

Depression

What is depression?

Depression is an illness that involves the body, mind, and thought processes. It affects the way people eat and sleep, the way they feel about themselves, and the way they think. A depressive disorder is not the same as occasional sadness; it tends to be more prolonged and more severe. It is not a sign of personal weakness or a condition that can be willed or wished away. People with depression cannot simply “pull themselves together” and get better. Without treatment, symptoms can last for weeks, months, or even years.

The U.S. Food and Drug Administration has approved several new antidepressants, including Wellbutrin (bupropion), Prozac (fluoxetine), Zoloft (sertraline), Paxil (paroxetine), Effexor (venlafaxine), Serzone (nefazodone), and Remeron (mirtazapine).

If you are suffering from depression, you are not alone. Depression affects approximately 14.8 million American adults, or about 6.7 percent of the U.S. population age eighteen and older in a given year. Other statistics suggest that up to 20 percent of people experience some symptoms of depression in their lifetime. Women experience depression at roughly twice the rate of men.

Most research suggests that the rate of major depression is two to four times higher among alcoholics and addicts than in the general population. If you suffer from an alcohol or other substance use disorder along with major depression, you may require treatment for mental health as well as substance use.

What are the symptoms of depression?

- ongoing miserable, sad, or “empty” moods
- feelings of hopelessness and that life is unfair
- feelings of guilt, worthlessness, or helplessness
- loss of interest or pleasure in hobbies and activities
- exhaustion, fatigue, low energy, or feeling “slowed down”
- difficulty concentrating, remembering, or making decisions
- insomnia, early morning awakening, or oversleeping

- changes in appetite and/or weight
- restlessness and/or irritability
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, or even chronic pain
- thoughts about or attempted suicide

Now that you are sober, the symptoms of depression you experience could be related to your addiction. If so, they should improve as you remain abstinent. If they do not improve, you may be experiencing a depressive illness.

Recovery Action Step

If you were diagnosed with depression during treatment, which of these common symptoms did you have? Use your journal to write about how they affected your life, relationships, and thinking.

Are there different types of depression?

Yes. Some people experience major depression only once or twice in their lifetimes; some have multiple episodes, and others experience a chronic form of depression that continues most of the time for two or more years. Seasonal depression affects some people only during specific times of the year, such as winter. Some of us may experience depression as part of another mood disorder, such as bipolar disorder, in which we fluctuate between very high moods and periods of depression; or it may be combined with another disorder, such as anxiety. Fortunately, depression is a very treatable condition. If we seek appropriate medical help we can lead productive, healthy lives.

How do depression and addiction interact?

Those of us with alcohol and other substance use disorders often suffer from co-occurring mental health illnesses. If our mental health issues remain untreated, we may experience more difficulty in recovery.

Sadness, despair, and depression are prevalent problems among alcoholics and addicts. It can be difficult to differentiate depression from the emotional turbulence of addiction for any of the following reasons:

- Many drugs themselves are depressants, including alcohol, sedatives, and minor tranquilizers.
- Many symptoms of depression appear during withdrawal from drugs. For example, cocaine addicts typically experience a “crash” three to five days after their last use.
- Alcohol or drugs may provide a chemical cushion to ward off the emotional impact of everyday events. Without the drug, we may experience feelings again—and we may think these feelings are not normal.
- The normal course of addiction may have brought about personal tragedies (such as divorce or loss of child custody) that cause intense, but normal, grief.
- Loss of relationship with the drug of choice can cause grief. Alcohol and other drugs may have seemed to be a “best friend” that provided solace and relief.

Depression in the first few weeks of recovery is common and should be expected. It usually lifts, however, after a few weeks of treatment. If you experience lingering symptoms beyond the first weeks and months of sobriety, there may be an underlying depression that needs to be treated. If so, it will be important for you to learn how to “work a program” for both addiction and depression, so you can experience true serenity.

It is helpful to understand that, like addiction, depression is a disease. If you have both an addiction and depression, then you have what is called a co-occurring disorder. Which came first is often hard to say. Addiction can cause depression and vice versa.

Careful diagnosis is critical. If you identify with these symptoms of depression, have an assessment by a mental health professional with expertise in substance use disorders. Depression is a very treatable condition, if help is sought.

What causes depression?

There are many causes of depression. Some examples of biological causes include

- genetics (depression may run in your family)
- imbalance in brain chemicals called neurotransmitters
- medical conditions such as diabetes or hormonal changes

Examples of psychological causes include

- low self-esteem
- negative outlook on life
- self-critical attitude
- tendency to feel helpless
- guilt or shame

Examples of environmental causes include

- big losses—relationship, job, home
- abuse or lack of proper nurturing when growing up
- relationship stresses, including abuse
- changes in the seasons
- side effects from other medications

Alcohol and other drug use can also affect your depressive disorder. It can

- cause your depressive symptoms
- make your depressive symptoms worse
- cover up your depressive symptoms
- cause you to stop treating your depression
- interfere with your medication for depression
- increase your suicidal thinking
- endanger your health, when taken with prescription medication

How can you deal with depression?

