Depression: Symptoms, Types, Related Health Conditions, And When to Seek Help

Introduction

Depression is a common and treatable mental-health condition that affects far more than a person's mood. It can influence energy, motivation, sleep, appetite, concentration, physical health, relationships, and the ability to work, study, or carry out everyday responsibilities. While most people feel sad, disappointed, or stressed from time to time, depression is usually more persistent and can interfere substantially with daily life.

Depression does not have one single cause or one identical presentation. It can develop through a combination of biological, psychological, social, and environmental factors. For some people, it occurs after a major loss, stressful life event, illness, childbirth, or seasonal change. For others, it may arise without an obvious trigger. Depression can also occur alongside physical illnesses such as diabetes, cancer, heart disease, and chronic pain, as well as other mental-health conditions.nimh.nih+1

This article explains common symptoms of depression, the main types of depressive disorders, health conditions that may occur alongside depression, and situations in which professional or urgent support is important.

What is depression?

Depression is a mood disorder characterized by a persistent low, empty, hopeless, or irritable mood and/or a loss of interest or pleasure in activities. It is not a sign of weakness, a character flaw, or simply a person "being negative." It is a health condition that can affect people of any age, background, gender, or life circumstance.

A person does not need to experience every possible symptom to have depression. Symptoms may vary in number, severity, and duration. Some people mainly notice sadness and withdrawal, while others experience fatigue, physical pain, sleep problems, irritability, or difficulty concentrating.

For a major depressive episode, clinicians generally assess whether a person has had at least five symptoms during the same two-week period, including either depressed mood or loss of interest or pleasure. The symptoms must also cause significant distress or difficulty with daily functioning. Only a qualified health professional can make a diagnosis.

Common symptoms of depression

Depression can affect feelings, thoughts, behavior, and the body. Symptoms can include:

- Persistent sadness, emptiness, anxiety, irritability, or low mood
- Loss of interest or enjoyment in hobbies, socializing, work, exercise, sex, or other previously valued activities
- Feelings of hopelessness, helplessness, worthlessness, or excessive guilt
- Low energy, fatigue, or a sense of being slowed down
- Difficulty concentrating, remembering information, making decisions, or completing tasks
- Sleeping too little, waking very early, having interrupted sleep, or sleeping much more than usual
- Changes in appetite, such as eating much less or more than usual
- Unintended weight loss or weight gain
- Restlessness, agitation, or unusually slow speech and movement
- Social withdrawal or reduced ability to meet family, work, school, or household responsibilities
- Physical symptoms such as headaches, body aches, digestive problems, cramps, or pain without a clear medical explanation
- Reduced sexual interest or changes in sexual functioning
- Thoughts of death, suicide, self-harm, or suicide attempts

Not everyone with depression appears visibly sad. Some people continue to work, care for others, or appear outwardly successful while struggling internally. Others may be more likely to describe physical symptoms, exhaustion, anger, irritability, or difficulty sleeping than sadness.

Main types of depression

Depression is an umbrella term. Health professionals use different diagnoses to describe the timing, duration, cause, severity, and accompanying symptoms of a person's depression.

Type	Description
Major depressive disorder	Also called major depression or clinical depression. It involves one or more periods of depressive symptoms that last at least two weeks and significantly interfere with functioning. Episodes can be mild, moderate, or severe.
Persistent depressive disorder	A long-lasting depressed mood that is present most of the time for at least two years in adults. It is sometimes called dysthymia. Symptoms may be less intense than a major depressive episode but can be chronic and burdensome.
Depression with seasonal pattern	Depressive episodes that occur at a particular time of year and recur in a seasonal pattern. It commonly begins in fall or winter and improves in spring or summer. nimh.nih+1
Perinatal or postpartum depression	Depression that occurs during pregnancy or after childbirth. It is more severe and longer lasting than the temporary emotional changes sometimes called the "baby blues."

