

Anxiety and Depression...

How to beat the 'Mood Disorder Duo'

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Anxiety and depression are common conditions that touch everyone at some stage in their lives, either personally, or through the suffering of a family member, friend or colleague. There have been national campaigns running for some years now which seek to increase peoples' awareness and to decrease the stigma that often prevents sufferers seeking the help that can make such a difference. These conditions are very treatable.

Mood disorders do not discriminate between the sexes, nor are there exceptions based on race, educational achievement or social economic standing. These conditions affect people of all ages from child-hood onwards – to be human is to be vulnerable to anxiety and depression.

Many of us thrive on a certain level of stress, and when the amount of challenge is just right, we are at our happiest with great feelings of achievement. But the right balance in life is not always so easy to strike and, at times, luck turns against us and we fall on hard times through no fault of our own. In many cases, substance abuse complicates the picture as people 'self-medicate' to ease their distress. Alcohol misuse is common across the professions.

When does stress or the normal 'ups and downs' in mood become a 'disorder' that needs treatment? Of course it is normal to feel sad if something upsetting happens, or worried when events make you feel unsettled or threatened. These emotions are normal and serve an important purpose. In short, if

feelings of depression or anxiety are affecting function at home, study or at work over several weeks, and particularly if decreased function is being noticed by others, it is good to seek a professional opinion. Sufferers may notice that they are not able to concentrate properly and that their memory is not as sharp. Decision making may be more difficult and judgment impaired. They may experience more conflict at work and in their personal life. Academic performance for students may drop and work performance may deteriorate.

Although some depression/anxiety can be explained by genetic vulnerability, environmental factors are the most important in the majority of sufferers. All people have strengths and weaknesses in their styles of thinking and their life skills.

Bipolar depression, previously known as manic-depression, is a distinct condition and tends to be strongly genetic. It too, is very treatable, but needs a very different management approach.

Although anxiety and depression are essentially mood disorders, they often initially present as physical symptoms. Sufferers may become aware of changes in their level of energy and motivation, their sleep patterns and/or their appetite/weight, before they notice that they are feeling down or worried. In depression, thoughts tend to become more negative and sufferers feel hopeless and helpless. People sometimes notice a 'flatness' or a 'lack of joy' rather than depressed mood, others feel

more irritable and angry in a way they recognise as an overreaction. Suicidal ideation is common although most people recognise that they would not act on these thoughts. Anyone who has suicidal thoughts with intent and a plan needs urgent, immediate help.

Mood disorders cause incredible personal suffering, not only for the individual, but for their family and especially for children. It can ruin careers or mean that individuals never really reach their full potential. But it is never too late to seek help and as adults we can help set an example to younger people by managing our mental health responsibly.

Treatment

The mainstay of treatment for anxiety/depression is psychotherapy and this has come a long way over the last decades. No longer do people lie about on therapy couches in 'analysis'. Therapy these days is based on learning theory and is practical and sensible.

Cognitive Behavioural Therapy (CBT) is probably the best known approach but most experienced therapists will use an eclectic mix of approaches depending on the needs of their client. CBT seeks to give people the insight into their style of thinking and behaviour and, in turn, links this to the impact on mood. It essentially looks at the patterns that lead a person to feel distressed. An example of an unhelpful thinking pattern is that of the perfectionist who may have a 'dichotomous style' of thinking –



this is the type of person who, when they get 90% for an exam, defines themselves as a failure because they did not get a perfect score. That is, they demonstrate 'black or white' thinking – there are no shades of grey. In therapy, more helpful thinking patterns are taught and mood improves.

CBT also seeks to improve peoples' life skills such as assertiveness, boundary setting, problem solving, time management and relaxation. Mindfulness is a newer concept that is often used in conjunction with CBT and has its basis in eastern meditation. There is quality research in peer reviewed journals that show excellent results for these treatment modalities.

Lifestyle factors such as a good diet, regular exercise, getting enough sleep and balance in life are fundamental to our mental health. We tend to drift into very unhealthy lifestyle habits at times and it is easy to underestimate the profound effect this can have on our health in all ways. I cannot emphasize this enough.

There is often a place for medication as part of the treatment plan, although in mild to moderate depression/anxiety, psychotherapy is the basis of treatment. Medication is indicated when people are suffering to a degree that it is becoming overwhelming or when the disorders are severe enough to be causing impairment in cognition such that a person cannot properly utilise the psychotherapy approach.

The big advantage of medication is that it works quickly, and gives relief usually within weeks. If it is prescribed, it is usually as a course that lasts many months or even years depending on the severity of the condition. Modern medication is generally well tolerated and effective, although there sometimes needs to be a period of tailoring medication and dose depending on individual response characteristics. These medications work at a cellular level to correct imbalances of certain neurotransmitters, such as serotonin, that cause mood to deteriorate.

St John's Wort (*Hypericum perforatum*) is a herbal alternative that has an effect on serotonin levels, available without prescription. It can be helpful in mild depression but like all substances that have a biological effect, it has side-effects and the potential to interact with other medications.

ECT – Electroconvulsive Therapy is used only in the most severe of cases in a hospital setting and, when used responsibly, is a valuable and effective treatment.

A psychologist or General Practitioner is a good place to start seeking help for anxiety/depression. Many work places have contracts with psychology practices and a certain number of therapy sessions are offered free of charge. Self referral to a private psychologist is also an option.

GPs vary in their knowledge and interest in psychological medicine. There are a few GPs who have done extensive extra training and offer psychotherapy themselves, while others are happy to arrange referrals to a psychologist. A Mental Health Care Plan prepared by a GP triggers a Medicare item number that will allow for a substantial rebate for psychotherapy with a registered therapist.

Most patients with anxiety/depression will be able to be managed very adequately by a GP and /or psychologist with a combination of psychotherapy and possibly medication.

For sufferers that fall into the more severe categories or those who are not improving as expected, specialist psychiatrist referral is essential in order to clarify the diagnosis and recommend management strategies. Sometimes an interstate admission to a private hospital can be arranged as we have no such private psychiatric facility in the Northern Territory.

For people who are dangerously unwell and at risk of suicide,

urgent help is required. This can be achieved by attendance at the Emergency Department of the Public Hospital. An alternative is to contact the Top End Mental Health Services Emergency Assessment line and a GP can facilitate this process. If suicide seems imminent it may be necessary to take the distressing but essential step of calling the police.

There are various help-lines and internet information sites that can be invaluable in assisting sufferers and their friends, family and colleagues. I will append a list of useful resources to this article.

In conclusion, the Mood Disorder Duo of 'Anxiety and Depression' are common and the great majority of sufferers are easily and effectively treated with modern approaches. For many, it can even become an opportunity to learn more of oneself and to improve resilience in general. ●

Contacts & Resources:

Lifeline's 24 hour crisis line on 13 11 14

Top End Mental Health Services Emergency Assessment 24hr phone line 8999 4988

Mensline 1300 78 99 78 Available 24/7

Beyond Blue – www.beyondblue.org.au – has many links to other web-sites.

Mood gym – on line CBT - moodgym.anu.edu.au

The Happiness Trap - www.thehappinesstrap.com – for down-loadable Mindfulness mp3 recordings. Also offers work-shops around the country including Darwin.

