



Editorial

Depression: Why to talk?

Depression is a grim condition that affects every facet of a person's life. It has an impact on interpersonal relationships, social life, career and one's sense of self-worth leading to severe dysfunction¹. The World Health Organization (WHO) has announced depression as the theme for this World Health Day 2017. The campaign slogan 'Depression: Let's talk' was released on the World Mental Health Day on October 10, 2016².

The report on Global Burden of Disease shows that the point prevalence of unipolar depressive episodes is 1.9 per cent for men and 3.2 per cent for women, and the one-year prevalence has been estimated to be 5.8 per cent for men and 9.5 per cent for women. The lifetime prevalence of depression in India was 5.25 per cent among individuals aged 18+ years and the current prevalence was 2.68 per cent, highlighting the fact one out of 20 adult individuals have suffered from depression in the past with half of them suffering at present². It has been estimated that by the year 2020, if similar picture for demographic and epidemiological transition continues, the burden of this disease will increase to 5.7 per cent of the total burden of diseases and it will become the second leading cause of disability-adjusted life years, next to ischaemic heart disease³.

The largest population-based study conducted in south India revealed that among urban south Indians, the prevalence of depression was 15.1 per cent. The prevalence of depression was higher in the low-income group (19.3%) compared to the higher income group (5.9%, $P < 0.001$). Prevalence of depression was higher amongst divorced (26.5%) and widowed (20%) compared to currently married participants (15.4%, $P < 0.001$)⁴.

Depression has been well described in ancient Hindu scriptures and epics such as *Ramayana* and *Mahabharata*⁵. In India, religion also has a unique part

to play in the development of depression. It has been observed that there is often a feeling of guilt in Indian patients with depression. The concept of original sin and repentance, which is a usual phenomenon in Christianity, is foreign to the Hindu religion where every single individual is a part of the cosmic soul and has to eventually merge with it *i.e.*, the concept of *aatma* (soul) and *paramatma* (the ultimate)^{6,7}.

The telecom networks nowadays float messages and warnings about the symptoms of chikungunya, swine flu, dengue and other illnesses. We talk about epidemics that seem to routinely wreak havoc in our cities. However, as we talk about the ailments that are now a part of our times, we politely refrain to talk about the 'depression menace' that has spread throughout India with a devastating effect. According to WHO, in India, a whopping 36 per cent of the population suffer from major depression at some time or the other in their lives⁸. We discuss dengue and swine flu, but for some reason, we are reluctant to talk about depression. The same is true for tuberculosis and leprosy.

An evidence of how the stigma can lead to a particularly gruelling situation for anyone and everyone suffering from this condition is emphasized by the case of a professional footballer, Stan Collymore⁹ who played for England. He suffered from severe depression and his career went into a rapid decline. A landmark statement was made by an Indian actress Deepika Padukone who recently came out from her mental illness¹⁰. She is now trying to spread awareness about anxiety and depression to help people. She has formed a non-government organization (NGO) named 'The Live Love Laugh Foundation'. She is also the Brand Ambassador of Indian Psychiatric Society. This will help others to come forward and freely talk about depression. It is like any other medical illness. Here talking helps.

Among the many problems, an average human has to navigate through the course of her/his life, depression is depicted as a made up problem of the leisured class.

It is of utmost importance for people to understand that depression is not a weakness but an illness. It is generally thought that depression is something that you can just 'get over' on your own. These fallacies persist because depression is often stigmatized. It is often believed that a person can regulate his/her mood on his/her own, and if he/she is unable to, they are considered to be weak. However, it should be made very clear that clinical depression is an illness like any other medical illness that cannot be willed away.

What can be done to reduce the stigma and ignorance associated with depression? There is no easy answer to this as acutely ill depressives are not an attractive company. Perhaps the most important aim would be to publicize as to how widespread depression is. Despite being a serious illness, it can still be cured and prevented. It will really be a great deal if individuals with depression who are well-known public figures come forward and be a part of such awareness campaigns. Thus, spreading awareness and educating the masses remain the cornerstone for eradicating the misconceptions and stigmas related to depression. Hence, it is very important that we talk about it more and more.

The problem is that a majority of depressed people never get the timely aid they need. Moreover, when depression is not treated, it can get worse, have long-term effects and deprives a person from getting the most out of one's life.

Depression may present in many ways. It is hard to make up one's mind. If anybody feels the following changes, one should open up to someone about it. (i) getting irritated very frequently, losing temper, overreacting on little things; (ii) change in sleep pattern in the form of either excessive sleep or having difficult to sleep at night, waking up early mornings and then difficult to sleep; (iii) patients forget lots of things, and their concentration is poor; (iv) feeling restless and tired most of the time; (v) thinking about death or feels like he/she is dying or has thoughts about committing suicide; and (vi) change in eating pattern; losing appetite or eating a lot more.

Having depression does not mean that a person is incapable, or is a failure, or is not really making efforts to cope up, it means they are in a dire need of help. Most people with depression can be given assistance in the form of psychotherapy, medicine or both. Short-term

psychotherapy means 'talking' therapy which can also be useful. Depression that is severe or disabling can also be treated by medications. One major concern is that majority of the people have this misconception that antidepressant medications are addictive which is totally a wrong concept and needs to be rectified¹¹.

Depression happens, just like any other common illness. Sometimes, depression comes first and people try drugs (substance abuse) as a method to escape it (Drugs or alcohol just make the prognosis even worse!). At other times, the alcohol or other drug use comes first, and depression is caused by the drug abuse¹². Suicide is now the second leading cause of death among young individuals (15-29 yr)¹³. Depression increases the risk for suicide or suicide attempts. Depression evokes suicidal thoughts and remarks¹⁴. If any of these happen to someone, it must be brought to notice of a responsible adult at the earliest. When people try to push through on their own, it leads them to moving in circles, rather than moving forward. It is difficult to be able to provide oneself with a clear insight in the midst of an emotional state. Therefore, seeking help is always advisable.

Depression can be prevented and treated. A further understanding of what depression is, and how it can be cured, will help reduce the social and internal stigma associated with the condition and will help lower the morbidity and mortality associated with the disease. We would be successful if we are able to reduce suicide death in depression.

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