

# Family Guide to Understanding Depression in Adult Persons with Mental Retardation and Developmental Disabilities (MR/DD)

## 1. Symptoms of Depression

Depression is a common problem experienced by persons with mental retardation. Persons with mental retardation have greater risk for developing depression than the general public; especially individuals with epilepsy or a family history of depression. The symptoms of depression depend upon the severity of intellectual disability. The person with mild retardation can often describe the typical symptoms of depression. Persons with moderate or severe retardation may develop behavioral problems as a symptom of depression including weight loss, diminished activity, anger, hostility, resistiveness or loss of function. Many patients with depression also develop sleep problems and signs of anxiety. The person with mild retardation may begin to express thoughts of harming themselves. Some depressed patients may begin to hear voices, see things or worry about false ideas.

## 2. Causes of Depression

Depression is a biological brain disorder. Persons with neurological damage have a greater risk for developing depression. Many medications and health problems can produce symptoms that resemble depression. Life stress can produce symptoms that resemble depression. A family history of depression may increase the risk for developing depression.

## 3. Evaluation of Depression

Your primary care doctor or the consulting psychiatrist should evaluate the patient to exclude medications, medical problems or life

stressors that can mimic depression. Your psychologist or behavioral specialist can measure behaviors that suggest depression. There is no blood test or brain scan that detects depression. Diagnosis is based on your doctor's clinical judgment.

#### **4. Treatment of Depression**

The treatment of depression includes psychological interventions for persons with mild retardation and medication treatment for all persons with severe symptoms of depression (**For more information, See DDMED 51 "The Assessment and Management of Depression in the Person with MR/DD"**). The behavioral specialist can help with behavioral symptoms. Antidepressant medications require six weeks to 2 months to improve mood. Patients who become nervous with depression are better treated with behavioral management rather than the use of nerve pills. The antidepressant medication should improve the anxiety in four to six weeks. Anti-anxiety medications, like Xanax or Valium, can worsen confusion and deepen the symptoms of depression. Sleep problems produced by depression will improve when the depression is properly treated.

The doctor will not know which specific medication will relieve the depression. Some patients require two or three trials of medication to find the correct drug.

Depression produces many complications in the person with mental retardation. The family and the doctor should never give up on treating depression because the vast majority of people get better with persistent treatment. Most patients require treatment for at least six months to one year.

#### **5. Duration of Treatment**

The length of medication therapy varies from six months to years or decades. The duration of treatment is a decision made by your doctor, the patient, and your family. Depression may return after months or years and the patient should be monitored at regular intervals to prevent a new episode.

Health insurance and pharmacy benefit managers may restrict the number of antidepressant medications available to a benefit recipient. In general, new medications referred to as “second” or “third” generation antidepressants are effective and produce fewer side effects than old medications like amitriptyline. Newer medications are often more expensive than older drugs. Patients should not have abrupt discontinuation of antidepressant medication but rather a cross-titration to another equivalent medication that is available through the prescription benefit program. Cross-titration means that the doctor slowly decreases one medicine while slowly building up the other medicine with periodic assessments to determine how well the patient is responding to the new drug. This process may take several weeks to months for completion. Abrupt discontinuation of one medication or abrupt change to a different medication may cause significant behavioral relapse.

## **6. Conclusion**

Depression is a common disorder that responds well to medication. Diagnosis requires a careful evaluation followed by appropriate medication.