Depression - a private torment

The following article written by Dr Bev Daily, has twice appeared in our local community magazine Round and About and many additional copies have been distributed from Burnham Health Centre. Depression is a condition which will affect one in five people at some stage in their life and yet many people are still reluctant to seek help. If this article strikes a chord with you we do urge you to contact your GP; help is at hand.

You probably know the kind of person. Mrs B who seems to have everything. Great husband. Lovely kids. Nice home. Plenty of money. Lots of interests. Everything to be happy about. To be envied by all. In fact she spends a lot of her life in despair. "What has she got to be sad about?" thinks her husband. Her friends, out of her hearing, ask the same question. We all have certain things with which to fill our worry box or that can make us sad, whether they are personal to us or about the world in general. But nothing seems to explain the degree of melancholia this poor lady now experiences.

Her husband wonders what he can do to cheer her up. A holiday? A new car? A new…something? We've all heard of retail therapy. In the old black and white films of the thirties and forties it was almost the rule for the sad lady to go out and buy herself a new hat. Mr B tries everything. And nothing works. As things get worse he senses that there is more afoot than an attack of the miseries. He suggests his wife consult the doctor. "Why" she protests "nobody can do anything to help me".

She is suffering from a medical condition in which a person often sees the negative side, sometimes the dark side, of everything, though this lady will most likely deny that there is any problem, and that even if there is a problem, it is nobody else's business but her own. Thus Mr and Mrs B, apparently so blessed, face their own particular hell.

If you were to ask Mrs B what was the cause of her despair she might say it was nothing - or everything. She might admit that she has a feeling of unworthiness - of guilt, indeed -though she does not know what she is guilty about. Her feelings of guilt and unworthiness may be made worse by the extreme ingratitude she feels she is showing in the face of apparent good fortune.

She is, in fact, suffering from depression. That would seem fairly obvious. Most people think that suffering from depression means being miserable, and that is usually the case. From the medical point of view, however, the condition is, in part, misnamed because its onset and course can be far more subtle than that. If she can be persuaded to seek medical help, the doctor will most likely hear that she is not sleeping well …she is getting off to sleep fairly quickly but she is waking up in the early hours and remaining awake, her mind filled with troubled thoughts, sometimes until it is time to get up.

This early morning wakening is one of the most typical features of true depression… although, of course, there can be other causes of poor sleep.

Mrs B will also, most likely, admit to having lost enthusiasm for anything and everything. Her get-up-and-go will have gone. "What's the point?" will be her answer to any suggestion. Her sexual drive will have considerably diminished or have disappeared altogether. Indeed, asked if she still loves her husband she might say "Of course" but it could well be with no great enthusiasm.

Most worrying of all may be her loss of self-worth and this is not a long way from thinking that the world in general, and her loved ones in particular, would be better off without her.

Many people conceal their condition very well and, in most cases, the depression is not there all the time, so that there might be genuine patches of well being…"she was the life and soul of the party". Even then, most sufferers are aware that the depression is still there, lurking, like a blackness in a corner of the room ready to spring out and engulf them, sometimes with a dramatic change of mood in just a few minutes.

The doctor should have no difficulty in diagnosing depression in Mrs B. It is a common condition found in all levels of society neither related to intelligence nor degree of affluence, though certain circumstances, particularly a history of childhood abuse, money problems, unemployment, recent childbirth, chronic ill health, overwork or bereavement, might trigger an attack.

Generally speaking, the public does not recognise depression as an illness, or, at least, only very grudgingly so. To echo the question "What has she got to be sad about?" it is often impossible to convince people that this is no more logical than saying, "Why on Earth did she get acute appendicitis?" It is no more useful telling people with depression to pull themselves together than it is to tell them to pull themselves together if they have a heart attack. And depression is up there, with heart attack, as one of the commonest, more serious illnesses affecting people living in Western Europe.

Depression is, indeed, an illness, but not, unfortunately, an illness to be admitted to and, therefore, all the more carefully to be looked out for. People may happily say that they were unable to come to dinner last Friday because they had the 'flu, or a tummy bug, or acute sciatica, or an inflamed gall bladder, or bronchitis. They will never say that it was because they were acutely depressed. "Don't be silly! You? About what?" will be the inevitable response. "About nothing" seems a very inadequate reply.

And yet, the physical nature of depression has been understood for many years. The problem is in the public's perception of how the body works. Tell people that the plumbing is faulty in their house and they will understand. Tell them that their bowel is not working properly and so they have constipation and they will accept it as a logical explanation. Tell them that their television is not working because there is a faulty circuit and they will have it repaired. Tell them that the circuits in somebody's brain are not functioning normally and that is why they are depressed and you might be met with total disbelief.

The brain is an extraordinarily complex computer in which millions of nerve cells communicate with each other across junctions called synapses. The transmission of nerve impulses through the brain is part electrical, along the cells, and part chemical, across the synapses by neurotransmitters such as serotonin. Synaptic transmission is helped by minute amounts of substances called enzymes which can trigger chemical reactions in millionths of a second. Watch any concert pianist and imagine that every individual movement of his fingers depends upon chemical reactions in his brain.

