Depression

- “Dysthmic Disorder”
- Can be mild or severe, acute or chronic
- Persistent sadness, loss of interest, loss of energy.
- Interferes with normal daily activities (eating, sleeping, working, relationships,) leading to multiple emotional and/or physical impairments.
- Is NOT a case of the “blues” or normal sadness associated with grief, or other form of loss.
Depression (cont.)

• Several types of depression

• **Major Depression** – can be one or several recurring bouts

• **Persistent** – lasts at least 2 years

• **Manic Depression** – “Bipolar”- cycling bouts of extreme highs/mania alternating with depression

• **Seasonal Affective Disorder** – Mood disorder linked to lack of sunlight in the winter months.

• **Post Partum** – hormonal induced depression in 10% of mothers within one year of birth
Depression Statistics

• NIMH reported **16 million** Americans (7%) had at least one bout of clinical depression in 2012

• **10%** of seniors >65 suffer from depression

• Women are more commonly affected than men

• **50%** do NOT seek medical help, particularly men.
Depression Symptoms

- Persistent sadness, emptiness, especially without clear etiology
- Feelings of guilt, worthlessness
- **Anhedonia** - Loss of interest and pleasure in prior hobbies/enjoyable activities
- Sleep disruption - Early waking/insomnia; sleeping too much
- Loss of appetite
- Social withdrawal
- Cognitive/memory impairment. Difficulty concentrating
- Pain, abdominal cramps, headache
- Restlessness, anxiety, irritability
- **Suicidal ideation**
- Present most days for at least 2 weeks
Depression Screening

• Go to your doctor!

• Rule out medical/secondary causes, such as:
  – Hypothyroidism
  – Vitamin deficiency
  – Post heart attack
  – Early dementia
  – Parkinson’s
  – Substance abuse
  – Medication such as beta-blockers, Accutane, Chantix, HIV meds.
Depression Treatment

• An absolute must.

• Best if under the care of **BOTH** a psychotherapist and a psychiatrist.

• Average time needed in therapy to see tangible improvement is 4-6 months- **SLOW PROCESS**

• Lifestyle- Outdoor, physical activity. Involvement and support of family/friends.
Medications for Depression

• Selective Serotonin Reuptake Inhibitors (SSRI’s)
  – Paxil, Prozac, Zoloft, Celexa, Lexapro

• Pros
  – Effective after a few weeks
  – Can be used chronically.

• Cons
  – Can cause upset stomach, sleep disruption, significant sexual side effects.
  – Increased suicide risk in first weeks of use in teenagers/young adults.
Medications for Depression (cont.)

• Serotonin and Norepinephrine Reuptake Inhibitors (SNRI’s)
  – Cymbalta, Effexor, Remeron
    • Pros
      – Works on more than one neurotransmitter, slightly faster onset
    • Cons
      – Drowsiness, weight gain, vivid dreams, blurry vision
Medications for Depression (cont.)

- **Trycyclic Antidepressants (TCA’s)**
  - Elavil, Pamelor
    - **Pros**
      - Effective
      - Inexpensive
    - **Cons**
      - Constipation, dry mouth, dizziness, fatigue, urinary retention
How to Identify Depression in a Loved One

- Watch for change in appetite, sleep habits
- Avoiding social situations
- Not getting out of bed, getting dressed
- Avoiding pleasurable activities
- Lack of interest in work, hobbies, loved ones, self
- Personality changes
- Crying, irritable without obvious reason
- Increased alcohol or other substance use
How to Support a Loved one with Depression

• Remove any weapon from the home.
• Keep Hotline and doctor numbers handy 24/7.
• Drive/accompany patient to appointments/support groups.
• Assist with medications.
• Seek support/therapy yourself!
• Increase share of housework or hire someone.
• Non judgmental listening.
DC Mental Health Support Contacts

- DC Dept of Mental health 24 hour health line
  1(888)-7WE-HELP, 1-888-793-4357
- National Suicide Hotline: 800- 273-TALK/800- 273-8255
Anxiety Disorder

- **General Anxiety Disorder** - excessive worrying, restlessness, nervousness without clear trigger, linkage.
- **Panic Disorder** - clearly defined severe attacks of anxiety.
- **Social Anxiety Disorder** - symptoms only in social situations.
- **Specific Phobias** (heights, crowds, flying…)
- **Obsessive Compulsive Disorder** - need to constantly repeat tasks secondary to worry that interferes with daily activities.
- **Post Traumatic Stress Disorder** - severe anxiety symptoms related to physical/mental/emotional event causing lasting symptoms interfering with daily activities.
Anxiety Statistics

• Most common mental illness in US.
• Affects roughly 40 million Americans (18%)  
• 65% do not seek treatment.
• One of the most common causes of excessive medical testing, missed work days.
Anxiety Etiology

- Genetics
- Disruption of neurotransmitters in brain.
- Life events
- IS NOT a personality flaw, character weakness. EVER.
Anxiety Symptoms - the “GAD-7 Score”

- Excessive nervousness, fear, and/or worry
- Hypervigilance, racing thoughts
- Insomnia (especially falling asleep)
- Sweats, Abdominal pain, diarrhea (Autonomic.)
- Palpitations
- Tingling, numbness- around mouth, hands/feet
- Shaking, trembling
- Impending sense of doom
Anxiety Symptoms (cont.)