Type	Description
Premenstrual dysphoric disorder	A severe, recurring mood disorder linked to the premenstrual phase of the menstrual cycle. It may involve marked sadness, irritability, anxiety, and changes in functioning before menstruation.
Substance- or medication-induced depressive disorder	Depressive symptoms that develop during or after substance use, withdrawal, or exposure to certain medications. A clinician considers the timing of symptoms and a person's medical and substance-use history.
Depressive disorder due to another medical condition	Depression that a clinician determines is a direct physiological result of a medical illness. This diagnosis requires careful medical and psychiatric evaluation.
Other specified or unspecified depressive disorder	Clinically significant depressive symptoms that do not fully meet criteria for a specific depressive disorder but still cause distress or impairment.

Some terms describe the features of a depressive episode rather than a separate kind of depression. For example, depression may occur with anxious distress, psychotic symptoms, mixed features, melancholic features, or atypical features. These descriptions can help clinicians understand the person's experience and plan treatment.

Depression and bipolar disorder

Depression can be part of bipolar disorder, but bipolar depression is different from major depressive disorder. People with bipolar disorder have depressive episodes as well as a history of mania or hypomania.

Mania may involve an unusually elevated, expansive, or irritable mood, reduced need for sleep, unusually high energy, racing thoughts, rapid speech, impulsive decisions, risk-taking, or an inflated sense of confidence. Hypomania has similar symptoms but is generally less severe than mania.

Because treatment approaches may differ, it is important for a clinician evaluating depression to ask about past periods of unusually high energy, decreased need for sleep, increased activity, impulsivity, or unusually elevated or irritable mood.

Depression and related health conditions

Depression can occur alongside physical illnesses and other mental-health conditions. Having a chronic illness can increase stress, pain, fatigue, isolation, and difficulty with daily activities, all of which may contribute to depression. At the same time, depression can make it harder to sleep well, stay physically active, attend medical appointments, take medication regularly, or manage other health conditions.

It is important to avoid oversimplifying this relationship. Depression and a medical condition may be connected, but their co-occurrence does not necessarily mean that one directly caused the other. It is generally more accurate to say that depression “can co-occur with” or “is associated with” another condition.

Diabetes

Depression can occur in people living with diabetes. Managing blood sugar, diet, medication, appointments, and the long-term demands of the illness can be stressful. Depression may also make it more difficult to maintain routines that support diabetes care.

Heart disease

Depression is associated with heart disease. People with heart conditions may experience depression because of illness-related stress, reduced activity, fear, pain, or changes in independence. Depression can also affect behaviors that are important for heart health, such as physical activity, sleep, nutrition, and medication adherence.

Cancer

Cancer and its treatment can involve pain, fatigue, uncertainty, changes in appearance or functioning, and disruption of family or work life. Depression can occur during or after cancer treatment, and persistent symptoms should be discussed with a healthcare professional rather than treated as an unavoidable part of having cancer.

Chronic pain

Chronic pain and depression commonly overlap. Pain can interfere with sleep, mobility, work, and social connection, while depression can intensify the experience of pain and reduce a person’s energy or motivation to engage in supportive activities.

Anxiety disorders

Depression can occur together with anxiety disorders. A person may experience persistent worry, panic symptoms, fear, avoidance, restlessness, and physical tension alongside low mood, hopelessness, and loss of interest. When both are present, a professional assessment can help identify a suitable treatment plan.

Substance-use problems

Alcohol and drug use can worsen depressive symptoms, interfere with sleep and judgment, and increase the risk of self-harm. In some cases, depressive symptoms are directly related to

intoxication, withdrawal, or medications. A clinician can help distinguish a primary depressive disorder from substance- or medication-induced depression.

Cognitive and neurological conditions

Depression has also been associated with dementia and other conditions affecting cognition and neurological function. However, an association does not prove that depression causes dementia or that dementia causes depression in every individual case. Changes in mood, memory, motivation, or functioning should be assessed by a healthcare professional.

