



## Depression and MS

**P**eople with MS are at a higher risk for developing depression than adults living with other chronic conditions.

Depression is a treatable medical condition that often goes untreated in persons with MS because:

- Many of the symptoms of depression overlap with symptoms of MS, so depression may not be easily detected.
- People may not want to admit that they are depressed because they feel embarrassed or ashamed. Depression is not a sign of weakness or a character flaw.
- People may think depression is an inevitable part of living with a disability, but those in all stages of MS are able to live full and satisfying lives.

### What are the causes of depression for people with MS?

- Depression can be a reaction to challenging life circumstances. Living with a chronic condition like MS can be very stressful. MS may require changes in your daily routine, abilities and goals. The unpredictability of MS can make adapting to changes challenging.
- MS can cause changes in your immune system, nervous system, hormones and

the emotion processing areas of your brain. All these types of changes can affect your mood.

- MS medications such as steroids can also play a role in mood changes.

### What are the symptoms of depression?

- Feeling down
- Loss of interest in activities or not enjoying activities you used to enjoy
- Changes in appetite
- Changes in sleep
- Lack of energy or feeling fatigued
- Difficulty concentrating, remembering or making decisions
- Feelings of worthlessness
- Feelings of hopelessness
- Feeling more irritable
- Thoughts of death or suicide\*

\*If you're having thoughts of death or suicide, contact your health care provider or a mental health professional immediately. Let others around you know how badly you are feeling so 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.**

## How do I know if I'm depressed?

Since there are overlapping symptoms between MS and depression, it's best to consult your health care provider to determine whether what you are experiencing is depression and recommend treatment that would work best for you.

You can also take a depression self-test like the one below.

### Depression Self-Test

Follow these steps in taking the Depression Self-Test:

- Answer all the questions honestly and add up your score.
- 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.

Over the <b>last 2 weeks</b> , 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 overeating.	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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## Treatment

It is important to treat depression because it can have a harmful effect on your ability to function in day-to-day life.

Depression can:

- make pain worse
- cause sleep problems
- lower your energy
- take away your enjoyment
- make it difficult for you to take good care of yourself

Depression can almost always be treated with counseling (psychotherapy) and/or antidepressant medications. A combination of counseling and antidepressant medication has been shown to be most effective in treating depression.

### *Cognitive-behavioral therapy*

There are many kinds of therapy, but cognitive-behavioral therapy (CBT) is a type of psychotherapy that has been proven to work for depression.

CBT examines the relationships between your thoughts, feelings and behaviors. Cognitive-behavior therapists focus on your current situation and finding solutions. For example, your therapist may:

- Help you return to activities that are meaningful or enjoyable to you.
- Support you and help you problem-solve to overcome barriers.
- Help you recognize how your thoughts are more negative when you are depressed and how you can adjust your thinking to improve your ability to cope with stress and increase your confidence.

CBT can take place one-on-one with a therapist or in a group setting.

### *Antidepressant medications*

A variety of antidepressant medications are used to treat depression. Antidepressant medication works by restoring balance to chemicals in your brain that are important to mood, such as the chemical serotonin.

Typically, medications take several weeks to be fully effective.

It is important to find the medication that works best for you since everyone is different. You may need to try a few different medications before you and your health care provider find one that works. If one medication does not work, be sure to let your health care provider know so he or she can prescribe other medications.

Some people have concerns about taking antidepressants. Antidepressants are not addictive, but there may be some side effects. It is important to discuss your concerns with your health care provider.

### *How do I find treatment?*

Many mental health professionals are qualified to treat depression. If you think you might be depressed, talk to your health care provider. He or she can often help you get treatment started and refer you to a mental health professional as needed. What you tell your health care professionals is confidential.

There are some mental health resources available for individuals with limited or no insurance. Please refer to the Department of Social and Health Services website ([www.dshs.wa.gov](http://www.dshs.wa.gov)). Also, many support groups provided by MS organizations are free.

## What can you do on your own to improve your mood?

- Regular exercise or physical activity: even gentle stretching or going on short walks has been shown to help with depression. To learn more about exercise and MS, see the Exercise and MS Factsheet.
- Eating a balanced diet.
- Getting enough sleep. (See Sleep and MS Factsheet).
- Doing activities that you enjoy or have enjoyed in the past.
- Doing social activities to reduce isolation. Scheduling these activities can help you follow-through.
- Meditation, deep breathing exercises or mindfulness-based practice is effective for some people.
- Being outside and exposed to natural light can also make a difference.

## Resources

National MS Society: Depression in MS. <http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/symptoms/depression/index.aspx>

The Multiple Sclerosis Association of America: Understanding and Overcoming Depression in MS. <http://www.mymsaa.org/PDFs/MSAA.Depression.0507.pdf>

Authentic Happiness, Positive Psychology Center. University of Pennsylvania. <http://www.authentichappiness.sas.upenn.edu>

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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.

## Authorship

Content is based on research evidence and/or professional consensus of faculty at the University of Washington Multiple Sclerosis Rehabilitation Research and Training Center. This factsheet may be reproduced and distributed freely with the following attribution: Wazenkewitz, J. and Terrill, AL. (2013) Depression and MS [Factsheet]. Multiple Sclerosis Rehabilitation Research and Training Center. NIDRR/U.S. D.O.E. grant #H133B080025. University of Washington. <http://msrrtc.washington.edu/>