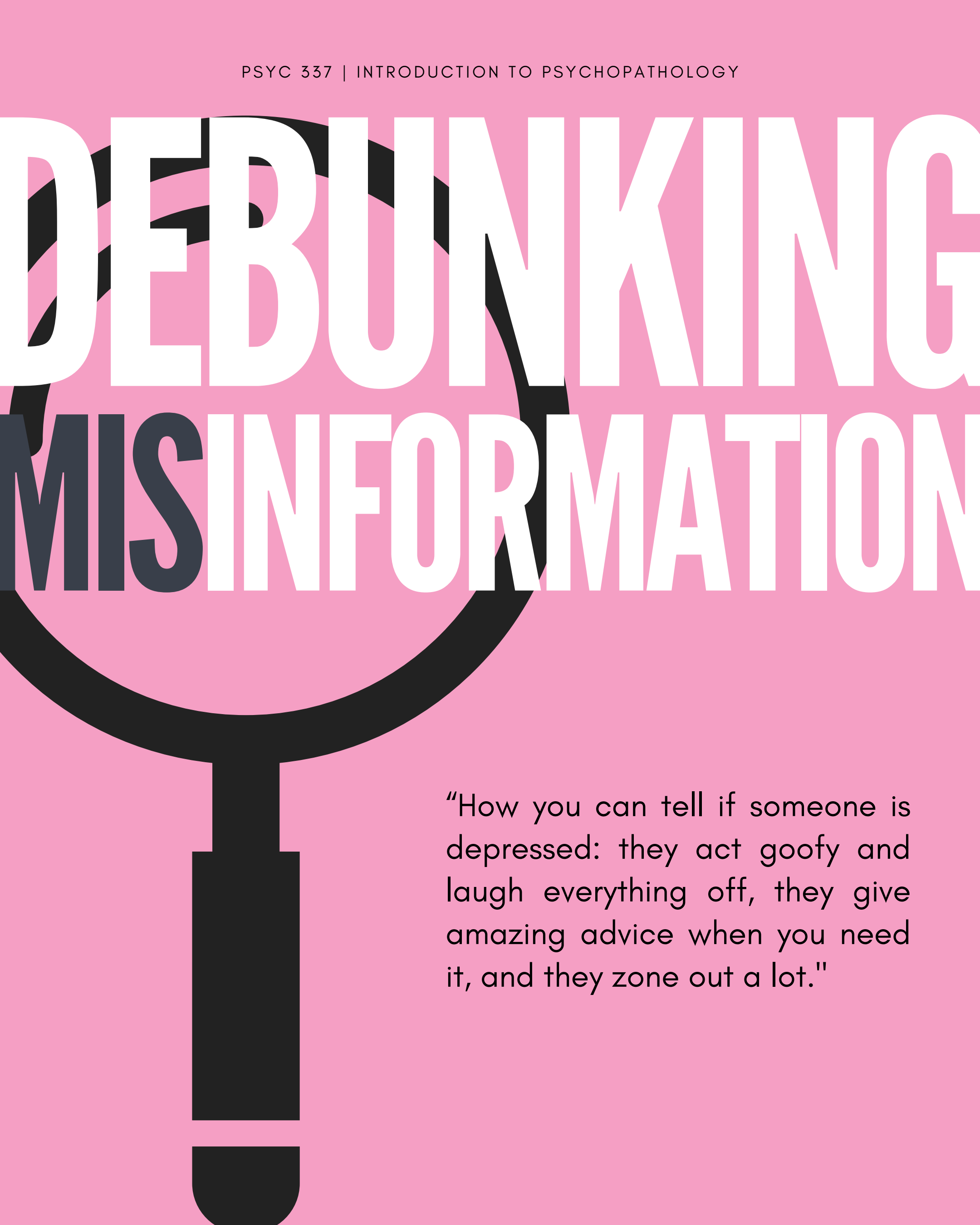


DEBUNKING MISINFORMATION



"How you can tell if someone is depressed: they act goofy and laugh everything off, they give amazing advice when you need it, and they zone out a lot."

"HOW YOU CAN TELL IF SOMEONE IS DEPRESSED: THEY ACT GOOFY AND LAUGH EVERYTHING OFF, THEY GIVE AMAZING ADVICE WHEN YOU NEED IT, AND THEY ZONE OUT A LOT."

