

What is depression?

Everyone feels sad or low sometimes, but these feelings usually pass. Depression (also called major depression, major depressive disorder, or clinical depression) is different. It can cause severe symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working.

Depression can affect anyone regardless of age, gender, race or ethnicity, income, culture, or education. Research suggests that genetic, biological, environmental, and psychological factors play a role in the disorder.

Women are diagnosed with depression more often than men, but men can also be depressed. Because men may be less likely to recognize, talk about, and seek help for their negative feelings, they are at greater risk of their depression symptoms being undiagnosed and undertreated. Studies also show higher rates of depression and an increased risk for the disorder among members of the LGBTQI+ community.

In addition, depression can co-occur with other mental disorders or chronic illnesses, such as diabetes, cancer, heart disease, and chronic pain. Depression can make these conditions worse and vice versa. Sometimes, medications taken for an illness cause side effects that contribute to depression symptoms as well.

What are the different types of depression?

There are two common types of depression.

- **Major depression** includes symptoms of depressed mood or loss of interest, most of the time for at least 2 weeks, that interfere with daily activities.
- **Persistent depressive disorder** (also called dysthymia or dysthymic disorder) consists of less severe depression symptoms that last much longer, usually for at least 2 years.

Other types of depression include the following.

- **Seasonal affective disorder** comes and goes with the seasons, with symptoms typically starting in the late fall and early winter and going away during the spring and summer. For more information, visit www.nimh.nih.gov/SAD.
- **Depression with symptoms of psychosis** is a severe form of depression in which a person experiences psychosis symptoms, such as delusions or hallucinations. For more information, visit www.nimh.nih.gov/psychosis.
- **Bipolar disorder** involves depressive episodes, as well as manic episodes (or less severe hypomanic episodes) with unusually elevated mood, greater irritability, or increased activity level. For more information, visit www.nimh.nih.gov/bipolardisorder.

Additional types of depression can occur at specific points in a woman's life. Pregnancy, the postpartum period, the menstrual cycle, and menopause are associated with physical and hormonal changes that can bring on a depressive episode in some people.

- **Premenstrual dysphoric disorder** is a more severe form of premenstrual syndrome, or PMS, that occurs in the weeks before menstruation.
- **Perinatal depression** occurs during pregnancy or after childbirth. It is more than the "baby blues" many new moms experience after giving birth. For more information, visit www.nimh.nih.gov/perinataldepression.
- **Perimenopausal depression** affects some women during the transition to menopause. Women may experience feelings of intense irritability, anxiety, sadness, or loss of enjoyment.

What are the signs and symptoms of depression?

Common signs and symptoms of depression include:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of irritability, frustration, or restlessness
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Fatigue, lack of energy, or feeling slowed down
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, waking too early in the morning, or oversleeping
- Changes in appetite or unplanned weight changes
- Physical aches or pains, headaches, cramps, or digestive problems without a clear physical cause that do not go away with treatment
- Thoughts of death or suicide or suicide attempts

Depression can also involve other changes in mood or behavior that include:

- Increased anger or irritability
- Feeling restless or on edge
- Becoming withdrawn, negative, or detached
- Increased engagement in high-risk activities
- Greater impulsivity
- Increased use of alcohol or drugs
- Isolating from family and friends
- Inability to meet responsibilities or ignoring other important roles
- Problems with sexual desire and performance

Not everyone who is depressed shows all these symptoms. Some people experience only a few symptoms, while others experience many. Depression symptoms interfere with day-to-day functioning and cause significant distress for the person experiencing them.

If you show signs or symptoms of depression and they persist or do not go away, talk to a health care provider. If you see signs of depression in someone you know, encourage them to seek help from a mental health professional.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at 988lifeline.org. In life-threatening situations, call **911**.



How is depression diagnosed?

To be diagnosed with depression, a person must have symptoms most of the day, nearly every day, for at least 2 weeks. One of the symptoms must be a depressed mood or a loss of interest or pleasure in most activities. Children and adolescents may be irritable rather than sad.

Although several persistent symptoms, in addition to low mood, are required for a depression diagnosis, people with only a few symptoms may benefit from treatment. The severity and frequency of symptoms and how long they last vary depending on the person.

