

MENTAL HEALTH MATTERS

DEPRESSION AND ANXIETY



Good News

Paul Appelbaum, MD

Think back to how you felt as you watched the twin towers collapse into rubble. Recall the days of uncertainty, wondering where terror would strike next. What has life been like since? Anthrax in the mails, a war against terror, an uncertain economy and stock market, the knowledge that our lives have changed forever.

Stress is the constant we live with now. Usually, we cope. But sometimes stress becomes unbearable, and then our defenses crack. The first sign may be trouble sleeping or irritability at work. Maybe it's hard to concentrate. Perhaps even getting out of bed seems overwhelming. Anxiety and depression are the natural consequences of an overload of stresses. And they can make a tough situation worse.

The good news, as the following articles demonstrate, is that anxiety and depression can be treated effectively. New medications together with psychotherapy can lift the darkness and allow the body's natural resiliency to take over. Sometimes it's hard to admit that we need help. But sometimes it's the best thing we can do for ourselves. Especially in times like these.

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Depression: A Treatable Malady

Dilip V. Jeste, MD

We all feel sad at times. However, clinical depression is a serious matter. When people complain they "feel lousy" — when they have no interest or take no pleasure in things, have trouble sleeping, lack energy, have poor appetite, or cannot concentrate — depression is a definite possibility.

Depression is second only to heart disease as a cause of disability according to the World Health Organization. Today, depression is reported to be more common among the baby boomers than it is among those born before World War II. It affects famous people just as it affects common folks. Tennessee Williams called his own depressive episodes "blue devils." Winston Churchill called them "black dogs."

A Deadly Disease

Depression can be more than disabling — it can be fatal. In fact, many more Americans die from suicide each year than from homicide. In 1998, more than 29,000 Americans took their own lives while 17,400 were the victims of homicide. Depression is the single most significant risk factor for suicide. The highest rate of suicide in the United States is among old white men.

Tragically, many of these older men who commit suicide have reached out for help—20% see a doctor the day they die, 40% the week they die, and 70% in the month they die. Yet depression is frequently missed. Why is that?

Many people think that depression is a normal part of aging: "who wouldn't be depressed if ..." is a common thought in the face of chronic illness, loss, or social transition. Often, the stigma that those with depression and other serious mental disorders confront in their everyday lives discourages sufferers from discussing their illness and seeking help.

Moreover, depression comes in different sizes and shapes. Sometimes, when asked if they are "depressed" the answer from persons suffering from depression is "no". "Depression without sadness" is one of those seeming

SIGNALS OF DEPRESSION

People with depression often experience at least five of these symptoms for at least two weeks:

- > Persistent feelings of sadness or emptiness
- > Loss of interest or pleasure in activities or hobbies that were once enjoyed, including sex
- > Feelings of helplessness, guilt and worthlessness
- > Insomnia or oversleeping
- > Change in appetite or weight
- > Decreased energy, fatigue
- > Restlessness and irritability
- > Difficulty concentrating or remembering
- > Thoughts of suicide or suicide attempts

paradoxes that impedes its recognition. Conditions such as heart attack, stroke, hip fracture, or macular degeneration and medical procedures such as bypass surgery are sometimes associated with the development of depression. Patients are especially vulnerable to the onset of depression when recovery is delayed, treatments refused, or problems with hospital discharge are encountered.

comes in an unexpected, horrific manner there can be “complicated” grief of a compulsive nature. An acknowledged anniversary and a fitting memorial may diminish the suffering, but for some this type of grief lingers and may be nearly incapacitating.

Post Traumatic Stress

Similarly, when people confront death and destruction beyond the usually human experience they may develop acute stress symptoms characterized by flashbacks, distressing dreams, psychological numbness and other symptoms.

These are not weak people simply overwhelmed by life — but normal people reacting to a highly unusual traumatic experience in an expectable manner.

Persistent Symptoms

Most people having experienced a traumatic event will get over their initial symptoms. People in close proximity to the event are more likely to have persistent problems. Similarly, through television and the media we have all witnessed the unprecedented horror on a repeated basis — we have all been in close proximity.

Most traumatic events are brief and the psychological impact recedes with time. But terrorism or war are just the opposite — the ongoing reality hovers over us and can prevent post traumatic symptoms from fading into the background.

