

More than the Blues

Life is full of emotional ups and downs and everyone experiences the "blues" from time to time. But when the "down" times are long lasting or interfere with an Individual's ability to function at home or at work, that person may be suffering from a common, serious illness - depression.



Clinical depression affects mood, mind, body and behaviour. Research has shown that 20% of the population will develop a depressive disorder during the course of their lives, and nearly two thirds do not get the help they require. Treatment can alleviate the symptoms in over 80% of the cases. Yet, because it often goes unrecognised, depression continues to cause unnecessary sufferings.

What is a Depressive Disorder?

A depressive disorder is a "whole-body" illness, involving your body, mood and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. A depressive disorder is not the same as a transient 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.

Abraham Lincoln / Virginia Woolf / Lionel Aldridge /
Beethoven / Gaetano Donizetti / Robert Schuman /
Leo Tolstoy / Vaslov Hijinsky / John Keats /
Tennessee Williams / Vincent van Gogh / Isaac Newton
/ Ernest Hemingway / Sylvia Plath / Michelangelo /
Winston Churchill / Vivien Leigh / Emperor Norton /
Jimmy Piersall / Patty Duke / Charles Dickens
People with mental illness enrich our lives
These people have experienced one of the following
mental illnesses: Schizophrenia, Depression or Anxiety

Types of Depression

Depressive disorders present in different forms, just as other illnesses, such as heart disease. This brochure briefly describes three of the most common types of depressive disorders. However, within these types there are variations in the number of symptoms, their severity, and persistence.

Major depression is manifested through a combination of symptoms (*see symptom list*) that interfere with the ability to work, sleep, eat, and enjoy once pleasurable



activities. These disabling episodes of depression can occur once, twice, or several times in a lifetime.

A less severe type of depression, **dysthymia**, involves long-term, chronic symptoms lasting years that do not disable, but keep you from functioning at your full potential or from feeling good. Sometimes people with dysthymia also experience major depressive episodes, also called double depression.

Another type is **bipolar disorder**, formerly called manic-depressive illness. Not nearly as common as other forms of depressive disorders, bipolar disorder involves episodes of depression and elation or mania. Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed phase, people may have some or all the symptoms of a depressive disorder. When in the manic phase, some or all the symptoms listed under mania may be experienced. Mania often affects thinking, judgment, and social behaviour in ways that cause serious problems and embarrassment. For example, unwise business or financial decisions may be made when an individual is in a manic phase. Bipolar disorder is often a chronic recurring condition.

Symptoms of Depression

Not everyone who is depressed or manic experiences every symptom listed. Some people experience a few symptoms, some many. Also, the severity of symptoms varies between individuals.

Symptoms of Depression include:

- ▶ Persistent sad, anxious, or "empty" mood.
- ▶ Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex.
- ▶ Feelings of hopelessness and pessimism.
- ▶ Feelings of guilt, worthlessness, helplessness and self reproach.
- ▶ Insomnia, early-morning awakening, or oversleeping.
- ▶ Appetite and/or weight loss or overeating and weight gain.
- ▶ Decreased energy, fatigue and feeling run down.
- ▶ Increased use of alcohol and drugs; may be associated but not a criteria for diagnosis.
- ▶ Thoughts of death or suicide; suicide attempts.
- ▶ Restlessness, irritability, hostility.
- ▶ Difficulty concentrating, remembering, making decisions.
- ▶ Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.
- ▶ Deterioration of social relationships.



Who becomes Depressed

Depression affects people of both sexes and all races, cultures and social classes. It is estimated that 20% of the population may suffer from major depression during the course of their lives. It is reported that depression is twice as common in women than it is in men.

Depression in Children

While depression is more common in adults, it occurs in at least 2 in every 100 Children. Children are more likely to become depressed if they come from broken homes, have suffered abuse or neglect, or have lost a parent early in their life. Another contributing factor is childhood illness.

Signs of apathy or not caring often marks depression in children. Other signs of childhood depression include behavioural problems or eating disorders that lead to substantial weight loss or gain.



Families often notice changes in children as they become depressed. Schoolwork may deteriorate and previously boisterous and energetic children may become quiet and fatigued. When depression is suspected, the child should be evaluated by a doctor experienced in dealing with children and depression. Depression in children can manifest as severely as in adults. Children respond to similar treatments used to treat depression in adults.

