

Depression: A Treatable Illness

Webcast

October 27, 2009

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Introduction

Andrew Schorr:

Depression is one of our greatest health problems. It affects literally millions of people. There are people who are depressed but don't know it or it's not acknowledged in their case, yet depression is a treatable illness. We'll connect you with a leading expert from Northwestern and help you understand how depression can be helped. It's all coming up next on Patient Power.

Hello and welcome to Patient Power sponsored by Northwestern Memorial Hospital. I'm Andrew Schorr.

Well, when you think about an illness that affects millions of people you may think about heart disease, for example, or high blood pressure, medical conditions. Well, there's another condition you need to think about too, and that is depression. It literally affects millions of people. There are many people who don't even know it and it's not recognized, and all too often it is not treated even though depression is a very treatable illness. We want you to understand what in fact is depression, that it's truly an illness, and understand the range of treatments that can be brought to bear.

Helping us understand that is Dr. Joan Anzia. She's a psychiatrist at Northwestern Memorial Hospital. She also is the vice chair for education and residency training director with the department of psychiatry at Northwestern Memorial Hospital and of course is an associate professor of psychiatry at Northwestern University's Feinberg School of Medicine.

Dr. Anzia, thank you thank you so much for joining us. Let's begin by understanding what is simply sadness and what's depression? Because a lot of people say, well, I'm just feeling down when maybe if it goes on I know it can be much more than that.

What is Depression?

Dr. Anzia:

Well, there certainly is a continuum, Andrew. Certainly all of us can feel down and depressed after a disappointment, you fail an exam, you don't get a job that you'd hoped to get or certainly in this economy that you lose a job that you loved. And in more extreme circumstances when someone loses a life partner, experiences the death of a loved one, it's only normal to feel just devastated and very, very sad,

certainly at the beginning. So that's normal. And those feelings of sadness and grief and even not being able to eat well for a few days or a few weeks, those are to be expected. But even after circumstances like that, generally people start to recover a little bit week to week.

Depression is different in that the symptoms really are severe and they last for weeks and even months, and they're there every day. For example, the grief, bereavement, the feelings come in waves. Depression is a sadness and overwhelming feeling of just despondency that lasts all day, every day. So it's very different in quality and severity and how it presents.

Andrew Schorr:

So what would be the effect of that? Would that be that you don't want to get out of bed? That you're either irritable or you don't have fulfilling relationships or you avoid them?

Dr. Anzia:

Well, there are a great number of different symptoms. Some people have a few, some people have most of them. What's present in all people is the profound sense of sadness, and sometimes that comes, what we call cognitive or thought symptoms like people feel badly about themselves. They just feel that they're no good. We say that they have very low self esteem when normally people feel pretty good about themselves. When people are depressed they feel that they haven't accomplished anything, they're not effective, they're not good mothers or not good workers. They may feel guilty and as if they have done something wrong or they haven't done well in their life. So those are the cognitive or thought symptoms that come with depression.

Then there are the emotional symptoms such as the sadness and crying spells. Frequently, depressed people will cry several times a day and certainly once a day throughout the week, so they will be overwhelmed with crying spells.

Then there are some symptoms that are part of the body. Lack of energy, not feeling as if you have the energy to get out of bed or to do your work. This is when people start staying home from work because they simply don't have the strength or energy to get up and go. They don't feel interested in their usual activities. They don't feel like participating in their hobbies that they usually engage in. They're not interested in their children or even sports that they used to love. That's a sure sign.

Andrew Schorr:

You mentioned about work. I had a friend where he later confided in me, and he was treated for depression, that he would go to work, close the door, he was an executive, and he would just sort of twirl a pencil all day. He literally just could not work.

Dr. Anzia:

That's very common. I know of a young man who worked in construction and it was very hard for him. You know, if he went to work his co-workers could see him, so he would just stay home in bed. He had no idea why. And his wife of course was very frustrated as well. She thought he was lazy. But he simply didn't have any energy or interest, and he would just lie in bed all day, not sleeping.

Andrew Schorr:

And I understand about appetite, so you could either have a lack of appetite...

Dr. Anzia:

Right.

Andrew Schorr:

...or you could have a big appetite of just eating for comfort.

