

Depression

Fact Sheet

Multiple
Sclerosis
Trust



Information

Education

Research

Support

Depression and MS

Date of issue: March 2010

Review date: March 2011

Contents	Page
Introduction	2
1. What is depression?	2
2. What causes depression?	2
3. What causes depression in MS?	3
4. How is depression diagnosed?	3
5. How can friends and family help?	4
6. What are the symptoms of depression?	4
7. The impact of depression	5
8. How is depression treated?	6
8.1 Psychosocial treatment	6
8.2 Psychological treatment	7
8.2.1 Cognitive behavioural therapy (CBT)	7
8.2.2 Interpersonal therapy (IPT)	7
8.2.3 Counselling	8
8.3 Pharmacological (drug) treatment	8
8.3.1 Antidepressants	8
8.3.2 Side effects of antidepressants	10
8.4 St John's Wort	10
9. Combined treatment	11
10. Severe complicated depression	11
11. Other sources of support	11
12. Useful organisations	12
12. Further reading	12
14. References	13

Introduction

It is estimated that about half of all people with MS will experience an episode of depression at some stage. Depression is also common in the general population but research indicates that people living with long-term conditions including MS are at greater risk.

Depression can be difficult to identify and people who experience it may not recognise it as such or find it difficult talking about how they feel. The stigma that is associated with mental health problems also acts as a barrier to discussion about the condition. Individuals and their families play a key role in identifying and diagnosing depression and health professionals rely on their descriptions of the symptoms experienced to identify the best way of managing or treating the condition. Various approaches have proven effective in treating depression and the individual should play a key role in deciding which treatment plan works best for them.

1. What is depression?

Depression is described as a persistent and pervasive low mood that lasts for a period of two weeks or more. It differs from the 'Monday morning blues' or the general temporary low moods that we all encounter from time to time in that it is constantly present and it interferes with normal everyday activities. Depression is different to, but is commonly experienced alongside other disorders such as stress, anxiety and post-traumatic stress disorder (PTSD). Rather than being distinct and individual disorders, it is helpful to think of these conditions existing at different points across a spectrum of mood disorders.

2. What causes depression?

The causes of depression are not fully understood, but an imbalance in brain chemistry is thought to be one potential factor in developing depression. Anyone can develop depression at any time in their lives without any apparent cause or reason. It should not be seen as an inability to cope with life nor a

weakness or failure of any sort. It is a recognised condition and with the right support it can be treated effectively.

Some people may be more at risk for developing depression, for example: people living with a long-term condition such as MS; people who experience a stressful life event such as a relationship break-down or a bereavement; people with a family history of depression; women who have recently given birth; people who are socially isolated; and people who suffer from drug or alcohol addictions.

3. What causes depression in MS?

For people with MS, the challenges of living with an unpredictable and potentially debilitating long-term condition can be a trigger factor for depression. Possible factors contributing to depression in people with MS might include symptoms such as chronic pain and overwhelming fatigue, or the social isolation that disability can sometimes bring.

In some cases, depression may not be experienced reactively but can actually be due to MS itself. The presence of lesions in certain parts of the brain can directly effect mood and cause depression.

4. How is depression diagnosed?

Depression is most often diagnosed by a GP, but other health professionals with whom you may have contact, such as a hospital consultant or MS nurse, may also identify depression.

Having MS can sometimes make recognition of depression more complicated as many of the symptoms associated with MS, such as fatigue and reduced concentration, are also associated with depression. Furthermore, a common side effect of many of the drugs prescribed for other symptoms of MS is depressed mood. This is true of corticosteroids used in the treatment of MS relapse and some of the disease modifying drugs.

In 2009, the National Institute for Health and Clinical Excellence (NICE) published guidance for health professionals on the treatment and management of depression in adults with chronic physical health problems encouraging special consideration for the identification and treatment of the

condition in people with long-term conditions¹. However, while familiarity with the symptoms of depression and screening procedures can help health professionals identify the condition, you can help in the early diagnosis and treatment of depression by talking to your GP or other health professional about any changes in mood you experience.

5. How can friends and family help?

Friends, family and carers of people with depression can play an important role in the diagnosis and management of the condition. People may not always recognise changes in their mood or behaviour until other people point it out to them. It is important to approach the question of why they might be feeling or behaving the way they do with sensitivity and understanding. Being receptive towards any changes in mood or behaviour and encouraging people to talk to their GP or other health professional is an important way of supporting somebody who has depression.