When to seek professional help

A person should consider speaking with a healthcare or mental-health professional if depressive symptoms:

- Last for two weeks or longer
- Affect work, school, relationships, self-care, or daily responsibilities
- Cause significant distress, hopelessness, or social withdrawal
- Occur alongside substance use, chronic illness, pregnancy, childbirth, or major life stress
- Include periods of unusually high energy, decreased need for sleep, or impulsive behavior that may suggest bipolar-spectrum symptoms
- Do not improve or become more severe over time

A clinician may ask about emotional symptoms, sleep, appetite, medical history, medications, alcohol or drug use, family history, recent life events, and past manic or hypomanic symptoms. They may also check for medical conditions that can contribute to low mood, fatigue, or concentration problems.

Depression is treatable. Treatment may include psychotherapy, medication, lifestyle and social support, treatment for co-occurring medical conditions, or a combination of approaches. The appropriate plan depends on the individual's symptoms, health history, preferences, safety needs, and access to care.

When to seek urgent help

Immediate support is necessary if a person has thoughts of suicide, a plan or intent to harm themselves, has attempted suicide, or cannot stay safe. Contact emergency services or go to the nearest emergency department if there is immediate danger.

In the United States and Canada, call or text **988** to reach the Suicide & Crisis Lifeline. If possible, stay with the person, remove access to immediate means of self-harm when it can be done safely, and seek urgent professional support.

Conclusion

Depression is a serious but treatable health condition. It may appear as persistent sadness, loss of interest, exhaustion, sleep or appetite changes, difficulty thinking, physical symptoms, or thoughts of death and suicide. It can take several forms, including major depressive disorder, persistent depressive disorder, seasonal depression, perinatal depression, and depression related to substances, medications, or medical conditions.

Recognizing symptoms early and seeking professional support can make a meaningful difference. Anyone experiencing persistent depressive symptoms, major changes in functioning, or thoughts of self-harm deserves compassionate, timely care.

References

1. National Institute of Mental Health. *Depression.* Information on symptoms, major depression, persistent depressive disorder, seasonal affective disorder, and co-occurrence with chronic illnesses.nimh.nih
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4. InformedHealth.org, National Center for Biotechnology Information. *Types of Depression.* Information on depression types, seasonal depression, postpartum depression, and bipolar disorder.ncbi.nlm.nih
5. Mayo Clinic. *Depression (Major Depressive Disorder): Diagnosis and Treatment.* Information on depressive features and clinical specifiers.mayoclinic
6. Harvard Health Publishing. *Six Common Depression Types.* Information on the association between depression, heart disease, and dementia.health.harvard

This article is for general educational purposes and does not replace assessment, diagnosis, or treatment from a qualified healthcare professional

Case example 1: Adolescent

Maya, age 16, had previously enjoyed art club, soccer, and spending time with friends. During her final school year, she began worrying intensely about college, family expectations, and whether she would "be successful enough." She also felt uncertain about her values, future career, appearance, and where she fit in among her peers.

After several weeks, Maya stopped attending soccer practice and rarely replied to friends. Her grades fell because she could not concentrate or finish assignments. She slept long hours after school but still felt exhausted. She became increasingly irritable with her parents and began saying that she felt "useless" and that nothing about the future mattered.

Maya's experience may be understood partly through Erikson's adolescent stage: **identity versus role confusion**. Adolescence is a time when people explore personal values, future goals, relationships, and social roles. Feeling pressured to define a future too quickly, experiencing rejection or bullying, academic difficulties, family conflict, or uncertainty about belonging may intensify distress during this developmental period. Erikson's theory does not say that identity uncertainty causes depression, but it can provide a useful framework for understanding why these experiences may feel especially significant in adolescence.

Her withdrawal, irritability, oversleeping, low self-esteem, concentration problems, and loss of interest in activities are examples of symptoms that can occur in depressed teenagers. Adolescents may not always describe themselves as "sad"; they may instead appear angry, restless, disengaged, or troubled at school.

What could help: A trusted adult should take Maya's change in behavior seriously and arrange an assessment with a pediatrician, school counselor, psychologist, or other qualified mental-health professional. Supportive steps may include reducing isolation, discussing school accommodations where appropriate, helping her reconnect with supportive activities, and creating space for her to explore goals without judgment. If she reports thoughts of self-harm or suicide, she needs urgent professional help.