Dr. Anzia:

That's right. In one form of depression people lose their sense of pleasure in eating. Food kind of tastes like cardboard. It has no taste. And so people, I've seen people lose up to five, seven pounds in a week or 25 pounds in a month simply because they have no appetite. In addition, sometimes when people are depressed they have a feeling of heaviness in their chest. It actually feels like a weight sitting on their chest or a tightness in their stomach and a kind of vague nausea so that they can't even tolerate the idea of eating.

Then other people who are depressed find themselves eating carbohydrates, lots of junk food with sugar in it, and so of course they gain weight. So some kind of compulsive eating, and then of course they're not exercising, they're lying in bed, so they actually gain weight. And that's more common in seasonal depression.

Treatment for Depression

Andrew Schorr:

Now, I mentioned at the outset that it's a treatable condition. If you meet certain criteria, the certain symptoms that a health professional would observe, so then we say, well, we're dealing with depression and not just sort of transient sadness, which would be understandable as you said in those situations you described. Tell us about it being treatable, because a lot of people say, well, I'll get better, but they're not. So do we have a wide range of effective treatments today?

Dr. Anzia:

Oh, yes. And unfortunately only about half of people who have major depression actually get treatment, which is quite sad. And even when people go to their primary care doctor, their internist, the diagnosis is missed quite a bit of the time, so a lot of people actually aren't picked up or don't go in for treatment.

But there are a wide variety of treatments that are effective, and for mild to moderate depression talk therapy may do the trick. We have a lot of evidence-based treatments, and people tend to think of psychotherapy, from their media images of it, is going to a psychoanalyst or sitting in an office for years and months, there are very effective treatments for depression that are really just one hour a week for 12 sessions. For mild to moderate depression that may be sufficient to get people really on the road to feeling a whole lot better. So some of the forms of therapy that we know are effective for mild to moderate depression are cognitive behavioral therapy and interpersonal therapy. There is lots of evidence that they are very effective.

Medication

Andrew Schorr:

Now, if depression is more severe, what about then related to drugs? People are often afraid of that.

Dr. Anzia:

Oh, yes. I think oftentimes patients come to me, they're very frightened for taking medication for depression even when they're taking medication for high blood pressure or diabetes. They don't have a second thought about that, or even sometimes people are using street drugs like cocaine to treat their depression but they hesitate to take an antidepressant, which is kind of ironic.

Antidepressant medications are not drugs of dependence. People do not become dependent on them. They're not stimulants. They're not street drugs like cocaine or other kinds of stimulants. Specifically what their purpose is is to target the abnormality that's going on in the brain with depression. We know that during depression certain parts of the brain aren't functioning normally, specifically the frontal parts of the brain. Your brain cells just are slowed down and aren't functioning normally. And we know that one thing these medications do is increase the availability of neurotransmitters or chemicals that are messengers between your nerve cells. So that's simply what they do. They restore that activity back to normal.

Andrew Schorr:

Let's talk about that for a minute. You're talking about chemistry in the brain, but so often if you have a family member who is down or acts odd just think they're a little wacky or crazy or unpleasant to be with. Yet if they had a backache, you know, you'd say, well, take this painkiller or let's get at the root of the problem. You must be very frustrated as a psychiatrist that we make this different, if you will. We kind of see mental health issues as being different somehow and maybe not worth attacking or seeing it as a medical illness.

Dr. Anzia:

You know, it is frustrating to see people suffer unnecessarily, but it is very gratifying when family members finally do bring a patient in or accompany their

family member in and you're able to explain to them, you know, this is not your fault. This isn't a matter of moral weakness. This is an illness, just like having high blood pressure or diabetes, and it can be treated. And you haven't done anything wrong. So in my experience patients are enormously relieved in that first hour, so that's very gratifying.

But it is frustrating when we know that there are many, many people out there who are suffering and feeling bad about themselves as if they're deficient or not coping well when really they have a major depression.

Andrew Schorr:

Dr. Anzia, you don't have to go very far for someone to know somebody who is taking one of the medications for depression now, and so there are different side effect profiles that can affect different people. So we got a question from Erica who brought this up, and I'd like to know your comment on it. Erica from Chicago sent us an e-mail and it says, "I have a friend that fights her depression with medication. The side effects of that medication caused her to gain weight and sleep a lot. I know she needs to talk to someone instead of fighting her illness with medication. How can I convince her to talk to someone?"