6. What are the symptoms of depression?

The symptoms of depression are many and varied. In general terms, they can be divided into three groups: psychological symptoms; physical symptoms; and social symptoms. An individual may not experience all of these symptoms, and may experience some to a greater or lesser extent than others.

Psychological symptoms may include the following:

- feelings of hopelessness/helplessness;
- low self-esteem;
- tearfulness;
- feelings of guilt;
- feeling irritable and intolerant of others;
- lack of motivation and difficulty in making decisions;
- lack of enjoyment;
- suicidal thoughts or thoughts of harming someone else;
- feeling anxious or worried; and
- reduced sex drive.

Physical symptoms may include the following:

- slowed movement or speech;
- change in appetite or weight (decreased or increased);
- constipation;
- unexplained aches and pains;
- lack of energy or lack of interest in sex;
- disturbed sleep patterns such as waking very early and feeling worse in the mornings; and
- changes to the menstrual cycle.

Social symptoms may include the following:

- not performing well at work;
- taking part in fewer social activities and avoiding friends and family;
- feeling isolated;
- reduced hobbies and interests; and
- difficulties in home and family life.

If you experience five or more of the symptoms outlined above for a period of more than two weeks, it could be an indication that you are depressed. If you think you are depressed you should seek advice from your GP, an MS specialist nurse, or other health professional you feel you can talk to.

7. The impact of depression

Describing the symptoms of depression does not capture the full impact it can have. Depression can have a significant impact on many aspects of an person's life including personal, social and professional. If people don't seek help they could find the condition spiraling out of control. It is therefore important to speak to a GP or other health professional at the earliest opportunity.

A depressed individual's withdrawal from intimate or social relationships may be perceived by others as rejection or disinterest. The friends, relatives and

carers of people with depression do not always recognise it as such and this lack of understanding can result in a lack of empathy and sensitivity towards the individual.

Depression can interfere with an individual's ability to concentrate which may affect work performance. Without the understanding of work colleagues, this reduced performance may be perceived as laziness or incompetence.

Depression is often accompanied by feelings of despair and uselessness which can result in self-neglect. Lack of self-worth sometimes means that people stop caring for themselves as they usually would, such as taking medications, following a healthy lifestyle etc. The result is that their overall health deteriorates resulting in complications or a worsening of their MS symptoms.

Because of the impact that depression can have on an individual, and potentially the management of their MS, it is important to seek professional help.

8. How is depression treated?

It is useful to approach the treatment of depression in the same way you would approach treatment of a physical injury. If you have a broken leg, you give it time to heal; the same approach should be used to restore your mind and emotional wellbeing back to health following an episode of depression. There are a range of approaches for treating depression and several factors may be taken into account when determining the most appropriate treatment option for you. The treatment that is recommended to someone who has mild or moderate depression might be different to that which is recommended for someone who has severe depression. Other factors such as an individual's treatment preferences, sources of support, and past history of depression may also determine which treatment plan is followed.

The main treatment approaches can be divided into three groups:

8.1 Psychosocial treatment

In very mild cases of depression, NICE recommends a psychosocial approach to treatment². It might include advice on: increasing levels of physical activity,

accessing self-help groups, adopting healthier lifestyle habits, minimising stress, and practicing various relaxation techniques.

8.2 Psychological treatment

Psychological approaches to treatment are non-drug based treatments which aim to help people identify and overcome negative thought patterns associated with depression. Psychological treatments include 'talking therapies' such as cognitive behavioural therapy (CBT). Psychological treatment would usually be recommended in mild to moderate cases of depression.

8.2.1 Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) has proven effective in treating less severe cases of depression. CBT emerged out of two types of psychotherapy:

- cognitive therapy, designed to change people's thoughts, beliefs, attitudes and expectations; and
- behavioural therapy, designed to change how people act.

CBT is based on the idea that the way we think about a situation affects how we act. In turn, our actions can affect how we think and feel. It is therefore necessary to change both the act of thinking (cognition) and behaviour at the same time.

A course of CBT therapy is typically comprised of 5-20 weekly sessions, with each session lasting between 30-60 minutes. A program of CBT can be given on an individual basis or as part of a group; and it may be delivered by a trained CBT therapist or as a computer-based program. CBT is available on the NHS and a GP should be able to give you further information about how to access it locally.

