

Although depression is often thought of being an extreme state of sadness, there is a vast difference between clinical depression and sadness.

Beyond sadness: is it clinical depression or sadness?

Sadness is a part of being human—a natural reaction to painful circumstances. All of us will experience sadness at some point in our lives. Depression, however, is a physical illness with many more symptoms than an unhappy mood.

The person with clinical depression finds that there is not always a logical reason for his dark feelings. Exhortations from well-meaning friends and family for him to 'snap out of it' provide only frustration, for he can no more snap out of it' than a diabetic can will his pancreas to produce more insulin.

Sadness is a transient feeling that passes as a person comes to term with his or her troubles. Depression can linger for weeks, months or even years. The sad person feels bad, but continues to cope with living. A person with clinical depression may feel overwhelmed and hopeless.

To clarify the differences between normal sadness and depression, there are specific, defined criteria for the diagnosis of major depression:

A person who suffers from a major depressive disorder must either have a depressed mood or a loss of interest or pleasure in daily activities consistently for at least a two-week period. This mood must represent a change from the person's normal mood and impair his functioning in his daily life.

A depressed mood caused by substances such as drugs, alcohol, or medications is not considered a major depressive disorder, nor is one that is caused by a general medical condition.

In cases of bereavement, major depressive disorder may be at play if the symptoms persist for longer than two months or are characterised by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

Major depressive disorder cannot be diagnosed if a person has a history of bipolar disorder (ie. manic, hypomanic or mixed episodes) or if the depressed mood is better accounted for by schizoaffective disorder and is not superimposed on schizophrenia.

This disorder is characterised by the presence of five or more of the following symptoms:

- Depressed mood most of the day, nearly every day. An individual may express feeling sad or empty, or others may observe it (ex: appears tearful). Children and adolescents may exhibit irritability
- Markedly diminished interest or pleasure in all, or most, daily activities most of the day, nearly every day
- Significant weight changes (ex: a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
- Insomnia or hypersomnia (sleeping too much) nearly every day
- Psychomotor agitation or retardation nearly every day
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- Indecisiveness or diminished ability to think or concentrate nearly every day
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

If you are still uncertain as to whether you (or a loved one) may be suffering from depression, talk to someone and seek help today.



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8am-5pm Monday to Friday (NZ time)