What Is Depression?

Being depressed, in everyday language, occurs when someone feels down, sad, blue, unhappy, or hopeless. These are all normal feelings, and almost everyone experiences them at one time or another. Receiving and living with a diagnosis of HIV can be stressful, overwhelming, and difficult at times. So it is not unusual for people living with HIV to feel down or anxious.

If these feelings become overpowering, disabling, or long-lasting, however, they may be a sign that you are experiencing a condition known as depression. Compared to sadness, depression is more
Depression, Women, and HIV

Symptoms of depression include:

- Changes in appetite or weight
- Aches or pains for no clear reason
- Episodes of crying for no clear reason
- Feelings of sadness, guilt, hopelessness, and/or worthlessness
- Irritability; getting into arguments easily
- Lack of interest or pleasure in activities that usually interest you
- Low sex drive
- Difficulty making decisions or concentrating
- Changes in sleep patterns
- Fatigue or loss of energy
- Thoughts of harming oneself or committing suicide

If you are thinking of hurting yourself or committing suicide, please tell someone immediately. In the US, you can call 1-800-SUICIDE (1-800-784-2433) or 1-800-273-TALK (1-800-273-8255). To find a suicide hotline near you, try http://www.suicide.org/suicide-hotlines.html [3]; this website lists US hotlines by state as well as hotlines by country (click on the "International Hotlines" link at the top of the main page).

In addition to the symptoms listed above, you may also notice yourself doing some of the following if you are depressed:

- Not taking care of yourself in terms of grooming, dressing, and personal hygiene
- Not going to work; calling in sick
- Being very critical and down on yourself
- Not talking to or going out with friends or family
- Not taking part in your usual social activities, hobbies, or recreation
- Crying or feeling like crying more often than normal, and often without knowing why
- Using alcohol or other recreational drugs more than usual

Sometimes substance use [4] hides depression. This happens when people "self-medicate" by using drugs or alcohol to try not to feel the pain of what troubles them. If you feel that depression or anxiety adds to your substance use, ask your health care provider or HIV service agency for a referral to a mental health provider.

Click above to view or download this fact sheet as a PDF slide presentation [5]

Women and Depression

Studies have shown that, in the general population, women are two times more likely to be depressed than men. While it is not clear why women suffer from depression much more than men,
there are several possible reasons. One reason is the burden many women bear as the primary caregiver for family members. Often, women will care for others and not care properly for themselves. Other reasons include having a lower household income, less education, and less social support. These are all major life stressors [6] that can affect your overall well-being and lead to depression.

There is also a strong link between abuse of women [7] – be it physical, sexual, or emotional – and depression, post-traumatic stress [8], and suicide attempts. The World Health Organization reported in 2013 that women who experienced domestic or intimate partner violence were twice as likely to become depressed as women who did not experience any violence.

Depression in Women Living with HIV

Women living with HIV are even more likely to suffer from depression than women in the general population. Many people living with HIV lead long, healthy, and full lives, and have wonderful relationships without fear of transmitting HIV [9] if their partner is not living with HIV [10]. Nevertheless, learning that you are living with HIV is life-changing news that can be very difficult to hear and accept. Some people feel overwhelmed, helpless, or unable to cope with an HIV diagnosis. Others are afraid for their future health, or of disclosing [11] their HIV status to friends and family. The stigma [12] that many women living with HIV experience may lead to social isolation and feelings of loneliness. All of these feelings – helplessness, anxiety, loneliness – are key elements of depression.

Many women living with HIV also experience large life stressors such as racial discrimination [13], poverty, violence, and single parenthood, which can lead to depression. An HIV diagnosis can add to this burden and make it more likely that a woman develops depression.

Depression and Older Women Living with HIV

As HIV treatments have improved, there are more and more older women living with HIV [14]. Growing older often involves its own life challenges, such as chronic disease, disability, or the loss of loved ones. These life changes can lead to feelings of sadness or depression. One study showed that more than six in ten women living with HIV from 50 to 76 years old suffered from depression.

Depression Can Cause Serious Problems

Studies show that there is a direct connection between depression and poorer health for those living with HIV. Specifically, women living with HIV who are depressed seek HIV care less often, have more trouble sticking with their HIV drug regimens, and have more rapid disease progression. If you are experiencing symptoms of depression, you may find you miss drug doses, take the wrong dose, or take the dose at the wrong time. Not taking your HIV drugs regularly can lead to the development of resistance [15], which makes HIV drugs less effective at fighting the virus. This can cause your CD4 cells to go down and/or your viral load [16] to go up.

