Depression Symptoms and Warning Signs

Do you think you might be depressed? Here are some of the signs and symptoms to look for—and tips for getting the help you need.

What is depression?

Feeling down from time to time is a normal part of life, but when emotions such as hopelessness and despair take hold and just won’t go away, you may have depression. More than just sadness in response to life’s struggles and setbacks, depression changes how you think, feel, and function in daily activities. It can interfere with your ability to work, study, eat, sleep, and enjoy life. Just trying to get through the day can be overwhelming.

While some people describe depression as “living in a black hole” or having a feeling of impending doom, others feel lifeless, empty, and apathetic. Men in particular can feel angry and restless. However you experience depression, left untreated it can become a serious health condition. But it’s important to remember that feelings of helplessness and hopelessness are symptoms of depression—not the reality of your situation.

No matter how hopeless you feel, you can get better. By understanding the cause of your depression and recognizing the different symptoms and types of depression, you can take the first steps to feeling better and overcoming the problem.
Signs and symptoms of depression

Depression varies from person to person, but there are some common signs and symptoms. It’s important to remember that these symptoms can be part of life’s normal lows. But the more symptoms you have, the stronger they are, and the longer they’ve lasted—the more likely it is that you’re dealing with depression.

10 common symptoms of depression:

1. **Feelings of helplessness and hopelessness.** A bleak outlook—nothing will ever get better and there’s nothing you can do to improve your situation.
2. **Loss of interest in daily activities.** You don’t care anymore about former hobbies, pastimes, social activities, or sex. You’ve lost your ability to feel joy and pleasure.
3. **Appetite or weight changes.** Significant weight loss or weight gain—a change of more than 5% of body weight in a month.
4. **Sleep changes.** Either insomnia, especially waking in the early hours of the morning, or oversleeping.
5. **Anger or irritability.** Feeling agitated, restless, or even violent. Your tolerance level is low, your temper short, and everything and everyone gets on your nerves.
6. **Loss of energy.** Feeling fatigued, sluggish, and physically drained. Your whole body may feel heavy, and even small tasks are exhausting or take longer to complete.
7. **Self-loathing.** Strong feelings of worthlessness or guilt. You harshly criticize yourself for perceived faults and mistakes.
8. **Reckless behavior.** You engage in escapist behavior such as substance abuse, compulsive gambling, reckless driving, or dangerous sports.
9. **Concentration problems.** Trouble focusing, making decisions, or remembering things.
10. **Unexplained aches and pains.** An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain.

The link between depression symptoms and anxiety

Depression and anxiety are believed to stem from the same biological vulnerability, which may explain why they so often go hand-in-hand. Since anxiety makes depression worse (and vice versa), it’s important to seek treatment for both conditions.
Is it depression or bipolar disorder?

Bipolar disorder, also known as manic depression, involves serious shifts in moods, energy, thinking, and behavior. Because it looks so similar to depression when in the low phase, it is often overlooked and misdiagnosed. This can be a serious problem as taking antidepressants for bipolar depression can actually make the condition worse. If you’ve ever gone through phases where you experienced excessive feelings of euphoria, a decreased need for sleep, racing thoughts, and impulsive behavior, consider getting evaluated for bipolar disorder.

Depression and suicide risk

Depression is a major risk factor for suicide. The deep despair and hopelessness that goes along with depression can make suicide feel like the only way to escape the pain. If you have a loved one with depression, take any suicidal talk or behavior seriously and watch for the warning signs:

- Talking about killing or harming one’s self
- Expressing strong feelings of hopelessness or being trapped
- An unusual preoccupation with death or dying
- Acting recklessly, as if they have a death wish (e.g. speeding through red lights)
- Calling or visiting people to say goodbye
- Getting affairs in order (giving away prized possessions, tying up loose ends)
- Saying things like “Everyone would be better off without me” or “I want out”
- A sudden switch from being extremely depressed to acting calm and happy

If you think a friend or family member is considering suicide, express your concern and seek help immediately. Talking openly about suicidal thoughts and feelings can save a life.
If you are feeling suicidal...

When you’re feeling depressed or suicidal, your problems don’t seem temporary—they seem overwhelming and permanent. But with time, you will feel better, especially if you get help. There are many people who want to support you during this difficult time, so please reach out!

Read |Suicide Help| or call 1-800-273-TALK in the U.S. or visit IASP or Suicide.org to find a helpline in your country.

How depression symptoms vary with gender and age

Depression often varies according to age and gender, with symptoms differing between men and women, or young people and older adults.

**Depression in men**

Depressed men are less likely to acknowledge feelings of self-loathing and hopelessness. Instead, they tend to complain about fatigue, irritability, sleep problems, and loss of interest in work and hobbies. They’re also more likely to experience symptoms such as anger, aggression, reckless behavior, and substance abuse.