8.2.2 Interpersonal therapy (IPT)

Interpersonal therapy is another talking therapy that is sometimes used to treat depression. IPT focuses on an individual's relationships with other people and on problems, such as difficulties with communication or coping with bereavement. A GP can provide further information about local availability of this form of treatment.

8.2.3 Counselling

Counselling is a form of therapy that helps people to think about the problems they are experiencing in their lives and to identify ways of overcoming or managing them. Again, a GP can provide further information about local availability of this form of treatment.

Other talking therapies include psychotherapy, family therapy, couples therapy, and group therapy.

Although initiatives are underway to improve access to psychological therapies, access to such services can be limited and there may be long waiting lists for people prescribed these treatments.

8.3 Pharmacological (drug) treatment

In moderate to severe cases of depression, or where previous treatment approaches have proven ineffective, antidepressant medication may be recommended. There are different classes of antidepressant drugs used in the treatment of depression and different factors to consider in determining which antidepressant to prescribe.

8.3.1. Antidepressants

There are different classes of antidepressant drugs used in the treatment of depression and different factors to consider in determining which antidepressant to prescribe.

SSRIs (selective serotonin reuptake inhibitors)

The most commonly prescribed class of antidepressants are selective serotonin reuptake inhibitor or SSRIs. These drugs are as effective as the older TCAs (tricyclic antidepressants) and have fewer side effects. SSRIs increase the level of a natural chemical in the brain called serotonin, which helps to boost an individual's mood. Examples of SSRIs include: fluoxetine, citalopram and sertraline.

Other antidepressants

Other antidepressants which may be prescribed include the following:

- **TCAs (tricyclic antidepressants)** such as doxepin, imipramine and amitriptyline are used to treat moderate to severe depression. They work by raising the levels of the chemicals serotonin and noradrenaline in the brain, which can help to boost mood.

- **Serotonin-norepinephrine reuptake inhibitors (SNRIs)** such as duloxetine and venlafaxine, work in a slightly different way from SSRIs and tricyclics. However, like TCAs, these antidepressants work by altering the levels of serotonin and noradrenaline in the brain.
- **MAOIs (monoamine oxidase inhibitors)** such as phenelzine sulphate, are sometimes used to treat 'atypical depression'.

A GP will generally prescribe the lowest possible dose of a particular drug that is expected to improve symptoms. The effects of antidepressants may not be immediately noticeable, and it usually takes between 2 and 4 weeks for the drug to take effect. The particular drug or dose prescribed in the first instance will be regularly reviewed and possibly changed if it proves ineffective or its side effects prove intolerable. If you do start to feel better after a short period of time, it is not a reason to stop taking the antidepressants without talking to your GP. Stopping a course of antidepressants before the recommended treatment duration could result in the recurrence of depression.

The recommended dose and duration of antidepressant treatment may also depend on whether it is a person's first episode of depression. If they have experienced more than one episode of depression, a longer duration of treatment may be recommended.

It is important to know that, as with many other drugs, suddenly stopping antidepressants can result in some unpleasant discontinuation symptoms. This does not mean that people become dependent on, or addicted to, the drugs; rather that the body becomes accustomed to receiving the drugs and has to adapt to not receiving them. For this reason, always discuss stopping the treatment with the prescribing doctor or nurse who may advise a gradual reduction in dose over time to avoid these symptoms.

8.3.2 Side effects of antidepressants

As with many other medications, a number of side effects are associated with the use of antidepressants. It is important that you discuss the potential side effects of these drugs with the prescribing nurse or doctor. Side effects commonly associated with antidepressant drugs can include: loss of appetite, drowsiness, or insomnia.

8.4 St John's Wort

St John's Wort is an unlicensed herbal remedy that is as potent if not more so as many prescription medicines. Although NICE states that practitioners should not advise its use by people with depression³, there is some research evidence to suggest that St. John's Wort (botanical name *Hypericum perforatum L.*) can improve mild to moderate depression.

