

Depression is a common and highly treatable disorder affecting over 17-20 million Americans annually. Second only to heart disease, depression is the top reason for suicide in the United States. Once identified, depression can almost always be successfully treated. Unfortunately, misdiagnosis and under-treatment is common especially within the African American community. Many African American women do not seek treatment because it is viewed as a personal weakness, not a health problem. Only 12 percent of African American women seek help and/or treatment. This perception must be eliminated to help persons who live with depression and need support.

What is depression?

Clinical depression is a serious medical illness that is much more than temporarily feeling sad or blue. It involves disturbances in mood, concentration, sleep, activity level, interests, appetite and social behavior. Although depression is highly treatable, it is frequently a life-long condition in which periods of wellness alternate with recurrences of illness. It can be caused by any number of triggers, but people must realize it is not a “mood” that you can “just snap out of.”

What are the symptoms of major depression?

The onset of the first episode of major depression may not be obvious if it is gradual or mild. The symptoms of major depression characteristically represent a significant change from how a person functioned before the illness and include:

- persistently sad or irritable mood;
- pronounced changes in sleep, appetite and energy;
- difficulty thinking, concentrating and remembering;
- physical slowing or agitation;
- lack of interest in or pleasure from activities that were once enjoyed;
- feelings of guilt, worthlessness, hopelessness and helplessness;
- recurrent thoughts of death or suicide; and
- persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain.

African American women tend to reference emotions related to depression as “evil” or “acting out.” Feelings of hyperirritability, negativity, stress and repetitive harmful impulses are also signs that you or someone you know is depressed.

What are the risk factors for African American women?

Caucasians experience depression more often, but African American and Caribbean women experience greater severity and persistence. The National Survey of American Life: a study of racial, ethnic and cultural influences on mental disorders and mental health, provided evidence of communities holding on to long legacies of secrets, lies and shame originating from slavery. Avoiding emotions was a survival technique which has now become a cultural habit. Five reasons a majority of the population withheld information on their illness included:

- might hurt the family
- might ruin their career
- people might think they are crazy
- they cannot afford to appear weak; and
- shame

Societal issues also factor into a higher percentage of African American women experiencing depression. Being both female and African American can make a person more vulnerable to negative attitudes and behavior. This gender crisis is important in pinpointing depression among the African American population. To serve others in the community, family and others often leaves these women unable to relax or sleep.

Body image also affects women of color, creating a cascade of events: Others may believe the stereotype portrayed by the media of African Americans as curvaceous and sensual. However, for every curvaceous celebrity there are millions of women who do not match this body profile. For some, food then acts as a comfort, serves as protection and results in overeating and sometimes, eating disorders.

How is major depression treated?

Although major depression can be a devastating illness, it is highly treatable. Between 80-90 percent of persons diagnosed with major depression can be effectively treated and return to their usual daily activities and feelings. Many types of treatment are available, and the type chosen depends on the individual and the severity and patterns of his or her illness. There are three well-established types of treatment for depression: medications, psychotherapy and electroconvulsive therapy (ECT). For people who have a seasonal component to their depression, light therapy may be useful. Transcranial magnetic stimulation (TMS) may be helpful for depression that has not responded to one trial of an antidepressant. These treatments may be used alone or in combination. Additionally, peer education and support can promote recovery. Attention to lifestyle, including diet, exercise and smoking cessation, can result in better physical and mental health.

Medication

Research has shown that imbalances in neurotransmitters or chemicals in the brain, like serotonin, dopamine and norepinephrine can be improved with antidepressants. It often takes two-to-four weeks for antidepressants to start having an effect, and 6-12 weeks for antidepressants to take full effect.

Individuals and their families must be cautious during the early stages of medication treatment because normal energy levels and the ability to take action often return before mood improves. At this time—when decisions are easier to make, but depression is still severe—the risk of suicide may temporarily increase. A greater risk of self harm occurs in individuals taking antidepressants who are under 25—in 2004 the FDA put a black box warning on antidepressants noting increased risk of suicidal thoughts and feelings in the first months of treatment.

Psychotherapy

There are several types of psychotherapy that have been shown to be effective for depression including cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). CBT concentrates on changing the negative attributional bias (seeing every cup as half-empty) associated with major depression. The focus in IPT is on a patient's relationships with peers and family members and the way they see themselves. Research has shown that mild to moderate depression can often be treated successfully with either of these therapies used alone. However, severe depression appears more likely to respond to a combination of psychotherapy and medication.

Be informed and voice all your questions and concerns about your treatment to your health care provider. By building a strong relationship, you can work together for the most effective treatment for you.

Special treatment considerations for African American women

Building and maintaining a strong support network can aid in the recovery and future prevention from clinical depression. Learn from role models to help you distinguish between what you can and cannot control. Many African American women minimize the seriousness of the problem and do not proactively seek treatment. The strength of faith and church supports can supplement depression treatment and reduce isolation. Seek other forms of support to better your mental health. Putting yourself first on the list is essential.

In acknowledgment of the need to increase awareness within the African American female community, Delta Sigma Theta Sorority, Inc., and the National Black Nurses Association have partnered in the National Campaign on Clinical Depression. You can call their hotline toll-free at (800) 228-1114 for information on support groups and other resources.

www.blackwomenshealth.com

Black Pain: It Just Looks Like We're Not Hurting by Terrie Williams by Terrie M. Williams

Saving Our Last Nerve: The African American Woman's Path to Mental Health by Marilyn Martin, M.D., M.P.H.

Reviewed by Ken Duckworth, M.D.
October 2009