

Depression and Anxiety

Depression:

- * Been around forever, even mentioned in Bible as King David and Job suffered from depression
- * Hippocrates, a philosopher, referred to depression as **melancholia, which literally means black bile**. Black bile, along with blood, phlegm, and yellow bile were the four humors (fluids) that accounted for the basic medical physiology of that time.
- * In 1800s depression was seen as an inherited weakness of temperament. In the early 1900s, Freud linked the origins of depression as coming from guilt and conflict.
- * Now we say people have **biological depression** which comes from within the body and is perhaps of genetic origin or **situational depression** which has a clear environmental precipitating factor, such as the death of a spouse or job loss.

Depression or a depressive disorder is a syndrome (group of symptoms) that reflects a **sad mood exceeding normal sadness or grief**. More specifically, the sadness of depression is characterized by a greater intensity and duration and by more severe symptoms and functional disabilities than is normal. **Very common to have anxiety coupled with depression. Depression symptoms are characterized not only by negative thoughts, moods, and behaviors, but also by specific changes in bodily functions (e.g., eating, sleeping, and sexual activity).**

Certain people with depressive disorders, especially bipolar depression (manic depression), seem to have an inherited vulnerability to this condition.

Depressive disorders are a huge public health problem. In 1990, depression cost the United States 43 billion dollars in both direct costs, which are the treatment costs, and indirect costs, such as lost productivity and absenteeism.

In a major medical study, depression caused significant problems in functioning. It can increase the risks for developing coronary artery disease, HIV, asthma, and some other medical illnesses. Furthermore, it can increase the morbidity (illness) and mortality (death) from these conditions.

Depression is usually first identified in a primary care setting, not in a mental health practitioner's office. Moreover, it often assumes various disguises, which causes depression to be frequently under-diagnosed. In spite of clear research evidence and clinical guidelines regarding therapy, depression is often under-treated.

For full recovery from a mood disorder, regardless of whether there is a precipitating factor or it seems to come out of the blue, treatments with psychotherapy, and/or medications and/or electroconvulsive therapy (ECT) may be necessary.

What are the types of depression?

Depressive disorders come in different forms, just as do other illnesses, such as heart disease and diabetes. Three of the most common types of depressive disorders are discussed below. However, remember that within each of these types, there are variations in the number, severity, and persistence of symptoms.

Major Depression

Major depression is characterized by a combination of symptoms, including sad mood, that interfere with the ability to work, sleep, eat, and enjoy once-pleasurable activities. Disabling episodes of depression can occur once, twice, or several times in a lifetime.

Dysthymia

Dysthymia is a less severe type of depression. It involves long-term (chronic) symptoms that do not disable, but yet prevent the affected person from functioning at "full steam" or from feeling good. Sometimes, people with dysthymia also experience episodes of major depression. This combination of the two types of depression is referred to as double-depression.

Bipolar Disorder (Manic Depression)

Another type of depression is bipolar disorder, which was formerly called manic-depressive illness or manic depression. This condition shows a particular pattern of inheritance. Not nearly as common as the other types of depressive disorders, bipolar disorder involves cycles of depression and mania, or elation. Bipolar disorder is often a chronic, recurring condition. Sometimes, the mood switches are dramatic and rapid, but most often they are gradual.

When in the depressed cycle, the person can experience any or all of the symptoms of a depressive disorder. When in the manic cycle, any or all of the symptoms listed under mania may be experienced. Mania often affects thinking, judgment, and social behavior 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.

A significant variant of bipolar disorder is designated as bipolar II. (The usual form of bipolar disorder is referred to as bipolar I.) Bipolar II is a syndrome in which the affected person has repeated depressive episodes punctuated by what is called hypomania (mini-highs). These euphoric states in bipolar II do not fully meet the criteria for the complete manic episodes that occur in bipolar I.

Symptoms of depression and mania

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

Depression Symptoms of Manic Depression

- Persistently sad, anxious, or "empty" mood.
- Feelings of hopelessness, pessimism.
- Feelings of guilt, worthlessness, helplessness.
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex.
- Insomnia, early-morning awakening, or oversleeping.
- Decreased appetite and/or weight loss, or overeating and weight gain.
- Fatigue, decreased energy, being "slowed down."
- Thoughts of death or suicide, suicide attempts.
- Restlessness, irritability.
- Difficulty concentrating, remembering, making decisions.
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain.

