



Diagnosing and **M**anaging **D**epression in MS

In addition to the emotional reactions that people may have to the challenges of a chronic, unpredictable disease, emotional changes can be caused by the MS disease process itself. Depression is one of the most common symptoms of MS and it occurs more commonly in MS than in the general population or most other chronic illnesses. People with MS are at greatest risk for depression at times of major transition such as diagnosis, using a mobility aid or leaving the work force, as well as during relapses.

Depression can range from mild to severe. Episodes of depression can be brief, lasting only a few days or weeks, or they can be long-lasting without improvement. The severe form of depression is referred to as 'clinical depression', 'major depression', or 'major depressive disorder'. Major depression in MS is known to impact everyday functioning, self-care, adherence to treatment, and quality of life. It can also be life-threatening; the rate of suicide in MS is twice that of the general population.

Diagnosis

In order for a healthcare provider to diagnose a major depressive episode, at least five symptoms on the following list (including at least one of the first two) must be present for at least two weeks.

- Feeling blue, irritable, or hopeless
- A reduced level of interest or pleasure in most or all activities
- Considerable weight loss or gain or change in appetite
- Frequent thoughts of death or suicide
- Thoughts of worthlessness or guilt
- **Feeling fatigued**
- **Difficulty falling or staying asleep**
- **Problems thinking, concentrating, or making decisions**
- **Behavior that is very agitated or slowed**

Because the last four symptoms on the list can be caused by MS as well as by depression, it may take a mental health professional to be able to make an accurate diagnosis.

Unfortunately, many healthcare providers do not ask routinely about changes in mood – so it is important for people with MS to report any significant mood changes they experience. All forms of depression can impact a person's comfort and quality of life, even if the depression does not meet these criteria. A thorough assessment is the first step to determining whether and what kind(s) of treatment may be needed.

Treatment

Because severe depression generally does not get better on its own, a careful diagnosis and effective treatment are essential.

- Several antidepressant medications and several types of psychotherapy can be used to treat depression in MS. Many improve both depression and anxiety, which commonly occur together in people with MS.
- The best treatment for severe depression is a combination of psychotherapy and antidepressant medication.
- Exercise has been shown to improve mood.
- Antidepressants generally take up to four to six weeks to work and it may take time to find the right medication, dosage, or combination of medications to achieve relief with the fewest side effects. A follow-up evaluation by the prescribing provider approximately four weeks after starting treatment is essential. Together, the person with MS and the provider can determine whether the medication is providing adequate benefit with manageable side effects.
- It is important for the healthcare provider who is prescribing antidepressant medication to know all the other medications a person is taking.

Supportive Activities

Major depression requires treatment with medication and/or psychotherapy to fully resolve. Milder forms of depression may or may not require the same kinds of treatment. Some people get adequate benefit from participation in a self-help group, discussion forum, or other supportive environment. Meditation, yoga, tai-chi, or other mindfulness activities may offer relief and comfort. If, however, the depressive feelings persist and continue to interfere with daily activities and quality of life, consultation with a mental health professional is essential.