

Depression is common in multiple sclerosis (MS). Around half of people diagnosed will have a depressive episode - three times higher than for the general population.

Identifying depression and seeking early treatment is key. With the right information and support, depression can be managed effectively to maintain a healthy and active lifestyle.

How MS can cause depression

Often related to anxiety or stress, depression can be a symptom of MS or develop as a result of diagnosis or a change in your condition.

What is depression?

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time (weeks, months or even years) and sometimes without any apparent reason. Depression is more than just a low mood – it's a serious condition that affects your physical and mental health.

Depression can be:

- **Mild** - minimal symptoms and limited effect on daily life
- **Moderate** - more symptoms e.g. grief or sadness and can make daily life much more difficult than usual or;
- **Severe or Clinical** - many symptoms sometimes lasting for months and can make daily life very difficult. This level of depression often leads to complete withdrawal from hobbies and social engagement.

Depression does not discriminate, indicate weakness, nor is something to hide. Often out of your control, depression can come and go, occur once, build up slowly or fast. Help is never far away. Talk to a professional also family and/or friends.

Signs of depression

The **two most common** signs:

- Persistently feeling sad or empty with a low mood.
- Ongoing, reduced interest or pleasure in all or most normal activities, such as eating, reading or socialising.

It's not usual to constantly feel low, so if you experience either sign, talk with your GP or healthcare team e.g. MS nurse or neurologist, for a tailored treatment plan.

Other signs (lasting for at least two weeks) may include:

- Appetite changes, weight loss or gain
- Constipation
- Disturbed sleep
- Feeling sluggish, agitated, unmotivated, worthless or guilty
- Increased fatigue
- Less able to think, concentrate or make decisions (which can affect work performance and create other issues)

Other signs continued:

- Negative thoughts
- Persistent thoughts of death or suicide (which can happen when the future looks bleak)

Many of the symptoms associated with depression such as fatigue, sleep or concentration issues are also symptoms of MS, which can make recognising depression even more difficult.

What causes depression?

It's thought that an imbalance in brain chemistry causes a drop in mood. Depression can be triggered by stressful events such as loss, money or relationship strain. There may also be some genetic factors, so if a family member has had depression it may be more likely that you will too.

For people living with MS there are additional factors that may lead to depression.

Depression can result if the MS lesions are in areas of the brain associated with mood.

Depression in MS may also be associated with MS-related changes in the immune and/or neuroendocrine systems.

The challenges of living with MS, plus increased stress, chronic pain and overwhelming fatigue can lead to depression. MS depression isn't clearly related to disability or having lived with the condition for a long time, and may be more common earlier in the condition.

Social support levels can also make a difference i.e. for someone socially isolated, depression can be more severe. How you adjust to living with MS and the kinds of strategies used to manage the condition is also important.

Living with MS and depression

If depressed, you may not care for yourself as normal, avoid or stop a healthy lifestyle, physical or occupational therapy and/or exercise, or you may neglect to take (or take inconsistently) prescribed medication either for your MS and/or depression.

It can be hard to discuss mental health, but family and friends can also play a key role in helping you identify, recognise or even manage and prevent depression. Prevention strategies for depression and ways to manage your mental and physical health may include:

- Regular exercise
- Sunshine, warmth, light and fresh air
- Positive thoughts, avoid being hard on or comparing yourself to others

Recognising risk factors can be important, so keeping a diary can be valuable.

What should I do if I experience depression?

Without the right help early on, depression can spiral out of control and may also affect your MS management.

If you have mood or motivation issues, it may be helpful to review your MS management and medications with your GP and neurologist.

If depressed tell someone how you feel, as soon as possible – such as a GP, MS nurse or ask to be referred to an appropriate specialist.

In short:

- Talk to a doctor immediately (describe your symptoms and discuss treatment options)
- Take your prescribed medication (usually takes at least four weeks before you feel better)
- Speak up if you experience side effects or the medication is not working (your doctor may change the dose or drug)
- Psychotherapy (a Psychologist or Psychiatrist) can be as effective as medication, especially together (discuss with your doctor)
- See your doctor every two to six weeks to review progress and to allow any side effects to be managed effectively - continue until the depression symptoms have largely gone
- Some people with depression (normally severe) are referred to a psychiatrist, a specialist in depression who can prescribe anti-depressant medications (used only under supervision)

Like MS, depression varies from person to person so an individual approach is best. Treatments are often used in combination.

What else can I do to manage these symptoms?

Self-management

In mild to moderate depression, self-management can form an important part of an overall approach to managing depression.

This may include lifestyle changes such as increased physical activity plus an increased focus on health and wellbeing e.g. stop smoking, reduce stress, improve sleep and relaxation or even introduce mindfulness techniques. Self-help support groups, phone counselling, online forums or mental health organisations may also help.

Your doctor will regularly review your progress to ensure that your mood is improving.