If you think you may have depression, talk to a health care provider, such as a primary care doctor, psychologist, or psychiatrist. During the visit, the provider may ask when your symptoms began, how long they have lasted, how often they occur, and if they keep you from going out or doing your usual activities. It may help to take some notes about your symptoms before the visit.

Certain medications and medical conditions, such as viruses or thyroid disorders, can cause the same symptoms as depression. A provider can rule out these possibilities by doing a physical exam, interview, and lab tests.

Does depression look the same in everyone?

Depression can affect people differently depending on their age.

- **Children** may be anxious or cranky, pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die.
- **Older children and teens** may get into trouble at school, sulk, be easily frustrated, feel restless, or have low self-esteem. They may have other disorders, such as anxiety, an eating disorder, attention-deficit/hyperactivity disorder, or substance use disorder. Older children and teens are also more likely to experience excessive sleepiness (called hypersomnia) and increased appetite (called hyperphagia).
- **Young adults** are more likely to be irritable, complain of weight gain and hypersomnia, and have a negative view of life and the future. They often have other disorders, such as generalized anxiety disorder, social phobia, panic disorder, or substance use disorder.
- **Middle-aged adults** may have more depressive episodes, decreased libido, middle-of-the-night insomnia, or early morning waking. They often report stomach problems, such as diarrhea or constipation.
- **Older adults** often feel sadness, grief, or other less obvious symptoms. They may report a lack of emotions rather than a depressed mood. Older adults are also more likely to have other medical conditions or pain that can cause or contribute to depression. Memory and thinking problems (called pseudodementia) may be prominent in severe cases.

Depression can also look different in men versus women, such as the symptoms they show and the behaviors they use to cope with them. For instance, men (as well as women) may show symptoms other than sadness, instead seeming angry or irritable.

For some people, symptoms manifest as physical problems (for example, a racing heart, tightened chest, chronic headaches, or digestive issues). Many men are more likely to see a health care provider about these physical symptoms than their emotional ones. While increased use of alcohol or drugs can be a sign of depression in any person, men are also more likely to use these substances as a coping strategy.

How is depression treated?

Depression treatment typically involves psychotherapy (in person or virtual), medication, or both. If these treatments do not reduce symptoms sufficiently, brain stimulation therapy may be another option.

Choosing the right treatment plan is based on a person's needs, preferences, and medical situation and in consultation with a mental health professional or a health care provider. Finding the best treatment may take trial and error.

For milder forms of depression, psychotherapy is often tried first, with medication added later if the therapy alone does not produce a good response. People with moderate or severe depression usually are prescribed medication as part of the initial treatment plan.

Psychotherapy

Psychotherapy (also called talk therapy or counseling) can help people with depression by teaching them new ways of thinking and behaving and helping them change habits that contribute to depression. Psychotherapy occurs under the care of a licensed, trained mental health professional in one-on-one sessions or with others in a group setting.

Psychotherapy can be effective when delivered in person or virtually via telehealth. A provider may support or supplement therapy using digital or mobile technology, like apps or other tools.

Evidence-based therapies to treat depression include cognitive behavioral therapy and interpersonal therapy. Using other forms of psychotherapy, such as psychodynamic therapy, for a limited time also may help some people with depression.

- **Cognitive behavioral therapy (CBT):** With CBT, people learn to challenge and change unhelpful thoughts and behaviors to improve their depressive and anxious feelings. Recent advances in CBT include adding mindfulness principles and specializing the therapy to target specific symptoms like insomnia.
- **Interpersonal therapy (IPT):** IPT focuses on interpersonal and life events that impact mood and vice versa. IPT aims to help people improve their communication skills within relationships, form social support networks, and develop realistic expectations to better deal with crises or other issues that may be contributing to or worsening their depression.

For more information on psychotherapy, including what to look for in a therapist and how to find one, visit www.nimh.nih.gov/psychotherapies.

Medication

Antidepressants are medications commonly used to treat depression. They work by changing how the brain produces or uses certain chemicals involved in mood or stress.

Antidepressants take time—usually 4–8 weeks—to work, and problems with sleep, appetite, and concentration often improve before mood lifts. Giving a medication a chance to work is important before deciding whether it is right for you.

