

The Physical Symptoms of Depression: Why Depression Isn't Just in Your Head

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**National Suicide Prevention week is Sunday, September 8- Saturday, September 14. If you or someone you know is experiencing suicidal thoughts, call the National Suicide Prevention Hotline at 1-800-273-8255 or text HOME to the Crisis Text Line at 741741.*

When most people think about depression, they tend to focus on how it impacts the mind. While it's true that depression often involves unrelenting feelings of sadness, hopelessness, and worthlessness, the disease can also cause or worsen a number of physical symptoms—especially pain.

Yes, that's right. Depression can hurt, and the relationship goes both ways: People who are depressed are more apt to experience physical discomfort; meanwhile living with chronic pain (due to arthritis, fibromyalgia, advanced cancer, or any number of other conditions) can harm your mood and lead to clinical depression.

While it's relatively easy to understand why someone who's in pain might end up depressed, there are biological reasons that explain why the reverse is also true. If you've ever wondered, "Why does my body hurt when depressed?" the answer likely comes down to two neurotransmitters, serotonin and norepinephrine. These brain chemicals play an important role in mood as well as pain perception.

Read on for more about the physical symptoms that often accompany depression.

Back pain

Back pain is extremely common—about 80 percent of people experience it at some point—and research has shown that it often overlaps with depression. If you have back pain that can't be explained by an injury, deformity, or other clear physical problem, it's possible that your mental health is playing some role.

Getting the proper treatment for depression may help to improve your mood and ease your physical discomfort. One antidepressant, duloxetine (Cymbalta), has been FDA-approved for depression as well as pain, but other medications may also be helpful so talk to your provider.

Headaches

Most people get headaches from time to time, but about 12% of people suffer from migraines—severe, sometimes debilitating episodes that also feature symptoms like nausea and sensitivity to light. While anyone can get migraines, research has found that 11% of chronic sufferers also have a mood disorder such as depression or an anxiety disorder. Other studies have shown that the risk of developing depression is higher than average among those who first get migraines.

Nausea, constipation, and other digestive distress

If you've ever felt butterflies on a date or gotten queasy before a presentation, you likely have some understanding of how strong a connection there is between your brain and your digestive system. That's because your enteric nervous system (sometimes called the second brain) actually resides in the gut, and it's loaded with neurons (nerve cells). While anxiety is well-known for causing digestive distress, depression can also be a factor.

Studies show that rates of depression are much higher than average among people who suffer from chronic constipation. Frequently experiencing tummy trouble might lead to depression in some cases, but it's being depressed may also increase the risk of constipation because a depressed mood can impede gastric motility (slow down the rate at which food travels through your digestive tract).

Erectile dysfunction

In order to get in the mood and be able to perform sexually, both your brain and your body need to be on board. While the stress of having erectile dysfunction (ED) certainly prompts some men to become depressed, depression itself can lead to ED—and the more severe the depression, the greater sexual dysfunction men tend to experience. Depression is also a common issue among women who have a sexual arousal disorder.

While clinical depression should always be treated, getting help for this mood disorder doesn't always lead to a direct improvement in sexual dysfunction because antidepressant medications often cause sexual side effects. Some antidepressants are more apt to cause this problem than others, so talk to your provider. A drug like bupropion (Wellbutrin) might be a good pick because it's less apt to cause sexual side effects, or you can try taking a lower dose of another antidepressant.

Whether or not you notice any physical symptoms, depression is worth taking seriously. If you have any reason to believe you might be depressed, talk to your primary care provider or a mental health specialist. The majority of people who start treatment begin to feel better in just four to six weeks.

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Barbara Brody is a freelance writer and editor who specializes in health and wellness. A regular contributor to the RxSaver by RetailMeNot blog, she has also written for WebMD, Prevention, Shape, Health and many other print and digital outlets.

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