If you are depressed, getting help can make a big difference. One past study has shown that the risk of death was cut in half for women who contacted a mental health provider. It is important that depression be diagnosed and treated as quickly as possible to avoid serious problems.

Treatment Options

The good news is that depression is treatable. Treatments include psychotherapy, social support [17], medication, alternative or complementary therapies [18], or any combination of these. While it is true that depression can get better on its own, this can take months or even years. Treatment will likely shorten the time it takes for you to feel better and may help you stay on your HIV drugs. It also may keep you from losing a job, a relationship, or even your life.
Psychotherapy

Various mental health professionals can provide psychotherapy, also known as "talk therapy" or personal counseling. Psychotherapy involves talking to a trained professional about what you are experiencing. The therapist provides support and helps you to understand what is troubling you. While most psychotherapy occurs one-on-one, group therapy is also helpful for some people.

In the US, mental health professionals who provide psychotherapy include:

- Psychologists
- Psychiatrists
- Social workers
- Marriage and family therapists
- Mental health counselors

Social Support

It may also be helpful to seek the support of other women living with HIV through support groups or peer counseling. For online support, please visit our blog for women living with HIV, A Girl Like Me. Social support from friends and family has been found to help people living with HIV avoid depression or cope better with it. If you feel lonely and isolated, connecting with others can help you feel less alone. Friends and family can also provide emotional support, which is very important for people living with a serious illness like HIV. Members of a social support network can help with chores like shopping or housework and act as caregivers if you get sick.

Antidepressant Medications

Antidepressant medications are often prescribed for depression or anxiety and have been shown to help decrease symptoms for some people. Some antidepressant or anti-anxiety drugs can interact with some HIV drugs. It is important to tell your health care provider about everything you are taking, including over-the-counter medications, herbs, and other supplements. This allows your health care provider to prepare for and manage drug interactions.

Selective serotonin re-uptake inhibitors or SSRIs, such as Celexa (citalopram), Lexapro (escitalopram), Luvox (fluvoxamine), Prozac (fluoxetine), Paxil (paroxetine), and Zoloft (sertraline), are often prescribed for use with HIV drugs. A popular herbal antidepressant called St. John's Wort should not be taken, because it affects the immune system and interacts with many HIV drugs.

Other Treatments

Meditation, massage, yoga, breathing, and relaxation exercises are all complementary therapies that may help you manage stress and feel better. Acupuncture and acupressure may help reduce stress and improve your mood. Mindfulness techniques may help you get back in touch with what makes life worth living and avoid going into downward mood spirals. Some of these methods have even been combined with traditional psychotherapy and shown to be very effective for some people (e.g., mindfulness-based cognitive therapy). Good nutrition and physical activity are beneficial, no matter which treatments you choose.

Helping Others with Depression

People with depression may not be aware that what they are experiencing is not normal - or that help is available. Depression can also take away a person's energy and motivation, so even if they know that they have a problem, they may not be able to seek treatment on their own. Often
someone close to a person with depression notices and points out changes in the person, and supports them in getting the help they need.

If someone in your life shows signs of depression like the ones listed above, it is important to understand that it is not your job to "fix" the person or give advice. Listening to your loved one with compassion and encouragement is a great way to support them in dealing with their depression in ways that work for them.

**Talking About Depression**

It can be difficult to know what to say to someone you believe may be depressed. Remember that listening is the most important thing - and that you may need to express your concern a number of times before the person responds. Here are a few things to say, or questions to ask, to start a conversation:

"I have been feeling concerned about you recently."

"I have noticed some differences in you lately, and I am wondering how you are doing."

"When did you start feeling this way?"

"How can I best support you right now?"

"Have you thought about reaching out for help?"

It is important to let the person know that they are not alone; that you may not know exactly what they are going through but are there for them; and that they are important to you. Avoid statements that suggest it is easy to cope with depression - for example, that they should "snap out of it," that "everyone goes through times like this," or that they have "too many good things in their lives to be depressed."

**Understanding Suicide Risk**

People with depression may be at risk of suicide - even if you believe your loved one is "not the type" to want to take their own life.

