

CO-OCCURRENCE OF DEPRESSION WITH MEDICAL, PSYCHIATRIC & SUBSTANCE ABUSE DISORDERS

SOURCE: NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH)
CHILD AND ADOLESCENT BIPOLAR FOUNDATION (CABF)

Awareness and treatment can improve overall health and reduce suffering.

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 causes 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, presence of both illnesses is frequently unrecognized and may lead to serious and unnecessary consequences for patients and families.

Depression co-occurs with medical illness

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 reaction 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:

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

- Feeling guilty, worthless, helpless, or hopeless
- Thoughts of death or suicide; suicide attempts
- Irritability, excessive crying

Symptoms of mania can include:

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

Get an accurate diagnosis...

A thorough diagnosis is needed if five or more of the symptoms of depression or





mania persist for more than two weeks, or mania persists for more than two weeks, or are interfering with work, family life, or with other health concerns. A good diagnosis involves a complete physical check-up, review of current medications and treatments, and a family history of health problems.

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 they are concerns about depressive illness.
- 🧠 **Do not give in to negative thinking...** it is a part of depressive illness that will face 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...** Information and evaluation are available through: Physicians, psychiatrists, psychologists, social workers, employee assistance programs, mental health centers and associations, hospitals, university medical schools, family service/social agencies.

” Depression... treat it, defeat it.”