WHY THIS IS MISINFORMATION & WHY IT MATTERS

This video is misleading as it portrays depression in a narrow way, suggesting it always looks like goofiness, zoning out, or giving great advice. While some individuals with depression may behave this way, these are not universal signs. Depression varies widely, with symptoms like sadness, fatigue, and loss of interest. By reducing it to vague traits, the video creates a false impression of what depression looks like.

This misinformation is harmful as it promotes an inaccurate view of depression, reinforcing stereotypes that can obscure real symptoms. This misrepresentation can make it harder to recognize real symptoms in oneself or others. It also reinforces the false belief that depression is easy to spot, further contributing to misunderstanding and stigma. Additionally, it may invalidate those who don't fit this description, making them feel their struggles are less legitimate and discouraging them from seeking help. By oversimplifying depression in this way, it becomes harder for people to recognize the seriousness of the condition and access the support they need.

"HOW YOU CAN TELL IF SOMEONE IS DEPRESSED: THEY ACT GOOFY AND LAUGH EVERYTHING OFF, THEY GIVE AMAZING ADVICE WHEN YOU NEED IT, AND THEY ZONE OUT A LOT."

IT'S NOT THAT SIMPLE

ACTUAL DIAGNOSTIC CRITERIA OF MDD

Based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)

THE INDIVIDUAL MUST EXPERIENCE AT LEAST FIVE (NOT THREE) OF THE FOLLOWING NINE SYMPTOMS DURING A TWO-WEEK PERIOD [1]:

- Depressed mood (such as persistent sadness and/or hopelessness)
- Loss of interest or pleasure in activities (anhedonia) [2]
- Significant changes in appetite or weight
- Sleep disturbances (either insomnia or excessive sleep)
- Psychomotor agitation or retardation (restlessness or slowed movements)
- Fatigue or low energy
- Feelings of worthlessness or excessive guilt
- Difficulty concentrating or making decisions
- Suicidal thoughts or behaviours

... WITH AT LEAST ONE SYMPTOM BEING DEPRESSED MOOD OR LOSS OF INTEREST/PLEASURE [1]

"HOW YOU CAN TELL IF SOMEONE IS DEPRESSED: THEY ACT GOOFY AND LAUGH EVERYTHING OFF, THEY GIVE AMAZING ADVICE WHEN YOU NEED IT, AND THEY ZONE OUT A LOT."

OVERSIMPLIFICATION

TWO PEOPLE CAN HAVE VERY DIFFERENT SYMPTOMS

Not all depressed individuals behave the same way, this oversimplifies and overlooks the complexity of major depressive disorder (MDD) and variability between people.

227 POSSIBLE SYMPTOM COMBINATIONS THAT CAN MEET THE DIAGNOSTIC REQUIREMENTS FOR MDD [3]

DEPRESSION CAN MANIFEST IN DIFFERENT WAYS [4]:

MOOD POLARITY

Unipolar vs. Bipolar

RECURRENCE

SYMPTOM SEVERITY

SYMPTOM PATTERNS

Melancholic, Atypical, Psychotic, or Anxious features

ONSET TRIGGERS

Specific events, Seasonal changes, or Age-related factors

"HOW YOU CAN TELL IF SOMEONE IS DEPRESSED: THEY ACT GOOFY AND LAUGH EVERYTHING OFF, THEY GIVE AMAZING ADVICE WHEN YOU NEED IT, AND THEY ZONE OUT A LOT."

SYMPTOM OVERLAP

MANY DISORDERS SHARE SIMILAR SYMPTOMS

"ZONING OUT"

MAY BE OBSERVED IN:

- Depression
- Generalized Anxiety Disorder (GAD)
- Attention-Deficit Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Substance Use Disorder [5, 6]

USING BEHAVIOUR ALONE
TO IDENTIFY DEPRESSION IS
AN OVERSIMPLIFICATION.



THIS HIGHLIGHTS THE IMPORTANCE OF A COMPREHENSIVE EVALUATION BY A MENTAL HEALTH PROFESSIONAL TO ACCURATELY DIAGNOSE AND DIFFERENTIATE BETWEEN CONDITIONS.

"HOW YOU CAN TELL IF SOMEONE IS DEPRESSED: THEY ACT GOOFY AND LAUGH EVERYTHING OFF, THEY GIVE AMAZING ADVICE WHEN YOU NEED IT, AND THEY ZONE OUT A LOT."

