# Unipolar Depression

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## What is Unipolar Depression?

When people talk about depression as a mental health condition, chances are they mean unipolar depression, or major depressive disorder (MDD). These two terms are often used interchangeably, and according to the World Health Organization, unipolar depression is the [11th](https://www.uptodate.com/contents/unipolar-depression-in-adults-and-initial-treatment-general-principles-and-prognosis) cause of mortality in the world, among 291 diseases and causes of injury. Furthermore, it is predicted that [17%](https://www.psychiatrictimes.com/special-reports/major-depressive-episode-it-bipolar-i-or-unipolar-depression) of US individuals will have at least once this mental health condition in their life.

This type of depression is often [characterized](https://link.springer.com/referenceworkentry/10.1007%2F978-1-4419-1005-9_1561) by a combination of neurovegetative and emotional-cognitive symptoms. Neurovegetative symptoms are the body’s response to triggers including insomnia, imbalanced eating, fatigue, and low energy. Emotional-cognitive symptoms are suicidal thinking, poor concentration, and depressive mood among others. Unipolar patients experience a depressed mood for a certain period. The combination of two symptoms should be persisting for over 2 weeks to be diagnosed with this depressive disorder.

This type of depression is diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders (DSM)-5. However, although the DSM-5 considers unipolar depression and bipolar disorder to be two separate, distinct conditions, the criteria are very similar, which can lead to a misdiagnosis, and therefore ineffective treatment. For example, most unipolar patients visit a [primary care physician](https://www.ncbi.nlm.nih.gov/pubmed?term=18399725) over a psychiatrist.

## What is unipolar vs. bipolar depression?

Unipolar and bipolar depression differ in how patients that feel and/or behave, as well as how they are supported through treatment. Bipolar patients often exhibit extreme mood swings, including the high moods, commonly known as mania.

During these episodes, they may experience increased energy, euphoria, difficulty sleeping, or impulsive behaviors among others. In contrast, unipolar patients do not have the high moods but solely concentrate on “low” life circumstances. Bipolar depression is also more episodic than unipolar.

### What is mania?

Mania is a mental health condition linked to extreme mood emotional states. Patients with mania may seem overconfident, energetic as well as overly happy.

Symptoms of mania are:

* Extreme euphoria changing to extreme irritability;
* Fast speech;
* Racing thoughts;
* Poor concentration and focusing;
* Agitation;
* Spending sprees;
* High energy;
* High sexual drive;
* Substance abuse;
* Aggressive behaviors.

## How is unipolar depression different from major depressive disorder (MDD)?

Unipolar depression is often synonymously used to describe major depressive disorder (MDD). Both mental health conditions have similar low moods, negative emotions as well as a sense of despair. It is not known exactly how the two differentiate.

## What are the symptoms of unipolar depression?

There are various possible symptoms of this type of depression including:

* Constant depressive episodes;
* Difficulty sleeping;
* Decreased energy;
* Poor concentration;
* Imbalance eating;
* Fatigue;
* Suicidal thoughts, behaviors, or attempts.

### What do experts say?

*“*[*Unipolar Depression*](https://link.springer.com/referenceworkentry/10.1007%2F978-0-387-79061-9_2990) *(and related suicide attempts) is a major cause of death worldwide. Prevalence varies widely, from 3% in Japan, 11% in Britain to 17% in the US. In most countries the number of people who would suffer from unipolar depression during their lives falls within an 8–12% range.”*

## What are the causes of unipolar depression?

The causes of unipolar depression are not exactly known. Biological, psychological, and social factors may cause this mental health condition. Substance abuse, anxiety, sexual and/or physical abuse, childhood trauma among others may all affect the onset of depression. If not treated, unipolar patients run the risk of developing more serious depressive symptoms and causing other mental and physical problems.

## What are the possible treatments for unipolar depression?

This mental health condition can be treated with medications and/or therapy as well as other alternative treatments.

### Medication for unipolar depression

The most commonly prescribed medications to treat unipolar depression are SSRIs, atypical antidepressants, serotonin modulators, tricyclic antidepressants, and MAOIs.

Numerous studies have shown these types of medication to be effective for this type of depression, including:

* [Efficacy](https://www.ncbi.nlm.nih.gov/pubmed?term=19185342) and acceptability of 12 antidepressants have been reviewed with a meta-analysis of 117 randomized controlled trials. Trials included 25,958 unipolar participants who randomly received Bupropion, Citalopram, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Milnacipran, Mirtazapine, Paroxetine, Reboxetine, Sertraline, and Venlafaxine. It concluded that two antidepressants in particular (Escitalopram and Sertraline) were most effective.
* [The use of SSRIs](https://www.uptodate.com/contents/unipolar-major-depression-in-adults-choosing-initial-treatment/abstract/95) against a placebo for the treatment of unipolar depression has been reviewed using meta-analysis. Data from 28 randomized controlled trials with 5872 subjects demonstrated that SSRIs were effective by the end of the first week, and that the use of them and improvements may continue for at least 6 weeks.
* [Venlafaxine](https://www.ncbi.nlm.nih.gov/pubmed/7884023) was studied for efficacy in treatment-resistant unipolar depression subjects. The 84 adults enrolled in the study had not been previously responded to other antidepressants. For 12 weeks they took Venlafaxine. One-third of patients were considered to be either full or partial responders to Venlafaxine. About 46% of responders sustained their response for at least 3 months after the acute response.

There are different types of medications available. Speak to a psychiatrist to understand the best treatment plan for you.

### Therapy for unipolar depression

Alongside medications, there are various therapies available to treat this mental health condition. A doctor or a therapist may prescribe psychotherapy, cognitive-behavioral therapy, psychodynamic therapy, or interpersonal therapy.

Studies that have shown therapy to be effective for unipolar depression include:

* A [meta-analysis](https://www.ncbi.nlm.nih.gov/pubmed?term=24679399) of 92 studies with 6937 depressive patients. 14% of subjects were enrolled in psychotherapy for response and remission from depressive symptoms. Psychotherapy resulted in improvements in depressed patients, as measured by the Beck Depression Inventory (BDI). The symptomatic scores were reduced by an average of 13.42 points.
* [125](https://www.ncbi.nlm.nih.gov/pubmed?term=20830696) studies on the efficacy of psychological therapies for mood disorders have been reviewed. Interpersonal psychotherapy, cognitive-behavioral therapy, behavior therapy, brief dynamic therapy as well as emotion-focused therapy have been found effective to treat mood disorders including depression. They have been found to have the potential for developing remission and preventing the onset of other mental health conditions.

There are many different types of therapy available. Speak to a therapist to understand the best treatment plan for you.

### Alternative treatments to unipolar depression

There is a variety of other treatment modalities, including:

* Support groups;
* Yoga;
* Tai Chi;
* Meditations;
* EMDR;
* Light Therapy.

Take the depression self assessment test to see what level of depression you may have and find recommended treatments.

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