Improving the care of patients with symptoms of depression

AUTHOR Lynne Walsh, MSc, BSc, RMN, RGN, is lecturer, School of Health Science, University of Wales, Swansea.


The World Health Organization has predicted that by 2010 depression will be the second most common cause of disability worldwide. By recognising the symptoms of depression nurses outside the mental health profession can help to improve the care of individuals with mild to moderate symptoms and offer advice on where to get help. It is useful for general nurses to understand the concept of depression and the impact it can have on patients’ daily lives.

Baldwin and Hirshfeld (2001) believe that depression is a condition that is often misunderstood by health professionals. It is often perceived negatively by employers, and friends and family help to perpetuate the view that it does not require treatment. However, long-term treatment with medication or therapy to prevent relapse and recurrent episodes of depression are often a necessity. Depression affects at least one in five people in the UK (Depression Alliance, 2005). In 1993 the Mental Health Foundation found that clinical depression affected up to 2.3 million people in the UK at any one time. Attitudes towards depression are slowly changing as a result of documents such as the National Service Framework for Mental Health (Department of Health, 2004) and media acknowledgement of the condition – for example people in the public eye are now willing to admit that they have the condition.

Who is susceptible to depression?

Prodigy (2006) suggests that about one in five women and one in ten men have depression that is serious enough to require treatment. These figures indicate that depression is more likely to occur in women than in men. However, this could simply be because women are more likely to report their symptoms to their GP. Brown and Harris (1978) studied the social origins of depression in women.

Hormonal changes in women are also linked with depression, occurring during pregnancy, after miscarriage, after childbirth, and during changes linked to the menstrual cycle and the menopause (National Institute of Mental Health, 2000).

Depression is considered to be the fourth most important cause of disability worldwide (Murray and Lopez, 1997) and as such the incidence of depression in men in the UK should not be underestimated. Men are less likely to tell someone how they feel and therefore less likely to receive treatment. The National Institute of Mental Health (2000) suggested that depression in men was not recognised and any symptoms they reported were likely to be attributed to overwork, drinking or drug taking.

What is depression?

Depression is an emotional state that causes negative feelings relating to self-image. The person can become mentally sluggish, which in turn causes apathy and a general lack of interest in life.

Further to some research into its causes, the National Institute of Mental Health (2000) identified the following trigger factors:

- The death of a loved one;
- Relationship breakdown;
- Financial worries;
- Stressful life events;
- Traumatic childhood experiences.

Depression can occur as a result of major life changes at almost any age. These changes can result in feelings of inadequacy and stress. For example, younger people may find it difficult to get a job or may experience redundancy and as a result financial difficulties, or suffer a relationship breakdown. Triggers during middle age can include the death of...
a parent, a child leaving home, changes in financial status or moving house. An older person may lose their home, their lifelong partner or their income due to retirement or have to adjust to a move into residential care.

Depression has also been linked to changes in the brain that cause disturbances in thoughts, emotions, sleep, appetite and behaviour (Prodigy, 2006). The brain sends messages between the nerves using chemical neurotransmitters called noradrenaline and serotonin. Depression can occur when these chemicals fail to function.

A family history of depression can also be a significant factor. However, for some people with depression there appears to be no identifiable cause of their illness.

Recognising the symptoms
There are many common symptoms of depression (Box 1). If a person experiences four or more of these symptoms for most of the day nearly every day over a two-week period then help should be sought (Depression Alliance, 2005).

The National Institute for Clinical Excellence (NICE) (2004) has issued a guideline that focuses on the management of depression in primary and secondary care. This guideline is presented as a stepped care framework, which aims to match the needs of people with depression to the most appropriate services. Factors influencing this include the condition itself, as well as personal and social circumstances.

It must be recognised that most people will experience some of these symptoms at different times in their lives but may not be suffering from depression. Many of these symptoms are normal reactions to situations in the short term. However, it is the number of symptoms experienced over a longer period of time that must be recognised. The cause of these symptoms is also an important factor to consider as there are different types of depression.

Types of depression
Thompson and Mathias (2000) suggest that depression is often categorised as a mood or affective disorder. However, there are a number of types and degrees of depression. The ICD-10 classification of mental and behavioural disorders (1997) reviews the categories of mild, moderate and severe depression when diagnosing an initial depressive episode. Further episodes are classified under categories of recurrent depressive disorder.

Major depression
Major depression is also called clinical depression or unipolar depression. The symptoms of major depression are based on the ICD-10 classification. Typical symptoms include:
- Depressed mood;

**Box 1. Symptoms of Depression**
- Tiredness and lack of energy
- Persistent sadness
- Loss of self-confidence and self-esteem
- Difficulty concentrating
- Inability to enjoy things that are usually pleasurable or interesting
- Undue feelings of guilt or unworthiness
- Feelings of helplessness and hopelessness
- Problems sleeping – difficulty getting to sleep or waking up much earlier than usual
- Avoidance of other people, even close friends
- Finding it hard to function at work, school or college
- Loss of appetite
- Loss of sex drive and/or sexual problems
- Physical aches and pains
- Thoughts of suicide and death
- Self-harm
- Loss of interest and enjoyment;
- Reduced energy;
- Reduced concentration and attention;
- Reduced self-esteem and self-confidence;
- Feelings of guilt and unworthiness;
- Bleak and pessimistic view of the future;
- Ideas or acts of self-harm or suicide;
- Disturbed sleep;
- Diminished appetite.