Mania Symptoms of Manic Depression

- Inappropriate elation.
- Inappropriate irritability.
- Severe insomnia.
- Grandiose notions.
- Increased talking speed and/or volume.
- Disconnected and racing thoughts.
- Increased sexual desire.
- Markedly increased energy.
- Poor judgment.
- Inappropriate social behavior.

Medical Author: Peter J. Panzarino, Jr., M.D., F.A.P.A.

Medical Editor: Leslie J. Schoenfield, M.D., Ph.D.

For depressed males:

Are you irritable, isolated and withdrawn? Do you find yourself working all the time, drinking too much alcohol, using street drugs, or seeking thrills from risky activities?

If so, perhaps you're being chased by what Winston Churchill called his "black dog," a depression that at times became debilitating. Churchill attempted to ward off his black dog with compulsive overwork and massive amounts of brandy. Your coping strategy may be reckless driving, casual sex or shutting yourself off from the world.

But none of these can keep the dog at bay for long. Even if untreated depression isn't exacerbated by alcohol and drugs, it's a serious medical disorder. It darkens your thoughts, undermines your personal and professional life, and places you at increased risk of other illnesses. **Most disturbing, the risk of suicide is four times as great among depressed men as among depressed women.**

Each year, depression affects about 6 million American men and 12 million American women. But these numbers may not tell the whole truth. Because men are generally less likely to consult doctors, a great deal of male depression may go undiagnosed.

Many men learn to overvalue independence and self-control during childhood. They're taught that it's unmanly to express pain, weakness, uncertainty, helplessness and sadness. They tend to see illness — especially emotional illness — as a threat to their masculinity. So they deny or hide their problems until an intimate partner's insistence or a catastrophic event, such as job loss or arrest, forces them to seek medical attention.

When they do go to doctors, depressed men are more likely to focus on physical complaints — headaches, digestive problems or chronic pain, for example — than on emotional suffering. So they and their doctors may be unlikely to make the connection between such symptoms and depression. Even if their doctors recognize the problem and say what it is, depressed men may resist mental health care, partly due to the stigma that mental illness might damage their careers, jeopardize their health insurance benefits and cost them the respect of family and friends.

Most men are trained to focus on achievement and success, so they feel under constant pressure to perform well. But if they experience setbacks at home or in the workplace, they may keep their distress to themselves. Women — including those who focus on achievement and success — usually feel free to seek help. This may account for the lingering perception that depression is primarily a "women's disease."

In both men and women, common signs and symptoms of depression include feeling down in the dumps, sleeping poorly, and feeling sad, guilty and worthless. Depressed men, however, have bouts of crying less often than depressed women. Instead, depressed men are more likely to:

- Become angry and frustrated, perhaps behave violently
- Take serious risks, such reckless driving and extramarital sex
- Avoid family, friends and pleasurable activities
- Complain of fatigue
- Lose interest in work, hobbies and sex

A history of alcohol or drug abuse is common among men with depression, although there's debate over whether substance abuse is a cause or result of being depressed. Substance abuse can definitely mask depression, making the condition more difficult to diagnose.

Swedish researchers have identified a **"male depressive syndrome" that includes increased susceptibility to stress, sudden spells of anger, lower impulse control, anti-social behavior, indecisiveness, and feelings of being burnt out and empty.** But standard diagnostic tests may not detect these atypical signs and symptoms. So if you notice these characteristics developing in yourself, you should bring them to your doctor's attention.

Depression is associated with many life-threatening medical conditions that are likely to shorten men's lives like heart disease, stroke, cancer, HIV/AIDS, diabetes and Parkinson's disease.

Depression is also strongly associated with post-traumatic stress disorder (PTSD), a debilitating condition that can occur after a traumatic event such as a personal assault, natural disaster, accident, terrorism or military combat. Men are more likely to be victims of criminal violence and accidents, which are leading causes of PTSD.

