

Understanding Major Depressive Disorder

Major depressive disorder (MDD) is a devastating disease and has a profound impact on people's lives

MDD is a biologically-based illness that causes a wide range of physical, emotional and cognitive symptoms which include:^{1,2}

-  Depressed mood
-  Loss of interest or pleasure in all/almost all activities
-  Fatigue and sleep disruption
-  Difficulties with thinking, concentrating and making decisions

For people living with MDD, numerous aspects of their lives are affected, such as:³

-  Health
-  Relationships
-  Employment and education
-  Overall quality of life

At its worst, MDD can be fatal, with those suffering a 20-fold higher risk of suicide than the rest of the population³

The impact of depression can be made even harder to bear by the significant stigma surrounding the condition, and mental illness generally. It is also linked with feelings of shame for many with MDD.⁴

MDD affects millions of people worldwide



300 million people across the world⁵



40 million in Europe alone⁶



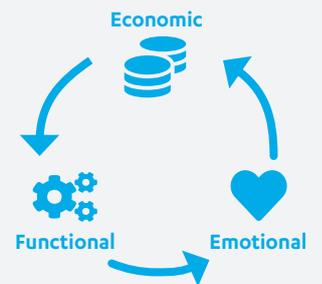
According to the World Health Organisation (WHO), MDD is the leading cause of disability worldwide⁷

The effects of MDD go beyond the individual



MDD can pose a significant burden, not only to the patients themselves, also their families, loved ones and wider society.⁸⁻¹⁰

Depression is the main contributor to mental health problems in Europe and is one of the most common reasons for long-term sick leave and disability.¹⁰



Risk factors for MDD include pre-existing physical and mental conditions, as well as life events and family history

There are a number of factors that can contribute to, or increase, a person's risk for developing MDD. These include:



Chronic medical conditions – people with long-term or disabling conditions are more likely to experience depression^{2,11}



Family history – first-degree relatives of people with MDD have a 2–4 fold higher risk of developing the condition^{2,11}



Age – rates of initial onset peak in the 20s, with overall prevalence peaking between 55 and 74^{2,5}



Major life changes, trauma or stress^{2,11}

The biological causes of depression aren't fully understood, however it is thought that reduced neuroplasticity – the ability of the nervous system to develop new connections – and the malfunction of networks of nerve cells associated with the regulation in mood, may play a role.¹²

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People with MDD are at risk of other serious conditions

People with MDD often suffer from other physical and mental disorders – these disorders can increase the risk of depression.

The reverse is also true, MDD may contribute to some of these and make them worse.¹³

MDD can increase the risk of developing conditions such as stroke and type 2 diabetes^{15,16}



Physical illnesses commonly associated with MDD include:¹⁴

- Cancer
- Coronary heart disease
- Epilepsy
- Multiple sclerosis



MDD is associated with a range of other mental health disorders:²

- Substance use disorder
- Panic disorder
- Bulimia nervosa
- Obsessive compulsive disorder
- Anorexia nervosa
- Borderline personality disorder
- Generalised anxiety disorder

Despite treatment advances, a number of people with MDD don't respond to treatment

There are various different treatment options available for people with MDD¹⁸



Non-biological therapy

- **Psychotherapy, also known as talking therapy**
 - o Cognitive behavioural therapy
 - o Counselling
 - o Interpersonal psychotherapy



Biological therapy

- **Pharmacological**
 - o Antidepressants
 - o Lithium
 - o Thyroid hormones
 - o Antipsychotics
- **Non-pharmacological**
 - o Electroconvulsive therapy
 - o Transcranial magnetic stimulation
 - o Vagus nerve stimulation



Currently available antidepressant medications can take weeks, or even months, to achieve their full effect¹⁹



A third of people who suffer from MDD do not respond to treatment and are considered to have treatment-resistant depression (TRD)²⁰



TRD can prolong and exacerbate the symptoms seen in MDD. It is associated with longer depressive episodes, greater work impairment, greater financial burden, and a greater risk of suicide²¹