Classification of the severity of the condition is based on the number of symptoms the individual is experiencing and how these affect their daily living. These symptoms will have been experienced for a period of at least two weeks.

Dysthymia
Dysthymia is a more chronic but milder disorder than major depression. Common symptoms include:
- Depressed mood for most of the day, every day for at least two years;
- Absence of mania;
- Presence of at least two of the following: poor appetite; insomnia; low energy or fatigue; poor concentration and difficulty in making decisions; feelings of hopelessness.

These symptoms affect the person’s ability to function socially and in the workplace (American Psychiatric Association, 1995).

**References**

Depression Alliance (2005) *What is Depression?* www.depressionalliance.org/docs/help/what_is_depression.html


This article has been double-blind peer-reviewed.

For related articles on this subject and links to relevant websites see www.nursingtimes.net
REFERENCES


Manic depression

Manic depression, also known as bipolar disorder, describes the symptoms of a person who experiences both high and low mood swings.

Seasonal affective disorder

Seasonal affective disorder (SAD) is characterised by significant mood swings at different times of the year. People with SAD usually get more depressed in the winter and may experience high moods or mania in the spring.

The current criteria for identifying people with SAD state that they should have experienced at least three episodes of mood disturbance for a period of three years, two of which should be consecutive (Baldwin and Hirschfeld, 2001).

Postnatal depression

Baldwin and Hirschfeld (2001) suggest that approximately 10 per cent of women experience significant depression in the first few months after childbirth. Many will recover fully but up to half of these women will still experience depressive symptoms six months after the birth of their baby. Risk factors for postnatal depression include:

- History of depression before conception;
- History of depression during pregnancy;
- Poor marital relationship;
- Lack of social support;
- Recent stressful life events;
- Severe ‘baby blues’ in the week after delivery;
- Irritability or poor motor control in the infant;
- Low family income.

Treatment for depression

- Antidepressants;
- Cognitive therapy allows the person to talk about the negative views they may have about themselves and the world. It is useful for people with mild to moderate depression;
- Interpersonal therapy helps the person to focus on dealing with social occasions and relationships;
- Electroconvulsive therapy delivers electrical impulses to the brain. This treatment is used for severe depression.

The nurse role

Antidepressants have been shown to be effective in treating major depression (Prodigy, 2006). However, their effectiveness is reduced by non-adherence. The nurse role in improving adherence has proven to be significant within primary care. Studies undertaken by Peveler et al (1999) showed how brief psychosocial intervention by nurses greatly improved adherence to medication.

Bruer (1982) defined adherence as the extent to which a person’s behaviour conforms to medical or health advice. The effectiveness of counselling was compared with giving prescription information leaflets. Gibbs et al (1989) suggest that providing patient information leaflets is an important part of the nurse’s role in ensuring compliance with treatment for depression.

Nurses can also support family and carers in encouraging patients to take their medication. Peveler et al (1999) suggest that counselling can help patients with symptoms of moderate depression, combined with therapeutic drug doses.

Other skills that are useful for nurses involved in recognising and treating depression include good communication skills and an understanding of the different types of depression, as well as the ability to work as part of a multidisciplinary team, recognise the signs of depression and know when to refer patients for further treatment.

It is also important for the nurse to recognise the roles of family and carers and to offer guidance and support in the treatment of patients with depression.

Beresford and Hopton (2005) advocate that patients must receive treatments that are proven to be effective. This has implications for nursing care. Nurses must have a firm understanding of the treatments that are available to manage depression so that NICE guidelines are implemented. This enables the patient to receive the right treatment at an appropriate time and place.

Family and carers need to be involved when the patient is being assessed ensuring a holistic approach is undertaken. Pollock et al (2004) highlighted concerns when patients could not understand information given to them during an acute crisis. The nurse role in relation to communication and understanding is essential.

Pollock et al (2004) also identified concerns about patients and their carers not being involved in the decision-making process regarding their care. Another concern highlighted by Pollock et al (2004) was lack of information. The nurse’s role is very important in ensuring that the patient is able to make informed choices about their treatment and care.

Guided reflection

Use the following points to write a reflection for your PREP portfolio:

- Write about your area of work and why this article is relevant to you;
- Use this article to reflect on the care of a patient you have cared for;
- Identify a piece of information in this article that might influence your care;
- Outline how you will apply this to the next patient you encounter with depression;
- Describe how you will disseminate this information to your colleagues.