**Depression in women**

Women are more likely to experience depression symptoms such as pronounced feelings of guilt, excessive sleeping, overeating, and weight gain. Depression in women is also impacted by hormonal factors during menstruation, pregnancy, and menopause. In fact, postpartum depression affects up to 1 in 7 women experience depression following childbirth.

**Depression in teens**

Irritability, anger, and agitation are often the most noticeable symptoms in depressed teens—not sadness. They may also complain of headaches, stomachaches, or other physical pains.
Depression in older adults

Older adults tend to complain more about the physical rather than the emotional signs and symptoms of depression: things like fatigue, unexplained aches and pains, and memory problems. They may also neglect their personal appearance and stop taking critical medications for their health.

Types of depression

Depression comes in many shapes and forms. While defining the severity of depression—whether it’s mild, moderate, or major—can be complicated, knowing what type of depression you have may help you manage your symptoms and get the most effective treatment.

Mild and moderate depression

Mild and moderate depression are the most common types of depression. More than simply feeling blue, the symptoms of mild depression can interfere with your daily life, robbing you of joy and motivation. Those symptoms become amplified in moderate depression and can lead to a decline in confidence and self-esteem.

Recurrent, mild depression (dysthymia)

Dysthymia is a type of chronic “low-grade” depression. More days than not, you feel mildly or moderately depressed, although you may have brief periods of normal mood.

The symptoms of dysthymia are not as strong as the symptoms of major depression, but they last a long time (at least two years).

Some people also experience major depressive episodes on top of dysthymia, a condition known as “double depression.”

If you suffer from dysthymia, you may feel like you’ve always been depressed. Or you may think that your continuous low mood is “just the way you are.”
Major depression

Major depression is much less common than mild or moderate depression and is characterized by severe, relentless symptoms.

Left untreated, major depression typically lasts for about six months.

Some people experience just a single depressive episode in their lifetime, but major depression can be a recurring disorder.

Atypical depression

Atypical depression is a common subtype of major depression with a specific symptom pattern. It responds better to some therapies and medications than others, so identifying it can be helpful.

People with atypical depression experience a temporary mood lift in response to positive events, such as after receiving good news or while out with friends.

Other symptoms of atypical depression include weight gain, increased appetite, sleeping excessively, a heavy feeling in the arms and legs, and sensitivity to rejection.

Seasonal affective disorder (SAD)

For some people, the reduced daylight hours of winter lead to a form of depression known as seasonal affective disorder (SAD). SAD affects about 1% to 2% of the population, particularly women and young people. SAD can make you feel like a completely different person to who you are in the summer: hopeless, sad, tense, or stressed, with no interest in friends or activities you normally love. SAD usually begins in fall or winter when the days become shorter and remains until the brighter days of spring.

Depression causes and risk factors

While some illnesses have a specific medical cause, making treatment straightforward, depression is far more complicated. Certain medications, such as barbiturates, corticosteroids, benzodiazepines, opioid pain killers, and specific blood pressure medicine can trigger depression symptoms in some people—as can hyperthyroidism (an underactive
thyroid gland). But most commonly, depression is caused by a combination of biological, psychological, and social factors that can vary wildly from one person to another.

Despite what you may have seen in TV ads, read in newspaper articles, or maybe even heard from a doctor, depression is not just the result of a chemical imbalance in the brain, having too much or too little of any brain chemical that can be simply cured with medication. Biological factors can certainly play a role in depression, including inflammation, hormonal changes, immune system suppression, abnormal activity in certain parts of the brain, nutritional deficiencies, and shrinking brain cells. But psychological and social factors—such as past trauma, substance abuse, loneliness, low self-esteem, and lifestyle choices—can also play an enormous part.

**Risk factors that can make you more vulnerable to depression**

Depression most often results from a combination of factors, rather than one single cause. For example, if you went through a divorce, were diagnosed with a serious medical condition, or lost your job, the stress could prompt you to start drinking more, which in turn could cause you to withdraw from family and friends. Those factors combined could then trigger depression.

The following are examples of risk factors that can make you more susceptible to developing depression:

**Loneliness and isolation.** There’s a strong relationship between loneliness and depression. Not only can lack of social support heighten your risk for depression, but having depression can cause you to withdraw from others, exacerbating feelings of isolation. Having close friends or family to talk to can help you maintain perspective on your issues and avoid having to deal with problems alone.

**Marital or relationship problems.** While a network of strong and supportive relationships can be crucial to good mental health, troubled, unhappy, or abusive relationships can have the opposite effect and increase your risk for depression.

**Recent stressful life experiences.** Major life changes, such as a bereavement, divorce, unemployment, or financial problems can often bring overwhelming levels of stress and increase your risk of developing depression.

**Chronic illness or pain.** Unmanaged pain or being diagnosed with a serious illness, such as cancer, heart disease, or diabetes, can trigger feelings of hopelessness and even lead to
depression.

**Family history of depression.** Since it can run in families, it’s likely some people have a genetic susceptibility to depression. However, there is no single “depression” gene. And just because a close relative suffers from depression, it doesn’t mean you will, too. Your lifestyle choices, relationships, and coping skills matter just as much as genetics.