Loss of libido is a symptom of depression in both sexes, but it seems to have a greater impact on men, particularly if it's accompanied by erectile dysfunction (ED). In fact, ED from a physical cause may take such an emotional toll on a man that it causes depression. Additionally, because many depressed men have low testosterone levels and ED, it has been proposed that underproduction of testosterone may be a cause rather than an effect of depression. Men with depression, ED and low testosterone may become less depressed after treatment of their sexual dysfunction and low hormone levels.

Everyone is susceptible to depression in the wake of a major life stress, such as the end of an important relationship, the death of a loved one, relocation or financial problems. Men, however, may be more vulnerable than women to depression triggered by job-related stresses such as:

- Having no control in decisions affecting responsibilities
- Unrelenting and unreasonable demands for performance
- Lack of effective communication and conflict-resolution methods among co-workers/ employers
- Lack of job security
- Night-shift work, excessive overtime, or both
- Excessive time spent away from home and family
- Wages that don't reflect the level of responsibility

Men may feel more threatened than women do by rapid social, political and economic change. When such change affects traditional male roles in the home and workplace, men may experience a profound loss of identity, status and dignity, which increases their risk of depression and other mental illnesses. In eastern and central European countries where poorly regulated capitalism replaced communism almost overnight, stress and mental illness took a serious toll in men. Their life expectancy decreased as much as 13 years while the life expectancy of women did not change. Similarly, male suicide rates soared during the Great Depression of the 1930s, when vast numbers of American men were unemployed.

Depression may have a profound impact on every aspect of life. It may directly affect your health by keeping your stress response continually activated, a state that can damage many organs, including the heart. It may even shorten your life. In a given year, depressed men are more than twice as likely as nondepressed men to die of any cause. Depressed women also have an increased risk of dying, compared to nondepressed women, but the difference is not as great as in men. Although the reasons for this difference are unclear, depressed men's self-destructive behavior — from excessive drinking to reckless driving to suicide — may contribute to it.

Depression also increases your risk of divorce and your children's risk of becoming depressed themselves. At work, depression makes you less productive, limits your earning potential and increases your risk of losing your job.

Although women are twice as likely to have depression, men are four times as likely to suffer its worst consequence: suicide. More than 90 percent of people who commit suicide have a history of depression, or another mental or substance-abuse disorder, often in combination. Starting in adolescence, men are far more likely than women to take their own lives. Older men, particularly white men over age 85, have the highest suicide rate. Although women attempt suicide three times as often as men, they are far less likely to complete it. Men's greater likelihood of using lethal means such as firearms accounts, in part, for the difference, but other factors also are involved.

One such factor may be men's tendency to move from suicidal thoughts to suicidal actions faster than women. Months or years of thinking about suicide typically culminate in the development and enactment of a plan. Men take an average of 12 months to go from contemplating to attempting suicide, compared to 42 months for women. During this process, men are less likely than women to show warning signs such as suicidal threats. Because the window of opportunity is so short, doctors and mental health professionals may have little chance to recognize and treat a man's depression before he commits suicide.

If you or someone close to you is considering suicide, seek help immediately from your doctor, the nearest hospital emergency room, or emergency services (911).

If you suspect you have depression, schedule a physical examination with your family doctor. Conditions such as a viral infection, thyroid disorder and low testosterone levels can produce symptoms similar to depression. If your doctor rules out such conditions as a cause of your symptoms, the next step may be a depression screening.

Treatment may include short-term psychotherapy, antidepressant medications or both. For severe depression, especially if it's recurrent, a combination of psychotherapy and medication may be necessary.

Two forms of short-term psychotherapy (10 to 20 weeks) have proved beneficial in depression. One form, cognitive-behavioral therapy, helps you change negative thinking and behavior. The other, interpersonal therapy, helps you work through troubled relationships.

Antidepressant medications include selective serotonin reuptake inhibitors (Prozac, Zoloft and others), tricyclic antidepressants (Norpramin, Pamelor, and others) and mixed reuptake antidepressants (Wellbutrin, Effexor). Any antidepressant can cause sexual side effects. In men, these side effects may include problems achieving and maintaining erections. Work with your doctor to find a medication that effectively treats your symptoms while causing a minimum of sexual side effects that may worsen your depression.