- Present chronically over several months (GAD) or repeated attacks over at least 3 months (PD) or with recurrent situations (SAD, phobias)
- Interferes with daily activities.
- Often coexist with other mental disorders
- More common in women (2:1,) >50% symptomatic by age 25.
Anxiety Screening

• Rule out medical cause (Hyperthyroid, Afib other mental disorder, tobacco withdrawal.)

• Review medications- Some asthma inhalers, OTC cold meds, caffeine, alcohol, drug use (pot, cocaine)

• Thorough social and family history looking for past episodes, trigger events, home safety.

• Exclusion of organic etiology for medical complaints.

• GAD 7 score
Anxiety Treatment

• Lifestyle
  – Reduce caffeine, alcohol.
  – Exercise, meditation/relaxation techniques.

• Therapy
  – Cognitive
  – Psychotherapy

• Medication- SSRI’s with/without short acting Benzodiazepines (Valium, Xanax)

• Must tailor treatment to specific disorder (PTSD, OCD less responsive to meds, more responsive to therapy).
How to Identify Anxiety in a Loved One

• Excessive worrying, fear, or nervousness out of proportion to the issue.

• Avoidance of trigger situation to the point of interfering with activities (work, travel, social events)

• Recurrent similar medical symptoms (repeated chest pain after multiple negative workups)

• Increase in alcohol, drug abuse

• Difficulty sleeping
How to Support a Loved One with Anxiety

• Do:
  – Accompany them to appointments
  – Encourage activities together
  – Active listening
  – Acknowledge progress
  – Stay relaxed yourself
  – Learn and encourage relaxation techniques (deep breathing, exercise etc…)

Knowledge and Compassion Focused on You

MedStar Washington Hospital Center
How to Support a Loved One with Anxiety (cont.)

• Do not:
  – Get frustrated. Treatment is a long process
  – 2nd guessing- “Are you sure you want to go the party? Last time you ran out crying.”
  – Share medication
  – Bring up his/her anxiety randomly (So, how are your panic attacks going?”)
Resources

• Anxiety and Depression Association of America - https://www.adaa.org/supportgroups

• Mental Health America - http://www.mentalhealthamerica.net/find-support-groups

• Depression and Bipolar Support Alliance - http://www.dbsalliance.org/site/PageServer?page=home

• National Alliance on Mental Illness - https://www.nami.org/Find-Support

• Administration on Aging - www.aoa.gov
Understanding and Combating Loneliness

• Loneliness is a feeling NOT a fact.
  – Identify WHY the feeling is there, do not draw conclusions from the feeling.
    – Do not -“I’m feeling all alone b/c my kids aren’t here. No one cares about me, it’s all my fault.”
    – Do- “Hearing that song reminds me how much I miss having my kids around and how quiet it is here.”
Loneliness

- Is not related to number of friends, family or relationship status.
- People can feel unwanted, unheard, uncared for when surrounded by many, or perfectly content when physically alone.
Combating Loneliness

- Church attendance, activities
- Go to parks, libraries
- Volunteer at hospitals (MWHC only 😊 !!) schools (reading to pre-schoolers)
- Pets
- Work/teach part time, classes
- Music, books, exercise
- Loneliness much more common with little/no mental stimulation
Grief in Older Men

- Grief: Combination of psychological and physical symptoms related to loss
  - Symptoms:
    - Crying
    - Anguish
    - Anger
    - Guilt
    - Insomnia
    - Psychomotor and cognitive impairment
Grief (cont.)

- 5 stages of grief
  1. Denial
  2. Anger
  3. Bargaining
  4. Depression
  5. Acceptance

- Time through any and all stages will vary greatly among individuals depending on the loss, age, and other psychosocial factors.
Complicated Grief

• Definition: after 6 months post loss, an individual has 1 month of persistent life interrupting grief symptoms

• Overall incidence of 10% but higher in those age 65 who have lost a spouse, and approaches 50% in men over age 75
Complicated Grief

• “Understanding Grief” by Richard Gross
  – 4 factors to help predict grief
    1. Nature of the relationship
    2. Circumstances surrounding the death
    3. Social integration
    4. Other losses/stressors
Treatment of Complicated Grief

• Counseling- a MUST

  – Common misconception is that one therapist is enough to cover all grief issues. Often need to seek help from MULTIPLE disciplines.

  – May need religious/spiritual counseling, family, self therapy, financial, medical….
Treatment of Complicated Grief (cont)

• Medical
  – Make and keep regular appointments
  – Continue with self care and routine medical needs.
  – Antidepressants.

• Social
  – Allow family and friends access.
  – Respond to phone calls, emails, invitations.

• Patience
  – Recovery is a very slow process.
Grief Resources

1. **AARP Grief and Loss Resources**  Support after the death of a senior

2. **National Widower’s Organization**  Support for men grieving a loss

3. **American Foundation for Suicide Prevention**  Support for suicide survivors

4. **Griefnet.org**  Support for adults grieving a loss

5. **Hellogrief.org**  Support for adults and kids grieving a loss

6. **www.aarp.org/griefandloss/home.html**  AARP's Coping with Grief and Loss Web Site
Questions?
Thank you!

Ira Rabin, MD
Vice President, Medical Operations
Ira.Y.Rabin2@medstar.net