Depression in Adolescents

Because ups and downs are particularly common in adolescence, depression is often a normal part of growing up. Whilst teenagers do experience depressed moods as a norm, clinically diagnosable depression occurs, and affects 5 in every 100 teenagers.

Like "adult" depression, it can cause interference with daily activities, including a deterioration in academic performance, loss of interest in friendships and decreased enjoyment in activities and hobbies. Furthermore, depression is a major cause of suicide.

At the same time as the onset of puberty, adolescents often have to change schools and peer groups. Depressive illness in adolescents is often accompanied by tobacco, alcohol and drug abuse; promiscuous sexual behaviour and risk-taking behaviour.

Depression may also follow bereavement, particularly if there is a family history of depression. Other severe stressors include physical or sexual assault.



Adolescent depression may present with irritability and behavioural disorders, while increased sleep is more common than insomnia, in some cases.

Depression in the Elderly

Many of the factors associated with depression are bound to be more common in older people. For example, they may have physical illnesses, such as arthritis. This can prevent people from getting out and about, making them feel lonely. The medication one takes for certain illnesses or diseases may trigger depression. As a person becomes older, the chances are that they suffer bereavement, either of a partner or a close friend. Depression in the elderly remains a highly treatable condition.

Other triggers or stressors can be retirement, financial problems, illness and the increasing certainty of their own demise.

The elderly often present with anxiety as a dominant symptom of depression. Older people with symptoms of depression often worry that they are becoming "senile". For example, they may be worrying that they cannot seem to concentrate, or that their memory is not as good as it used to be.



If they are actually aware of these changes, it is more likely that they have depression rather than dementia. People with senile dementia do lose their faculties, but they don't usually realise that this is happening to them. Depression and dementia are completely separate conditions.

Depression after Childbirth

"Baby Blues" - These are feelings of sadness, anxiety, irritability, fears of not being able to cope, sadness about the "losses" that come along with this new "gain" (*loss of figure, career, status, etc.*)



It affects about 85% of all mothers and is generally considered a normal reaction to childbirth. It is usually short-lived, starting a couple of days after birth and typically easing off by the end of the second week. The best form of help is support from family and friends and the opportunity to take regular rests.

Post-Partum Depression - This affects about 20% of new mothers. The general "baby blues" feeling does not go away and develops into full depression. Sometimes the mother appears to be well for the first few weeks and only develops depression later. Any or all of the following feelings may be experienced: diminished energy, fatigue, difficulty concentrating, sleeping and eating disturbances,

loss of interest, lowered sexual interest, suicidal ideas, mood swings, anxiety, restlessness, apathy, loss of positive feelings towards loved ones and guilt about “not loving baby enough”. The best form of help here involves support from family and friends, as well as from mental health professionals. Very often some form of medication is needed and in certain cases the mother may need to be admitted to hospital.

What causes Depression?

Just as depression takes many different forms, it has many possible causes. In fact, depression is often caused by a combination of factors.

But why does one person become depressed while another remains unaffected? There’s no clear answer. For each person, there is a complex, individual pattern of factors that work together to either cause or prevent depression at any given time.

Sometimes it is possible to point to a specific event that seems to have triggered depression. But other times depression comes on for no apparent reason, even for individuals whose lives are going well. Some possible reasons include:

External events. Loneliness from relationship difficulties may contribute to depression. As can financial worries, legal problems, retirement, or other stresses. Grief due to the death of a loved one may, but usually does not, progress to full-blown depression.

Genetics. Researchers now realise that inherited factors are important. In other words, having close relatives who have had depression means that you are more likely to become depressed. People with a genetic susceptibility may be more vulnerable to depression when something upsetting happens.

Physiological or “biochemical” factors. One particularly interesting area of research today involves the “biochemistry of depression”. Depression is believed to be caused by an imbalance of brain chemicals called neurotransmitters. In other words, when the functioning of certain neurotransmitters is disturbed, depression can occur.

Another contributing physiological factor can be medical illnesses, including strokes, Cushing’s disease, and thyroid problems. Various medications, such as treatment for high blood pressure, birth control pills, and steroids (like cortisone), have also been implicated. Last but not least, alcohol and other commonly abused substances take their toll.



Treatments

Depression is one of the most treatable mental illnesses. Between 80% and 90% of all depressed people respond to treatment and nearly all depressed people who receive treatment see at least some relief from their symptoms. Along with the great strides made in understanding the cause of depression, scientists are closer to understanding how treatment of the illness works.



