

Young Adult Council - Science of Depression Kit

Dealing with depression is different for every peer, and understanding what is happening in the brain may help paint a clearer picture. The DBSA Young Adult Council has developed a toolkit that explores the science behind depression. Download and share the graphics provided by YAC. Be sure to tag @DBSAllaince in your post and let us know how this information has helped you.

Sources:

Nemeroff, C. 2020 The State of our Understanding of the Pathophysiology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.

Sullivan, PF, Neale MC, Kendler KS. 2000. Genetic Epidemiology of Major Depression: Review and Meta-Analysis. The American Journal of Psychiatry.

Trivedi MH, Rush AJ, Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. American Journal of Psychiatry.

The Science of Depression



- Depression and other mental health conditions are solely diagnosed through described experiences
- Research gives a glimpse of what might be bio-markers of depression

It is more than chemicals

- Seratonin is important to our understanding of depression, but it's not the only piece of the puzzle
- Factors such as genetics and environment play a significant role



 Scientists could develop new medications, discover new treatments, and give a better quality of care. The more we know, the better people's lives become!



up to 40% of risk factors for DEVELOPING DEPRESSION ARE GENETIC



The specific GENES that might CAUSE DEPRESSION remain unclear

Unlike many physical illnesses, the genes that might cause **DEPRESSION** overlap with **ANXIETY, BIPOLAR**, & other mental health concerns

Source:

- Nemeroff, C. 2020 The State of our Understanding of the Pathophysicology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.
- Sullivan PF, Neale MC, Kendler KS. 2000. Genetic Epidemoligy of Major Depression: Review and MetaAnalysis. The American Journal of Psychiatry.
- Trivedi MH, Rush AJ Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. The American Journal of Psychiatry.



Monoamine Theory revolves around:

DOPAMINE SEROTONIN
NOREPINEPHRINE

ANTIDEPRESSANTS
raise the levels of one or more
NEUROTRANSMITTERS:
SSRIs selective serotonin SNRIs selective norepinephrine reuptake inhibitors

While helpful, this theory is

NOT COMPLETE

it can't explain why
some people don't respond well
to SSRIs & SNRIs but do well on

ATYPICAL anti-depressants

Source:

- Nemeroff, C. 2020 The State of our Understanding of the Pathophysicology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.
- Sullivan PF, Neale MC, Kendler KS. 2000. Genetic Epidemoligy of Major Depression: Review and MetaAnalysis. The American Journal of Psychiatry.
- Trivedi MH, Rush AJ Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. The American Journal of Psychiatry.



There is a strong correlation between

IMMUNE SYSTEM DISORDERS such as Disorder of the sum at the such as the sum at the sum





though the implications of this connection are still being studied

Source:

- Nemeroff, C. 2020 The State of our Understanding of the Pathophysicology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.
- Sullivan PF, Neale MC, Kendler KS. 2000. Genetic Epidemoligy of Major Depression: Review and MetaAnalysis. The American Journal of Psychiatry.
- Trivedi MH, Rush AJ Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. The American Journal of Psychiatry.



There is

NO CLINICAL EVIDENCE that
one medication works best

One study showed 28% of people

were able to achieve symptom RELIEF FROM MEDICATION ALONE

Source:

- Nemeroff, C. 2020 The State of our Understanding of the Pathophysicology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.
- Sullivan PF, Neale MC, Kendler KS. 2000. Genetic Epidemoligy of Major Depression: Review and MetaAnalysis. The American Journal of Psychiatry.
- Trivedi MH, Rush AJ Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. The American Journal of Psychiatry.



up to 40% of risk factors for DEVELOPING DEPRESSION ARE GENETIC



The specific **GENES** that might **CAUSE DEPRESSION** remain unclear

Unlike many physical illnesses, the genes that might cause **DEPRESSION** overlap with **ANXIETY**, **BIPOLAR**, & other mental health concerns



There is a strong correlation between

IMMUNE SYSTEM DISORDERS such as DISORDERS rheumatoid arthritis





though the implications of this connection are still being studied



Monoamine Theory revolves around:

DOPAMINE SEROTONIN
NOREPINEPHRINE

Because of this, the most popular ANTIDEPRESSANTS raise the levels of one or more NEUROTRANSMITTERS:

SSRIs selective serotonin SNRIs selective norepinephrine reuptake inhibitors

While helpful, this theory is

NOT COMPLETE

it can't explain why
some people don't respond well
to SSRIs & SNRIs but do well on