Case example 2: Adult

Daniel, age 47, works as a supervisor and is raising two children with his partner. His company restructures, and he loses his job after 18 years. At the same time, his father develops a serious illness and needs regular care. Daniel had connected much of his sense of purpose to providing financially for his family, mentoring younger colleagues, and being dependable at work.

Over the next two months, Daniel begins waking at 4 a.m. and cannot return to sleep. He loses interest in cooking and coaching his child's weekend team. He feels guilty that he has "failed" his family, even though the job loss was unrelated to his performance. He has little energy, struggles to complete job applications, avoids friends, and drinks more alcohol in the evenings to cope.

This case can be related to Erikson's middle-adulthood stage: **generativity versus stagnation**. Generativity refers to contributing to the well-being of others and to society, through parenting, caregiving, mentoring, productive work, creativity, or community involvement. A job loss, caregiving pressure, financial strain, or a perceived inability to support others may threaten a person's sense of purpose and contribution. In Erikson's framework, this can leave a person feeling stuck or stagnant.

Daniel's early-morning waking, reduced interest, fatigue, guilt, concentration difficulties, social withdrawal, and increased alcohol use are concerning depressive symptoms. His case also shows why clinicians consider alcohol use, caregiving burden, stressful life events, and the possibility of related medical or mental-health conditions when evaluating depression. NIMH notes that depression may involve withdrawal, difficulty meeting responsibilities, sleep changes, and increased alcohol or drug use.

What could help: Daniel could benefit from a primary-care or mental-health assessment, particularly because his symptoms are impairing family life, job seeking, sleep, and coping. Treatment might involve psychotherapy, evaluation for medication when clinically appropriate, support for reducing alcohol use, caregiver-support resources, and practical help with employment or financial stress. Restoring a sense of generativity might include manageable forms of contribution, such as mentoring, volunteering, or participating in family routines, but these should complement—not replace—professional care.

Case example 3: Older adult

Evelyn, age 78, retired several years ago after a long career as a nurse. Over the past year, her spouse died, and she moved from her longtime home to an apartment closer to her daughter. She now has arthritis pain that limits her walking and has fewer opportunities to see longtime friends. She says she does not feel "depressed," but she describes feeling emotionally numb and believes that she has become a burden to her family.

Evelyn has stopped attending her community group, eats irregularly, and spends most days watching television. She has difficulty sleeping and says she cannot focus on books she once loved. Her family notices that she repeats questions and seems more forgetful. She sometimes says, "There is no point in being here anymore."

Evelyn's circumstances can be considered through Erikson's late-adulthood stage: **integrity versus despair**. In this stage, people may reflect on their lives, relationships, contributions, losses, and sense of meaning. A person may experience a greater sense of integrity when they can view their life as meaningful despite imperfections. Major losses, pain, isolation, declining independence, or unresolved regrets can contribute to despair. Erikson's theory is a framework for understanding development; it does not mean that an older person's depression is simply a normal result of aging or life review.

In older adults, depression may not always be expressed as sadness. Some people report emotional emptiness, loss of feeling, physical symptoms, grief, memory concerns, or a lack of motivation. Medical conditions and chronic pain can also contribute to or complicate depression. Severe depression can involve prominent memory and thinking problems, sometimes called "pseudodementia," so new cognitive symptoms require a thorough medical and mental-health assessment rather than assumptions that the person simply has dementia.

What could help: Evelyn needs prompt evaluation by a healthcare professional because she has persistent withdrawal, sleep and appetite changes, possible cognitive symptoms, chronic pain, bereavement, and statements suggesting hopelessness. Her clinician can assess depression, grief, medication effects, pain, physical illness, and cognitive changes. Helpful support may include grief counseling, depression treatment, pain management, regular contact with supportive people, transportation or community resources, and gradually rebuilding meaningful social roles.

