

In any given year, 10-14 million people experience a clinical depression; women ages 18-45 account for the largest proportion of them. More than 6 million men in the United States have at least one episode of major depression each year. Unfortunately, the lingering image of depression as a female condition may keep men who are clinically depressed from recognizing the symptoms of depression and seeking treatment.

What is depression?

Clinical depression is a serious medical illness that is much more than temporarily feeling sad or blue. It involves disturbances in mood, concentration, sleep, activity level, interests, appetite and social behavior. Although depression is highly treatable, it is frequently a life-long condition in which periods of wellness alternate with recurrences of illness.

What are the symptoms of major depression?

The onset of the first episode of major depression may not be obvious if it is gradual or mild. The symptoms of major depression characteristically represent a significant change from how a person functioned before the illness. The symptoms of depression in men are similar to the symptoms of depression in women, but men express their symptoms differently. The symptoms of depression include:

- persistently sad or irritable mood;
- pronounced changes in sleep, appetite and energy;
- difficulty thinking, concentrating and remembering;
- physical slowing or agitation;
- lack of interest in or pleasure from activities that were once enjoyed;
- feelings of guilt, worthlessness, hopelessness and emptiness;
- recurrent thoughts of death or suicide; and
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain.

In addition to these general symptoms, men in particular do not usually display observable symptoms. While not well understood, men are less likely to show “typical” signs of depression such as crying, sadness, loss of interest in previously enjoyable activities or verbally expressing thoughts of suicide. Depression may actually cause men to suppress their feelings and become more aggressive or irritable.

Men may feel more shame about their depression and simply try to “tough it out.”

Men sometimes self-medicate their depressive feelings using alcohol or drugs.

For all of these reasons health care providers often fail to recognize the illness.

What are the causes for major depression?

There is no single cause of major depression. Psychological, biological and environmental factors may all contribute to its development. Scientific research has firmly established that major depression is a biological, medical illness. There is also an increased risk for developing depression when there is a family history of the illness.

What are the risk factors for men?

Men tend to assume full responsibility for their grief and suppress emotions that they think can be taken as a sign of weakness. Studies show that this suppression can increase the time it takes to grieve and lead to complications such as escalating anger, aggressiveness and substance abuse. To combat their feelings, men often become involved in risk-taking and addictive behaviors. These coping strategies, while superficially “effective” at first, do not keep depression at bay for long and often the result is suicide.

Depression in men can have devastating consequences. The Centers for Disease Control (CDC) reports that men in the United States, are about four times more likely to commit suicide than women. Men are also more likely to use methods that are more lethal (such as guns), act faster on suicidal thoughts and show fewer warning signs (such as talk of suicide).

How is major depression treated?

Although major depression can be a devastating illness, it is highly treatable. Between 80-90 percent of persons diagnosed with major depression can be effectively treated and return to their usual daily activities and feelings. Many types of treatment are available and the type chosen depends on the individual and the severity and patterns of his or her illness. There are three well-established types of treatment for depression: medications, psychotherapy and electroconvulsive therapy (ECT). For some people who have a seasonal component to their depression, light therapy may be useful. Transcranial magnetic stimulation (TMS) may be useful for depression that has not responded to one trial of antidepressants. These treatments may be used alone or in combina-

tion. Additionally, peer education and support can promote recovery. Attention to lifestyle, including diet, exercise and smoking cessation, can result in better physical and mental health.

Medication

Research has shown that imbalances in neurotransmitters or chemicals in the brain, like serotonin, dopamine and norepinephrine can be corrected with antidepressants. It often takes two to four weeks for antidepressants to start having an effect, and six to 12 weeks for antidepressants to take full effect. Individuals and their families must be cautious during the early stages of medication treatment because normal energy levels and the ability to take action often return before mood improves. At this time—when decisions are easier to make, but depression is still severe—the risk of suicide may temporarily increase.

Psychotherapy

There are several types of psychotherapy that have been shown to be effective for depression including cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). CBT concentrates on changing the negative attributional bias (seeing every cup as half-empty) associated with major depression. The focus in IPT is on a patient's relationships with peers and family members and the way they see themselves. Research has shown that mild to moderate depression can often be treated successfully with either of these therapies used alone. However, severe depression appears more likely to respond to a combination of psychotherapy and medication. Many men feel that their depression symptoms are not severe and treatment is unnecessary and they deny their feelings. They think that they should be able to get over it and work through it. These are unsafe and unhealthy coping techniques. It takes effort to practice healthy techniques, but treatment with a doctor or mental health provider can help you learn healthy coping skills such as:

- **Goals:** set realistic goals and prioritize tasks.
- **Support:** seek out emotional support from a partner, family or friends. In general, men tend to disregard the value of emotional support in coping with male depression.
- **Activities:** engage in activities you enjoy such as exercise, movies, sports and recreation.
- **Decisions:** delay making important decisions such as changing jobs until your depression symptoms improve.

Co-occurring substance dependence. Men often self-medicate their emotions with substances, which complicates the picture for men who are depressed. Alcohol and drugs do change the way a person feels—initially—but typically makes things harder over time. Getting help is also more difficult in this setting—some mental health practitioners are not well versed in addiction—and addiction specialists are not always savvy to mental health concerns. The cultures of these two fields are very different and this can be confusing. Both conditions need to be treated at the same time for most people.

What are some barriers to treatment for men?

Male depression may not be as widely recognized as female depression therefore it may go under-diagnosed. There are several reasons for this. For example, men deny having a problem because they are supposed to be “strong.” American culture suggests expressing your emotions is a feminine trait and that men who talk about their depression express the physical as opposed to their emotional symptoms.

Understanding how men in our society are brought up to behave is important to identifying and treating depression among the male population. Taught to exhibit “tough guy” behavior, men rein in emotions and deal with symptoms in a “macho” way because depression is a threat to masculinity. Men are also afraid of the negative social prejudice such a diagnosis might have on their career or their respect from family and friends.

Publications about men and depression provided by the National Institute of Mental Health (NIMH):

Men and Depression is a detailed booklet that describes what you need to know about depression in men: how it looks, how it feels, getting help and getting better. También disponible en español.

Los hombres y la depresión es un folleto detallado que describe lo que usted necesita saber sobre la depresión en los hombres: cómo se mira, cómo se siente, como conseguir ayuda, y sobrellevar la enfermedad. Also available in English.

Real Men. Real Depression. “It Takes Courage to Ask for Help” — a brochure for men about dealing with depression. También disponible en español.

Estos hombres son reales. La depresión también. Hay que tener valor para solicitar ayuda - un folleto para los hombres sobre como lidiar con la depresión. Also available in English.

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