Any situation that is perceived as a serious threat to a person’s well being can create these problems. Examples are interpersonal conflicts, health issues, or the loss of a job. For some, even stock-market anxieties and the diminution of retirement savings can create serious symptoms.

Getting Help

Sharing and discussing your feelings with others can be helpful. Getting adequate nourishment and sleep is important. With time, most of us recover from grief or trauma.

However, if your suffering feels too great to bear, if your ability to work and live normally seems greatly diminished, if you are drinking too much or taking drugs, even over-the-counter medication, reach out for support. Don’t be ashamed to ask for help. Speak with your family doctor, clergy, psychiatrist or another mental health professional known to you or someone you trust. Many larger companies have medical or counseling services.

Persistent grief and post traumatic stress are not signs of personal weakness but treatable conditions. Today, there are psychotherapy techniques as well as anti-anxiety and antidepressant medications that can be extremely effective.

SIGNALS OF TRAUMATIC STRESS

- > Difficult or restless sleep
- > Nightmares or flashbacks
- > Mood swings
- > Difficulty concentrating
- > Restlessness
- > Eating too little or too much
- > Needing to talk about your experiences
- > Numbness of lack of feelings

Treatments Work

In contrast to a passing mood, numerous studies have demonstrated that depression is a real disease, a disease of the brain. The good news, however, is that treatments for depression work. A broad range of treatments is available and results are robust and restorative. New research suggests the possibility of prevention by identifying people very early in the course of depression or those at very high risk.

At any age, treatment for depression typically combines psychotherapy and antidepressant drugs. For most people, these drugs are effective but often have side effects — and the choice of treatment may depend on the types of side effects that can be best tolerated. Individuals with severe depression may benefit from electroconvulsive therapy (ECT).

Like diabetes or arthritis, depression is a chronic disease. Getting well is only the beginning of the challenge, staying well is the real goal. For people experiencing their first episode of depression in late life, most experts recommend continuing treatment for 6 months to a year after acute treatment first achieves remission. For those that have had two or three episodes during their lifetime, treatment should extend up to two years after remission. And for those with more than three recurrences of depression, treatment may be lifelong.

In 1999 the Surgeon General of the United States, Dr. David Satcher, issued a report on mental health. His conclusions are our conclusions: mental illnesses such as depression are real; treatment works; get help.

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Grief and Trauma: The Psychological Aftermath of 9/11

Michael Blumenfield, MD

About 3000 people were murdered on 9/11 leaving over 100,000 family and friends — including some 10,000 children — grieving. In a year’s time the pain of grief usually subside — but when death

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What's standing between you and your life?



Depressed Mood
Loss of Interest
Sleep Problems
Difficulty
Concentrating
Agitation
Restlessness



Life is too precious to let another day go by feeling not quite "yourself." If you've experienced some of these symptoms of depression nearly every day, for at least two weeks, a chemical imbalance could be to blame. And life can feel difficult ALL DAY. That's why you need relief ALL DAY. **NOW THERE'S PAXIL CR CONTROLLED-RELEASE TABLETS.**

Paxil CR is a time-release tablet from the makers of *Paxil*. The CR means Controlled Release for Continuous Relief. Symptom relief usually requires two or more weeks of daily treatment. Prescription *Paxil CR* is not for everyone. Tell your doctor what medicines you're taking. People taking MAOIs or thioridazine should not take *Paxil CR*. *Paxil CR* is generally well tolerated. Side effects may include nausea, diarrhea, constipation, dizziness, sweating, tremor, sexual side effects, injury, yawn, abnormal vision or sleepiness. Patients should not stop taking *Paxil CR* before talking to their doctor. **Feeling balanced, more like "yourself," is within reach. Call 1-866-PAXIL-CR or visit www.paxilcr.com Please see product information on following page.**



