

## Clinical Depression

**Specific purpose statement:** To inform the audience about clinical depression

**Central idea:** To inform the audience about the signs and symptoms, diagnosis, and treatments of clinical depression.

### Introduction

Have you ever had a best friend? Someone who called your sibling. You talked and hung out every day, and knew everything about each other. Gradually you notice your friend isn't talking as much. They don't return your calls or texts, and you rarely see them anymore. Eventually, it's like you two don't know each other. Then it happens. You get a call from their parents, or a mutual friend. Your best friend is no longer here; they committed suicide. You later find out that your friend actually had clinical depression, but you had no idea and now you wish that you could have helped. As a witness to those who have and have not survived clinical, I'm going to tell you how you can help a friend or loved one by learning about the signs and symptoms, diagnosis, and treatments of clinical depression.

### Transition statement to signs/symptoms

In order to help someone with their clinical depression, you first have to be able to recognize it.

### Body

Linda Andrews, author of *Encyclopedia of Depression* states that clinical depression is an "umbrella term" for major depression; depression that does not go away and requires a form of medical help.

According to Amy Sutton, editor of the *Depression Sourcebook* and the most common signs and symptoms include:

- Consistently feeling sad or "empty"
- Feelings of hopelessness or worthlessness
- Restlessness
- Loss of interest
- Rapid change in weight
- Fatigue
- Thoughts of suicide or suicide attempts
- Crying (often and seemingly without reason)

According to Andrews, a person should become concerned with these symptoms when they last for at least two weeks.

Although not all of these are physical aspects able to be seen, it is important to talk to someone who you may think is experiencing clinical depression. Talking to someone about what they are

feeling and going through can drastically change where clinical depression may lead, according to Sutton.

**Transition statement to diagnosis:**

As some illnesses can cause similar symptoms of clinical depression, such as a virus or disorder, it is important to seek professional help.

- If a person does feel that he or she may have clinical depression, the next steps according to Sutton are getting help from a doctor or mental health professional to either rule out one of these illnesses, or get the help you need.
- If there are no positive results is doing a physical exam and undergoing tests, you may be sent to a mental health professional. There you will discuss any past history of clinical depression or any other mental illnesses, when your symptoms began and how severe they are, and what you have been doing to try to help yourself. You may also be asked if you have had any thoughts of suicide.

**Transition statement to treatment:**

After you are evaluated by the mental health professional and if you are diagnosed with clinical depression, the next step is treatment, described by Sutton.

- One treatment method is medication, or, antidepressants. These medications work with your brain cells to regulate mood. Medication must be taken as prescribed for at least 4 weeks for the full effects to show. It is vital to not suddenly stop taking any medication without your doctor's instruction as this can worsen your clinical depression.
- Another treatment for clinical depression is psychotherapy, or, talk therapy. There are two kinds of psychotherapy: cognitive-behavioral therapy (CBT) which helps patients interpret their environment in a positive way and may help identify things that may be worsening clinical depression. Second, Interpersonal therapy (IPT) helps people work through troubles in their life. The most common treatment methods are a combination of medication and psychotherapy.
- The last treatment method I will talk about, is electroconvulsive therapy (ECT) also referred to shock therapy, in which the patient is under anesthesia and given a muscle relaxer. They do not feel the shock. ECT is usually done in combination of a medication.

**Transition statement to conclusion:** Although you have received a lot of information, please be aware that it may help yourself or a friend in the long run.

**Conclusion**

Be sure to consider all possibilities, such as physical illnesses, before overwhelming yourself or someone else with the possibility of having clinical depression. Remember to look for the signs, get diagnosed, and get treatment. After all, would you like to be on the other end of the phone to find out it is too late to help your friend?

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Fall 2014

#### Works Cited

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