Depression and Quality of Life: A Patient's Perspective

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No one is immune to depression—it strikes people at all levels of society, regardless of age, education, or profession. The stigma of depression frequently leads individuals to avoid seeking medical help, even in the face of overwhelming anguish and despair. Many others may seek medical care, but are inadequately treated. Lack of, or inadequate, treatment for depression can have dangerous consequences. Approximately 15% of depressed individuals commit suicide.[1]

Perhaps the most overlooked tragedy of depression, however, is the relentless shadow it casts over everyday life, from interactions with children, a spouse, or parents, to social and work-place functioning. Depression can destroy marriages and friendships, create barriers between children and their parents, and sabotage careers. Most sadly, depression robs an individual of those precious moments in life on which we build our happiest memories—attending a child's first dance, enjoying dinner with friends, sharing intimate moments with a loved one.

Helping patients feel better is an important first step in the treatment process. But once this is achieved, we should not become complacent. No less than anyone else, the person with depression wants to feel "well," not just "better." To accomplish this, we must also address the subtle, and often insidious, effects of depression on quality of life. Just like anyone else, the depressed individual would like to have—and deserves—a fulfilling life, one that is rich with the memories of times shared with family and friends and the hopes and prospects for the future.

From this perspective, no less than when treatment prevents suicide, the physician is a lifeline for the depressed patient and literally holds the future in his or her hands. The successful patient-physician relationship is one based on trust, mutual respect, and the shared hope and goal that the patient can get well. To achieve this goal, physicians should pursue the treatment option most likely to provide complete recovery when depression first strikes, rather than reserving it as a last resort. For the individual who has suffered from depression, having the opportunity to become well is like a dream come true. However, we can achieve this only by being committed and by working together—patients with doctors and doctors with one another.

The optimization of treatment for depression should be viewed as a public health necessity because it is projected that unipolar depression will be the second leading cause of disability-adjusted life years worldwide by 2020.[2]

From the North Carolina Depressive and Manic-Depressive Association, Raleigh. *Ms. Singleton has received honoraria from Wyeth-Ayerst and GlaxoSmithKline.*

REFERENCES

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2. Murray CJ, Lopez AD. Alternative projections of mortality and disability by cause 1990–2020: Global Burden of Disease Study. Lancet 1997;349:1498–1504

Shelia S. Singleton is the founder and codirector of the North Carolina Depressive and Manic-Depressive Association (NCDMDA) in Raleigh. NCDMDA provides information and services for individuals and families affected by depression. To increase awareness and education on depressive and manic-depressive illnesses, Ms. Singleton frequently speaks on depression-related issues. Her primary goal is to alleviate the stigma associated with these illnesses, encourage those suffering to seek treatment, and promote mental wellness. With insight gained from personal experience with the darkness of a mood disorder, Ms. Singleton stresses the critical importance of an interactive patient-doctor relationship to the healing process.