ATYPICAL anti-depressants



There is

NO CLINICAL EVIDENCE that
one medication works best

One study showed 2806 ONLY of people

were able to achieve symptom RELIEF FROM MEDICATION ALONE



The Science of Depression



- Depression and other mental health conditions are solely diagnosed through described experiences
- Research gives a glimpse of what might be bio-markers of depression

It is more than chemicals

- Seratonin is important to our understanding of depression, but it's not the only piece of the puzzle
- Factors such as genetics and environment play a significant role



 Scientists could develop new medications, discover new treatments, and give a better quality of care. The more we know, the better people's lives become!



up to 40% of risk factors for DEVELOPING DEPRESSION ARE GENETIC



The specific GENES that might CAUSE DEPRESSION remain unclear

Unlike many physical illnesses, the genes that might cause **DEPRESSION** overlap with **ANXIETY, BIPOLAR**, & other mental health concerns

Source:

- Nemeroff, C. 2020 The State of our Understanding of the Pathophysicology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.
- Sullivan PF, Neale MC, Kendler KS. 2000. Genetic Epidemoligy of Major Depression: Review and MetaAnalysis. The American Journal of Psychiatry.
- Trivedi MH, Rush AJ Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. The American Journal of Psychiatry.



Monoamine Theory revolves around:

DOPAMINE SEROTONIN
NOREPINEPHRINE

ANTIDEPRESSANTS
raise the levels of one or more
NEUROTRANSMITTERS:
SSRIs selective serotonin SNRIs selective norepinephrine reuptake inhibitors

While helpful, this theory is

NOT COMPLETE

it can't explain why
some people don't respond well
to SSRIs & SNRIs but do well on

ATYPICAL anti-depressants

Source:

- Nemeroff, C. 2020 The State of our Understanding of the Pathophysicology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.
- Sullivan PF, Neale MC, Kendler KS. 2000. Genetic Epidemoligy of Major Depression: Review and MetaAnalysis. The American Journal of Psychiatry.
- Trivedi MH, Rush AJ Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. The American Journal of Psychiatry.



There is a strong correlation between

IMMUNE SYSTEM DISORDERS such as Disorder of the sum at the such as the sum at the sum





though the implications of this connection are still being studied

Source:

- Nemeroff, C. 2020 The State of our Understanding of the Pathophysicology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.
- Sullivan PF, Neale MC, Kendler KS. 2000. Genetic Epidemoligy of Major Depression: Review and MetaAnalysis. The American Journal of Psychiatry.
- Trivedi MH, Rush AJ Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. The American Journal of Psychiatry.



There is

NO CLINICAL EVIDENCE that
one medication works best

One study showed 28% of people

were able to achieve symptom RELIEF FROM MEDICATION ALONE

Source:

- Nemeroff, C. 2020 The State of our Understanding of the Pathophysicology and Optimal Treatment of Depression: Glass Half Full or Half Empty? The American Journal of Psychiatry.
- Sullivan PF, Neale MC, Kendler KS. 2000. Genetic Epidemoligy of Major Depression: Review and MetaAnalysis. The American Journal of Psychiatry.
- Trivedi MH, Rush AJ Wisniewski SR, et al. 2006. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. The American Journal of Psychiatry.



up to 40% of risk factors for DEVELOPING DEPRESSION ARE GENETIC



The specific **GENES** that might **CAUSE DEPRESSION** remain unclear

Unlike many physical illnesses, the genes that might cause **DEPRESSION** overlap with **ANXIETY**, **BIPOLAR**, & other mental health concerns



There is a strong correlation between IMMUNE SYSTEM

DISORDERS such as Theumatoid arthritis





though the implications of this connection are still being studied



Monoamine Theory revolves around:

DOPAMINE SEROTONIN
NOREPINEPHRINE

Because of this, the most popular ANTIDEPRESSANTS raise the levels of one or more NEUROTRANSMITTERS:

SSRIs selective serotonin SNRIs selective norepinephrine reuptake inhibitors

While helpful, this theory is

NOT COMPLETE

it can't explain why
some people don't respond well
to SSRIs & SNRIs but do well on

ATYPICAL anti-depressants



There is

NO CLINICAL EVIDENCE that
one medication works best

One study showed 28% of people

were able to achieve symptom RELIEF FROM MEDICATION ALONE