Depression, therefore, can be regarded as a physical illness caused by inefficient, chemical activity in the brain. When it is mild and transient, which can, on occasion, happen, it may, sometimes, be manageable with understanding and explanation alone. But in the short term, only. Anything other than mild and transient will need to be treated. And that is usually the case. **Fortunately depression can be very successfully treated by medicines, antidepressants, and is, usually, made better by such medication.** But there's the rub. It has to be identified first.

Mrs B's condition is relatively apparent. Her doctor will most likely recommend antidepressants. **Antidepressants are not the same thing as tranquillisers**. They are not, generally, addictive. Sometimes they take two or three weeks to work, sometimes much less and, often, the early morning wakening phenomenon might disappear very quickly. Antidepressants have to be taken for some months and be gradually tailed off, though some people have to take a small dose indefinitely with no harm.

The effect they have on people is often considerable "Remarkable!" "Marvellous!" "I feel a new woman!" "I feel a new man!" "A new man" less often, however, because not only is depression less common amongst men but it also has such an unmacho, wimpish image that it is rarely admitted to. **Men are great self-treaters of depression, usually with increasing consumption of alcohol and many alcoholics began their downfall with such self-medicated depression.** If that depression can be identified and treated early enough, the descent into alcoholism may be prevented. And alcohol is, itself, a depressant.

The treatment of depression with medication can be so successful and dramatic that it is essential that the condition be recognised.
Depression can also be greatly helped by cognitive behavioural therapy (CBT), an evidence based talking therapy which can help people with depression develop a more positive outlook and response to life.

There are certain outside factors that can trigger off an attack or make it worse including breaks in routine. Some people, subject to depression, find that they are worse at weekends or on holiday, when they are supposed to be relaxing. Inactivity can be a pre-disposing factor. Exercise can significantly help the condition. Although anxiety and depression can co-exist in the same person often depression is absent when a person is very anxious. It is entirely reasonable, therefore, that some kind of counselling may help people with

depression to gain some insight into their condition and members of the family will find it helpful to have the condition explained to them.

Sometimes people, when depressed, can be horrible to those they love the most, and the person on the receiving end must understand what is happening, understand and not be hurt and resentful and, most importantly, not retaliate or harbour a grudge. Indeed, as a result of depression, people can apparently fall out of love with their partner, a love that may sometimes return when the depression is treated. This early detection of depression can sometimes save the breakdown of what may have been the most loving of relationships.

Depression is a condition which tends to recur and once treated must be watched out for in the future. A common warning sign is early morning wakening and, if experienced by any person with a previous history of depression, should warrant a visit to the doctor. Nearly all of us tend to feel more cheerful when the weather is better, feel good when the spring comes. This is much more pronounced in some people whose depression is very much related to the time of the year, worst in the winter, those with seasonal affective disorder syndrome (SADS).

Another particularly severe form of the illness is bipolar disorder in which there can be huge swings of mood between episodes of severe depression and episodes of madly overactive, illogical activity. Depression without manic episodes, however, is by far the commonest form of the illness and is what we have been mainly considering here.

All of us, of course, can be sad, very sad, without having depression as an illness. Equally, the illness, depression, is not always associated with any particular feeling of sadness, or despair, but the person just becomes inactive, unmotivated, and negative. The person stops enjoying life, loses interest in hobbies, stops having fun. Such a personality change, in a previously animated individual, a change which, sometimes, might be very subtle, noticed only by those affected themselves, is a good reason to seek medical advice, particularly if early morning awakening is part of the picture. There are many conditions that can produce similar symptoms to depression such as the hormonal disturbances of the menopause, anaemia, thyroid disease and post-viral fatigue but in most of these cases there is some spirit of optimism, an anticipation that one will get better eventually, that is usually not present in depression.

Depression is the most common mental health problem in the elderly. It is said that approximately 15% of elderly patients have significant depression, of sufficient severity that it would benefit from treatment. In the elderly, the symptoms of depression and dementia can be very similar. Sometimes, of course, they can coexist. But it is a very tragic situation, and not that uncommon, when a person who is actually suffering from depression is diagnosed as suffering from dementia, because whereas dementia is very difficult, if not impossible to treat, depression can, very frequently, respond wonderfully well to treatment.

One of the most irritating things for people who are known to suffer from depression is to have their reactions to every genuine grievance, or any sadness that would be considered normal in others, put down to their illness. It is very easy to patronise - "I expect it's her depression again". People with depression tend to be very pessimistic. They can, strangely enough, sometimes, be equally gloomy about things that have happened in the past. When reminded of things that, indubitably, they enjoyed, or that seemed genuinely to have made them happy, they might say “It may have appeared like that., but I didn’t enjoy it really”. Not only looking into the future through anything but rose tinted spectacles, but into the past as well!

Many people in a depression get very cross when they are told that they are depressed, or even asked if they are feeling a bit depressed. They are likely to say that, in fact, they can see things particularly clearly as "they really are"…usually in a very black way, often with the loved one as the villain of the piece.

Mr B might have done all the right things to make life as perfect as possible for Mrs B but if he thinks of his wife "What has she got to be sad about?" or, on the other hand, Mrs B thinks of her husband "Why is he drinking so much?" the answer might be found in a word with the doctor. And the doctor will never mind. There are very few experiences in medicine more gratifying than saving someone from the private torment of depression. It can absolutely change people’s lives and the lives of those whom they love and who love them.

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