



Depression and Suicide

Depression is an extraordinarily common and serious disorder, which all too often leads directly to death by suicide. Turn on the TV any morning and you're confronted by homicides in the United States. But suicide reporting occurs relatively infrequently. Pretty surprising when you consider that suicides in America are actually almost twice as common as homicides.¹

In the United States, approximately 16 percent of our population will encounter depression in their lifetime. In any 12-month period, some 6 percent of our citizens suffer from depression.² Worldwide, depression is on the rise. It currently affects an estimated 1 percent to 6 percent of individuals in all populations. By 2020 it is expected to be the second leading cause of worldwide disability and the number one disabling condition in the developing world.³ And the cost of the disease is staggering. In the United States in 2002, the cost was estimated at \$44 billion.⁴

We think of depression as a condition of the brain, but newer evidence reveals it is a brain and body disorder of remarkable complexity. For example, if you suffer from depression and happen to have a heart attack, you are three-and-a-half times more likely to die of that heart attack than if you didn't suffer from depression.⁵ In fact, the risk is as great as if you previously had heart damage. Those with depression are more vulnerable to suffering from stroke, diabetes and osteoporosis.⁶ And what is truly remarkable is that if you effectively treat depression in a diabetic patient, the anti-

depression therapy actually improves control of the diabetes.⁷ So we know that the functions of the brain and other bodily organs affect each other. We just don't know how – yet.

The fact is that depression is significantly under-diagnosed in this country even though it's relatively easy to screen for. In fact the U.S. Preventive Services Taskforce has designed a two-question screen to be used by caregivers. The first question: "During the past two weeks have you felt down, depressed or hopeless?" Second question: "During the past two weeks, have you felt little interest or pleasure in doing things?"⁸

Learning to recognize depression is one thing. Helping people to be more forthcoming about their mental health is another. There are lots of obstacles. Feelings of hopelessness and worthlessness, the stigma of mental illness, and the fact that this disease is often chronic and recurring have together created a "code of silence."⁹ But keeping silent is not without risk. For example 75 percent of the suicides in older Americans occur in people who have seen their doctor in the past month.¹⁰ Why didn't the alarms go off?

The link between depression and suicide is direct and not open to debate. In 1999 there were nearly 30,000 suicides in the United States; close to twice the number of homicides. 90 percent of the suicides were associated with mental illness, mostly depression.¹¹ 75 percent of the successful suicides on a repeat attempt occurred in patients receiving no mental health therapy at the time of the suicide.¹² The breeding ground for suicide is broad and deep when one considers that only 25 percent of our citizens with depression receive adequate therapy.

Even so, when we do make a diagnosis, our success in treating depression actually exceeds our success in understanding it. Specific biomarkers and tests for depression do not currently exist. We don't know yet the specific gene or genes that make one more likely to suffer depression. We don't know how nerves affect our moods. And we don't understand how stress changes the function of our brain and body. But we do know that 70 percent of the patients treated for depression see significant decline in their symptoms. We know the medications we use increase the chemical neurotransmitter levels that allow nerves in the brain to communicate with each other. And we know that psychotherapy for less severe non-psychotic patients can be effective.¹³

More knowledge is needed, and research into depression could yield incredible benefits. The National Institute of Mental Health has pointed us all in the right direction with its Strategic Plan for Mood Disorders.¹⁴ It recommends we concentrate on these seven key areas: First, identify the genes that make us vulnerable to depression. Second, explain how nerves affect our moods. Third, define which life factors or experiences increase the risk of depression. Fourth, develop new medicines for the disease. Fifth, as knowledge grows, make certain our caregivers absorb it and use it more effectively to diagnose and treat early. Sixth, explore the connection between depression and other disease, and break the link between the two. And finally, reduce our rate of suicide, which is a national disgrace.

For Health Politics, I'm Mike Magee.

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