Important note for readers

Erikson's stages can help readers understand the developmental themes that may make certain stressors feel particularly important at different ages:

Life period	Erikson's developmental task	Possible depression-related stressors
Adolescence	Identity versus role confusion	Uncertainty about identity, peer rejection, bullying, academic pressure, family conflict, and anxiety about the future
Middle adulthood	Generativity versus stagnation	Job loss, caregiving, financial stress, parenting strain, loss of purpose, or a perceived inability to contribute
Older adulthood	Integrity versus despair	Bereavement, loneliness, chronic illness or pain, reduced independence, relocation, regrets, and loss of meaningful roles

These examples should not be used to diagnose depression. Depression can affect anyone, at any age, and it usually develops through a combination of biological, psychological, social, and environmental factors. Persistent symptoms, major changes in functioning, self-harm, or thoughts of suicide should always be taken seriously and assessed by a qualified professional.

The adolescent, adult, and older-adult cases are fictional illustrations, but their developmental framing, symptom descriptions, and safety guidance are based on the sources below.

References for the case examples

1. **Erikson, E. H.** *Childhood and Society.* 2nd ed. New York, NY: W. W. Norton & Company; 1963.
    - Original foundational source for Erikson's psychosocial-development theory, including identity versus role confusion, generativity versus stagnation, and integrity versus despair.
2. **Orenstein GA, Lewis L.** Erikson's stages of psychosocial development. In: *StatPearls*[Internet]. Treasure Island, FL: StatPearls Publishing. Updated February 26, 2026. Available from: National Center for Biotechnology Information.
    - Used for the descriptions of Erikson's three relevant stages:
    - Adolescence: identity versus role confusion
    - Middle adulthood: generativity versus stagnation
    - Late adulthood: integrity versus despair
    - This source explains that identity development is central in adolescence, contributing to society and guiding younger generations are central developmental themes in middle adulthood, and late adulthood involves reflecting on life with fulfillment or regret.
3. **National Institute of Mental Health.** Depression. National Institutes of Health. Available from: NIMH Depression. Accessed September 29, 2026.

    - Used for the general explanation that depression can affect feelings, thinking, and daily activities such as sleeping, eating, and working, as well as information about symptoms and available support.
4. **National Institute of Mental Health.** My mental health: Do I need help? National Institutes of Health. Available from: NIMH: My Mental Health. Accessed September 29, 2026.
    - Used for symptoms such as hopelessness, irritability, guilt, low energy, loss of interest, poor concentration, trouble completing responsibilities, and appetite, weight, sleep, or sex-drive changes.
5. **MedlinePlus Medical Encyclopedia.** Depression. U.S. National Library of Medicine. Updated April 19, 2025. Available from: MedlinePlus: Depression. Accessed September 29, 2026.
    - Used for the description that depression can affect teenagers, adults, and older adults, and may include irritability, social withdrawal, fatigue, loss of interest, guilt, appetite changes, sleep difficulties, concentration problems, and thoughts of death or suicide. It also notes that changes in school performance, behavior, and sleep can be important signs in adolescents.
6. **National Institute of Mental Health.** Depression: What you need to know. National Institutes of Health.
    - Used for the discussion that depression may include physical symptoms; that adolescents may show irritability or school-related difficulties; and that depression is not a normal part of aging. The source also notes that depression in older adults may be less obvious and can appear as fatigue, sleep problems, grumpiness, or irritability.
7. **National Institute of Mental Health.** Help for mental illnesses. National Institutes of Health. Available from: NIMH: Find Help. Accessed September 29, 2026.
    - Used for crisis guidance: call or text **988** in the United States for the Suicide & Crisis Lifeline, and call **911**or go to the nearest emergency department in a life-threatening emergency.
8. **National Institute of Mental Health.** Frequently asked questions about suicide. National Institutes of Health. Available from: NIMH Suicide FAQ. Accessed September 29, 2026.
    - Used for warning signs requiring immediate attention, including speaking about wanting to die, hopelessness, feeling like a burden, withdrawing from family and friends, or talking frequently about death.

The following cases are fictional and are intended only to illustrate how depressive symptoms may appear at different stages of life. They do not represent diagnoses, and Erikson's psychosocial theory is used as a developmental framework rather than as a tool for diagnosing depression.