Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MENTAL HEALTH

Depression
what treatment actually involves

Depression is not sadness, and it is not a failure of effort or character. It flattens interest and pleasure, drains energy, disrupts sleep and appetite, and distorts how you judge yourself and your future. It is common, and it responds to treatment in the great majority of people.

Please get help today if

- you are having **thoughts of harming yourself or ending your life**, or making plans
- you feel **unable to keep yourself safe**
- you have **stopped eating or drinking**, or cannot care for yourself or your children
- you are hearing voices, or believe things others find **impossible to make sense of**
- someone close to you is **seriously worried** about you

If you are having thoughts of harming yourself or ending your life, help is available now and these feelings can be treated. Call **999** or go to an emergency department if you have already harmed yourself or feel unable to stay safe. Otherwise call **Samaritans free on 116 123**, any time of day or night, text **SHOUT to 85258**, or call **NHS 111 and select the mental health option**. Please also tell someone you trust, and tell us — we would far rather you did.

What it looks like

Low mood or a loss of interest and pleasure, most of the day, most days, for at least two weeks, alongside several of: disturbed sleep, appetite or weight change, fatigue, poor concentration, slowed or agitated movement, feelings of worthlessness or guilt, and thoughts about death.

Many people present with the **physical symptoms first** — exhaustion, headaches, back pain, gut symptoms — and only mention mood when asked. Men in particular more often describe irritability, anger or numbness than sadness.

Things worth excluding

- an underactive thyroid, anaemia, low vitamin D or B12
- sleep apnoea, which produces exhaustion and low mood and is often missed
- alcohol, which is a depressant and frequently both cause and consequence
- certain medicines, including some for blood pressure and hormonal treatments
- the perimenopause, which produces mood symptoms that respond to a different treatment

Treatment

- **Talking therapy**, usually cognitive behavioural therapy, is first line for mild to moderate depression and is as effective as medication for many people.
- **Antidepressants** are appropriate for moderate to severe depression, and alongside therapy for persistent symptoms. They are not sedatives, they are not addictive in the way benzodiazepines are, and they do not change your personality.
- **Expect four to six weeks** for a meaningful effect. Sleep and appetite often improve first; mood follows. Side effects usually appear before benefit does, which is why the first fortnight is the hardest and the commonest time to give up.
- **Continue for at least six months after you feel well**, and longer if you have had previous episodes. Stopping as soon as you feel better is the main cause of relapse.
- **Never stop abruptly.** Reduce gradually with guidance — withdrawal symptoms are real, can be unpleasant, and are avoidable.

The first two weeks on medication

Some people feel more anxious, restless or unsettled when starting an antidepressant, and in younger adults there can be a short-term increase in suicidal thoughts. This is well recognised. It is why we review you early — usually within two weeks, sooner if you are under 30. If you feel worse rather than better after starting, contact us rather than stopping on your own.

What helps alongside

Helps

- Exercise — strong evidence, particularly for mild to moderate depression
- A regular sleep schedule, even when sleep is poor
- Daylight, especially in the morning
- Doing things before you feel like it, rather than waiting to feel like it
- Telling one person how you actually are

Makes it harder

- Alcohol and cannabis
- Withdrawing from people, which is the strongest instinct and the least helpful
- Major decisions made while unwell — defer them if you can
- Judging progress day to day rather than over weeks
- Waiting until you hit rock bottom before asking

Behavioural activation

Depression removes motivation, so waiting until you feel motivated means waiting indefinitely. The evidence-based approach reverses it: schedule small, specific, achievable activities regardless of how you feel, and let the mood follow the action. A walk to a specific place at a specific time beats an intention to exercise more.

Book an appointment if you have felt this way for more than two weeks, it is affecting work or relationships, or you want treatment reviewed. We offer unhurried consultations, blood tests to exclude physical causes, prescribing and monitoring, and referral to talking therapy without a long wait.

Unhurried appointments, no long wait

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
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WhatsApp **07903 284 189**
info@mhwclinic.co.uk
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In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Private GP** · **Mental health** · **Blood tests** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE guidance on depression in adults. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.