

## Depression: 'The Black Dog'

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**“I am very glad that we live in the age that we do because while there is still a stigma attached to mental illness, it is nowhere near as bad as it would have been in days gone by. Depression has also been referred to by many different names and particularly "the Black Dog" and in my terms simply as the "Deep Dark Hole with the heavy black clouds overhead" and I have fallen into that deep dark hole more times now than I care to remember. The deep dark hole is a horrible place to be in and because of that it can be very scary and also a very lonely and confusing place. The deep dark hole is really a place where there is no future because each day is either the same or worse than the previous day and it is impossible to find a way out of it, especially when the dark clouds start to gather overhead and close in on you. Depression has also very nearly claimed my life and made me just another statistic on the list of sorry individuals who could not live with the resulting problems and pressures and muddled up thoughts that are all by-products of depression” – Ms. A**

A depressive disorder is an illness that involves the body, mood and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months or years. Appropriate treatment, however, can help most people who suffer from depression.

### Different forms

Depressive disorders come in different forms, just as is the case with other illnesses such as heart disease. *Three of the most common types* of depressive disorders are described in this article. However, within these types there are variations in the number of symptoms, their severity, and persistence.

***Major depression*** is manifested by a combination of symptoms (see symptom list) that interfere with the ability to work, study, sleep, eat and enjoy once pleasurable activities. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

A less severe type of depression, ***Dysthymia***, involves long-term, chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

Another type of depression is ***bipolar disorder***, also called manic-depressive illness. Not nearly as prevalent as other forms of depressive disorders, bipolar disorder is characterized by cycling mood changes: severe highs (mania) and lows (depression). Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, an individual can have any or all of the symptoms of a depressive disorder. When in the manic cycle, the individual may be overactive, overtalkative and have a great deal of energy. Mania often affects thinking, judgment and social behavior in ways that cause serious problems and embarrassment. For example, the individual in a manic phase may feel elated, full of grand schemes that might range from unwise business decisions to romantic sprees. Mania, left untreated, may worsen to a psychotic state.

## Symptoms

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies with individuals and also varies over time.

- Persistent sad, anxious, or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness or helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering or making decisions
- Insomnia, early morning awakening or oversleeping
- Appetite and/or weight loss, or overeating and weight gain
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain
- Mania
- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep
- Grandiose notions (High-flying)
- Increased talking
- Racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

## Causes

Some types of depression run in families, suggesting that a biological vulnerability can be inherited. This seems to be the case with bipolar disorder. Studies of families in which members of each generation develop bipolar disorder found that those with the illness have a somewhat different genetic makeup than those who do not get ill. However, the reverse is not true: Not everybody with the genetic makeup that causes vulnerability to bipolar disorder will have the illness. Apparently additional factors, possibly stresses at home, work or school, are involved in its onset.

Whether inherited or not, major depressive disorder is often associated with changes in brain structures or brain function.

People who have low self-esteem, who consistently view themselves and the world with pessimism, or who are readily overwhelmed by stress are prone to depression. Whether this represents a psychological predisposition or an early form of the illness is not clear.

In recent years, researchers have shown that physical changes in the body can be accompanied by mental changes as well. Medical illnesses such as stroke, heart attack, cancer, Parkinson's disease and hormonal disorders can cause depressive illness, making the sick person apathetic and unwilling to care for her physical needs, thus prolonging the recovery period. Also, a serious loss, difficult relationship, financial problem or any stressful (unwelcome or even desired) change in life patterns can trigger a depressive episode. Very often, a combination of genetic, psychological and environmental factors is involved in the onset of a depressive disorder. Later episodes of illness typically are precipitated by only mild stresses or none at all.

## *Depression in Women*

Women experience depression about twice as often as men. Many hormonal factors may contribute to the increased rate of depression in women -- particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, perimenopause and menopause. Many women also face additional stresses such as responsibilities both at work and home, single parenthood and caring for children and aging parents.

Many women are also particularly vulnerable after the birth of a baby. The hormonal and physical changes, as well as the added responsibility of a new life, can be factors that lead to **postpartum depression** in some women. While transient "**blues**" are common in new mothers, a full-blown depressive episode is not a normal occurrence and requires active intervention. Treatments by an eloquent psychologist and the family's emotional support for the new mother are prime considerations in aiding her to recover her physical and mental well-being as well as her ability to care for and enjoy the infant.

