

Chronic Illness & Mental Health



Depression is a real illness. Treatment can help you live to the fullest extent possible, even when you have another illness.

It is common to feel sad or discouraged after a heart attack, a cancer diagnosis, or if you are trying to manage a chronic condition like pain. You may be facing new limits on what you can do and feel anxious about treatment outcomes and the future. It may be hard to adapt to a new reality and to cope with the changes and ongoing treatment that come with the diagnosis. Your favorite activities, like hiking or gardening, may be harder to do.

Temporary feelings of sadness are expected, but if these and other symptoms last longer than a couple of weeks, you may have depression. Depression affects your ability to carry on with daily life and to enjoy work, leisure, friends, and family. The health effects of depression go beyond

mood—depression is a serious medical illness with many symptoms, including physical ones. Some symptoms of depression are:

- Feeling sad, irritable, or anxious
- Feeling empty, hopeless, guilty, or worthless
- Loss of pleasure in usually-enjoyed hobbies or activities, including sex
- Fatigue and decreased energy, feeling listless
- Trouble concentrating, remembering details, and making decisions
- Not being able to sleep, or sleeping too much. Waking too early
- Eating too much or not wanting to eat at all, possibly with unplanned weight gain or loss
- Thoughts of death, suicide or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Remember: Depression is treatable—even if you have another medical illness or condition. For more information, see the National Institute of Mental Health (NIMH) booklet on Depression at <http://www.nimh.nih.gov/health/publications/depression/index.shtml>.

People with other chronic medical conditions have a higher risk of depression.

The same factors that increase risk of depression in otherwise healthy people also raise the risk in people with other medical illnesses. These risk factors include a personal or family history of depression or loss of family members to suicide.

However, there are some risk factors directly related to having another illness. For example, conditions such as Parkinson's disease and stroke cause changes in the brain. In some cases, these changes may have a direct role in depression. Illness-related anxiety and stress can also trigger symptoms of depression.

Depression is common among people who have chronic illnesses such as the following:

- Cancer
- Coronary heart disease
- Diabetes
- Epilepsy
- Multiple sclerosis
- Stroke
- Alzheimer's disease
- HIV/AIDS
- Parkinson's disease
- Systemic lupus erythematosus
- Rheumatoid arthritis

Sometimes, symptoms of depression may follow a recent medical diagnosis but lift as you adjust or as the other condition is treated. In other cases, certain medications used to treat the illness may trigger depression. Depression may persist, even as physical health improves.

Research suggests that people who have depression and another medical illness tend to have more severe symptoms of both illnesses. They may have more difficulty adapting to their co-occurring illness and more medical costs than those who do not also have depression.

It is not yet clear whether treatment of depression when another illness is present can improve physical health. However, it is still important to seek treatment. It can make a difference in day-to-day life if you are coping with a chronic or long-term illness.

People with depression are at higher risk for other medical conditions.

It may have come as no surprise that people with a medical illness or condition are more likely to suffer from depression. The reverse is also true: the risk of developing some physical illnesses is higher in people with depression.

People with depression have an increased risk of cardiovascular disease, diabetes, stroke, and Alzheimer's disease, for example. Research also suggests that people with depression are at higher risk for osteoporosis relative to others. The reasons are not yet clear. One factor with some of these illnesses is that many people with depression may have less access to good medical care. They may have a harder time caring for their health, for example, seeking care, taking prescribed medication, eating well, and exercising.

Ongoing research is also exploring whether physiological changes seen in depression may play a role in increasing the risk of physical illness. In people with depression, scientists have found changes in the way several different systems in the body function, all of which can have an impact on physical health:

- Signs of increased inflammation
- Changes in the control of heart rate and blood circulation
- Abnormalities in stress hormones
- Metabolic changes typical of those seen in people at risk for diabetes

It is not yet clear whether these changes, seen in depression, raise the risk of other medical illness. However, the negative impact of depression on mental health and everyday life is clear.

Depression is treatable even when other illness is present.

Do not dismiss depression as a normal part of having a chronic illness. Effective treatment for depression is available and can help even if you have another medical illness or condition. If you or a loved one think you have depression, it is important to tell your health care provider and explore treatment options.

You should also inform the health care provider about all treatments or medications you are already receiving, including treatment for depression (prescribed medications and dietary supplements). Sharing information can help avoid problems with multiple medications interfering with each other. It also helps the provider stay informed about your overall health and treatment issues.

Recovery from depression takes time, but treatment can improve the quality of life even if you have a medical illness. Treatments for depression include:

- Cognitive behavioral therapy (CBT), or talk therapy, that helps people change negative thinking styles and behaviors that may contribute to their depression. Interpersonal and other types of time-limited psychotherapy have also been proven effective, in some cases combined with antidepressant medication.
- Antidepressant medications, including, but not limited to, selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs).
- While electroconvulsive therapy (ECT) is generally reserved for the most severe cases of depression, newer brain stimulation approaches, including transcranial magnetic stimulation (TMS), can help some people with depression without the need for general anesthesia and with few side effects.

For More Information on Depression and Other Medical Illnesses

National Institute of Mental Health

<http://www.nimh.nih.gov/health/topics/depression/index.shtml>

En Español <http://www.nimh.nih.gov/health/publications/espanol/depression/index.shtml>

Visit the National Library of Medicine's

MedlinePlus <http://medlineplus.gov>

En Español <http://medlineplus.gov/spanish>

For information on clinical trials

<http://www.nimh.nih.gov/health/trials/index.shtml>

National Library of Medicine clinical trials database

<http://www.clinicaltrials.gov>

For General Information on Health

Visit <http://health.nih.gov/>

For more information on conditions that affect mental health, resources, and research, go to

MentalHealth.gov at <http://www.mentalhealth.gov>, the **NIMH website** at

<http://www.nimh.nih.gov>, or contact us at:

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