

# Depression and chronic medical illnesses

Medically ill persons may become depressed due to the physical changes in their bodies, or as a psychological reaction to pain, discomfort, incapacity, or inconvenience caused by the illness. Although they may occur together, depression and medical illness also may be unrelated.

Clinical depression is a common condition. It has been found to occur with many chronic medical conditions such as diabetes, cancer, Parkinson's disease, HIV/AIDS and stroke.

The link between medical illness and clinical depression is not yet fully understood. We do know that when medical illnesses and depression occur at the same time, both are harder to treat. Medical patients with depression are more distressed, function less effectively in their lives, and find it hard to follow the advice of their doctors. The first step toward getting healthy is to identify depression. The next step is to seek help.

## What is depression?

Feeling blue from time to time is normal. Usually, times of sadness pass and treatment is not needed. Depression is more than feeling blue. It is a serious medical condition that can affect your mood and thinking. It also affects how you feel about yourself, your relationships and your daily routine. For some people, depression can lead to suicide.

Some common signs of depression are:

- Constantly feeling sad or empty
- Loss of interest or pleasure in activities once enjoyed
- Weight gain or weight loss that is not due to dieting
- Slowed movement or feeling restless
- Too much or too little sleep
- Loss of energy or fatigue
- Feeling worthless or guilty much of the time
- Unable to concentrate, remember things or make decisions
- Constant thoughts of death or suicide.

## Depression and diabetes

Depression and diabetes are common conditions. Studies show that they often occur together. People who have diabetes (Type 1 and Type 2) seem to get depressed more often than people who don't.



Clinical depression is a common but serious condition affecting 15–20 million people every year. Treatment is available and can help significantly.

The link between diabetes and depression is not yet understood. We do know that the physical, psychological and genetic causes of depression are the same for people with or without diabetes.

When diabetes and depression happen at the same time, both are harder to control. People who are depressed are more likely to have poor blood sugar control and may find it harder to follow their doctor's instructions. The loss of energy and changes in eating among depressed people can affect good diabetes self-care. Not practicing good diabetes self-care can mean uncontrolled blood sugars. This can lead to a loss of energy and sleep, as well as other signs of depression.

### Depression and cancer

The National Cancer Institute estimates that more than 13 million Americans are now living with cancer. One in four people with cancer also suffer from clinical depression. Left untreated, depression can make it more difficult to cope with cancer and cancer treatments.

Depression can affect mind, mood, body and behavior. People who face a cancer diagnosis will experience many stresses and a roller coaster of emotions such as:

- Fear of death
- A change of life plans
- Changes to their body and self-esteem

- Changes in their place and lifestyle
- Medical bills.

Depression should be treated even when a person is undergoing complicated regimens for cancer. Treatment for depression can help people feel better and cope better with the cancer treatment process. There is evidence that the lifting of a depressed mood can help enhance survival. Support groups, as well as medication and/or psychotherapy for depression, can contribute to this effect.


### Depression and Parkinson's disease

Parkinson's disease affects over 1 million Americans. One person in 200 will get Parkinson's in their lifetime. Depression can strike anyone, but people with Parkinson's disease, a progressive brain disorder, may be at greater risk. It is estimated that as many as half of the people with Parkinson's may suffer from depression.

Depression symptoms are different between people with Parkinson's and people without. Those with Parkinson's have:

- Higher rates of anxiety
- Sadness without guilt or self-blame
- Lower suicide rates despite high rates of suicidal thoughts.

Hormonal imbalances from Parkinson's disease can cause depressive symptoms.



*Remember, depression is a treatable disorder of the brain.* Depression can be treated in addition to whatever other illnesses a person might have, including Parkinson's. But treating depression can help people feel better and cope better with their Parkinson's treatment.

## Depression and HIV/AIDS

While more than 1 million Americans are living with HIV, one in three persons with HIV may suffer from depression. Left untreated, depression can make it more difficult to stay healthy while living with HIV. However, no matter how advanced the HIV, a person does not have to suffer from depression. Treatment can be effective. Treatment for depression helps people manage both diseases, thus enhancing survival and quality of life.

It takes more than access to good medical care for persons living with HIV to stay healthy. A positive outlook, determination and discipline are also needed to deal with the stresses of:

- Avoiding high-risk behaviors
- Keeping up with the latest scientific advances
- Adhering to complicated medication regimens
- Reshuffling schedules for doctor visits
- Grieving over the death of loved ones.

Whatever its link with HIV/AIDS, depression is a serious medical condition that needs care. Depression can be treated in addition to whatever other illnesses a person might have, including HIV/AIDS. The good news is that depression is treatable, especially if detected early.

## Depression and stroke

About 800,000 Americans each year suffer a stroke. That means on average, a stroke occurs every 45 seconds. The link between depression and a stroke is documented. Research has shown that of the 800,000 American men and women who experience a first or recurrent stroke each year, an estimated 10-27 percent experience major depression. An additional 15 to 40 percent experience some symptoms of depression within two months following a stroke. The average duration of major depression in people who have suffered a stroke is just under a year.

Factors that affect the likelihood and severity of depression following a stroke are:


- The location of the brain lesion
- A previous history or family history of depression
- Pre-stroke functioning.

Stroke survivors who are also depressed, particularly those with a major depressive disorder, may be less willing to enter rehabilitation, are more irritable and may experience a personality change. Regardless of the link with a stroke, depression is a serious medical condition that needs care. Left untreated, depression can make it more difficult to recover from a stroke. The good news is that depression is treatable, especially if detected early.

## How do I know if I'm depressed?

Ask yourself the following questions:

- During the past month, have I constantly been feeling down, depressed or hopeless?
- During the past month, have I constantly had little interest or pleasure in doing things?



If you answered “yes” to either of the questions, you may be depressed. Contact your health care professional for a thorough evaluation.

### Treatment is available

You can begin by talking with a health care provider. Arrange a visit with your doctor or a mental health professional. Share your questions about depression and its treatment. The most common treatments for depression are:

- **Psychotherapy.** This involves talking with a mental health professional (therapist) about ways to better cope with changes in your life. Research has shown that it is effective for depression and that most people see progress in a timely manner.
  - **Antidepressant medication.** Medicine can help correct an imbalance in the brain chemicals that control a person’s mood. Most medicine can be used safely but should be prescribed by a doctor who knows about the drug and how it might affect other medicine you may be taking. Be sure to tell all of your doctors about all of your medical conditions and all of the medication that you’re taking. Most people will see signs of relief within four to six weeks.
  - **A combination of the two.** This approach combines “talk therapy” with antidepressant medication and can be more effective for some people than either medicine or psychotherapy alone.
- Other treatments are available and can be described by your health care provider.

It’s important to update your provider about your progress. Once you are in treatment, make sure that your provider knows if you are feeling better or worse. Ask questions about your progress. Do not stop taking any medicine when you start to feel better. Never stop taking medicine without first talking with your provider.

Remember that depression can be treated. It should be given the same attention and care that all other serious medical conditions are given. Taking care of yourself includes promptly addressing both depression and any other medical conditions you may have.

### Getting help

If you have a serious medical condition and think that you may be also suffering from depression, call your health care provider.

**GET HELP RIGHT AWAY IF YOU ARE THINKING OF HURTING YOURSELF OR OTHERS.**

*This document is for your information only. It is not meant to give medical advice. It should not be used to replace a visit with a provider. Magellan does not endorse other resources that may be mentioned here.*