## *Depression in Men*

Although men are less likely to suffer from depression than women, 1 to 2 million men in Australia is affected by the illness. Men are less likely to admit to depression, and doctors are less likely to suspect it. The rate of suicide in men is four times that of women, though more women attempt it. In fact, after age 70, the rate of men's suicide rises, reaching a peak after age 85.

Depression can also affect the physical health in men differently from women. A new study shows that, although depression is associated with an increased risk of coronary heart disease in both men and women, only men suffer a high death rate.

Men's depression is often masked by alcohol or drugs, or by the socially acceptable habit of working excessively long hours. Depression typically shows up in men not as feeling hopeless and helpless, but as being irritable, angry and discouraged. Hence, depression may be difficult to recognize as such in men.

Even if a man realizes that he is depressed, he may be less willing than a woman to seek help. Encouragement and support from concerned family members can make a difference. In the workplace, employee assistance professionals or work-site mental health programs can be of assistance in helping men understand and accept depression as a real illness that needs treatment.

## *Depression in the Elderly*

Some people have the mistaken idea that it is normal for the elderly to feel depressed. On the contrary, most older people feel satisfied with their lives. Sometimes, though, when depression develops, it may be dismissed as a normal part of aging. Depression in the elderly, undiagnosed and untreated causes needless suffering for the family and for the individual who could otherwise live a fruitful life. When she does go to the doctor, the symptoms described are usually physical, since the older person is often reluctant to discuss feelings of hopelessness, sadness, loss of interest in normally pleasurable activities or extremely prolonged grief after a loss.

Recognizing how depressive symptoms in older people are often missed, many health care professionals are learning to identify and treat the underlying depression.

Improved recognition and treatment of depression in late life will make those years more enjoyable and fulfilling for the depressed elderly person, the family, and caretakers.

## Diagnostic Evaluation

The **first step** to getting appropriate treatment for depression is a physical examination by a physician. Certain medications, as well as some medical conditions like a viral infection, can cause the same symptoms as depression, and the physician should rule out these possibilities through examination, interview and lab tests. If a physical cause for the depression is ruled out, a **psychological evaluation** should be done, either by the physician or by referral to a psychiatrist or psychologist.

A good diagnostic evaluation will include a complete history of symptoms, such as when they started, how long they have lasted, how severe they are, whether the patient had them before. And if so, whether the symptoms were treated and what treatment was given. The doctor should ask about alcohol and drug use, and if the patient has thoughts about death or suicide. Further, a history should include questions about whether other family members have had a depressive illness and, if treated, what treatments they may have received and which were effective.

**Finally**, a diagnostic evaluation should include a mental status examination to determine if speech, thought patterns or memory have been affected, as sometimes happens in the case of a depressive or manic-depressive illness.

## Treatment

Treatment choice will depend on the outcome of the evaluation. There are a variety of **antidepressant** medications and **psychotherapies** that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems, including depression. Depending on the patient's diagnosis and severity of symptoms, the therapist may prescribe medication and/or one of the several forms of psychotherapy that have proven effective for depression.

Electroconvulsive therapy (ECT) is useful, particularly for individuals whose depression is severe or life threatening, or for those who cannot take antidepressant medication. ECT often is effective in cases where antidepressant medications do not provide sufficient relief of symptoms. In recent years, ECT has been much improved. A muscle relaxant is given before treatment, which is done under brief anesthesia. Electrodes are placed at precise locations on the head to deliver electrical impulses. The stimulation causes a brief (about 30 seconds) seizure within the brain. The person receiving ECT does not consciously experience the electrical stimulus. For full therapeutic benefit, at least several sessions of ECT, typically given at the rate of three per week, are required.

## Medications

### Important:

Patients often are tempted to stop medication too soon. They may feel better and think they no longer need the medication. Or they may think the medication isn't helping at all. It is important to keep taking medication until it has a chance to work, though side effects (see section on side effects) may appear before antidepressant activity does. Once the individual is feeling better, it is important to continue the medication for at least four to nine months to prevent a recurrence of the depression.