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Disorders: Infrequent were bilirubinemia, dehydration, generalized edema, hyperglycemia, hyperkalemia, hypocalcemia, peripheral edema, SGOT increased, SGPT increased, thirst; also observed were alkaline phosphatase increased, BUN increased, creatinine phosphokinase increased, gamma globulins increased, gout, hypercalcemia, hypocalcemia, hyperphosphatemia, hypocalcemia, hypoglycemia, hyponatremia, ketosis, lactic dehydrogenase increased, non-protein nitrogen (NPN) increased. Musculoskeletal System: Infrequent were arthritis, bursitis, myasthenia, myopathy, myositis, tendonitis; also observed were generalized spasm, osteoporosis, tetany. Nervous System: Infrequent were amnesia, ataxia, convulsion, diplopia, dystonia, emotional lability, hallucinations, hyperreflexia, hypokinesia, incoordination, neuralgia, neuropathy, nystagmus, paralysis, paranoid reaction, vertigo, withdrawal syndrome; also observed were abnormal gait, akathisia, akinesia, aphasia, choreoathetosis, circumduction, esthesia, delirium, delusions, dysarthria, dyskinesia, euphoria, extrapyramidal syndrome, fasciculations, grand mal convulsion, hostility, hyperalgesia, irritability, libido increased, manic reaction, manic-depressive reaction, meningitis, myelitis, peripheral neuritis, psychosis, psychotic depression, reflexes decreased, reflexes increased, stupor, trismus. Respiratory System: Infrequent were asthma, dyspnea, epistaxis, laryngitis, pneumonia, stridor; also observed were dysphonia, emphysema, hemoptysis, hiccups, hyperventilation, lung fibrosis, pulmonary embolism, respiratory flu, sputum increased. Skin and Appendages: Infrequent were acne, alopecia, dry skin, eczema, exfoliative dermatitis, furunculosis, pruritus, seborrhea, urticaria; also observed were angioedema, ecchymosis, erythema multiforme, erythema nodosum, hirsutism, maculopapular rash, skin discoloration, skin hypertrophy, skin ulceration, vesiculobullous eruption. Special Senses: Infrequent were abnormality of accommodation, conjunctivitis, earache, keratoconjunctivitis, mydriasis, photophobia, retinal hemorrhage, tinnitus, visual field defect; also observed were amblyopia, anisocoria, blepharitis, blurred vision, cataract, conjunctival edema, corneal ulcer, deafness, diplopia, ptosis, strabismus, xerophthalmia. Vision System: Infrequent were albuminuria, amenorrhea*, breast enlargement*, breast pain*, cystitis, dysuria, hematuria, kidney calculus, nephritis, rhagia*, nocturia, prostatitis*, urinary incontinence, urinary retention; also observed were breast atrophy, ejaculatory disturbance, endometrial disorder, epididymitis, female lactation, fibrocystic breast, leukorrhea, mastitis, menorrhagia, nephritis, oliguria, polyuria, pyuria, salpingitis, urethritis, urinary casts, urinary urgency, urolith, uterine prolapse, vaginal hemorrhage.

*Based on the number of men and women as appropriate.

Postmarketing Reports: Voluntary reports of adverse events in patients taking immediate-release paroxetine hydrochloride that have been received since market introduction and not listed above that may have no causal relationship with the drug include acute pancreatitis, elevated liver function tests (the most severe cases were due to liver necrosis, and grossly elevated transaminases associated with severe liver dysfunction), Guillain-Barré syndrome, toxic epidermal necrolysis, priapism, syndrome of inappropriate ADH secretion, symptoms suggestive of prolactinemia and galactorrhea, neuroleptic malignant syndrome-like events; extrapyramidal symptoms which included akathisia, bradykinesia, cogwheel rigidity, dystonia, hypertonia, oculogyric crisis which has been associated with concomitant use of pimozide, tremor and trismus; serotonin syndrome, associated in some cases with concomitant use of serotonergic drugs and with drugs which may have impaired paroxetine metabolism (symptoms included agitation, confusion, diaphoresis, hallucinations, hyperreflexia, myoclonus, shivering, tachycardia and status epilepticus, acute renal failure, pulmonary hypertension, allergic alveolitis, anaphylaxis, eclampsia, laryngospasm, optic neuritis, porphyria, ventricular fibrillation, ventricular tachycardia (including torsade de pointes), thrombocytopenia, hemolytic anemia, events related to impaired hematopoiesis (including aplastic anemia, pancytopenia, marrow aplasia, and agranulocytosis), and vasculitic syndromes (such as Henoch-Schönlein purpura). There has been a report of an elevated phenytoin level after 4 weeks of immediate-release paroxetine and phenytoin co-administration. There has been a report of severe hypotension when immediate-release paroxetine was added to chronic morphine treatment. DRUG ABUSE AND DEPENDENCE: Controlled Substance Class: Paxil CR is not a controlled substance. Evaluate patients carefully for history of drug abuse and observe such patients closely for signs of misuse or abuse (e.g., development of tolerance, incrementations of dose, drug-seeking behavior).

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