UNDERSTANDING YOUR DIAGNOSIS

Depression

Also called Major Depressive Disorder

Depression is a real medical illness that drains your mood, energy, and interest in life - and it responds well to treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 5 adults, in time	Mid-20s, but at any age	Yes - most people get better	Millions of US adults

What this is

- Depression is not weakness or a bad attitude. It is a health condition that changes how your brain handles mood and energy.
- It is more than a rough week. The low mood and loss of interest last at least **2 weeks** and get in the way of daily life.
- You cannot just snap out of it, and needing help is not failing. Depression responds to treatment the way other illnesses do.
- Depression can look different in different people. Some feel sad; others feel numb, tired, achy, or short-tempered instead.

What it can look and feel like

- You feel down, empty, or hopeless most of the day, most days, and it does not lift much when good things happen.
- Things you used to enjoy - people, food, hobbies, sex - stop feeling good, so you stop bothering with them.
- Your sleep changes. You wake at 3 a.m. and cannot get back to sleep, or you sleep for hours and still feel wiped out.
- Your appetite shifts. Food has no pull and the weight drops off, or you eat for comfort and the weight climbs.
- Everything takes more effort. Showering, answering texts, or making a simple decision can feel like too much.
- Your thinking feels slow or foggy. You lose your place, forget things, and cannot focus on work or even a show.
- You feel worthless or guilty over small things, and you may have thoughts that life is not worth living.

What is happening in your brain and body

- Brain chemicals like serotonin and norepinephrine, which help steady your mood and energy, do not signal the way they should.
- The alarm part of your brain runs hot while the part that calms it down runs quiet, so worry and self-criticism stick around.
- Your stress hormone, cortisol, stays high. That is part of why you can feel wired, worn out, and unable to sleep well.
- Depression is a whole-body illness. It can bring headaches, stomach trouble, body aches, and a heavy, drained feeling.
- Treatment helps brain cells build new connections again, which is one reason your thinking and mood improve together.

What can make it more likely

- Genes matter. If a parent or sibling has had depression, your own chance is higher, though it is never a guarantee.
- Hard life events - a loss, money stress, illness, a breakup, loneliness - can set off an episode in someone at risk.
- Hardship or trauma early in childhood can leave your stress system more sensitive for many years afterward.
- Health problems and habits play a part too: thyroid trouble, low B12, chronic pain, poor sleep, and heavy alcohol use.

What to expect

- Most people improve. With treatment, many feel clearly better within **6 to 8 weeks**, and keep gaining after that.
- Recovery is usually uneven. Good days and hard days trade places for a while before the good ones outnumber the rest.
- Small returns come first: sleep steadies, then appetite, then interest and energy. Mood is often the last to lift.
- Depression can come back, so most care teams suggest staying on treatment for months after you already feel well.

What helps

Treatment works. Most people get better.

Talking therapies

- **Talk therapy** works as well as medicine for many people. You meet weekly with a therapist for about 12 to 20 sessions.
- **CBT** (cognitive behavioral therapy) helps you catch harsh, automatic thoughts and test whether they are actually true.
- **Behavioral activation** rebuilds your week one small step at a time, because doing usually comes before feeling better.
- **Interpersonal therapy** focuses on relationships, grief, and big life changes that keep the low mood going.
- Therapy and medicine together usually beat either one alone when depression is severe or keeps coming back.

Medicines

- **Antidepressants** are not happy pills or sedatives. They slowly help your brain steady mood, sleep, and energy.
- **SSRIs** such as sertraline or escitalopram are usually tried first because they work well and are easy to take.
- Give it time. Sleep and appetite often shift first, and full benefit usually takes **6 to 8 weeks** at the right dose.
- Side effects like an upset stomach, headache, or sexual changes are common early and often fade. Tell your prescriber.
- Doses and choices are decided with your prescriber. Never stop suddenly - taper with them so you do not feel awful.

Everyday things that help

- Protect your sleep. A steady wake-up time, morning light, and a screen-free wind-down help more than they sound like they would.
- Move your body. Walking, or any activity you can stand, about three times a week has a real antidepressant effect.
- Go easy on alcohol. It feels like relief at night but it deepens low mood and wrecks your sleep by morning.
- Keep one anchor in each day - a meal with someone, a shower, a short walk - even when you do not feel like it.
- Tell one person you trust. Isolation feeds depression, and a single steady contact makes a real difference.

Get help right away if

- If you are thinking of ending your life, call or text **988** (Suicide and Crisis Lifeline) now, day or night.
- Go to the nearest emergency room if you have a plan, the means, or cannot keep yourself safe tonight.
- Call your care team right away if you feel far worse, more restless, or newly hopeless after a dose change.

Questions to ask your care team

- *What kind of therapy do you recommend for me, and how do I find someone who does it?*
- *How will we know if this medicine is working, and when should I expect that?*
- *What side effects should I call you about instead of waiting for my next visit?*
- *How long will I need treatment, and what is the plan if the depression comes back?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.