Before any treatment programme begins, however, a complete evaluation is essential. Depression is a complex illness, and many factors in a depressed person's life may feed into their condition. For example, a number of prevalent illnesses (such as hypothyroidism or hypertension) and commonly used medications can bring on depression. An evaluation will reveal the presence of these conditions or medicines to the psychiatrist. The evaluation will also include a medical/psychiatric history that will outline the patient's physical and emotional background, and a mental status examination, to uncover changes in the patient's mood, thoughts, patterns of speech, and memory that are manifestations of depression. The psychiatrist may also perform or order a physical examination for the patient to rule out undiagnosed medical problems that might be related to depressive illness.

Antidepressants

How effective are they?

If you take 100 people with depression and prescribe to them all an antidepressant, around 70 will make a good recovery. The medicines can be very effective. If one particular medicine doesn't work for you, it's a question of trying another until one is found that does work.



Are some medicines better than others?

No. We don't know why but all antidepressants are equally successful, providing you take an effective dose for a sufficient period of time. However, response is individual in that a person may respond well to one medicine but not to another.

What do "Effective Dose" and "Sufficient Period of Time" mean?

Antidepressants need to reach a certain dose before they begin to work. The level of the dose varies for different antidepressants. For some you need to start low and build

up to the effective dose.

Antidepressants don't work quickly. For most people, a response occurs only after several weeks of being on the dosage. For some, it may take a month and in elderly people even longer, perhaps as long as 6 or even 8 weeks. It is very important to persevere, to give the treatment a full chance to work. Many people stop too soon because they don't think the drug is working and nobody has explained to them how long they need to take it for.

Different types of antidepressants

There are at least four major classes, or types of antidepressants: • Selective serotonin reuptake inhibitors (SSRIs) • Tricyclics (TCA) and Tetra cyclics • Monoamine oxidase inhibitors (MAOIs) • Others include: Aurorix, Efexor, Remeron, Edronax.

Tricyclics:

The first class of antidepressants to be discovered in the 1950s was the tricyclics. These are still used today. They are as effective as the newer antidepressants; but they can have serious side effects and are lethal in overdose. This makes them risky to use in the suicidally depressed patient.

Not all patients experience side effects. However, tricyclics have more side effects than other, newer antidepressants.

Common side effects of the Tricyclics are:

- ▶ Dry mouth
- ▶ Blurred vision
- ▶ Constipation
- ▶ Tiredness
- ▶ Weight gain
- ▶ Sexual problems for both men and women, such as difficulty reaching orgasm.

The elderly are at risk for:

- ▶ Low blood pressure
- ▶ Effects on the heart, such as irregular heart beat, especially if there is an underlying cardiac problem
- ▶ Difficulty urinating.

Examples of the older Tricyclics are Imipramine, Clomipramine and Amitriptyline. Newer Tricyclics, such as Lofepamine, have fewer side effects.

Selective Serotonin Reuptake Inhibitors (SSRIs):

Since the 1970s, when the neurotransmitter basis of depression was understood, antidepressants that increased the availability of serotonin were developed.



Today, five SSRIs are available:

- Citalopram (*Cipramil*)
- Fluoxetine (*Prozac*)
- Fluvoxamine (*Luvox*)
- Paroxetine (*Aropax*)
- Sertraline (*Zoloft*).

The SSRIs have definite advantages compared to the tricyclics, although they are equally effective. With the SSRIs, side effects tend to be milder and fewer. For this reason, it is often possible to start a patient on the total daily dose from day one. They are also safe in overdose. Although all five SSRIs share a common mechanism of action, they have different side effect profiles. They tend to be well tolerated in the elderly. They are also useful for the treatment of depression associated with anxiety; as well as for specific anxiety disorders (*such as panic attacks*).

As a group, they share several side effects which tend to disappear over the first ten days:

- ▶ Nausea and diarrhoea
- ▶ Headache
- ▶ Agitation (*when starting the medication*)
- ▶ Sexual side effects: difficulty achieving orgasm for women; delayed ejaculation for men. Occasionally, decreased sex drive occurs.

Other types of antidepressants:

Mirtazapine (*Remeron*)

Mirtazapine has a complex mechanism of action in that it increases the availability of both non-adrenaline and serotonin, and it also blocks two types of serotonin receptors. When stimulated, these receptors cause some of the side effects seen with serotonergic antidepressants such as disturbed sleep, nausea and sexual dysfunction. When they are blocked, they are unable to produce these side effects.

