

Depression and Spinal Cord Injury



Mount Sinai
Spinal Cord Injury System

Department of Rehabilitation
Medicine
Icahn School of Medicine at
Mount Sinai

Connect with Us:

212-241-3141

arianny.ramirez@mountsinai.org

[http://icahn.mssm.edu/research/
spinal-cord-injury](http://icahn.mssm.edu/research/spinal-cord-injury)

1450 Madison Ave
New York, NY 10029

For more information,
contact your nearest SCI
Model System. For a list of
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Depression is common and can affect anyone. About 1 in 20 Americans (over 11 million people) get depressed every year. Depression is even more common in the spinal cord injury (SCI) population—about one in five people. Estimated rates of depression among people with SCI range from 11% to 37%.

What is depression?

Depression is not just “feeling blue” or “down in the dumps.” It is a serious medical disorder (just like diabetes, in which both biology and behavior can help or hurt). Depression is closely linked to your thoughts, feelings, physical health and daily activities. Depression affects both men and women. Depression can cause some or all of the following physical and psychological symptoms:

- Changes in sleep (too much or too little)
- Feeling down or hopeless
- Loss of interest or pleasure in activities
- Changes in appetite
- Diminished energy or activity
- Difficulty concentrating or making decisions
- Feelings of worthlessness or self-blame
- Thoughts of death or suicide

Periods of sadness are normal after SCI. However, there is cause for concern when feeling depressed or losing interest in usual activities occurs almost daily and lasts for more than two weeks. Depression is not caused by personal weakness, laziness or lack of will power.

Causes of depression

Although we don't know for sure what causes depression, we do know that life stresses and medical problems can cause a change in certain brain chemicals, called neurotransmitters. This chemical imbalance is linked to changes in mood, enjoyment, sleep, energy, appetite and ability to concentrate.

Depression can and should be treated

The good news is that the symptoms of depression can almost always be treated with specific types of counseling or antidepressant medications. However, a combination of both counseling and antidepressant medication has been shown to have the best results. Regular exercise or physical activity can also

improve mood, especially when used together with counseling or medications.

It is important to treat depression because it can have such a harmful effect on a person’s ability to function in day-to-day life. Depression can make pain worse, make sleep difficult, sap your energy, take away your enjoyment and make it difficult for you to take good care of your health.

Untreated depression can last 6 to 12 months or more. Thoughts of death is a symptom of depression. The risk of suicide is higher while someone is depressed. Due to both brain chemistry and thought patterns, often people who have severe depression and suicidal thoughts have difficulty seeing a way out of their problems. Suicidal thinking goes away once depression is treated.

What counseling really is

Counseling or psychotherapy is often misunderstood. There are many different kinds of therapy, but one type that has been proven to help depression is called “cognitive-behavioral therapy.” Cognitive-behavioral therapy is based on the idea that depression improves when people are more engaged in meaningful activities and when they regain their positive beliefs and attitudes about themselves, their world and their future. The therapist helps you find or resume activities that are meaningful or enjoyable to you. There will be barriers to overcome, so the therapist supports you like a coach to help resolve the problems you face. The therapist also helps you recognize how your thinking becomes more negative in depression and how, through experimentation and logic, you can improve your outlook and rebuild confidence.

How do antidepressants work?

Antidepressant medications seem to work by restoring a normal balance of important brain chemicals such as norepinephrine and serotonin. Rebalancing these chemicals leads to feeling better both emotionally and physically. Treating depression can also help you function better at home and at work. Antidepressants are not addictive. Some people get side effects, but they tend to lessen over time.

Depression Self-Test

For each of the nine items listed below, circle the number (0-3) that corresponds to how often you have been bothered by that problem over the **past two weeks**.

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or no pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or over-eating.	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite: being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way.	0	1	2	3

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What you can do

1. Take a “depression self-test” like the one above.
2. Answer all the questions honestly, add up your score and see where your score falls.
3. If your score is 10 or higher and you have been feeling this way for more than a week or two, contact your health care provider or

a psychologist, psychiatrist or counselor who has experience treating depression.

4. If you are having thoughts of death or suicide, contact your health care provider or a mental health specialist immediately. Also, inform those around you about how badly you are feeling so that they can support you and help keep you safe while you go through this difficult period.

If you are in danger of harming yourself now, please call 911, the 24-hour National Crisis Hotline at 800-273-8255, or your local Crisis Clinic right away.

Remember, depression is not a necessary or inevitable part of living with SCI. In fact, most people with SCI are not depressed. If you are struggling with depression or feeling low for more than two weeks, talk to your doctor. Depression is treatable and beatable.

How to find help

Many mental health professionals are qualified to treat depression. For example, psychiatrists have specialized training in medication management for depression and psychologists are trained to provide counseling for depression.

Other physicians, such as primary care physicians, neurologists and physiatrists, and nurse practitioners with experience in treating depression can often get treatment started and refer you to mental health professionals as needed.

When available, seek treatment from a comprehensive spinal cord injury rehabilitation program that can address all aspects of SCI recovery.

Source

Our health information content is based on research evidence whenever available and represents the consensus of expert opinion of the SCI Model System directors.

Authorship

Depression and Spinal Cord Injury was developed by Charles H. Bombardier, PhD, in collaboration with the University of Washington Model Systems Knowledge Translation Center.

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Disclaimer

This information is not meant to replace the advice from a medical professional. You should consult your health care provider regarding specific medical concerns or treatment.

