At Wit’s End: Recognizing and Dealing with Depression and Stress

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Objectives for Today

- Understand what depression is and differentiate it from “the blues”
- Learn about stress and how it may lead to depressive symptoms
- Know how to minimize or prevent stress
- Learn some of the ways depression can be successfully treated
Depression

A rose by any other name would have just as many thorns...
Many Ways to Describe a Common Condition

- Down in the Dumps
- Melancholy
- Unhappiness
- Despair
- Sadness
- Sorrow
- Hopelessness
- Helplessness
- Dejection
- Gloom
- Downheartedness
- Discouragement
- Despondency
- Glumness
- Misery
- Empty
- Alone
- Any other term you want to use
Virtually all of us have been depressed at some time...
What’s important is to consider duration, severity, and degree of dysfunction to determine if the depression is clinically significant*

- How long?
- How bad?
- How impaired?

* Of course, it’s always clinically significant if it’s me who’s depressed!
Major Depressive Disorder (MDD) is quite common

- Reported in boys, girls, men, and women
  - Lifetime risk of 7-12% in men and 20-25% in women
  - Between 5 and 10% of patients in primary care meet criteria for MDD
Facts cont’d

- Disabling
- Costly
- Deadly
Etiology of MDD is unknown

- Many believe it’s due to the interaction of genetic, biological, developmental, and psychosocial factors
  - Isn’t everything?
Common Psychological and Cognitive Symptoms

- Lack of interest/motivation
- Inability to enjoy things (anhedonia)
- Apathy
- Irritability
- Anxiety/nervousness
- Excessive worrying
- Reduced concentration
- Ruminations
Common Behavioral Symptoms

- Crying spells
- Interpersonal friction/confrontation
- Anger attacks/outbursts
- Social withdrawal
- Substance use/abuse
- Reduced productivity
- Violent/assaultive behaviors
- Suicide attempts/gestures
A Simple Way to Remember Depression Symptoms

- SIG E CAPS ("take energy capsules")
  - Sleep problems
  - Interest (loss of)/ loss of pleasure
  - Guilt/feelings of worthlessness
  - Energy (decreased)/fatigue
  - Concentration decreased
  - Appetite disturbance (up or down)
  - Psychomotor agitation or retardation
  - Suicide thoughts/behaviors or thoughts of death
For a diagnosis of MDD we need:

- Depressed mood, loss of interest or pleasure, or irritable mood, and five of eight SIG E CAPS symptoms
- Symptoms must be present for at least two weeks
- The symptoms cause significant distress or impairment in social, occupational, or other important area(s) of functioning
“Quantifying” Depression
Lessons Learned # 1

Many folks don’t want to hear that they might be depressed
Why?

- Scary
- Stigmatizing
- Fear of treatment
  - Side effects, costs
- Worry about loss of function
For these folks, I’ve found it useful to show them how depressed they might be by using one or more objective scales.

Try the PHQ-9

- You can find it by Googling “PHQ-9”
- It takes less than 3 minutes to complete…
# PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

**NAME:** ____________________________  **DATE:** ____________________________

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "*" to indicate your answer)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself— or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed, or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL:**

(add columns + + +)

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card)

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10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

<table>
<thead>
<tr>
<th></th>
<th>Not difficult at all</th>
<th>Somewhat difficult</th>
<th>Very difficult</th>
<th>Extremely difficult</th>
</tr>
</thead>
</table>
PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓'s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder
- if there are at least 5 ✓'s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder
- if there are 2-4 ✓'s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient. Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (e.g., every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓'s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>Minimal</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild</td>
</tr>
<tr>
<td>10-14</td>
<td>Moderate</td>
</tr>
<tr>
<td>15-19</td>
<td>Severe</td>
</tr>
<tr>
<td>20+</td>
<td>Very Severe</td>
</tr>
</tbody>
</table>
Using the scale allows me to “ask” an objective “observer” to evaluate my patient.
It allows my patient to see how he or she “looks” after removing the emotional/subjective (i.e., two people talking) component from the mix.
There are other scales that are just as helpful.
Depression vs. the Blues
Everyone may get the blues at some time because of troubling events such as the loss of a loved one, job difficulties, money problems, family issues, traumatic events, or illness
Stress

Too much of a good thing
Emotional Stress:
Bodily or mental tension
resulting from factors that tend
to alter an existent equilibrium
“Stress is good for you. It keeps you alert, motivated and primed to respond to danger. As anyone who has faced a work deadline or competed in a sport knows, stress mobilizes the body to respond, improving performance. Yet too much stress, or chronic stress may lead to major depression in susceptible people.”