And I'll just say it sounds like there are two issues. One is talk to a healthcare professional to say, is this the right medication for me. Can the side effects be helped in some way? And maybe I guess the friend is saying and also should she have talk therapy going along with her drug therapy too. So maybe you can comment on both.

Dr. Anzia:

I think I'm not alone in believing that no depression can be treated with medication alone, and oftentimes people are prescribed their antidepressant by their primary care provider who may or may not be offering or recommending talk therapy. Every person who is depressed really needs some form of talk therapy in addition to medication. So I'd like to make that point.

For Erica, first of all I guess I'd be interested if the medication really has helped her significantly with her depression but she's had these unfortunate side effects. The thing I would recommend is for her to talk to her doctor about switching to a different medication. There are many different antidepressants that have different side effect profiles, and there are at least a few that do not cause weight gain and in fact may in some ways support weight loss. So that would be the first thing to explore.

There are also antidepressants that cause people to be sleepy, and there are some that don't, that actually can have a side effect of causing people to be a little bit activated. So the side effect profile is really key, and if I were Erica I would consult with a psychiatrist about maybe trying a different medication. But if her medication

is mild to moderate and she really doesn't want to, the friend doesn't want to continue with medication, a trial of cognitive behavioral therapy or another form of therapy for depression may be a good bet.

Andrew Schorr:

And of course people sometimes complain about their libido being affected. So again those are all things to be part of an active discussion with your doctor.

Dr. Anzia:

Absolutely. Sexual side effects are fairly common with some of the antidepressant medications. Now, there are things we can do while you are on the medication. Every medication for every disorder has side effects, even over-the-counter medications and other kind of supplements that people can take can have side effects. So the main thing is balancing the benefit you get from the medication with the downside of the risk of the side effect.

Andrew Schorr:

Right. But if your relationships have gone to pot, you're feeling down, can't get out of bed, either can't eat or eat junk food all the time, then your life is not so terrific, and some intervention makes sense.

Dr. Anzia:

Right. For example, if you're on an antidepressant and without it you become severely depressed, and say, for example, when you're severely depressed you aren't even interested in having sex, there are extra medications or other medications that individuals can take to restore their sexual function while they are on the antidepressant. So that's something to talk about with your doctor. You don't need to suffer the sexual side effects.

Andrew Schorr:

So, Dr. Anzia, you're a psychiatrist. You mentioned that at the primary care level, and this is not a put-down of primary care and they're really busy people, but sometimes people come in for other things but depression is sort of there, lurking in the background. So how do people advocate for themselves, speak up for themselves so the condition is noted whether it's helped by their primary care doctor or they need a consultation with a psychiatrist?

Dr. Anzia:

I think most primary care doctors really know what depression is. They see a lot of it and they're of course the frontline. And in some countries, for example, Canada, primary care providers are supposed to screen routinely for depression. So in some countries there can be a series of questions, screening questions that all patients are asked. I think if your doctor doesn't bring it up and you feel it might be an issue, then you should absolutely bring it up, and any well trained physician is going to take that seriously. All doctors spend at least four to six weeks doing psychiatry when they're in medical school, so they have some acquaintance with mood disorders.

Triggers of Depression

Andrew Schorr:

All right. Now, let's talk about some specific situations that might trigger depression. So I know I deal a lot with people who get diagnoses of serious chronic illnesses or cancer, and they just get in a funk and they just can't get out of it. And I know that is not uncommon at all. And then even there are people who have a baby and I know there's postpartum depression. So talk about some of those situations where somebody is not bouncing back and they may have had depression triggered.

Dr. Anzia:

Well, that's a wonderful question, and there's a couple different aspects to this. One is there are several medical conditions that actually can cause depression. In other words, depression is part of the symptom of that illness. For example low thyroid or hypothyroidism. Depression may be the primary presenting symptom. The patient may come in complaining of depression and not realize that in fact the cause is their hypothyroidism.

There are certain forms of cancer like pancreatic cancer where often the first symptom the patient will have will be depression. Or a brain tumor. So it's important to have a medical doctor do an evaluation when you have significant symptoms of depression because it actually may not be primarily depression. It could be a medical illness in which depression is a symptom. So that's one point I wanted to make.