**Personality.** Whether your personality traits are inherited from your parents or the result of life experiences, they can impact your risk of depression. For example, you may be at a greater risk if you tend to **worry excessively**, have a negative outlook on life, are highly self-critical, or suffer from low self-esteem.

**Early childhood trauma or abuse.** Early life stresses such as childhood trauma, abuse, or **bullying** can make you more susceptible to a number of future health conditions, including depression.

**Alcohol or drug abuse.** Substance abuse can often **co-occur with depression**. Many people use alcohol or drugs as a means of self-medicating their moods or cope with stress or difficult emotions. If you are already at risk for depression, abusing alcohol or drugs may push you over the edge. There is also evidence that those who abuse opioid painkillers are at greater risk for depression.

**The cause of your depression may help determine the treatment**

Understanding the underlying cause of your depression may help you overcome the problem. For example, if you are depressed because of a dead-end job, the best treatment might be finding a more satisfying career rather than simply taking an antidepressant. If you are new to an area and feeling lonely and sad, finding new friends will probably give you more of a mood boost than going to therapy. In such cases, the depression is remedied by changing the situation.

Whether you’re able to isolate the causes of your depression or not, the most important thing is to recognize that you have a problem, reach out for support, and pursue the coping strategies that can help you to feel better.
What you can do to feel better

When you’re depressed, it can feel like there’s no light at the end of the tunnel. But there are many things you can do to lift and stabilize your mood. The key is to start with a few small goals and slowly build from there, trying to do a little more each day. Feeling better takes time, but you can get there by making positive choices for yourself.

To cope with depression

Reach out to other people. Isolation fuels depression, so reach out to friends and loved ones, even if you feel like being alone or don’t want to be a burden to others. The simple act of talking to someone face-to-face about how you feel can be an enormous help. The person you talk to doesn’t have to be able to fix you. They just need to be a good listener—someone who’ll listen attentively without being distracted or judging you.

Get moving. When you’re depressed, just getting out of bed can seem daunting, let alone exercising. But regular exercise can be as effective as antidepressant medication in countering the symptoms of depression. Take a short walk or put some music on and dance around. Start with small activities and build up from there.

Eat a mood boosting diet. Reduce your intake of foods that can adversely affect your mood, such as caffeine, alcohol, trans fats, sugar and refined carbs. And increase mood-enhancing nutrients such as Omega-3 fatty acids.

Find ways to engage again with the world. Spend some time in nature, care for a pet, volunteer, pick up a hobby you used to enjoy (or take up a new one). You won’t feel like it at first, but as you participate in the world again, you will start to feel better.
When to seek professional help

If support from family and friends and positive lifestyle changes aren’t enough, it may be time to seek help from a mental health professional. There are many effective treatments for depression, including:

**Therapy.** Effective treatment for depression often includes consulting a therapist who can provide you tools to treat depression from a variety of angles and motivate you to take the action necessary. Therapy can also offer you the skills and insight to prevent depression from coming back.

**Medication** may be imperative if you’re feeling suicidal or violent. But while it can help relieve symptoms of depression in some people, it isn’t a cure and is not usually a long-term solution. It also comes with side effects and other drawbacks so it’s important to learn all the facts to make an informed decision.

Get more help

**What Causes Depression?** – Including genes, temperament, stressful life events, and medical issues. (Harvard Health Publishing)

**Co-occurring Disorders and Depression** – How medical disorders can affect depression and vice versa. (Mental Health America)

**Depression support**

**In the U.S.:** Find [DBSA Chapters/Support Groups](https://www.dbsalliance.org/find-support) or call the [NAMI Helpline](https://www.namihelpline.org) for support and referrals at 1-800-950-6264

**UK:** Find [Depression support groups](https://www.degreesofhelp.com/depression-support-groups) in-person and online or call the [Mind Infoline](https://www.mind.org.uk/support) at 0300 123 3393

**Australia:** Find [Support Groups](https://www.sane.org.au/support) and regional resources or call the [SANE Help Centre](https://www.sane.org.au/help) at
1800 18 7263

**Canada:** Call [Mood Disorders Society of Canada](https://www.mdsoc.ca) at 613-921-5565

**India:** Call the Vandrevala Foundation [Helpline (India)](https://www.vandrevala.org) at 1860 2662 345 or 1800 2333 330

**Suicide prevention help**

**In the U.S.:** Call [National Suicide Prevention Lifeline](https://www.suicidepreventionlifeline.org) at 1-800-273-8255

**UK and Ireland:** Call [Samaritans UK](https://www.samaritans.org) at 116 123

**Australia:** Call [Lifeline Australia](https://lifeline.org.au) at 13 11 14

**Other countries:** Visit [IASP](https://iasp-i.org) or [International Suicide Hotlines](https://www.international-suicide-hotlines.org) to find a helpline near you

**Authors:** Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, Ph.D. Last updated: October 2019.