

Depression: It's not 'all in your mind'

By Zabrin Inan, M.D.

Dr. Inan is a Child, Adolescent and Adult Psychiatrist in private practice in Chicago and Northbrook, Ill. She is certified by the American Board of Psychiatry and Neurology. Dr. Inan can be reached at 312.952.3054, by email at dr.inan@sbcglobal.net, and via her Web Site at www.zabrininanmd.com.

Legions of the health-conscious spend hours and dollars on courses and classes, and lotions and potions in an effort to stay in peak physical condition. But, what about mental health? Mood disorders and anxiety disorders are as common as physical disorders. They are just as real as heart disease, asthma, diabetes, and can be just as debilitating.

Highly publicized celebrity cases periodically remind us how gravely depression, a mood disorder, can affect physical health. However, many sufferers are unaware that their conditions are diagnosable and treatable, and resign themselves to unhappy, dissatisfying lives.

Pressure to "get over it" or "control yourself," a sense of shame or embarrassment, and accepting symptoms as the inevitable result of stress all can lead to long delays before seeking treatment. The result: unhappiness and an unfulfilling life.

You're not alone

In any given year, 1 out of 5 children, adolescents and adults will suffer from a disorder that causes some impairment. According to the National Institute of Mental Health, 22% of Americans 18 and older-about 1 in 5, or more than 44 million adults-suffer from a disorder. Likewise, of those in early childhood through age 17, 21% will suffer a disorder that causes some impairment.

One of the most widely known is depression, a mood disorder. Other frequently diagnosed disorders include anxiety disorders, ranging from mild generalized anxiety to severe phobias. Young children, adolescents and adults all can and do suffer from these treatable disorders.

As we face the cold and gloom of our extended Midwestern winter, many may feel anxious, restless, out of sorts or "not themselves." You may find yourself telling friends that winter "depresses" you.

You may be experiencing the effect of short-term stress and seasonal blues. If so, it's very likely that when the sun shines more brightly, you'll recover your usual good humor.

Is it just the blues, or depression?

If symptoms of depression persist, your problem may be a serious one that can't be cured by a few sunny days. There are many self-tests for depression, however, I highly recommend the Mayo Clinic self-assessment for a better understanding of the symptoms of depression (Table 1).

Whether your depressed mood turns out to be transient or something more serious, it's helpful to understand common triggers of stress and how to blunt their impact on you. Here are the most common roots of stress:

Relationships. Difficult relationships can cause turmoil at any time. From the death of a loved one to family grudges and misunderstandings, our relationships with the people closest to us are major contributors to stress.

Financial difficulties. Job loss, unexpected expenses or relentlessly mounting debt stresses even the most well-balanced among us.

Physical strain. Regularly working long hours, not taking days off or vacations, neglecting exercise and indulging in overeating or

too much alcohol doesn't only tax the body but also takes a toll on mental health.

Fortunately, there are some simple tactics you can use to deflect these stressors:

- Say, "No" to the quest for perfection. Say it to unrealistic resolutions, say it to requests that you know will over-schedule you and make you resentful, but say it nicely.
- Recognize that sadness and grief are normal human emotions. Allow yourself to feel the loss of a loved one or the longing for someone dear who is away or when a relationship ends. But, if it persists for more than several weeks or increases in intensity, then it is depression, not just sadness or grief, and needs treatment.
- Maintain healthful habits. Don't eat or drink just because it's there and you'll still love yourself tomorrow. Eating disorders and substance abuse are problems that can mask or accompany depression and anxiety.
- Identify the resources in your life. It can be as simple as making a list of friendships, values and interests. Identify who is a companion, who is a mentor, who is sounding board.
- Get organized and you'll feel yourself gaining some control. Plan your work and leisure time. Plan a budget-and stick to it. Plan ways to relax-alone, as well as with friends. A movie or even a 15-minute walk on a starlit night can help change perspective. Take that class, or join that community service organization you've thought about; it can help balance what is familiar and incorporate things which are new.

Where can I learn more?

I maintain a web site (www.zabrininanmd.com) with a number of informative articles on mental health disorders, helpful self-assessments, and links to specialized sources of other in-depth information.

If I'm really depressed, how do I get better?

You will need a thorough evaluation and analysis of your symptoms by a psychiatrist. A psychiatrist is a medical doctor who is specifically trained in the treatment of types of depression and the medications used to treat them. Check to make sure that the one you choose is Board Certified by the American Board of Psychiatry and Neurology. Your treatment plan may include medication, psychotherapy or both.

Be honest with your psychiatrist about your concerns and medical and family history. Tight privacy practices and protection of information gathered during psychotherapy treatment ensure confidentiality.

Finally, there is no "one size fits all" medication regimen.

- Many depressed and anxious people, for example, may need medication for a short period—perhaps for several months—and then never need it again.
- Others, whose depression or anxiety is chronic or recurrent, may have to take medication indefinitely. This is no different than taking insulin for diabetes or medication for cholesterol control.

“Recognize that sadness and grief are normal human emotions. But if it persists for more than a few weeks or increases in intensity, then it indicates depression, and the need to seek to help.”

Table 1: The Mayo Clinic depression self-assessment

Taking this assessment is a good first step to understand the symptoms of depression. For self scoring, I urge you to go to mayoclinic.com. In the “Search” box at the upper right hand corner of the home page, type in “Depression self-assessment”; this will take you to the online test and provide “guidance” scoring. It is important to understand that a definitive medical diagnosis can only be done in person. Please talk to a psychiatrist, a medical doctor who is trained in the treatment of types of depression and the medications used to treat them, about any concerns in your results. For convenience, this self assessment of symptoms can be downloaded at www.zabrininanmd.com.

Weekly Scale

- 1 Rarely or none of the time (less than 1 day during this week)
- 2 Some or little of the time (1-2 days during this week)
- 3 Occasionally or a moderate amount of time (3-4 days during this week)
- 4 Most or all of the time (5-7 days during this week)

For each statement pick the answer that best describes how you felt or behaved during the past week. Use the rating scale above.

1 2 3 4	I was bothered by things that usually don't bother me.	1 2 3 4	My sleep was restless.
1 2 3 4	I don't feel like eating, my appetite was poor.	1 2 3 4	I was happy.
1 2 3 4	I felt I could not shake off the blues, even with help from my family or friends.	1 2 3 4	I talked less than usual.
1 2 3 4	I felt that I was just as good as other people.	1 2 3 4	I felt lonely.
1 2 3 4	I had trouble keeping my mind on what I was doing.	1 2 3 4	People were unfriendly.
1 2 3 4	I felt depressed.	1 2 3 4	I enjoyed life.
1 2 3 4	I felt that everything I did was an effort.	1 2 3 4	I had crying spells.
1 2 3 4	I felt hopeful about the future.	1 2 3 4	I felt sad.
1 2 3 4	I thought my life had been a failure.	1 2 3 4	I felt people disliked me.
1 2 3 4	I felt fearful.	1 2 3 4	I could not get going.

Used with permission Mayo Foundation for Medical Education and Research.
Source: National Institutes of Mental Health; CES-D; Radloff, 1977