Talking therapies

Mild to moderate cases of depression may benefit from talking therapies, **Cognitive behavioural therapy (CBT)** or psychological approaches, which aim to help you identify and overcome negative thoughts associated with depression.

The idea of CBT is that the way you think about a situation affects how you act. And in turn, these actions can affect how you think and feel. Therefore thinking (cognition) and behaviour need to change at the same time. CBT can treat less severe cases of depression in MS and is available via referral to a psychologist and through online courses.

Counselling helps you to think about and identify ways to overcome or manage problems. In counselling, the therapist has a more passive role than in other psychological approaches, providing more of a listening approach.

Other talking therapies include psychotherapy, family, couples and group therapy.

Medication

Antidepressants may be used for moderate to severe depression, or where previous treatments haven't worked. You usually start with the lowest possible dose and it takes around a month to take effect. The dose may be increased, or the treatment changed if there is no benefit, or you experience side-effects. Some people may start to feel better quickly, but it's important not to stop taking your medication without talking to your doctor as this can trigger a recurrence.

Depression-management drugs work differently, but all increase the levels of neurotransmitters in the brain e.g. serotonin or dopamine, which are thought to boost mood.

Severe complicated depression

In some rare cases, where there are persistent and repeated episodes of severe depression which results in severe self-neglect, or you are thought to be a major risk to people close to you, the standard treatments described above may prove ineffective. In these cases you may be referred to specialist mental health services for a tailored treatment program as an inpatient or outpatient.

If depression returns

Depression can recur, so to help prevent further episodes, it's helpful to recognise the signs of feeling low again. Besides a diary, there are apps to help people monitor social activity, exercise and sleep patterns - you may see changes that reflect your mood drop. Using previously helpful strategies can assist you to stay well.

Information and assistance:

General

There is support available to help you manage your MS:

- **Your GP** should be the first contact for any new and/or persistent depression concerns. MS nurses and other healthcare advisers can also help you to manage this symptom on an ongoing basis.
- **Contact your state MS society** (details below) to access services such as MS nurses, peer support and other resources.
- Speak to your neurologist and other healthcare providers about the best approach to treatment management for your individual circumstances.
- For information about MS and MS treatments visit www.msaustralia.org.au

■ Contact details for your state MS organisations:

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| MS Connect (Victoria, NSW, ACT and Tasmania) | 1800 042 138 | msconnect@ms.org.au | www.ms.org.au |
| MSWA (Western Australia) | 1800 287 367 | enquiries@mswa.org.au | www.mswa.org.au |
| MS Assist (South Australia and NT) | 1800 812 311 | msassist@ms.asn.au | www.ms.asn.au |
| MS Queensland | 1800 287 367 | mssociety@msqld.org.au | www.msqld.org.au |

Depression-related and other organisations

The following support services may be able to provide wellbeing or other advice:

- **beyondblue** 1300 22 4636 www.beyondblue.org.au provides information, support and referral services to help people achieve their best possible mental health and point you in the right direction.
- **Black Dog Institute** www.blackdoginstitute.org.au provides depression symptom, treatment and prevention information, but not crisis support.
- **Headspace** 1800 650 890 www.headspace.org.au and **Kids Helpline** 1800 55 1800 www.kidshelpline.com.au offer online and phone services for people under 25 and their families.
- **MensLine Australia** 1300 78 99 78 www.mensline.org.au/ offers online and phone support and services to help men with relationship problems.
- **Mindhealthconnect** www.mindhealthconnect.org.au provides access to mental health care services, online programs and resources.
- **MindSpot Clinic** 1800 61 44 34 www.mindspot.org.au offers free assessment and treatment services for adults with depression or anxiety.
- **QLife** 1800 184 527 www.qlife.org.au offers counselling and referral services for LGBTI people.
- **Relationships Australia** 1300 364 277 www.relationships.org.au
- **SANE Australia** 1800 18 7263 www.sane.org provides information about mental illness, treatments, support and carer assistance.
- **Lifeline** 13 11 44 www.lifeline.org.au provides 24 hour crisis support and suicide prevention services.

Other

- **Carers Australia** 1800 242 636 www.carersaustralia.com.au provides information and advice to carers, their friends and families about carer support and services.
- **Independent Living Centres Australia** 1300 885 886 www.ilcaustralia.org.au provides information about products and services to help people remain independent and improve their quality of life.
- Federal Government agency Moneysmart www.moneysmart.gov.au provides financial advice, including debt help options, during stressful life events with a free **Financial Counselling Helpline** 1800 007 007 www.moneysmart.gov.au/managing-your-money/managing-debts/financial-counselling

Sources

This fact sheet comprises material from previously published Australian MS Society leaflets plus Multiple Sclerosis (MS) UK Trust and beyondblue online resources (and associated references), and has been approved by both a medical expert and a person living with MS.

Disclaimer: Information prepared by MS Australia. It is intended to provide useful and accurate information of a general nature and is not a substitute for medical advice.