With appropriate medical treatment, you may notice that your sleep and appetite improve before your mood improves. But feelings of worthlessness, helplessness and hopelessness may gradually fade as you realize that they have more to do with your depression than with your actual life circumstances. Meanwhile, here are some things you can do on your own to speed your recovery:

- Set realistic goals in light of the depression and assume a reasonable amount of responsibility.
- Break large tasks into small ones, set priorities, and do what you can as you can.
- Spend time with people in whom you can confide.
- Engage in pleasurable activities such as mild exercise, going to a movie or ballgame, or participating in religious or social events.
- Let your family and friends help you.
- Avoid making important decisions such as changing jobs or getting married or divorced until after the depression lifts.
- Remember, positive thinking replaces negative thinking.

For men and women, aerobic exercise can improve mood by raising brain levels of mood-enhancing chemicals. Aerobic exercise can also boost self-esteem by promoting weight loss and improved muscle tone. Yoga — which involves rhythmic stretching movements and controlled breathing — may help relieve men's depressive symptoms by reducing tension and anger. If antidepressants don't work, you may respond to electroconvulsive therapy (ECT), which uses electricity to induce brain seizures that relieve depression. Today's ECT procedure is safe and effective, and its side effects are usually mild.

Researchers are discovering important genetic differences in the way depression affects men and women. For example, only three out of a group of 19 different depression-associated regions identified on human chromosomes are common to both sexes. The other 16 are specific to either men or women. Also, a recently identified gene associated with both depression and alcohol dependence may partially explain why the two conditions often occur together. These discoveries may lead to the development of antidepressant drugs that target the specific aspects of brain function linked to different symptoms of depression. One such drug may control the irritability, compulsive behavior and social isolation that typify depression in men. Another may quell the hopelessness, guilt and feelings of inadequacy that overwhelm many depressed women (and men). Specialized drugs will make it easier for your doctor to select the one that's likely to work best for you.

Remember, you don't need to suffer depression silently or alone. If you can muster the courage to admit you are depressed, chances are good that your family and friends will applaud you. Appropriate treatment can help you regain the outlook you need to enjoy life and meet its inevitable challenges.

Anxiety:

Most people experience feelings of anxiety before an important event such as a big exam, business presentation, or first date. Anxiety disorders, however, are illnesses that fill people's lives with overwhelming anxiety and fear that are chronic, unrelenting, and can grow progressively worse. Tormented by panic attacks, obsessive thoughts, flashbacks of traumatic events, nightmares, or countless frightening physical symptoms, some people with anxiety disorders even become housebound.

How Common Are Anxiety Disorders?

Anxiety disorders, as a group, are the most common mental illness in America. More than 19 million American adults are affected by these debilitating illnesses each year. Children and adolescents can also develop anxiety disorders.

What Are the Different Kinds of Anxiety Disorders?

- **Panic Disorder**—Repeated episodes of intense fear that strike often and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal distress, feelings of unreality, and fear of dying.
- **Obsessive-Compulsive Disorder**—Repeated, unwanted thoughts or compulsive behaviors that seem impossible to stop or control.
- **Post-Traumatic Stress Disorder**—Persistent symptoms that occur after experiencing or witnessing a traumatic event such as rape or other criminal assault, war, child abuse, natural or human-caused disasters, or crashes. Nightmares, flashbacks, numbing of emotions, depression, and feeling angry, irritable or distracted and being easily startled are common. Family members of victims can also develop this disorder.
- **Phobias**—Two major types of phobias are social phobia and specific phobia. People with social phobia have an overwhelming and disabling fear of scrutiny, embarrassment, or humiliation in social situations, which leads to avoidance of many potentially pleasurable and meaningful activities. People with specific phobia experience extreme, disabling, and irrational fear of something that poses little or no actual danger; the fear leads to avoidance of objects or situations and can cause people to limit their lives unnecessarily.
- **Generalized Anxiety Disorder**—Constant, exaggerated worrisome thoughts and tension about everyday routine life events and activities, lasting at least six months. Almost always anticipating the worst even though there is little reason to expect it; accompanied by physical symptoms, such as fatigue, trembling, muscle tension, headache, or nausea.