So then there is, as you mentioned, if you have a chronic medical illness or a serious illness such a cancer it's very common for individuals to really feel profoundly depressed and discouraged about their diagnosis and treatment. And you're right, in fact, people with cancer do have a higher risk of depression and in fact suicide. They're a much higher suicide risk. The fact is though that they too can respond to treatment, both talk therapy and medication, usually in combination, and live a fuller and happier life. So there's no question that treatment is effective for cancer survivors.

There are different illnesses at different stages of life. You mentioned the peripartum period. Women are at risk in the period after which they deliver babies, and of course they are much more at risk if there's a family history or they have had a depression after a previous delivery. And we don't know why that is. Certainly there's a big drop in hormones after the delivery of a baby, and it's a little bit complicated because many moms can experience a little bit of baby blues or kind of mood instability in the first few weeks after a baby arrives. That's not postpartum depression. Postpartum depression comes weeks later, and it's a pretty severe disorder where people have the sadness, crying all the time, no energy, no interest and not infrequently the new mother can become suicidal and even feel that she doesn't deserve to live and she should take the baby with her. I'm sure people have read about those situations in the news.

Andrew Schorr:

Doctor, let me ask you about another trigger that's maybe unfortunately more common now, and that is we've had a tough economy, people have lost their jobs or their work hours have been cut back, and they're worried about it. And let's say if somebody is the prime breadwinner they may feel it's inadequacy on their part, and that I imagine could trigger depression. But people can be helped, and obviously you want to be helped so they have the positive spirit to go get a new job or succeed in the future. How does that happen, and what encouragement would you give to people that there can be a brighter day but there's an illness that's been triggered that needs to be treated?

Dr. Anzia:

Well, I think if people do in fact develop a major depressive episode after stressors like that, losing your job, some people have lost their homes, lost cars, haven't been able to fulfill dreams that they have had for years, you know, sending their children to college, those are major stressful events, sometimes even traumatic events. So if someone is vulnerable they could indeed have a major depressive episode. And in that case getting treatment would be crucial because in order to kind of work yourself out, start to spiral back up again you have to have energy, you have to have some resilience and you have to have some hope. So treatment for depression really can repair all of those.

Anxiety

Andrew Schorr:

Dr. Anzia, here's a question we got from Paula in Chicago and she's really asking about the connection between anxiety and depression. She says, "Over the past several years I've battled light depression. I cope by seeing a therapist every month and I've really gotten a handle on the situation. However, about three months ago I had an anxiety attack. I've only had one since then. Do depression and anxiety always go hand in hand, or is this a separate issue?"

Dr. Anzia:

They frequently go together. In fact I would say at least 50 percent of the time people present with symptoms of depression and anxiety. More often people present with anxiety alone. They'll have panic attacks and feel anxiety, but they're not depressed. Most people who have major depression feel some degree of anxiety. Feeling unsettled in their stomach, a sense of tension in their chest. They don't have the confidence they once had, and they feel anxious about being depressed and not being as functional as they were. So I think with depression it's extremely common, more the rule than the exception, to also have anxiety.

Andrew Schorr:

I was just going to say, Dr. Anzia, give us a little coaching. So whether or not it's signs of anxiety or depression, give us some coaching for someone who sees it in themselves or if you see it in a loved one or a family member. How do you move towards getting care and what do you say? Like you said, you're with your primary

care doctor, what do you bring up? What are the things you say that they will pay attention to? Or if it's your husband or wife or best friend, where you say I'm concerned.

Dr. Anzia:

So you want me to take the role of the patient?

Andrew Schorr:

Sure. Let's do that first.

Dr. Anzia:

I would say, Doc, you know, I'm feeling really down. This isn't me. I don't feel like myself. This is very different from the way I usually feel. I can't get out of bed. I just don't have the energy I used to have, and I feel anxious all the time. I can't concentrate even on making dinner for the kids because I'm worried about everything, and I'm thinking all the time about how I'm not doing a good job. And I'm so worried that nothing gets done, and then the laundry piles up, and so I really need your help. I know this isn't me. I need some help to get back to my old self.

Providing Support

Andrew Schorr:

Now, in the case of a loved one, if it's your husband or wife or best friend, what do you either say to them or if you happen to go to the doctor with them what do you bring up? Without stepping on somebody's toes.

