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How Is Depression Diagnosed?

Diagnosis means "to know." The more health-care providers know about a medical problem, the greater are the odds that they can treat it. This holds true for all medical problems, including psychiatric ones.

To diagnose depression, your health-care provider will probably perform the following assessments:

The Mental-Health Interview

Your health-care provider will ask you about your general health and recent health
history, including details of your symptoms. The mental-status examination is a specific
set of observations and questions geared toward determining your state of mind.

The conversation you have with a mental-health professional — be it a psychiatrist, psychologist, social worker, psychiatric nurse or a person with another form of training in counseling — is the single most important part of the evaluation of depression. A mental-health professional will want to find out:

- What are your problems?
- How do you experience them?
- How did they develop?
- How do these problems appear to others?

You and a mental-health professional will work as a team to define your problem. Your diagnosis depends primarily on the information that is collected from the mental-health interview.

However, the purpose of the interview is not just to come up with a diagnostic label, but to outline possible causes of depression. The interviewer will try to learn as much as possible, in the hopes that it will point the way toward helpful treatment. You can expect your mental-health provider to do the following:

Develop A Good Rapport

You should feel comfortable enough with the interviewer to talk about sensitive topics. The interviewer should create an environment that promotes talking about difficult, emotional matters. Most good mental-health professionals try to be warm and encouraging, while remaining serious, attentive and professional. Mental-health professionals have a wide variety of styles. Someone who you find congenial may make another person uncomfortable. Although you should not expect a perfect match, don't hesitate to look elsewhere if the first mental-health provider you see makes you feel ill at ease.

Ask About Your Life

Your interviewer should take the time to find out some background information about you and your condition. For example, the interviewer should ask how your depression evolved over time and what may have contributed to its development. What is going on in your life? Who is important to you? What other things do you find meaningful — work, leisure, pets, hobbies, religious commitments? What are your goals and ideals?

The interviewer will also want to know about any alcohol and drug use. Most interviewers are aware of and sympathetic with problems that arise from using substances excessively. Drinking and drug problems overlap greatly with mood disorders. They are often very difficult to talk about, but any discussion is likely to be constructive.

Assess Your Symptoms

You may have symptoms of depression such as problems with sleep, appetite or your energy level. Your mental-health provider may go through a list of symptoms of depression and find out if you have had any of them. Sometimes a written questionnaire is helpful for covering most bases. There are likely to be questions about the symptoms of other mental disorders or of medical illnesses.

• Perform A Mental-Status Examination

In a mental-status examination your mental-health provider talks to you and takes note of how you appear. Does your speech flow easily and fluently or is it slow and halting? Are your expressions lively or withdrawn? People who are very depressed have a tendency to speak softly, timidly or with hesitation. Or they may walk or move slowly. They may pay less attention to how they dress or groom themselves.

Your health-care provider will pay close attention to what you are thinking about and your mood, both as you describe it and as the health-care provider observes it. Are you preoccupied with a poor self-image, being overly self-critical? Are you especially concerned with your physical health?

In addition to making these kinds of observations, your mental-health provider may give you some short memory, math and vocabulary tests, along with some general knowledge questions, to find out about your ability to concentrate, your memory or your judgment. People who are depressed may have trouble with questions like these because they have trouble paying attention or concentrating. Some people have unrealistic thoughts, for example, becoming convinced they have a fatal illness or that they are about to be fired from a job, when there is in fact no real threat. Others may become paralyzed by indecision, or they have trouble concentrating or putting their thoughts together to speak.

Your mental-health provider will want to hear specifically about any thoughts of suicide.

The Importance Of Being Thorough

Mental-health professionals are trained to ask questions that you may find surprising. For example, you may have reservations talking about other family members, childhood experiences, school and work experiences, or sexual activity. This information, however, completes the picture of what life is like for you and what the major influences have been, both genetically and in your environment.

A skilled interviewer will encourage you to talk more about some things and less about others. You may feel that the interviewer is asking good questions and pushing you gently to talk about matters that you hadn't thought were important or were reluctant to talk about. On the other hand, you may feel the interviewer is brushing past some key elements or taking you in the wrong direction.

The interview is a collaboration. You and your mental-health provider need to work together to make sure important information is discussed. If the discussion is going down the wrong path, say so.

There is rarely a perfect fit between a patient and mental-health provider, especially in the first meeting. So before you make your first appointment, think carefully about what is important to you. You'll have a better chance of explaining it clearly.

Physical Examination

Your primary-care doctor is an excellent person to see first if you are depressed. Your doctor can do an initial evaluation of depression and maybe even get you started with some basic advice or an antidepressant. Your doctor also can provide a referral to a mental-health professional.

Tell your doctor about your physical symptoms, as well as any symptoms of depression. He or she will probably ask the following:

- How severe are your symptoms?
- When, where and how frequently do they occur?
- What brings the symptoms on?
- What relieves the symptoms?