Side effects that are caused by Mirtazapine include:

- ▶ Sleepiness
- ▶ Increased appetite
- ▶ Weight gain
- ▶ Dry mouth

Moclobemide (*Aurorix*)

This antidepressant is a refined form of MAOI: it only inhibits the A form of the enzyme and it does not affect the enzyme permanently. There is no effect on Tyramine and therefore no need for a special diet.

Common side effects include:

- ▶ Insomnia
- ▶ Dizziness
- ▶ Headache
- ▶ Restlessness.

Reboxetine (*Edromax*)

This is an inhibitor of nor-adrenaline uptake. Although an energising antidepressant, it may cause initial sedation and dry mouth.

Venlafaxine (*Efexor*)

This antidepressant works by increasing the availability of both nor-adrenaline and serotonin in the brain.

Side effects are similar to those found with the SSRIs:

- ▶ Nausea
- ▶ Headache
- ▶ Dry mouth
- ▶ Insomnia
- ▶ Sexual dysfunction

Venlafaxine is available in a slow release preparation, which has milder side effects.

Several points hold true for all antidepressants

- ▶ They are all equally effective
- ▶ They are all non addictive
- ▶ There are no long term changes in personality after years of taking antidepressants
- ▶ They all work in about 70% of people
- ▶ They all take two to six weeks to lift depression (*at an adequate dose*)
- ▶ They all have side effects; but the side effect profiles differ
- ▶ Not all people experience side effects on antidepressants.

Depression and your sex life

If you are depressed and have lost interest in sex, don't worry - you are not alone. Surveys show that about two out of three people who suffer from depression lose interest in sex. It's important to understand that this lack of interest is as much a symptom of depression as feeling low. Both probably result from imbalances in the brain chemistry. Reduced sexual activity may also be accompanied by weight loss, reduced energy, and disturbed sleep.



What kinds of Sexual Problems are common?

- ▶ Not being able to get sexually aroused
- ▶ Lowered sexual performance
- ▶ Not being able to gain pleasure
- ▶ Lack of energy
- ▶ Not being able to get or keep an erection
- ▶ Premature ejaculation, and
- ▶ Inability to reach orgasm or ejaculate.

Will treatment help my depression?

Although modern antidepressants are very effective in treating depression, some may cause sexual problems. This does not mean that you should stop taking the medication. As your depression lifts, your interest in sex should return.

By talking to your doctor, it should be possible to establish if the depression itself, the antidepressant medication or a combination of the two are responsible for sexual problems. A change in dosage, using additional medicine or changing antidepressants may help. Sexual dysfunction often improves spontaneously with time. New drugs may offset sexual dysfunction. However, any such drugs must be prescribed by a medical doctor and the treatment progress should be carefully monitored.



A few words on Medication

How soon can I expect the Medication to work?

Isolated symptoms such as irritability, tearfulness, and insomnia may improve within a few days, though you probably won't notice any difference in your mood for a few weeks, but continue with the medication. You'll have good and bad days, but this is normal. Eventually the good days will outnumber the bad - just give your medication time to work.

How should I take the Medication?

Look at your medicine packaging-insert. Follow the doctor's instructions carefully. Take your dose with a full glass of water. Never change the dosage - always ask your doctor or pharmacist if you're not sure about the dose.

What if I miss a dose?

Don't worry. Take it as soon as you remember, as long as it is only a few hours after the usual time. Otherwise, wait

until your next dose is due and take it as usual. Under no circumstances should an attempt be made to catch up by doubling the next dose.

Can I take alcohol with Antidepressants?

Taking alcohol with antidepressants can make you feel very drowsy. Drinking alcohol, even in moderation can delay or reduce your response to antidepressants, so it is best avoided. However don't stop your medication if you fancy a drink over the weekend, just be sensible and limit it to ONE drink. Keep in mind that alcohol is a depressant substance and could offset any improvements brought about by the antidepressant.

When I feel better can I stop taking the Antidepressant?

NO. You need to allow time for the brain chemicals to be fully restored. This takes at least 4-6 months in most people, sometimes longer. How long you need to remain on medication is something you need to discuss with your doctor, but it is typically 6-12 months after a single episode. Recurrent depression may require longer treatment.

Are antidepressants addictive?

