

EXERCISE: DISTINGUISHING MAIN ISSUES FROM SIDE ISSUES
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Exercise distinguishing main issues from side issues – Theme Psychology

1. Take fluorescent markers by hand.
2. Read the titles and underline the titles that belong together in the same colour.
3. Ask a question for each intermediate title and write it down in the margin (who, what, where, how, why, when, which...?).
4. Mark all the keywords. The questions you wrote down can help you.
5. Mark the definitions in the same colour.
6. Give an appropriate title to the text.

Compare your text with the standard solution text.

<p>Question:</p>	<p>most widely used assessment instruments in the world for clinicians rating depression.</p> <p>What does not class as depression?</p> <p>Depression is different from the fluctuations in mood that people experience as a part of normal life. Temporary emotional responses to the challenges of everyday life do not constitute depression.</p> <p>Likewise, even the feeling of grief resulting from the death of someone close is not itself depression if it does not persist. Depression can, however, be related to bereavement - when depression follows a loss, psychologists call it a "complicated bereavement."</p> <p>Signs and symptoms</p> <p>Symptoms include reduced interest in pleasurable activities and lower mood.</p> <p>Symptoms of depression can include:</p> <ul style="list-style-type: none"> • depressed mood • reduced interest or pleasure in activities previously enjoyed, loss of sexual desire • unintentional weight loss (without dieting) or low appetite • insomnia (difficulty sleeping) or hypersomnia (excessive sleeping) • psychomotor agitation, for example, restlessness, pacing up and down • delayed psychomotor skills, for example, slowed movement and speech
<p>Question:</p>	<ul style="list-style-type: none"> • fatigue or loss of energy • feelings of worthlessness or guilt • impaired ability to think, concentrate, or make decisions • recurrent thoughts of death or suicide, or attempt at suicide <p>Causes</p>

<p>Question:</p>	<p>obstructive pulmonary disease, and cardiovascular disease make depression more likely.</p> <p>Treatment</p> <p>Depression is a treatable mental illness. There are three components to the management of depression:</p> <ul style="list-style-type: none"> • Support, ranging from discussing practical solutions and contributing stresses, to educating family members. • Psychotherapy, also known as talking therapies, such as cognitive behavioral therapy (CBT). • Drug treatment, specifically antidepressants. <p>Psychotherapy</p> <p>Psychological or talking therapies for depression include cognitive-behavioral therapy (CBT), interpersonal psychotherapy, and problem-solving treatment. In mild cases of depression, psychotherapies are the first option for treatment; in moderate and severe cases, they may be used alongside other treatment.</p> <p>CBT and interpersonal therapy are the two main types of psychotherapy used in depression. CBT is a type of psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behaviour patterns or treat mood disorders such as depression. It may be delivered in individual sessions with a therapist, face-to-face, in groups, or over the telephone. Some recent studies suggest that CBT may be delivered effectively through a computer. Interpersonal therapy is a brief, attachment-focused psychotherapy that centers on resolving interpersonal problems and symptomatic recovery. It helps patients to identify emotional problems that affect relationships and communication, and how these, in turn, affect mood and can be changed.</p> <p>Antidepressant medications</p> <p>Antidepressants are drugs available on prescription from a doctor. Drugs come into use for moderate to severe depression, but are not recommended for children, and will be prescribed only with caution for adolescents.</p> <p>A number of classes of medication are available in the treatment of depression:</p>
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<p>Question:</p>	<ul style="list-style-type: none"> •selective serotonin reuptake inhibitors (SSRIs) •monoamine oxidase inhibitors (MAOIs) •tricyclic antidepressants •atypical antidepressants •selective serotonin and norepinephrine reuptake inhibitors (SNRI) <p>Each class of antidepressant acts on a different neurotransmitter. The drugs should be continued as prescribed by the doctor, even after symptoms have improved, to prevent relapse.</p> <p>A warning from the Food and Drug Administration (FDA) says that "antidepressant medications may increase suicidal thoughts or actions in some children, teenagers, and young adults within the first few months of treatment."</p> <p>Any concerns should always be raised with a doctor - including any intention to stop taking antidepressants.</p> <p><i>Exercise and other therapies</i></p> <p>Aerobic exercise may help against mild depression since it raises endorphin levels and stimulates the neurotransmitter norepinephrine, which is related to mood.</p> <p>Brain stimulation therapies - including electroconvulsive therapy - are also used in depression. Repetitive transcranial magnetic stimulation sends magnetic pulses to the brain and may be effective in major depressive disorder.</p> <p><i>Electroconvulsive therapy</i></p> <p>Severe cases of depression that have not responded to drug treatment may benefit from electroconvulsive therapy (ECT); this is particularly effective for psychotic depression.</p>
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