Some medications must be stopped gradually to give the body time to adjust. Never stop taking an antidepressant without consulting the doctor for instructions on how to safely discontinue the medication. For individuals with bipolar disorder or chronic major depression, medication may have to be maintained indefinitely.

Medications of any kind-prescribed, over-the-counter or borrowed -- should never be mixed without consulting the doctor. Other health professionals who may prescribe a drug -- such as a dentist or other medical specialist -- should be told of the medications the patient is taking. Some drugs -- although safe when taken alone -- can cause severe and dangerous side effects if taken with others. Some drugs, like alcohol or street drugs, may reduce the effectiveness of antidepressants and should be avoided. This includes wine, beer and hard liquor. Some people who have not had a problem with alcohol use may be permitted by their doctor to use a modest amount of alcohol while taking one of the newer antidepressants.

Questions about any antidepressant prescribed, or problems that may be related to the medication, should be discussed with the doctor.

### **Psychotherapies**

Many forms of psychotherapy, including some short-term (10- to 20-week) therapies, can help depressed individuals. "*Talking*" therapies help patients gain insight into and resolve their problems through verbal exchange with the therapist, sometimes combined with "homework" assignments between sessions. "**Behavioral**" **therapists** help patients learn how to obtain more satisfaction and rewards through their own actions and how to unlearn the behavioral patterns that contribute to or result from their depression.

Two of the short-term psychotherapies that research has shown helpful for some forms of depression are *interpersonal and cognitive-behavioral therapies*. **Interpersonal therapists** focus on the patient's disturbed personal relationships that both cause and exacerbate (or increase) the depression. **Cognitive-behavioral therapists** help patients change the negative styles of thinking and behaving often associated with depression.

**Psychodynamic therapies**, which are sometimes used to treat depressed persons, focus on resolving the patient's conflicted feelings. These therapies are often reserved until the depressive symptoms are significantly improved. In general, severe depressive illnesses, particularly those that are recurrent, will require medication (or ECT under special conditions) along with, or preceding, psychotherapy for the best outcome.

### **How to Help Yourself If You are Depressed**

Depressive disorders can make a person feel exhausted, worthless, helpless and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not reflect actual circumstances. Negative thinking fades as treatment begins to take effect. In the meantime:

- Set realistic goals in light of the depression and assume a reasonable amount of responsibility.
- Break large tasks into small ones, set some priorities and do what you can, as you can.
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
- Participate in activities that may make you feel better.
- Mild exercise, going to a movie or a ball game, or participating in religious, social or other activities may also help.
- Expect your mood to improve gradually, not immediately; feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition -- change jobs, get married or divorce -- discuss it with others who know you well and have a more objective view of your situation.
- People rarely "snap out of" a depression. But they can feel a little better day-by-day.
- Remember, positive thinking will replace the negative thinking that is part of the depression, and this negative thinking will disappear as your depression responds to treatment.
- Let your family and friends help you.

## ***How Family and Friends Can Help the Depressed Person***

***The most important thing*** anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to subside (several weeks) or to seek different treatment if no improvement occurs. On occasion, it may require making an appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication. The depressed person should be encouraged to obey the doctor's orders about the use of alcoholic products while on medication.

***The second most important thing*** is to offer emotional support. This involves understanding, patience, affection and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope. Do not ignore remarks about suicide. Report them to the depressed person's therapist. Invite the depressed person for walks, outings, to the movies and other activities. Be gently insistent if your invitation is refused.

Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Do not accuse the depressed person of faking illness or laziness. Eventually, with treatment, most people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, she will feel better.

## ***Where to Get Help***

If you're unsure where to go for help, check the internet with search words such as "mental health," "health," "social services," "suicide prevention," "crisis intervention services," "hotlines," "hospitals" or "physicians" for phone numbers and addresses. In times of crisis, the emergency room doctor at a hospital may be able to provide temporary help for an emotional problem, and will be able to tell you where and how to get further help.

Listed below are the types of people and places that will make a referral to, or provide, diagnostic and treatment services.

- Family doctors
- Mental health specialists, such as psychiatrists, psychologists, social workers or mental health counselors
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- University -- or medical school -- affiliated programs
- State hospital outpatient clinics
- Family service, social agencies or the clergy
- Private clinics and facilities

If you have any concerns about the depression or any other psychological issues please do contact the writer simply visiting his website or write to him.

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