No. This is a common misunderstanding. People often confuse antidepressants with a type of tranquilizer called benzodiazepines. Tranquilizers are habit forming and people may find it difficult to stop taking them. This is not the case with antidepressants. They are quite safe when used for extended periods of time.

Side effects

Antidepressants may cause mild and, usually, temporary side effects in some people. Typically these are annoying, but not serious. Each medicine has its own pattern of side effects. Some medicines may cause some of the symptoms on the list, but not others; your doctor can advise you in this regard. The most common side effects and ways to deal with them are:

- ▶ Dry mouth - drink lots of water; chew sugar-free gum; clean teeth daily.
- ▶ Constipation - eat bran cereals; prunes; fruit; and vegetables.
- ▶ Bladder problems - emptying your bladder may be troublesome, and your urine stream may not be as strong as usual; call your doctor if there is any pain.
- ▶ Sexual problems - sexual functioning may change, if worrisome, discuss with your doctor.
- ▶ Blurred vision - this will pass soon, do not get new glasses.



- ▶ Dizziness - rise from bed or chair slowly.
- ▶ Drowsiness - this will pass soon; do not drive or operate heavy equipment if feeling drowsy or sedated.
- ▶ Headaches - this will usually go away.
- ▶ Nausea - even this will usually disappear.
- ▶ Nervousness and insomnia - these may occur during the first few weeks; dosage reductions or time will usually resolve them.
- ▶ Agitation - this may happen early in treatment, and is usually transient, if not, consult your doctor

Lastly . . . on Medication

People are often tempted to stop medication too soon. It is important to keep taking medication until your doctor advises you to stop, even if you feel better beforehand. Certain medications must be withdrawn gradually to give your body time to adjust. For individuals with bipolar disorder or chronic major depression, medication may have to become part of everyday life to avoid disabling symptoms.

Never mix medications of any kind - prescribed, over-the-counter, or borrowed - without consulting your doctor. Be sure to tell your dentist or any other medical specialist who prescribes a drug that you are taking antidepressants. Some of the most benign drugs when taken alone can cause severe and dangerous side effects if taken with others. Some drugs, like alcohol and caffeine reduce the effectiveness of antidepressants and should be avoided.

Anti-anxiety drugs or sedatives and sleeping tablets are not antidepressants. They are sometimes prescribed along with antidepressants; however they should not be taken alone for a depressive disorder. Stimulants, such as amphetamines, are also inappropriate.



Be sure to call your doctor if you have questions about any drug, or if you are having a problem you believe is drug related. Consult your doctor immediately should you fall pregnant whilst on any medication.

Psychotherapy Treatment

Psychotherapy involves the verbal interaction between a trained professional and a patient with emotional or behaviour problems. The therapist applies techniques based on established psychological principles to help the patient gain insights about him or herself and thus change his or her maladaptive thoughts, feelings, and behaviour.

There are several forms of this "talk treatment" that have proven useful in helping the depressed person.

For some categories of patients and under certain circumstances, some types of cognitive behavioural therapy and interpersonal therapy are also effective as medications for the mild or moderately depressed patients. Medications relieve the symptoms more quickly, but psychotherapy may have more enduring effects.

In general, psychiatrists agree that severely depressed patients do best with a combination of medication and psychotherapy.

Cognitive Behavioural Therapy - This treatment approach is based on the theory that people's emotions are controlled by their views and opinions of the world. Depression results when patients constantly reproach themselves, expect to fail, make inaccurate assessments of what others think of them, feel hopeless, and hold a negative attitude toward the world and the future. The therapist uses various techniques of talk therapy and behavioural prescriptions to identify and correct negative thought patterns and beliefs.

Interpersonal Psychotherapy - This therapy is based on the theory that disturbed social and personal relationships can cause or precipitate depression. The illness, in turn, may make these relationships more problematic. The therapist helps the patient understand his or her illness and how depression and interpersonal conflicts are related.



Psychodynamic Psychotherapy - This therapy is based on the premise that one's past experience, genetic endowment and the current reality determines human behaviour. It recognises the significant effects that emotions and unconscious motivation can have on human behaviour.

In summary, medication or psychotherapy, or a combination of the two treatment methods, usually relieves symptoms of depression in weeks. Even the most severe forms of depression can respond to treatment rapidly.

An Overview

We have discussed the definition of depression; what causes it and how it is diagnosed. Now let us focus on psychiatric treatment strategies. These days, we take it for granted that depression is treatable; but a glance at the history of medicine reminds us that effective, safe,



tailor-made treatments are a recent phenomenon.