Treatment-resistant depression occurs when a person doesn't get better after trying at least two antidepressants. Esketamine is a medication approved by the U.S. Food and Drug Administration (FDA) for treatment-resistant depression. Delivered as a nasal spray in a doctor's office, clinic, or hospital, the medication acts rapidly, typically within a couple of hours, to relieve depression symptoms. People will usually continue to take an antidepressant pill to maintain the improvement in their symptoms.

Another option for treatment-resistant depression is to combine an antidepressant with a different type of medication that may make it more effective, such as an antipsychotic or anticonvulsant medication.

All medications can have side effects. Talk to a health care provider before starting or stopping any medication. For more information, visit www.nimh.nih.gov/medications.

Note: In some cases, children, teenagers, and young adults under 25 years may experience an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. The FDA advises that patients of all ages taking antidepressants be watched closely, especially during the first few weeks of treatment.

Information about medication changes frequently. You can learn more about specific medications like esketamine, including the latest approvals, side effects, warnings, and patient information, on the FDA website at www.fda.gov/drugsatfda.

Brain stimulation therapy

Brain stimulation therapy is an option when other depression treatments have not worked. The therapy involves activating or inhibiting the brain with electricity or magnetic waves.

Although brain stimulation therapy is less frequently used than psychotherapy and medication, it can play an important role in treating depression in people who have not responded to other treatments. The therapy generally is used only after a person has tried psychotherapy and medication, and those treatments usually continue. Brain stimulation therapy is sometimes used as an earlier treatment option when severe depression has become life-threatening, such as when a person has stopped eating or drinking or is at a high risk of suicide.

The FDA has approved several types of brain stimulation therapy. The most used are electroconvulsive therapy (ECT) and repetitive transcranial magnetic stimulation (rTMS). Other brain stimulation therapies are newer and, in some cases, still considered experimental. You can learn more about these therapies at www.nimh.nih.gov/braintherapies.

Natural products

The FDA has not approved any natural products for treating depression. Although research is ongoing and findings are inconsistent, some people report that natural products, including vitamin D and the herbal dietary supplement St. John's wort, helped their depression symptoms. However, these products can come with risks, including, in some cases, interactions with prescription medications.

Do not use vitamin D, St. John's wort, or other dietary supplements or natural products without first talking to a health care provider. Rigorous studies must test whether these and other natural products are safe and effective.



How can I take care of myself?

Most people with depression benefit from mental health treatment. Once you begin treatment, you should gradually start to feel better. Go easy on yourself during this time. Try to do things you used to enjoy. Even if you don't feel like doing them, they can improve your mood.

Other things that may help:

- Try to get physical activity. Just 30 minutes a day of walking can boost your mood.
- Try to maintain a regular bedtime and wake-up time.
- Eat regular, healthy meals.
- Do what you can as you can. Decide what must get done and what can wait.
- Connect with people. Talk to people you trust about how you are feeling.
- Delay making important life decisions until you feel better. Discuss decisions with people who know you well.
- Avoid using alcohol, nicotine, or drugs, including medications not prescribed for you.

How can I find help for depression?

The National Institute of Mental Health (NIMH) has information on ways to get help, find a health care provider, and access treatment at www.nimh.nih.gov/findhelp. You can also find tips to help prepare for and get the most out of your health care visit at www.nimh.nih.gov/talkingtips.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has an online tool to find mental health services in your area at <https://findtreatment.gov>.

How can I help a loved one who is depressed?

If someone you know is depressed, help them see a health care provider or mental health professional. You also can:

- Offer support, understanding, patience, and encouragement.
- Invite them out for walks, outings, and other activities.
- Help them stick to their treatment plan, such as setting reminders to take prescribed medications.
- Make sure they have transportation or access to therapy appointments.
- Remind them that, with time and treatment, their depression can lift.



Clinical trials

Clinical trials are research studies that look at ways to prevent, detect, or treat diseases and conditions. These studies help show whether a treatment is safe and effective in people. Some people join clinical trials to help doctors and researchers learn more about a disease and improve health care. Other people, such as those with health conditions, join to try treatments that aren't widely available.

NIMH supports clinical trials across the United States. Talk to a health care provider about clinical trials and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

For more information

Learn more at www.nimh.nih.gov/health. For information about various health topics, visit the National Library of Medicine's MedlinePlus resource at <https://medlineplus.gov>.

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