CLINICAL DIAGNOSIS

HOW TO ACTUALLY TELL IF SOMEONE IS DEPRESSED

CLINICAL INTERVIEWS:

"Gold standard" for diagnosing MDD and assessing the accuracy of self-reported questionnaires [7]

WHEN SCREENING COMES OUT POSITIVE FOR POSSIBLE DEPRESSION, DIAGNOSIS IS CONFIRMED WITH DSM-5 CRITERIA [8].

Basic laboratory tests can help confirm a depression diagnosis by ruling out medical conditions that may mimic (symptoms) of depression [8]:

THYROID STIMULATING HORMONE (TSH) TESTING

Thyroid disorders (psychomotor changes, fatigue, weight and appetite changes)

COMPLETE BLOOD COUNT (CBC)

Anemia (fatigue, anorexia, and weight loss) and infections (depressive symptoms)

VITAMIN B12 TESTING

Pernicious anemia (mood disturbances and insomnia)

IF THE DSM-5 CRITERIA FOR DEPRESSION IS NOT MET, OTHER MENTAL HEALTH DISORDERS SHOULD BE EXPLORED [8].

"HOW YOU CAN TELL IF SOMEONE IS DEPRESSED: THEY ACT GOOFY AND LAUGH EVERYTHING OFF, THEY GIVE AMAZING ADVICE WHEN YOU NEED IT, AND THEY ZONE OUT A LOT."

COGNITIVE SYMPTOMS

SYMPTOMS OF DEPRESSION ARE NOT ALWAYS OBSERVABLE

EXTERNAL/BEHAVIOURAL SYMPTOMS MAKE UP ONLY PART OF THE DIAGNOSIS OF DEPRESSION:

DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION

DSM-5 CRITERIA FOR COGNITIVE SYMPTOMS [1]

- Feelings of worthlessness or excessive guilt
- Difficulty concentrating or making decisions
- Suicidal thoughts

OTHER COGNITIVE IMPAIRMENTS THAT CAN BE EXPERIENCED BY DEPRESSED PATIENTS INCLUDE DEFICITS IN LEARNING AND MEMORY, EXECUTIVE FUNCTIONING, PROCESSING SPEED, ATTENTION, AND CONCENTRATION [9].

References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Davison, T. E., McCabe, M. P., & Mellor, D. (2009). An examination of the "gold standard" diagnosis of major depression in aged-care settings. *The American journal of geriatric psychiatry*, 17(5), 359–367. <https://doi.org/10.1097/JGP.0b013e318190b901>
- Elkins, R. M., Carpenter, A. L., Pincus, D. B., & Comer, J. S. (2014). Inattention symptoms and the diagnosis of comorbid attention-deficit/hyperactivity disorder among youth with generalized anxiety disorder. *Journal of anxiety disorders*, 28(8), 754–760. <https://doi.org/10.1016/j.janxdis.2014.09.003>
- Maurer, D. M., Raymond, T. J., & Davis, B. N. (2018). Depression: Screening and Diagnosis. *American family physician*, 98(8), 508–515.
- Montano, C. B., & Weisler, R. (2011). Distinguishing symptoms of ADHD from other psychiatric disorders in the adult primary care setting. *Postgraduate medicine*, 123(3), 88–98. <https://doi.org/10.3810/pgm.2011.05.2287>
- Pan, Z., Park, C., Brietzke, E., Zuckerman, H., Rong, C., Mansur, R. B., Fus, D., Subramaniapillai, M., Lee, Y., & McIntyre, R. S. (2019). Cognitive impairment in major depressive disorder. *CNS spectrums*, 24(1), 22–29. <https://doi.org/10.1017/S1092852918001207>
- Park, S. C., & Kim, Y. K. (2021). Challenges and Strategies for Current Classifications of Depressive Disorders: Proposal for Future Diagnostic Standards. *Advances in experimental medicine and biology*, 1305, 103–116. https://doi.org/10.1007/978-981-33-6044-0_7

Serretti A. (2023). Anhedonia and Depressive Disorders. *Clinical psychopharmacology and neuroscience: the official scientific journal of the Korean College of Neuropsychopharmacology*, 21(3), 401–409. <https://doi.org/10.9758/cpn.23.1086>

Thase M. E. (2013). The multifactorial presentation of depression in acute care. *The Journal of clinical psychiatry*, 74 Suppl 2, 3–8. <https://doi.org/10.4088/JCP.12084su1c.01>