Warning signs for suicide:

- Talking about suicide, death, harming themselves
- Expressing feelings of hopelessness or self-hate
- Dangerous or self-destructive behavior, such as increased drug or alcohol use
- Seeking out tools for potential suicide, such as pills, weapons, or other lethal objects
- Sudden sense of calm after a depression
- Getting affairs in order and saying goodbye to people as if they will never see them again

*If you notice any of these warning signs, it is important to take them seriously and seek help immediately.* In the US, you can call 1-800-SUICIDE (1-800-784-2433) or The National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255). You may be able to find a suicide hotline in your state or country at [http://www.suicide.org/suicide-hotlines.html](http://www.suicide.org/suicide-hotlines.html) [3]. These resources can support you and your loved one in getting help.

If you are concerned that a loved one may be considering suicide, talk to them about it as soon as possible. It may be an uncomfortable topic to bring up, but talking openly about their suicidal thoughts and feelings could save the person's life.

**Supporting Your Loved One - and Yourself**
It is worth noting again that you cannot fix anyone’s depression, and you do not have to try. Your compassion, listening ear, encouraging presence, and patience are great tools to support them in what may be a challenging process of seeking treatment. You can also help them by pitching in with household tasks that they may have trouble completing, and encouraging them to join you in activities like exercise [24] or other forms of entertainment that can be uplifting.

Loving someone with depression can be challenging. Please remember to take care of yourself through this process by communicating honestly with the person about your boundaries, keeping up with your own life, doing things you enjoy, and having your own support team. Burning out in the process of caring for a loved one does not help anyone.

*This section was adapted from HelpGuide.org. For more information, see their article, "Helping Someone with Depression [25]."

### Get Checked and Treated for Depression

It is important to talk to your health care provider about depression, especially if you are experiencing symptoms or having trouble sticking to your HIV drug regimen. If you are suffering from symptoms of depression, ask for a referral to see a mental health care provider. Mental health care, including psychotherapy, social support, medication, and alternative therapies, can not only improve your adherence [26] to HIV drugs, but also improve your health and quality of life.

Some people do not believe in the value of mental health treatment. You or those you love may have heard that people who see therapists ("shrinks") or take antidepressants are "crazy," or weak. Try not to let these judgmental opinions keep you from getting treatment that will make you feel and live better. When we experience physical problems, it is best to get treatment. If someone breaks her leg, we encourage her to see a health care provider to get the leg checked and treated so it heals properly. Similarly, when we experience emotional difficulty, there is no need to suffer when effective treatment is available.

**Tags:**

- women and depression [27]
- depression and HIV [28]
- depression [29]
- identifying depression [30]
- depression symptoms [31]
- symptoms of depression [32]
- treatment options [33]
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- HIV depression [39]
- mental health women HIV [40]
- mental health HIV [41]

**Additional Resources**

Select the links below for additional material related to depression.
People with HIV Suffer with Depression Caused by Shame, Trauma, Substance Abuse (Healthline) [42]
As Women of Color Age, What Are Their HIV and Mental Health Needs? (TheBodyPro) [43]
Depression in Women: 5 Things You Should Know (US National Institute of Mental Health) [44]
Depression in Women (HelpGuide) [45]
Depression in Women: Understanding the Gender Gap (Mayo Clinic) [46]
Depression Fact Sheet (US Office on Women's Health) [47]
Depression in Older Adults (HelpGuide) [48]
Depression More Common Among HIV-Positive Women Than Men (POZ) [49]
HIV and Your Mental Health (AVERT) [50]
Stigma, Mental Health and Quality of Life (From The Well Project's Coverage of AIDS 2020: Virtual) [51]
Why Are So Many Teens Depressed? (PsychCentral) [52]
Stigmatization of Teen Depression (Youth Radio) [53]
Only Smiling on the Outside: Teens Hide Depression (Youth Radio) [54]
HIV and Your Mental Health (Depression, Anxiety) (POZ) [55]
Depression (Terrence Higgins Trust) [56]
Mental Health and HIV (HIV.gov) [57]
Depression: Supporting a Family Member or Friend (Mayo Clinic) [58]
Your Guide to Mindfulness-Based Cognitive Therapy (MBCT.com) [59]
St. Johns Wort (Hypericin) (AIDS InfoNet) [60]

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Links
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