For more information or support

GAMIAN
www.gamian.eu

The Global Alliance of Mental Illness Advocacy Networks- Europe (GAMIAN-Europe) is a patient-driven pan-European organisation that represents the interests of persons affected by mental illness and advocates for their rights

EUFAMI
www.eufami.org

The European Federation of Associations of Families of People with Mental Illness (EUFAMI) is a democratic organisation committed to improving care and welfare for people affected by mental illness

References

1. World Health Organization (WHO). International Classification of Diseases 11th Revision (ICD-11). 6A71.3. 2019. Available at: <https://icd.who.int/browse11/l-m/en#/http%3a%2f%2fd.who.int%2fcd%2fentity%2f2139612744>. Date accessed July 2019.
2. American Psychological Association (APA). Diagnostic and Statistical Manual of Mental Disorders. 5th ed. 2013.
3. Lepine JP & Briley M. The increasing burden of depression. *Neuropsychiatric Dis Treat*. 2011;7(suppl 1):3-7.
4. Mental Health Foundation. Stigma and discrimination. Available at: <https://www.mentalhealth.org.uk/a-to-z/s/stigma-and-discrimination>. Date accessed July 2019.
5. World Health Organization (WHO). Depression and other common mental disorders: global health estimates. Available at: <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER20172-eng.pdf>. Date accessed July 2019.
6. World Health Organization (WHO). 3 out of 4 people suffering from major depression do not receive adequate treatment. Available at: <http://www.euro.who.int/en/media-centre/sections/press-releases/2017/3-out-of-4-peoplesuffering-from-major-depression-do-not-receive-adequate-treatment>. Date accessed July 2019.
7. World Health Organization (WHO). Depression. Available at: <http://www.who.int/news-room/fact-sheets/detail/depression>. Date accessed July 2019.
8. Martire LM, et al. The Mood Disorder Burden Index: a scale for assessing the burden of caregivers to adults with unipolar or bipolar disorder. *Psychiatry Res* 2009;168(1):67-77.
9. Fried EI & Nesse RM. The impact of individual depressive symptoms on impairment of psychosocial functioning. *PLoS One* 2014;9(2):e90311.
10. World Health Organization (WHO). Depression in Europe. Available at: <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/news/news/2012/10/depression-in-europe>. Date accessed July 2019.
11. National Alliance on Mental Illness. Depression 2017. Available at: <https://www.nami.org/Learn-More/Mental-Health-Conditions/Depression>. Date accessed July 2019.
12. Duman RS, et al. Synaptic plasticity and depression: new insights from stress and rapid-acting antidepressants. *Nat Med* 2016;22(3):238-249.
13. National Institute of Health and Care Excellence (NICE). Depression in adults with a chronic physical health problem: recognition and management. Available at: <https://www.nice.org.uk/guidance/CG91>. Date accessed July 2019.
14. National Institute of Mental Health. Chronic illness and mental health. Available at: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtml>. Date accessed July 2019.
15. Fava M & Cassano P. Mood disorders: major depressive disorder and dysthymic disorder. In: Stern TA, Rosenbaum JF, Fava M, Biederman J, Rauch SL, (Eds.) Massachusetts General Hospital Comprehensive Clinical Psychiatry, 1st ed. Philadelphia, PA; Mosby Elsevier. 2008;391-398.
16. Prince, M et al. No health without mental health. *Lancet*. 2007;370(9590):859-877.
17. National Institute of Health and Care Excellence (NICE). Depression in adults: recognition and management. 2009. Available at: www.nice.org.uk/guidance/cg90. Date accessed July 2019.
18. National Health Service (NHS). Type of talking therapies. Available at: www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy. Date accessed July 2019.
19. Machado-Viera R et al. The timing of antidepressant effects: a comparison of diverse pharmacological and somatic treatments. *Pharmacological*. 2010;3(1):19-41.
20. Al-Harbi KS. Treatment-resistant depression: therapeutic trends, challenges and future directions. *Patient Pref Adherence*. 2012;6:369-388.
21. Demyttenaere K & Van Duppen D. The Impact of (the Concept of) Treatment-Resistant Depression: An Opinion Review. *Int J Neuropsychopharmacol* 2019;22(2):85-92.