A Cochrane Review published in 2008, reviewed 29 studies in 5489 patients with depression that compared treatment with extracts of St. John's Wort for 4 to 12 weeks with placebo treatment or standard antidepressants⁴. The studies came from a variety of countries, tested several different St. John's Wort extracts, and mostly included patients suffering from mild to moderately severe symptoms. Overall, St. John's Wort extracts proved more effective than placebo, similarly effective as standard antidepressants, and had fewer side effects than standard antidepressants. The review authors concluded that St John's Wort is a viable treatment option for people with depression but caution that there is great variation in the over-the-counter preparations of the herbal remedy.

Because it is an unlicensed treatment, St John's Wort is not available on prescription. Nevertheless, people who want to take St John's Wort as a treatment for depression should consult their GP or other health professional for advice on the best preparation for them, and discuss the risks and benefits of the remedy compared to standard treatments.

People using the herbal remedy should also be aware that it can have serious interactions with a large number of commonly used medications by affecting enzymes in the body involved with the metabolic processing of drugs. A recent study suggested that it increases metabolism of more than 50% of all prescription medications, including many commonly prescribed heart drugs such as warfarin and aspirin³. St John's Wort can also reduce the effectiveness of contraceptive medication and cannot be used in combination with standard antidepressant treatment.

9. Combined treatment

In severe cases of depression, or where either treatment has proven ineffective, combined psychological and pharmacological treatment may be recommended. This means you an antidepressant would be prescribed along with a course of one of the psychological therapies such as CBT. There is increasing research evidence to suggest that the combined use of these treatments is more effective in treating more severe cases of depression.

10. Severe complicated depression

In rare cases, where a person has persistent and repeated episodes of severe depression resulting in severe self-neglect, or it is believed to constitute a major risk to persons close to them, standard treatments such as antidepressants or talking therapy may prove ineffective. In such cases, people may be referred to specialist mental health services and receive a tailored programme of specialist medicines and treatments in either an inpatient or outpatient setting.

11. Other sources of support

Depression can be a very lonely and isolating condition, but it is a recognised and treatable condition and there are support structures and services in place to help people overcome it.

An example of the increasing recognition this condition has received in recent years is the launch of a Department of Health support programme aimed at helping people with depression find and maintain employment. The support programme includes:

- mental health coordinators in every Jobcentre Plus district to coordinate health and employment support;
- nine occupational health advice line pilots to help small businesses keep people in work when health issues arise; and
- plans to extend the Access to Work programme to specifically help more people with mental health conditions.

Further information about the programme is available from local Jobcentre Plus centres. Other sources of support available to people suffering from depression include local self-help groups, telephone counselling services, online discussion forums and mental health charities offering information and support. For contact details of these support organisations see section 12.

12. Useful organisations

Organisations for people with depression:

Depression Alliance

Provides information and support and co-ordinates a network of self-help groups.

Website: www.depressionalliance.org

Depression UK

A self-help organisation made up of individuals and local groups.

Website: www.depressionuk.org

MIND

Provides confidential help and advice on a range of mental health issues.

Website: www.mind.org.uk/Information

Rethink

Offers support to people affected by severe mental illness.

Website: www.rethink.org

Samaritans

Provides confidential emotional support, 24 hours a day for people who are experiencing feelings of distress or despair.

Website: www.samaritans.org

Organisations for carers:

Carers UK

Provides information, advice and support to carers.

Website: www.carersuk.org

Crossroads Association

Provides information, advice and support to carers.

Website: www.crossroads.org.uk

Princess Royal Trust for Carers

Provides information, advice and support to carers.

Website: www.carers.org

13. Further reading

Duddy M. Depression in MS. Open Door. August 2009;12-13.

Burnfield A. MS and the blues. MS Matters 1996; 7: suppl 4.

14. References

1. National Institute of Health and Clinical Excellence. Depression in adults with a chronic physical health problem: full guideline [cited 2009; October 28]. Available from: URL: <http://www.nice.org.uk/nicemedia/pdf/CG91FullGuideline.pdf>
2. National Institute of Health and Clinical Excellence. Depression: the treatment and management of depression in adults [cited 2010; February 05]. Available from: URL: http://www.nice.org.uk/nicemedia/pdf/Depression_Update_FULL_GUIDELINE.pdf
3. Linde K, Berner MM, Kriston L. St John's Wort for major depression. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD000448.
4. Tachjian A, Maria V, Jahangir A. Use of Herbal Products and Potential Interactions in Patients With Cardiovascular Diseases. Journal of the American College of Cardiology, 2010; 55:515-525