

## Unipolar Depression

According to the World Health Organization (WHO) depression is already the fourth leading contributor to the global burden of disease. The WHO indicated that an estimated 350 million people worldwide suffer from the disease. In South Africa, depression is the third contributor of unnatural deaths.

by Ronelle Smit - Clinical Analyst

### What Major Depression is NOT

Major depression is not a sign of weakness or a character imperfection. It is not sadness, anger, fear or loneliness even though all of these are likely symptoms of the disease. You cannot snap out of major depression.

### What is Major Depression?

All people get sad from time to time but major depression is different from everyday sadness and the lows of normal life. Major depression is a real disease or illness. People with depression do not necessarily feel sad and cry all the time.

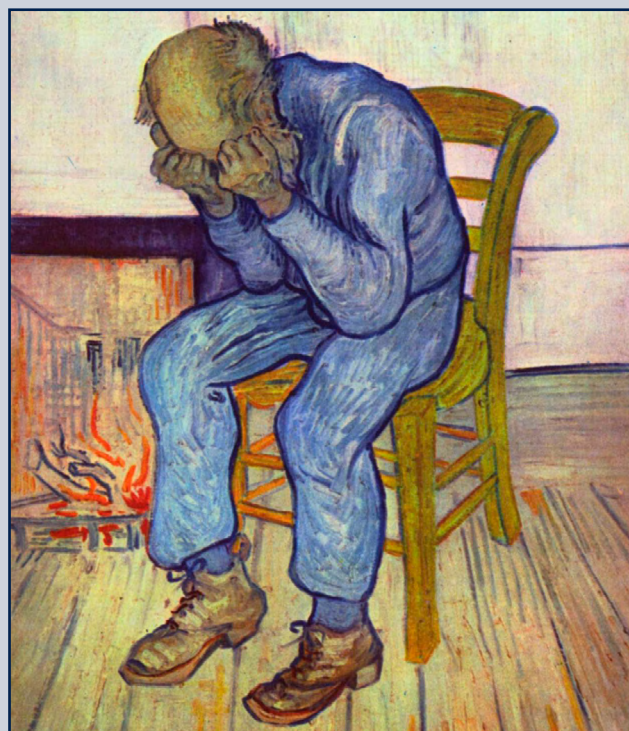
Major depression consists of intense and recurring feelings of constant despair, hopelessness and helplessness with little or no relief. It is often described as a black hole with no sign of light anywhere.

The most alarming reality of depression is its connection with suicide. According to statistics published by the Centers for Disease Control and Prevention (CDC), more than 41 000 people died from suicide in the United States in 2013. According to a 2014 opinion by the SA Federation for Mental Health, South Africa has almost 8000 suicides a year.

### What are the symptoms of Major Depression?

People who suffer from major depression still experience a lot of discrimination and may hide their disease behind comments such as "I am fine" and fake smiles.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) and other clinical sources, in addition to the constant loss of interest in daily



Sorrowing Old Man (At Eternity's Gate)\*

living activities and relationships, the following symptoms may occur:

- Fatigue or loss of energy almost every day
- Feelings of worthlessness or guilt almost every day
- Impaired concentration, indecisiveness
- Insomnia (inability to sleep) or hypersomnia (excessive sleeping) almost every day
- Obvious reduced interest or pleasure in most activities nearly every day (including becoming withdrawn or isolated)
- Restlessness or lack of emotion (this can include agitation, anxiety, irritability and anger)
- Recurring thoughts of death or suicide

- Significant weight loss or gain (a change of more than 5% of body weight in a month)

### **Causes and risk factors for developing Major Depression?**

It is commonly stated that depression is caused by chemical imbalance in the brain. However this statement does not describe the complexity of the disease. Depression is not simply having too much or too little of specific brain chemicals. The disease is a result of many complex factors, including defective mood regulation by the brain, a genetic or family history, stressful life events, medications and specific other medical diseases.

Depression often starts in the teenage years, twenties or thirties but it can start at any stage in life. Young children and the elderly may also suffer from the disease.

Factors that may increase your risk of developing depression include:

- Certain personality traits — low self-esteem and being too dependent, self-critical or pessimistic
- Traumatic or stressful events – physical, emotional or sexual abuse, the death or loss of a loved one, a difficult relationship, or financial problems
- Childhood trauma or depression that started when you were a teenager or child
- A family history of depression, bipolar disorder, alcoholism or suicide
- A personal history of other mental health disorders for example anxiety disorder, eating disorders or post-traumatic stress disorder
- Alcohol or drug abuse
- Serious and/or chronic illnesses such as HIV, cancer, stroke, chronic pain or heart disease
- Medications like certain high blood pressure medications or sleeping pills

Women are more likely to develop major depression due to hormonal changes during puberty, menstruation, pregnancy and menopause.

### **Complications of Major Depression**

Untreated major depression may result in severe emotional, behavioural and health problems.