Your doctor will want to know how long your symptoms have lasted. For example, in <u>dysthymia</u>, symptoms can last for years, although they are less severe than the symptoms of <u>major depression</u>. Some people with dysthymia become so used to feeling down that they do not regard it as a problem that requires treatment. Your doctor should be able to determine whether your symptoms add up to a problem worth evaluating further.

Tell your doctor — if he or she doesn't already know — about any medical illnesses you have or have had, what the treatment has been and what drugs you take. Depression may be caused or magnified by a medical problem or drug treatment. Talk about your family's history, because some illnesses run in families.

Sometimes it helps to write down what you want to say and bring it with you to your appointment with your doctor.

Here are some examples of what your doctor may do during your exam:

- Examine your nervous system because psychiatric disorders and neurological disorders can overlap. Your doctor may ask if you have muscle weakness or problems with sensation or walking. Many parts of the exam test the functioning of your nervous system, including tests of movement, muscle strength and reflexes (for example, tapping your knee with a hammer).
- Examine your neck to feel if your thyroid is enlarged because thyroid disorders can cause mood problems.
- Listen to your heart and check your circulation by examining pulses in your arms and legs and seeing if you have any swelling in your feet because underlying heart problems can influence your mood.
- Do a rectal exam to check for gastrointestinal bleeding because anemia can drain your energy.

In a few cases, finding and treating a physical problem eliminates depression. Even if a physical problem is not the cause of your depression, it is always a good idea to stay on top of your general health, because the body needs to function well for the brain to function well.

Diagnostic Tests

• Your health-care provider will occasionally order diagnostic tests (such as blood tests and X-rays) to find out if you have any medical problems causing your symptoms.

There is no specific diagnostic test for depression.

Although depression is often referred to as a "chemical imbalance," no single chemical causes depression. Rather, there are many chemicals involved in depression, and their interactions are very complex. Even for those chemicals that are known to play a role, such as serotonin, there is no useful way to measure their concentrations.

Diagnostic tests, however, can help evaluate people who are depressed. They can help identify any medical problems that may be causing depression or any negative health effects caused by depression. Diagnostic tests are part of the overall evaluation of this disorder.

Your health-care provider will decide which tests are right for you depending on your age, your physical symptoms and your health history. If you are younger than 40 and generally very healthy, few if any tests may be ordered. If you are older than 50 and have many symptoms, your health-care provider will probably have more tests in mind.

Remember, none of these tests are tests for depression itself. They may, however, indicate what may be causing your depression. The results of these tests can help determine the right treatment for you.

Blood Tests

In an otherwise healthy person, health-care providers will often check the functioning of the thyroid gland by measuring the levels of certain hormones in the blood. Sometimes depression is the only symptom of low levels of thyroid hormone (or hypothyroidism).

If fatigue or weight loss is part of the picture, health-care providers may obtain a complete blood count and a chemistry profile.

- A complete blood count (CBC) measures the number of red and white blood cells in your blood. Low numbers of red blood cells indicate anemia. And low or high numbers of white blood cells may show that you have an infection or some problem with your immune system.
- A chemistry profile evaluates the function of your kidney and liver. It also uncovers irregularities in the concentration of various substances in your body (such as sugar and cholesterol).

X-Rays And Other Imaging Techniques

Your health-care provider is not likely to order an X-ray unless he or she suspects a specific problem. For example, a chest X-ray is frequently done if there is a suspicion of some lung or

heart disease. Other X-rays or scans may be part of an evaluation to rule out different kinds of cancer, although it is very uncommon for depression to be the first symptom of cancer. Computed tomography (CT) and magnetic resonance imaging (MRI) may be used to evaluate neurological illnesses. Your health-care provider may suspect a neurological illness from the symptoms of your physical examination. An electroencephalogram may be used to diagnose a seizure disorder; it also provides other useful information about the brain's functioning.

The Challenge Of Diagnosis

Making a diagnosis, especially a psychiatric diagnosis, is a challenging task.

When assessing depression, health-care providers must sort out the different types of mood disorders to make a useful and relevant diagnosis. Dysthymia (a moderate and persistent form of minor depression) is treated differently from bipolar disorder (an illness with periods of depression and periods of elevated mood called mania).

There are always gray areas, so a health-care provider's job is to come up with a list of probable or possible diagnoses. This list provides a framework for making treatment suggestions. Refining the diagnosis is a gradual process. As you and your health-care provider learn more about your depression, keep an open mind. Don't give up if the first approach doesn't work. And speak up if you're uncomfortable. For example, if you have an drug side effect you just can't live with, tell your doctor. In many cases, your doctor will be able to suggest an alternative that will work better for you. This can be a time-consuming process, but you are likely to find a suitable treatment.