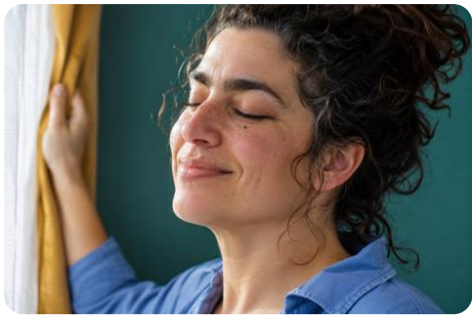


NEWS LESSON

Is Depression Always One Illness?

BEFORE YOU READ

1 Warm up

Talk about these questions with a partner.

1. How far should we expect one diagnosis to describe very different people?
2. What are the benefits and risks of dividing an illness into smaller categories?
3. Do you think everyday habits are given enough weight in discussions of health?

2 Key words

These words are in the article. Write the letter of the meaning (A to H) in each box.

1	**circadian**	☐	A	lasting for a long time without going away
2	**serotonin**	☐	B	a set of features that together describe someone
3	**recurrent**	☐	C	following the body's natural cycle of about 24 hours
4	**persistent**	☐	D	the processes by which something happens
5	**ancestry**	☐	E	happening again and again
6	**mechanisms**	☐	F	the family background and origins of a person
7	**subgroup**	☐	G	a smaller group within a larger group
8	**profile**	☐	H	a chemical in the brain linked to mood

3 Read

Read the article and underline the key words from task 2. The paragraphs are numbered.

A study of more than 10,000 Australians proposes a circadian subtype of depression. The authors and outside experts are careful about what it does and does not show.

1 If two people receive the same diagnosis of depression, should we assume that the same treatment will work for both? The answer is increasingly complicated. Depression can involve different combinations of low mood, fatigue, disrupted sleep and loss of interest, and researchers are looking for biological patterns that might explain why patients respond differently to treatment. A study announced in October 2026 suggests that, for a substantial subgroup of people with mostly severe depression, the body's internal clock may be particularly important.

2 Scientists at the University of Sydney analysed clinical and genetic data from more than 10,000 participants in the Australian Genetics of Depression Study. Their findings, publicised on 21 October and published in the British Journal of Psychiatry, identified 2,604 people, almost a quarter of the sample, with characteristics of what the researchers termed circadian depression. The term refers to the internal rhythms that help regulate sleep and other bodily functions over approximately 24 hours. Crucially, the study focused on people with mostly severe, recurrent or persistent depression, making generalisation to the wider population inappropriate.

3 The proposed subtype was associated with features such as sleeping longer during depressive episodes, waking up exhausted, a strong preference for late nights and seasonal patterns of illness. The researchers reported that people displaying this profile tended, by their own account, to respond less well to common serotonin-based antidepressants. They suggested that treatment strategies addressing circadian rhythms, including light therapy and certain medicines, could be more relevant for some patients, although the study did not test those treatments. Recognising such patterns could eventually help clinicians move beyond a trial-and-error approach in which individuals cycle through treatments without clear guidance.

4 Nevertheless, describing a condition as a body-clock problem risks oversimplifying a complex illness. Disrupted sleep can be both a symptom and a contributing factor, and genetics, stressful experiences, physical health and social circumstances may all play a part. Being a night owl is not a diagnosis. Nor does the identification of a statistical subgroup prove that the biological mechanisms behind every patient's depression have been fully explained. The study is better understood as a step towards more precise classification rather than a definitive answer to what causes depression.

5 The practical implications therefore require caution. The data were gathered at a single point in time, the sample was mostly women and limited to people of European ancestry, and an independent expert called the work exploratory. The treatment possibilities mentioned by researchers are not blanket recommendations. People should not stop taking prescribed antidepressants or attempt to treat depression independently with light exposure or supplements. Appropriate care depends on an individual's symptoms, medical history and professional assessment. Further research will need to establish how reliably the proposed subtype can be identified and whether targeted interventions improve outcomes in controlled clinical settings.