[http://www.webmd.com/depression/features/stress-depression]
Stressors & Stress Responses
Some Stressors

- Frustration (a goal’s being blocked)
- Conflict (uncertainty, making choices)
- Pressure (time pressure, emotional pressure)
Some Stress Responses

- Mental and Emotional Signs
  - Lack of concentration, memory lapses, anxiety, fear, panic, anger, hostility, aggression

- Behavioral Signs
  - Smoking, drinking, overeating, Type A behavior, social withdrawal

- Physiological Signs
  - Erratic breathing, tense muscles, aches and pain, fatigue, palpitations, sweating, dry mouth, indigestion, depression
Who we are determines how we respond to stress

- Negativity and pessimism are related to poor health
- Hardiness is a personality style that may be protective against stressful effects...
A Negative Personality Style in Action

http://www.hulu.com/watch/68225/saturday-night-live-debbie-downer
Hardiness: Three Characteristics

- **Commitment**
  - A tendency to involve oneself in whatever one encounters

- **Control**
  - The sense that one causes the events that happen in one’s life and can influence one’s environment

- **Challenge**
  - A willingness to undertake change and to confront new activities that represent opportunities for growth
Mind and body constantly on edge

- Body's "fight-or-flight" reaction is constantly on
  - Perceived threats cause the hypothalamus, a region at the base of the brain, to set off an alarm system in the body
  - Through a combination of nerve and hormonal signals, this system prompts adrenal glands, to release a surge of hormones, including adrenaline and cortisol

Adrenaline increases heart rate, elevates blood pressure, and boosts energy supplies.

Cortisol, the primary stress hormone, increases glucose in the bloodstream and enhances brain's use of glucose.

- It also suppresses functions that would be nonessential or detrimental in a “fight-or-flight” situation:
  - Alters immune system responses and suppresses the digestive and reproductive systems and growth processes.

This Flowchart is Cool!

The Cycle Of Depression

Increased sensitivity to pain

Overstimulated stress hormone production

Emotionally arousing rumination

Over dreaming (REM) and less deep sleep (re recuperation)

Depressive thinking styles

Feelings of hopelessness and anxiety

Reduced serotonin levels

Impaired sleep patterns

Tiredness or exhaustion by morning

Impaired motivation

Impaired basic needs (relationships, exercise, goals etc.)

Fewer pleasant experiences

Red arrows = key path

[http://www.clinical-depression.co.uk/images/site-images/CycleComplex.gif]
Preventing or Minimizing Stress
Acute stress and associated anxiety may require pharmacologic intervention. Benzodiazepines (e.g., lorazepam, clonazepam) are the drugs of choice. But don’t use as sole intervention for chronic stress.
Non-pharmacological Approaches

- **Diaphragmatic breathing**
  - Can use to evoke a relaxation response
  - AKA “cleansing breath”

- **Relaxation training**
  - Most effective technique for reducing effects of chronic stress
  - Cheap
Progressive muscle relaxation

- Gives a sense of self-control
- Produces stress reduction effect
- Involves tensing and releasing large muscle groups throughout the body
- Takes about 15 minutes
# Tension-Release Procedures for 16 Major Muscle Groups