In terms of history, in South America, people have for centuries, chewed the leaves of the cacao plant to lift mood. In the last century, Freud, the founder of psychoanalysis, suggested that cocaine was a good treatment option in depression. This has been discredited by modern research. Only in the last 50 years, as the underlying chemistry of depression has been unravelled, have effective treatments been made available.

The treatment of depression is basically divided into three areas:

- ▶ Medication
- ▶ Psychotherapy
- ▶ Other (*such as ECT or electroconvulsive therapy*).

Medication:

In most cases, a major depressive episode is treated with an antidepressant medication for 6 months to two years. The combination of medication and psychotherapy works best. Often, drug treatment runs for longer than two years. There has been an explosion of treatments available in the last twenty years.

Psychotherapy in depression:

There are many schools of psychotherapy and each has a different approach for the treatment of depression. In most cases, a combination of medication and individual psychotherapy works best in treating depression. In some cases, family or marital therapy may be required.

Other forms of treatment: Electroconvulsive Therapy (ECT)

Despite its bad press, we know today that ECT is one of the safest and most effective treatments available in psychiatry. Today, ECT is administered under controlled circumstances; usually in an operating theatre. The procedure occurs under general anaesthetic, with monitoring of heart and lung function as well as complete muscle relaxation. It only takes a few minutes. During the treatment, a small electrical current is sent to the brain. This current produces a seizure that affects the entire brain, including the centres controlling mood, appetite and sleep. The seizure itself lasts about 25 seconds. It is usually given three times a week for two to three weeks (*a total of six to nine treatments*). ECT is very safe: the death rate with ECT is lower than that of childbirth. It does not cause brain trauma or any structural damage to the nervous system.

There are side effects associated with ECT, although not everyone experiences them. The main one is memory loss. Forgetfulness occurs after a few treatments and may last up to several months. However, within six months, most people have completely recovered their memories. The one time period that remains blurred is the few weeks during which the ECT was given. Another side effect of ECT is headache and confusion for about twenty minutes after the treatment.

The main advantage that ECT holds over traditional antidepressants is that it works immediately. Unfortunately, the effects of ECT are short lived. Once the treatments are over, there is no protection against developing a future depressive episode. The patient is either started on an antidepressant or given 'maintenance ECT' one treatment every month, to prevent recurrence.

The 'holistic' approach to treatment

Treatment of depression should be as multi-faceted as possible. Don't stop medication and psychotherapy! Other important areas to address are exercise, diet and relaxation. Support groups can play an important role for both family members and depressives themselves. They provide education and advocate for those suffering from the disorder. Education is essential. Understand the illness; remove the stigma.

Stopping your antidepressant

There are certain rules to follow when discontinuing antidepressants.

- Most of the newer antidepressants do not cause withdrawal symptoms when they are stopped.
- However, some people believe that all antidepressants should be tapered off slowly, to prevent relapse.
- If you stop your antidepressant, do it with your doctor's knowledge.
- You should be aware of the early warning bells of a new depressive episode. For every person, these are different. Learn how to recognise a new episode early on, so it can be nipped in the bud. If a particular antidepressant previously worked for you, it makes sense to use it again.



Self Help

Is self-help an alternative to medical treatment?

Definitely not! Professional advice and treatment should be sought first in all but your very mild cases. The first step would be to consult your GP. If more specialised help is subsequently needed, a doctor will probably refer you to a psychiatrist or psychotherapist. But, self-help will provide a back up to whatever treatment has been recommended and this will help the depressed person to cope with the symptoms most easily and so hasten recovery.

What can I do to help myself?

1. Read books - many books are now on the market offering practical advice for sufferers, and these can of course also help their relatives and friends to understand the illness. Most of the books are written in simple, practical terms and are intended for the sufferers themselves, not for the professionals. The main objective should be to understand the nature of the condition and its possible causes. This will help to remove much of the fear, guilt and misconception, which many people have. Some books include simple descriptions of the possible causes of depression, while others give preference to a specific method of treatment such as medication or counselling from a trained therapist. Some list the various possible avenues to eventual recovery. Because depression is such a complex illness, each person has differing needs and recovery should be tailored to the individual.
2. By practical means the depression sufferer can attempt any of the suggestions given in the books, which seem appropriate to them. Many people have found out that their depression is eased by a combination of the following:
 - a. *Relaxation*: Depression frequently brings tension and anxiety, which can be a real handicap. People become ultra-sensitive and irritable. There are many methods of relaxation using exercises, audio tapes, yoga, meditation, aromatherapy, massage, etc. all of which can be effective in allaying anxiety and tension.
 - b. *Exercise*: Many people who are depressed become exhausted and totally lacking in



motivation. Despite this, some form of exercise, however gentle, will often have beneficial results, and if some exercise can be taken in the fresh air, this can add to the benefit.