6 Even with these qualifications, the findings challenge the assumption that everyone with the same diagnosis should follow an identical path to recovery. More personalised mental healthcare might begin with better questions about daily routines, sleep quality and fluctuations in symptoms. The potential benefit is not simply a new label, but the possibility of helping people reach effective care sooner. As medicine becomes more capable of identifying different biological patterns, should mental health treatment become less standardised, even if that makes diagnosis and care more complicated?

Sources: The Guardian, Australian researchers identify new subtype of depression linked to body clock disruptions; University of Sydney, Researchers identify new circadian subtype of depression. Picture: AI illustration.

4 True, false or not given

Circle **T** (true), **F** (false) or **NG** (the article does not say).

1. The study can say little about how a person's symptoms change over time. T F NG
2. The authors recommend that patients with this profile switch to light therapy. T F NG
3. The independent expert criticised the researchers for relying on what patients reported about their treatment. T F NG
4. Recognising the subtype could one day reduce trial-and-error prescribing. T F NG
5. Anyone who stays up late by choice can be assumed to have circadian depression. T F NG

5 Vocabulary

Complete the sentences with words from the box. Two words are not needed.

advocated **exploratory** **fluctuations** **implications** **interventions** **precise** **prognoses** **publicised**

1. Because the pilot study was _____ , its authors did not claim to have settled the question.
2. Daily _____ in blood sugar made her readings hard to interpret.
3. The findings have wider _____ for how schools set their start times.
4. Early _____ such as counselling can stop a crisis from getting worse.
5. The charity widely _____ the results so that more patients would hear about them.
6. A _____ diagnosis helps clinicians choose the right treatment.

6 Word forms

Use the word in brackets to make a word that fits the gap.

1. Critics questioned the _____ of the findings. (RELY)
2. The _____ of a sample limits how far its results can be applied. (HOMOGENEOUS)
3. It would be _____ to recommend light therapy on this evidence alone. (RESPONSIBLE)
4. Experts urged readers to interpret early results _____ . (CAUTIOUS)
5. Clinicians hope to _____ care so that it fits each patient. (PERSON)

7 Language focus: collocations

Complete the sentences with words from the box. Two words are not needed. Collocations are habits of the language, so a near-synonym often sounds wrong. Learn the whole chunk, for example play a part.

blanket	chronic	controlled	gathered	play	substantial	toxic

1. Doctors warn against _____ advice that ignores each patient's circumstances.
2. A _____ proportion of those surveyed reported poor sleep.
3. Genetics, stress and lifestyle may all _____ a part in how an illness develops.
4. Researchers _____ data from thousands of volunteers over several months.
5. Any new drug must first be proved safe in properly _____ trials.

SPEAK

8 Talk about it

Discuss in pairs or small groups. Give reasons for your answers.

1. How should journalists explain promising medical research without exaggerating it?
2. What makes it difficult to tell whether disrupted sleep is a cause or a symptom of an illness?
3. Would you want medicine to become more personalised, even if it made diagnosis more complicated for you?

9 Role-play: should I stop my medicine?

Work in pairs. Read your card, then have the conversation. Swap roles and do it again.

Student A · the doctor

Your patient has read a news story about body clocks and wants to stop their medicine. Ask about their sleep and how they feel. Explain why they shouldn't change anything without advice.

Student B · the patient

You read a story about body clocks and depression. You're worried your medicine isn't working. Explain why you want to stop, and ask the doctor what you can do instead.

Useful phrases

I read a story about body clocks.

I'm thinking of stopping my medicine.

I'd like to understand why it isn't working.

That's an early study, so please don't stop yet.

Let's talk about your sleep first.

What's the safest next step?

Afterwards, tell the class: did the patient decide to keep the medicine, and why?

ANSWER KEY

2 Key words

1 C · 2 H · 3 E · 4 A · 5 F · 6 D · 7 G · 8 B

4 True, false or not given

1 T · 2 F · 3 NG · 4 T · 5 F

5 Vocabulary

1 exploratory · 2 fluctuations · 3 implications · 4 interventions · 5 publicised · 6 precise

6 Word forms

1 reliability · 2 homogeneity · 3 irresponsible · 4 cautiously · 5 personalise

7 Language focus

1 blanket · 2 substantial · 3 play · 4 gathered · 5 controlled

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