Just as there are things you can do to recover from addiction, there are also steps you can take to recover from major depression. You will need to practice acceptance, abstain from alcohol and illegal drugs, maintain an active recovery program, force yourself to be involved and active with others, and learn new ways to change old thinking. In addition, you may need to participate in psychotherapy or take antidepressant medication.

Recovery Action Steps

Look at the list of symptoms shown earlier. Do they describe you? Listen to those who love you or professionals you have met with. Have any of them suggested that you have major depression? Could they be right?

If you are suffering from major depression, it's important to remain active in a recovery program and take action to get some help. Waiting for your depression to go away on its own will only threaten your ability to stay sober.

Reach out for support

Reach out and get support from others. This can be hard when you are feeling depressed, but it is a key part of recovery, both from addiction and depression. Attending Twelve Step meetings is essential. You are probably involved in Alcoholics Anonymous (AA) or another similar program for your addiction. Emotions Anonymous (EA) helps participants deal with emotional issues such as depression.

You should find nonjudgmental support at your Twelve Step meetings. Occasionally you may hear someone in a meeting discourage the use of medications to treat mental health disorders. You should know that taking medications for a condition such as depression is not incompatible with Twelve Step philosophy. Look for those in the program who will support your efforts to deal with both your addiction and depression. You should be able to find them.

Let your sponsor know that you are dealing with depression. Find a sponsor who understands that depression is a disorder and accepts your need to be on medication. Be sure to ask about your sponsor's feelings on these issues and find out if he or she can encourage and support you in your recovery from both disorders.

Get involved in activities

Another important strategy in dealing with depression is getting active. Make plans to do things with others or to take part in activities that will be fun and relaxing for you. Take part in as many Twelve Step functions as you can, and plan to go out for coffee after meetings. Break through any feelings of shyness and introduce yourself to others.

Participate in psychotherapy

Typically depression for alcoholics and addicts is treated with psychotherapy and often with antidepressants. Often coupled with medication, psychotherapy can help you learn ways to cope with the symptoms of depression and to overcome depressive thought processes. Look for a qualified psychotherapist who is familiar and comfortable with working with people in recovery who have both an addiction and depression.

Consider antidepressant medication

Antidepressants designed specifically for major depression are not addictive medications and are safe to use in recovery. A psychiatrist or other qualified person can determine the correct medication based on symptoms.

There are several types of antidepressants. Today, selective serotonin reuptake inhibitors (SSRIs) are the most widely prescribed. Common SSRIs include drugs such as Paxil (paroxetine), Celexa (citalopram), Zoloft (sertraline), and Prozac (fluoxetine). Many of these medications are well tolerated and have few side effects.

Monoamine oxidase inhibitors (MAOIs) include Marplan (isocarboxazid), Nardil (phenelzine), and Parnate (tranylcypromine). Taking an MAOI drug while taking other antidepressants or certain over-the-counter medicines for colds and flu can cause a dangerous reaction. Always inform your doctor and pharmacist about all the medications you are taking, so they can keep you out of danger from potential drug interactions.

Other antidepressant drugs include Wellbutrin (bupropion), Remeron (mirtazapine), Desyrel (trazodone), Effexor (venlafaxine), and Serzone (nefazodone).

Be aware that on rare occasions you may be offered tranquilizers as a medication to treat depression. Tranquilizers such as Xanax and Valium can be addictive. Tell your doctor that you don't want to be prescribed any medication that would be addictive.

Recovery Action Step

Think about particular situations that can trigger feelings of depression. What do you notice about these situations? Use your journal to write about these ideas.

Let your sponsor know that you are dealing with depression. Find a sponsor who understands that depression is a disorder and accepts your need to be on medication. Be sure to ask about your sponsor's feelings on these issues and find out if he or she can encourage and support you in your recovery from both disorders.

Tips for breaking the cycle of depression

- Accept your feelings.
- Aim for more appropriate feelings, such as sadness, disappointment, and frustration, instead of depression and despair.
- Take an inventory of your belief system, looking out for unrealistic demands and negative exaggerations.
- Question your logic, replacing self-defeating logic with more objective logic.

If your depressive symptoms worsen or return, seek help right away from your therapist or psychiatrist. If you become severely depressed, hopeless, or suicidal, or cannot take care of your basic needs for food, shelter, or safety, seek help from a psychiatric hospital.

When discussing ways to handle emergencies, let members of your support system know how you want them to help you if these situations occur. Put your plan in writing to serve as a reminder.

Recovery Action Step

Consider the following:

- What are the steps I can take if I have a psychiatric emergency or feel suicidal?
- How can my family and/or members of my support network help me in an emergency?

Recovery from the co-occurring disorder of depression and addiction takes time, effort, and a plan of action. Progress with one disorder does not guarantee progress with the other. Recovery requires you to acknowledge and accept both

disorders. Recovery also means stabilizing your mood and other symptoms of depression, coping with the problems that contribute to (or result from) depression, being alert to warning signs of relapse, and coping with life problems without using alcohol or nonprescription drugs.

If you have depression, how can you help your family cope?

Like addiction, depression affects not only the person with the disease, but also the person's family and loved ones. As part of your recovery from addiction and depression, it will be helpful to share information with these people so they understand depression better and know how to support you.