across Canada) • Publications: Children & Depression, Depression & Manic Depression

Depression and Manic Depressive Association of Alberta • Tel 1-888-757-7077 • Publications: Depression: What is it? What to do?, Bipolar Disorder: Where's the Balance?

Depression/ Awareness, Recognition, Treatment (D/ART) • Public Inquiries, National Institute of Mental Health, 5600 Fishers Lane, Room 7C-02, Rockville, MD, 20857 • Tel: (301) 443-4140, for free brochures 1-800-421-4211 • internet: www.nimh.nih.gov/newdart/ • Publications: Helping the Depressed Person Get Treatment, Depression: What Every Women Should Know, Depressive Illnesses: Treatment Brings New Hope, What to do When an Employee is Depressed

Depression Information Resource & Education Centre (DIRECT) • Box 585, 100 West 5th Street, Hamilton, Ontario, L8N 3K7 • Public information line (toll free) 1-888-557-0551 (code) 8000 • Physician information line (toll free) 1-888-557-5050 (code) 800 • e-mail: direct@fhs.mcmaster.ca • internet: www-fhs.mcmaster.ca/direct • Publications: 6 Fact Sheets on Depression, and Newsletters

Internet Mental Health • internet: www.mentalhealth.com

National Alliance for the Mentally Ill (NAMI) • 200 North Glebe Road, Suite 1015, Arlington, VA, 22203-3754 • Tel (703) 524-7600, Fax (703) 524-9094 • Publications: Mental Illness Information for Writers: Avoiding Stigmatizing Language, Teenage Depression, Understanding Major Depression, Depressive Disorders in Children & Adolescents

National Depressive and Manic Depressive Association 730 N. Franklin St., Suite 501, Chicago IL, 60610-3526 • Tel: 1-800-82-NDMDA or (800) 826-3632 • Fax: (312) 642-7243 • email: myrtis@aol.com • internet: www.nbmda.org/ • Publications: Dealing Effectively with Depression & Manic Depression, Finding Peace of Mind: Medical Strategies for Bipolar Disorder

National Health & Medical Research Council • Tel: +61 2 6289 5593 or 1-800-020-103 (for free brochures) • email: rebecca.haslam@health.gov.au • internet: www.health.gov.au/nhmrc/ • Publications: Getting up From Feeling Down: Young People & Depression, Blue Daze: A Comic Book for Young People

National Mental Health Strategy & National Youth Suicide Prevention Strategy • Director of Mental Health, Mental Health Branch (MDP 37), Commonwealth Department of Health and Family Services, GPO Box 9849, Canberra, Act 2601, Australia • Tel: (06) 289 8070 • Fax: (06) 289 7703 • email: webmaster@health.gov.au • Mental Health Branch: internet: www.health.gov.au/hsdd/mentalhe/nmhs/what/depress/index.htm • Publications: What is depression?

SIEC (see address below) • Publications: Understanding Depression & Suicide Student Booklet, Information About Depression Kit, (includes a variety of articles & pamphlets on depression). Contact us for details.

■■■■■■■■■■■■■■■■■■■■ SIEC Sources & Resources on Depression ■■■■■■■■■■■■■■■■■■■■

Photocopies available from SIEC for documents on this list. (Cost per article: \$6.00 plus postage. Prepayment is not necessary. Please quote SIEC # when ordering.)

SIEC #970239
Blair-West, G.W., Mellsoy, G.W., et al. (1997). Down-rating lifetime suicide risk in major depression. Acta Psychiatrica Scandinavica, 95: 259-263.

SIEC #920606
Canadian Mental Health Association & Canadian Psychiatric Association. (1992). Survey Shows High Levels of Stress and Depression in Communities Across Canada. Toronto, ON: Canadian Psychiatric Association. [30 pp.]

SIEC #910082
Canadian Task Force on the Periodic Health Examination. (1990). Periodic Health Examination, 1990 Update: 2. Early Detection of Depression and Prevention of Suicide. Canadian Medical Association Journal, 142 (11): 1233-1238.

SIEC #980337
Elliott, L. (1998). Help for Your Head. The Washingtonian, 33 (7): [21 pp.] (contains the latest information on depression & therapies)

SIEC #901733
Fawcett, J., Scheftner, W.A., et al. (1990). Time-related predictors of suicide in major affective disorder. American Journal of Psychiatry, 147 (9): 1189-1194.

SIEC #980587
Guetzloe, E.C. Depression and Suicide: Special Education Students at Risk (1991). Reston, VA: The Council for Exceptional Children. [45 pp.]

SIEC #980415
Inskip, H.M., Harris, E.C., et al. (1998). Lifetime risk of suicide for affective disorder, alcoholism and schizophrenia. British Journal of Psychiatry, 172: 35-37.

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SIEC #980523
Malone, K.M. (1997). Pharmacotherapy of affectively ill suicidal patients. The Psychiatric Clinics of North America, 20(3): 613-624.

SIEC #970748
Newman, S.C., Bland, R.C. (1991). Suicide risk varies by subtype of affective disorder. Acta Psychiatrica Scandinavica, 83(6): 420-426.

SIEC #980576
Rost K, et al. (1998). Persistently poor outcomes of undetected major depression in primary care. General Hospital Psychiatry, 20: 12-20.

SIEC #930545
Rudd, M. D., Dahm, D.F., et al. (1993). Diagnostic comorbidity in persons with suicidal ideation & behavior. American Journal of Psychiatry, 150(6): 928-934.

SIEC #930301
Tanney, B.L. Mental disorders, psychiatric patients, and suicide. IN: R.W. Maris, A.L. Berman, et al. (Eds.), Assessment and Prediction of Suicide (pp. 277-320). New York, NY: The Guilford Press, 1992.

SIEC #970605
Tousignant, M., Hanigan, D. Suicidal behaviour and depression in young adults. IN: P. Cappeliez, R.J. Flynn (Eds.), Depression and the Social Environment: Research and Intervention with Neglected Populations (pp. 93-120). Kingston, ON: McGill-Queen's



This list is a very brief look at what we have in our library on this topic. Please contact us if you need a more detailed literature search.