- c. *A change in lifestyle:* A lot of people who have depression have been found to be perfectionists and drive themselves too hard in most things they do. Our own impossible standards need to be lowered slightly and our "workload" reduced in order that life can be lived at a slower pace. This change does not make us lesser people but puts us in command of our life rather than being at the mercy of the "rat race".
- d. *Diet:* Under or over eating is a symptom of depression and it can be so easy to eat junk food. It is very important to try to have a well balanced diet, which prevents us from feeling tired and run down as a result of a bad diet.
- e. *Avoid "Props":* Props, such as smoking, illicit drugs and dependence on alcohol are damaging. Alcohol in particular is a depressant and despite giving a temporary lift can definitely worsen depression.
- f. *Keep "occupied"* It can be of great help if the mind can be occupied by an interest or satisfying hobby, or by reading a book or watching a TV programme or film. While concentration can be difficult in depression, it is possible to train yourself to increase the amount of time you spend concentrating on something, simply by practice.
- g. *Holidays or short breaks:* If these are possible, they usually bring some relief by breaking up the routine where we can so easily get in a rut. Even an hour's break every now and then can help.

What to do if a family member or friend has depression?

One important thing a family member or friend can do is to provide a caring, supportive environment for the depressed person. It is natural to hope that the symptoms of depression will be resolved right away, but it has to be recognised that the patient will progress at his or her own pace. Try not to set yourself or the depressed person up for disappointments, and try to avoid pressuring the patient to "cheer up".

Remember that the first treatment may not be the best answer for the depression, and that the process of trial and error may take some time. Encourage the person with depression. Note any improvement. Consider further review with your doctor or even seeking a second opinion



if weeks go by and the symptoms remain unchanged or worsen. Some people have to try more than one treatment or work with more than one health care professional before they find the right blend of personal rapport and optimal treatment.



The hopelessness of depression may cause the depressed person to think that there's no use in seeing a physician or taking medication. Help the depressed person to follow the doctor's instructions.

Finally, try to be sensitive. Treat the person as normally as possible, but don't try to act like nothing is wrong. The depressed person will usually appreciate that you are not denying the depression.

Remember, seeking treatment is a sign of strength - and it is the first step towards feeling better. Also, recognise that the symptomatic improvement is a step toward a larger overall goal - resolving the problems related to the depressive episode, improving relationships, and changing aspects of the relationships, that either helped to lead to the depression or that are a result of the depression. This process takes some time, but can lead to a healthier, happier life.

Depression and Suicide

The very nature of depression allows for suicidal thoughts and ideations to present as a very real concern in the lives of those suffering from severe depression, or who have been suffering for a long time.

Although most depressed people are not suicidal, most suicidal people are depressed. Serious depression can be manifested in obvious sadness, but often it is expressed instead as a loss of pleasure or withdrawal from activities that had once been enjoyable. Such withdrawal brings out isolation and perpetuates sadness and negative feelings, making suicide a very real concern.

Factors that point to an increased risk of suicide in depressed individuals are:

- ▶ Extreme anxiety, agitation or angry behaviour
- ▶ Excessive drug and/or alcohol use and abuse
- ▶ History of physical or emotional illness
- ▶ Talking about suicidal thoughts or ideas
- ▶ Overwhelming feelings of worthlessness and guilt
- ▶ Speaking and moving at an unusually slow pace.

Three of the most important indicators of suicide are talking about death or suicide (people who commit suicide often talk about it directly or indirectly), planning for suicide (suicidal individuals often arrange to put all their affairs in order, including changing wills and finalising bond repayments) and serious depression with great sadness.

All suicidal thoughts, threats and attempts must be taken seriously and professional help should be sought as soon as possible. Suicidal patients are often hesitant to seek help and may run away from initial treatment unless there is support for their continuing. If medication has been prescribed, it must be ensured that the patient follows the prescription carefully.

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