How can I help a loved one who is depressed?

If you know someone who has depression, first help him find a doctor or mental health professional and make an appointment.

- Offer him support, understanding, patience, and encouragement.
- Talk to him, and listen carefully.
- Never ignore comments about suicide, and report them to his therapist or doctor.
- Invite him out for walks, outings and other activities. If he says no, keep trying, but don’t push him to take on too much too soon.
- Encourage him to report any concerns about medications to his health care provider.
- Remind him that with time and treatment, the depression will lift.

What if I or someone I know is in crisis?

Men with depression are at risk for suicide. If you or someone you know is in crisis, get help quickly:

- Call your doctor.
- Call 911 for emergency services.
- Go to the nearest hospital emergency room.
- Call the toll-free, 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (1-800-799-4889).

How can I help myself if I am depressed?

As you continue treatment, gradually you will start to feel better. Remember that if you are taking an antidepressant, it may take several weeks for it to start working. Try to do things that you used to enjoy before you had depression. Go easy on yourself. Other things that may help include:

- See a professional as soon as possible. Research shows that getting treatment sooner rather than later can relieve symptoms quicker and reduce the length of time treatment is needed.
- Break up large tasks into small ones, and do what you can as you can. Don’t try to do too many things at once.
- Spend time with other people and talk to a friend or relative about your feelings.
- Do not make important decisions until you feel better. Discuss decisions with others who know you well.

Where can I go for help?

If you are unsure where to go for help, ask your family doctor. You can also check the phone book for mental health professionals or check with your insurance carrier to find someone who participates in your plan. Hospital doctors can help in an emergency.
What are the different forms of depression?
The most common types of depression are:

**Major depression**—severe symptoms that interfere with a man’s ability to work, sleep, study, eat, and enjoy most aspects of life. An episode of major depression may occur only once in a person’s lifetime. But more often, a person can have several episodes.

**Dysthymic disorder, or dysthymia**—depressive symptoms that last a long time (2 years or longer) but are less severe than those of major depression.

**Minor depression**—similar to major depression and dysthymia, but symptoms are less severe and may not last as long.

What are the signs and symptoms of depression in men?

Different people have different symptoms. Some symptoms of depression include:

- Feeling sad or “empty”
- Feeling hopeless, irritable, anxious, or angry
- Loss of interest in work, family, or once-pleasurable activities, including sex
- Feeling very tired
- Not being able to concentrate or remember details
- Overeating, or not wanting to eat at all
- Thoughts of suicide, suicide attempts
- Aches or pains, headaches, cramps, or digestive problems
- Inability to meet the responsibilities of work, caring for family, or other important activities.

What causes depression in men?

Several factors may contribute to depression in men.

**Genes**—men with a family history of depression may be more likely to develop it than those whose family members do not have the illness.

**Brain chemistry and hormones**—the brains of people with depression look different on scans than those of people without the illness. Also, the hormones that control emotions and mood can affect brain chemistry.

**Stress**—loss of a loved one, a difficult relationship or any stressful situation may trigger depression in some men.

Most of the time, it is likely a combination of these factors.

How is depression treated?

The first step to getting the right treatment is to visit a doctor or mental health professional. He or she can do an exam or lab tests to rule out other conditions that may have the same symptoms as depression. He or she can also tell if certain medications you are taking may be affecting your mood.

The doctor needs to get a complete history of symptoms. Tell the doctor when the symptoms started, how long they have lasted, how bad they are, whether they have occurred before, and if so, how they were treated. Tell the doctor if there is a history of depression in your family.

**Medication**

Medications called antidepressants can work well to treat depression. But they can take several weeks to work. Antidepressants can have side effects including:

- Headache
- Nausea, feeling sick to your stomach
- Difficulty sleeping and nervousness
- Agitation or restlessness
- Sexual problems.

Most side effects lessen over time. Talk to your doctor about any side effects you may have.

What is depression?

Everyone feels sad or irritable sometimes, or has trouble sleeping occasionally. But these feelings and troubles usually pass after a couple of days. When a man has depression, he has trouble with daily life and loses interest in anything for weeks at a time.

Both men and women get depression. But men can experience it differently than women. Men may be more likely to feel very tired and irritable, and lose interest in their work, family, or hobbies. They may be more likely to have difficulty sleeping than women who have depression. And although women with depression are more likely to attempt suicide, men are more likely to die by suicide.

Many men do not recognize, acknowledge, or seek help for their depression. They may be reluctant to talk about how they are feeling. But depression is a real and treatable illness. It can affect any man at any age. With the right treatment, most men with depression can get better and gain back their interest in work, family, and hobbies.

“It’s important to know that although antidepressants can be safe and effective for many people, they may present serious risks to some, especially children, teens, and young adults. A “black box”—the most serious type of warning that a prescription drug can have—has been added to the labels of antidepressant medications. These labels warn people that antidepressants may cause some people to have suicidal thoughts or make suicide attempts, especially those who become agitated when they first start taking the medication and before it begins to work. Anyone taking antidepressants should be monitored closely, especially when they first start taking them. For most people, though, the risks of untreated depression far outweigh those of antidepressant medications when they are used under a doctor’s supervision. Careful monitoring by a professional will also minimize any potential risks.

**Therapy**

Several types of therapy can help treat depression. Some therapies are just as effective as medications for certain types of depression. Therapy helps by teaching new ways of thinking and behaving, and changing habits that may be contributing to the depression. Therapy can also help men understand and work through difficult situations or relationships that may be causing their depression or making it worse.

“Did we do anything? They didn’t want anything with us?” ’Did we do anything? They didn’t do anything to me. I just didn’t want to do anything.”

—Rene Ruballo, Police Officer

“I lost interest with the kids and doing things that we used to do…they’d ask their mother, ‘Why is Daddy not getting up and not wanting to do anything with us?’ ”

—Rene Ruballo, Police Officer

“My daily routine was shot. I didn’t have the energy to do anything. I got up because the dog had to be walked and my wife needed to go to work. The day would go by and I didn’t know where it went. I wanted to get back to normal. I just wanted to be myself again.”

—Jimmy Brown, Firefighter

“Why are we acting this way? Why is Daddy not getting up and not wanting to do anything with us?”

—Rene Ruballo, Police Officer

“Did we do anything? They didn’t want anything with us?” ’Did we do anything? They didn’t do anything to me. I just didn’t want to do anything.”

—Rene Ruballo, Police Officer