Dr. Anzia:

I'll be a spouse here. Let's say it's my husband who seems to be depressed, he's not himself. I'll say, Jim, I know right now that you feel like you don't want to do anything and that this is all your fault and that nothing will help. I believe that you feel this way. However, this is not like you. This is not the man that I've known for the length of our marriage, and I really believe that you have an illness that can be treated, and for the sake of our lives together I want you to go and see this doctor. I know that things aren't right and I've been reading and doing some research and I know that you can get better.

Andrew Schorr:

Now, you know what the traditional feeling has been: Well, I'll just keep on keeping on and it will resolve itself. And that people do have a fear, some do traditionally of what have been seen as mental health drugs that it sort of takes over your brain. You know, it's like invasion of the body snatchers, and maybe you could comment on that.

Dr. Anzia:

Well, this is usually where I come in as the doctor. This is usually my line, where I come in and say, first of all, you are not crazy. You're not crazy, and you're in

good company. 20 percent of women and 10 percent of men in this country are going to have a major depressive episode sometime in their lifetime, and there are people all around you. This is not your fault. This is something that is very treatable, and I promise you that if you work with me you're going to be feeling better.

Andrew Schorr:

Let's say medication or talk therapy, it's not going to take over your brain and you give up who you are.

Dr. Anzia:

That's right. It's not going to change who you are. It's going to bring you back to your old self, the self that you know and love. So this is something that you don't have to go through alone. The fact that you feel discouraged right now and feel that there's no hope at getting back to your old self and no hope for going back to work, that is a symptom and a sign of your depression, and it doesn't need to be permanent. You don't need to suffer like this.

And secondly, what I do know, before we had medications, is the depressive episodes would last between six and nine months before they gradually got better. If you have more than one episode those periods of illness will be longer, and if you don't get them treated there's a good likelihood that they'll become chronic and permanent. So treatment will not only get you relief fairly quickly but also prevent this from happening again. So that's what I tell them.

Andrew Schorr:

That sounds like a very upbeat story. I hope people are listening to us because what a shame if they suffer.

Dr. Anzia:

And if they don't listen to that, Andrew, what I'll say, I actually will use a little guilt. If it's a parent I'll say, you know, you are depressed and even if you tell me you don't want treatment for yourself your depression is affecting your family. Your wife is very unhappy. She's worried about you. She can't concentrate on her job because she's worried about you and even worried about you taking your life. Your youngest son doesn't want to come home because his daddy isn't behaving like he usually behaves. Your kids know that there's something different. So if not for your sake, for your family's sake get some treatment. That usually works.

Andrew Schorr:

Yeah, it worked for me today and I think for our listeners. So I think the lesson is clear. If people are out there suffering with these symptoms that can vary by person and sometimes by age but are significant and persistent, you owe it to yourself, for yourself or a loved one, to bring it up with a doctor and really call it to their attention. And as we're hearing, we've discussed some of the range for

therapy, there are others that come into play in more severe cases, but there's no reason to suffer. And you suffering, since you're probably in a relationship with other people, as you just said, Dr. Anzia, may be suffering too.

Dr. Anzia:

Sure. And it's not just your family. Very often your co-workers. You mentioned a CEO sitting in his office. Work isn't getting done. Coworkers feel demoralized and puzzled. They know that something is wrong but they can't quite put their finger on it. Productivity suffers.

Andrew Schorr:

Right. Well, there's the whole range of effects of this, and we can turn this around. Thank you so much for being with us, Dr. Joan Anzia, psychiatrist at Northwestern Memorial Hospital, vice chair for education. Residency training, she's been our consumer educator today. Thank you so much for being with us on Patient Power.

Dr. Anzia:

You're very welcome, Andrew.

Andrew Schorr:

This is what we do on Patient Power. I'm so thankful to Northwestern Memorial Hospital. We've been doing this three years. There's a whole library of programs that we've covered, and the topics vary, but surely there are some that relate to you and your family. Depression does affect so many families and hopefully we've brought you some great guidance today.

Our next program will cover something completely different. We're going to discuss robotic surgery for fibroids. What are the advantages. And we'll have with us Dr. Michelle Luthringshausen, and she's an expert in that. So that's coming up.

Thank you so much for being with us today. I'm Andrew Schorr. Remember, knowledge can be the best medicine of all.

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