Common complications related with major depression include:

- Weight increase or obesity - this can lead to various heart related diseases and diabetes
- Unhealthy weight loss
- Physical pain and illness
- Alcohol or substance misuse

- Anxiety, panic disorder or social fear
- Conflict with loved ones, relationship difficulties and work or school problems
- Social isolation
- Suicidal feelings, suicide attempts or suicide
- Self-mutilation such as cutting
- Premature death from other medical conditions

### **What must be fully funded under PMB level of care?**

Prescribed Minimum Benefits (PMB) refers to the benefits as stated in Section 29 (1) (o) of the Act. It consists of the provision of the diagnosis, treatment and the care costs of among others, the Diagnosis and Treatment Pairs listed in Annexure A. The limitations specified in Annexure A however apply to these conditions.

Unipolar (major) depression is included in the category Major affective disorders, including unipolar and bipolar depression.

### **Diagnostic tests**

The first step in diagnosing major depression is to rule out any causes that may be related to the functioning of the body. Your medical doctor (General Practitioner or Psychiatrist) will do a full physical examination and various tests such as:

- Complete blood cell (CBC) count
- Thyroid-stimulating hormone (TSH)
- Vitamin B-12 and Vitamin D
- Rapid plasma reagin (RPR) to screen for syphilis
- HIV test
- Electrolytes - calcium, phosphate, and magnesium levels
- Blood urea nitrogen (BUN) and creatinine to test kidney function
- Liver function tests (LFT)
- Blood alcohol level
- Blood and urine toxicology screen to test for drug use

In cases where the doctor suspects that you may have had a brain injury (organic brain syndrome) or decreased function of the pituitary gland (to test the hormones that control the thyroid gland, adrenal glands, ovaries, and testes), brain scans may be requested. These scans may include a Computed Tomography (CT) scan or Magnetic Resonance Imaging (MRI) scan.

The tests mentioned in the above paragraphs must be funded in full by the medical schemes as part of the diagnosis or the condition.

## **Treatment of Unipolar Depression**

Major depression is a treatable disease. Adoption of a healthy lifestyle, good diet and regular exercise as well as healthy relationships is important. Treatment depends on the severity of your disease and mostly include psychotherapy and an anti-depressant (medicine). Psychotherapy is the treatment of the condition by talking about your disease, moods, feelings, thoughts and behaviour.

Medicine use is not an exact science as certain medicines work better for some people. It may be necessary to try different medicines (anti-depressants) and different doses before the medicine that works best for you is identified. Other treatment options include electro-convulsive therapy (ECT) or shock therapy. ECT is mostly used when drug therapy is ineffective or symptoms are severe.

The treatment component of major depression as specified in the PMB regulations is very limited. Currently treatment that must be funded by medical schemes include:

- Hospital-based management up to 3 weeks per year (including in-patient electro-convulsive therapy and in-patient psychotherapy)
- OR**
- Out-patient psychotherapy of up to 15 contacts

The PMB level of care therefore covers 21 days in-hospital treatment that includes all consultations with your psychiatrist, psychologist, all psychotherapy that is provided, occupational therapy, all group therapy sessions and medicine. Once you are discharged, your medication will not be covered as part of the PMB regulations. However, your medical scheme can fund your medications according to your specific medical scheme rules.

The 15 out of hospital psychotherapy sessions do not include consultations but are specific to psychotherapy.

## **Helpline information**

Counsellors from the South African Depression and Anxiety Support Group are available between 8am - 8pm Monday to Sunday and can be contacted as follows:

- Telephone: 011 234 4837
- Fax 011 234 8182
- Facebook: [The South African Depression and Anxiety Support Group](#)
- Twitter: [SADAG](#)
- Suicidal emergencies: 0800 567 567
- 24hr Helpline: 0800 12 13 14 or send an SMS to 31393 (and someone will call you back)

## **References**

\*Van Gogh, V. (1890). Sorrowing Old Man (At Eternity's Gate). [Oil painting] Netherlands: Kröller-Müller\_Museum.

Center for Disease Control and Prevention. (2016). Suicide and Self-inflicted Injury. <http://www.cdc.gov/nchs/fastasts/suicide.htm> [Accessed 04 July 2016]

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News 24. (2016). SA has 8th highest suicide rate in the world. Published 10 September 2014. <http://www.news24.com/SouthAfrica/News/SA-has-8th-highest-suicide-rate-in-world-20140910> [Accessed 5 July 2016].

World Health Organization (WHO). (2016). Major Depression (Clinical Depression). <http://www.webmd.com/depression/guide/major-depression> [Accessed 04 July 2016]

## **WHAT ARE PRESCRIBED MINIMUM BENEFITS?**

Prescribed Minimum Benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our [website](#)

### **Contact information:**

information@medicalschemes.com  
Hotline: 0861 123 267  
Fax: 012 430 7644

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