What Are Effective Treatments for Anxiety Disorders?

Treatments have been largely developed through research conducted by NIMH and other research institutions. They help many people with anxiety disorders and often combine medication and specific types of psychotherapy. A number of medications that were originally approved for treating depression have been found to be effective for anxiety disorders as well. Some of the newest of these antidepressants are called selective serotonin reuptake inhibitors (SSRIs). Other anti-anxiety medications include groups of drugs called benzodiazepines and beta-blockers. If one medication is not effective, others can be tried. New medications are currently under development to treat anxiety symptoms. Two clinically-proven effective forms of psychotherapy used to treat anxiety disorders are behavioral therapy and cognitive-behavioral therapy. Behavioral therapy focuses on changing specific actions and uses several techniques to stop unwanted behaviors. In addition to the behavioral therapy techniques, cognitive-behavioral therapy teaches patients to understand and change their thinking patterns so they can react differently to the situations that cause them anxiety.

Do Anxiety Disorders Co-Exist with Other Physical or Mental Disorders?

It is common for an anxiety disorder to accompany depression, eating disorders, substance abuse, or another anxiety disorder. Anxiety disorders can also co-exist with illnesses such as cancer or heart disease.

DEPRESSION / ANXIETY SCREENING

- Yes ☐ No ☐ Repeated, unexpected panic attacks, during which you suddenly are overcome by intense fear or discomfort for no apparent reason, or the fear of having another panic attack?
- Yes ☐ No ☐ Persistent, inappropriate thoughts, impulses or images that you can't get out of your mind (such as a preoccupation with getting dirty, worry about the order of things, or aggressive or sexual impulses)?
- Yes ☐ No ☐ Powerful and ongoing fear of social situations involving unfamiliar people?
- Yes ☐ No ☐ Excessive worrying that cannot be controlled for six months or more about a number of events or activities?
- Yes ☐ No ☐ Fear of places or situations where getting help or escape might be difficult, such as in a crowd or on a bridge?
- Yes ☐ No ☐ Shortness of breath or a racing heart for no apparent reason?
- Yes ☐ No ☐ Persistent and unreasonable fear of an object or situation, such as flying, heights, animals, blood, etc?
- Yes ☐ No ☐ Being unable to travel alone?
- Yes ☐ No ☐ Spending too much time each day doing things over and over again (for example, hand washing, checking things, or counting)?

More days than not, do you:

- Yes ☐ No ☐ Feel restless?
- Yes ☐ No ☐ Feel easily tired distracted?
- Yes ☐ No ☐ Feel irritable?
- Yes ☐ No ☐ Have tense muscles or problems sleeping?
- Yes ☐ No ☐ Have you experienced or witnessed a traumatic event that involved actual or threatened death or serious injury to yourself or a loved one (for example, military combat, a violent crime or a serious car accident)?
- Yes ☐ No ☐ Does your anxiety interfere with your daily life?

Having more than one illness at the same time can make it difficult to diagnose and treat the different conditions. Illnesses that sometimes complicate anxiety disorders include depression and substance abuse. With this in mind, please take a minute to answer the following questions:

- Yes ☐ No ☐ Have you experienced changes in sleeping or eating habits?

More days than not, do you feel:

- Yes ☐ No ☐ Sad or depressed?
- Yes ☐ No ☐ Disinterested in life?
- Yes ☐ No ☐ Worthless or guilty?

During the last year, has the use of alcohol or drugs:

- | | | |
|---------------------------|--------------------------|--|
| Yes <input type="radio"/> | No <input type="radio"/> | Resulted in your failure to fulfill responsibilities with work, school, or family? |
| Yes <input type="radio"/> | No <input type="radio"/> | Placed you in a dangerous situation, such as driving a car under the influence? |
| Yes <input type="radio"/> | No <input type="radio"/> | Gotten you arrested |
| Yes <input type="radio"/> | No <input type="radio"/> | Continued despite causing problems for you and/or your loved ones? |