<table>
<thead>
<tr>
<th>Muscle Group</th>
<th>Method of Tensing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Dominant hand and forearm</td>
<td>Make a tight fist while allowing upper arm to remain relaxed</td>
</tr>
<tr>
<td>2. Dominant upper arm</td>
<td>Press elbow downward against chair without involving lower arm</td>
</tr>
<tr>
<td>3. Non-dominant hand and forearm</td>
<td>Same as dominant</td>
</tr>
<tr>
<td>4. Non-dominant upper arm</td>
<td>Same as dominant</td>
</tr>
<tr>
<td>5. Forehead</td>
<td>Raise eyebrows as high as possible</td>
</tr>
<tr>
<td>6. Upper cheeks and nose</td>
<td>Squint eyes and wrinkle nose</td>
</tr>
<tr>
<td>7. Lower face</td>
<td>Clench teeth and pull back corners of the mouth</td>
</tr>
<tr>
<td>8. Neck</td>
<td>Counterpose muscles by trying to raise and lower chin simultaneously</td>
</tr>
<tr>
<td>9. Chest, shoulders, and upper back</td>
<td>Take a deep breath; hold it and pull shoulder blades together</td>
</tr>
<tr>
<td>10. Abdomen</td>
<td>Counterpose muscles by trying to push stomach out and pull in simultaneously</td>
</tr>
<tr>
<td>11. Dominant upper leg</td>
<td>Counterpose large muscle on top of leg against two smaller ones underneath (specific strategy will vary considerably)</td>
</tr>
<tr>
<td>12. Dominant calf</td>
<td>Point toes upward</td>
</tr>
<tr>
<td>13. Dominant foot</td>
<td>Point toes downward, turn foot in, and curl toes gently</td>
</tr>
<tr>
<td>14. Non-dominant upper leg</td>
<td>Same as dominant</td>
</tr>
<tr>
<td>15. Non-dominant calf</td>
<td>Same as dominant</td>
</tr>
<tr>
<td>16. Non-dominant foot</td>
<td>Same as dominant</td>
</tr>
</tbody>
</table>

Once a patient has mastered this technique, this exercise should be condensed by combining sets of muscles into four groups.

Guided Imagery

- Close your eyes
- Take easy breaths
- Go to your happy place
  - Imagine nice sights, sounds, and smells
Meditation

- Be still
- Concentrate on a single stimulus, such as a word or image
- Increases oxygen consumption and blood flow
- Takes some work
Instrumental Coping: Behavioral Skills that can Alleviate Chronic Stress

- **Effective time management**
  - Set priorities; break down goals into small, achievable pieces

- **Assertiveness training**
  - Can help to avoid an adverse stress response and improve self-esteem
    - Assertiveness is necessary for delegating responsibilities and reducing workload
Treating Depression
Psychotherapy

- Helps many with mild-moderate symptoms
- No side effects
- Requires some commitment
- Non-habit-forming
Several classes of antidepressant medications available

- SSRIs and SNRIs are most commonly used
  - They are quite safe
    - Side effects may be a problem
      - Sedation, fatigue, sexual dysfunction, GI problems
Other Antidepressants

- Bupropion
- Mirtazapine
- MAOIs
Most patients (70-80%) recover after antidepressant treatment

- Actually, less than 50% show a robust response, with many showing only a partial but significant improvement

Two to four weeks of treatment is adequate

- Actually, many folks need 5-8 weeks of treatment before showing a response
Electroconvulsive Therapy (ECT)

- First introduced in 1938
- Millions of effectively treated individuals
- Usually reserved for persons who have not responded to several adequate antidepressant trials or who have depression with delusions or psychotic features
  - Lots of stigma attached
  - Lots of “One Flew Over the Cuckoo’s Nest” ideas
Transcranial Magnetic Stimulation (TMS)

A noninvasive method to cause depolarization or hyperpolarization in the neurons of the brain

- Uses electromagnetic induction to induce weak electric currents using a rapidly changing magnetic field; this can cause activity in specific or general parts of the brain with minimal discomfort
- Tested as a treatment for various psychiatric disorders including depression
Deep Brain Stimulation (DBS)

- Involves implantation of a “brain pacemaker,” which sends electrical impulses to specific parts of the brain.
- In select brain regions has provided significant therapeutic benefits for treatment-resistant movement and affective disorders such as chronic pain, Parkinson's disease,
- Insufficient evidence yet to support use for depression
  - Studies are currently underway at several centers.
Take-Home Messages

1. Stressful situations are all around us
   • We can’t avoid every one of them
   • Some stress is good
2. Too much stress can lead to depression
   - There are biochemical pathways that “make” this possible
3. There are a number of ways we can prevent or at least minimize stress

- This requires getting in touch with our feelings, accepting that we are stressed, and taking some action
4. If stress can’t be contained and leads to depression, there are several options for effective treatment

- The worst thing we can do at this point is to not ask for help
You Won’t Get Better If You Don’t Speak Up!
Thanks!