

Health Notes by Evelyn Ames

**Some Ideas for Overcoming Depression and Promoting Emotional Well-Being
(or what to do until the psychiatrist comes)!**

Happy Healthy! Feel Fantastic! Boy Am I Enthusiastic! Try saying it each morning as you look in the mirror. You might find it gives your body a boost! Think of it as an appetizer for the day. This second article on depression focuses on seeking help, current research on treatments, the role of physical activity, and concludes with suggestions for promoting emotional well-being and web-site information resources.

Quick recap on depression: Causes of depression include the *biological* (genetic vulnerability, *biochemical and environmental* factors; *social* factors (family environment, lack of support network), and *psychological or emotional* factors (coping mechanisms, personality).

What can one do when experiencing symptoms of depression or when recognizing that a loved one appears depressed? Forget about the advertisements on television! A first step is to get appropriate treatment (visit a qualified doctor, especially a geriatric specialist). Certain medications taken for other medical conditions (e.g., vitamin B12 deficiency or a thyroid disorder) can cause symptoms similar to depression. If medications and other medical conditions are ruled out, referral to a mental health professional is generally given. Untreated depression may delay recovery. A person with depression cannot simply "snap out of it." In addition, data from clinical experiences suggest there are practical methods (e.g., physical activity) that can be used to brighten one's mental outlook.

Treatment choices differ for each person; sometimes different treatments must be tried until one works for a particular person. The most common forms of treatment for depression are medication and psychotherapy. Cognitive-behavioral therapy (CBT) -- or "talk therapy" -- appears to be especially useful in treating seniors with depression. Treatment with prescribed medications: Currently, there are three groups of antidepressants (Tricyclics, Monoamine oxidase inhibitors, and SSRI's (selective serotonin reuptake inhibitors). There are other drugs (e.g., lithium salts for bipolar; St. John's Wort for mild depression). Remember that all drugs, be they pharmaceutical or "natural" supplements, carry risks. The SSRI's labels now include potential suicide risk, especially for teens. Some suggested references for obtaining detail about medications: *Physician's Desk Reference* (PDR); Ray and Ksir text (*Drugs, Society and Human Behavior*), www.nlm.nih.gov/HealthInformation/Depressionmenu.cfm; Consumer Reports Best Buy Drugs (www.crbestbuydrugs.org/drugreport_DR_Antideprs.shtml).

Benefits of exercise for depression and anxiety. Research studies show that exercise is an effective, but often underused, treatment for mild to moderate depression. It appears that any form of exercise can help depression. On average, depressed people only exercise about half as much as people who aren't depressed. Depression and exercise influence each other – a sedentary lifestyle increases the risk of depression, and depression increases the likelihood of a sedentary lifestyle. In explaining how exercise may affect brain chemistry, researchers are looking at serotonin, endorphins, other neurohormones, physiological reactivity to stress, and boosts in body temperature. Guskowska (*Psychiatr Pol.* 2004 Jul-Aug;38(4):611-20), found that most improvements were caused by rhythmic, aerobic exercises, using large muscle groups (e.g., jogging, swimming, cycling, walking), of moderate and low intensity. How long to exercise? 15 to 30 minutes a day! "An enjoyable bout of exercise may be distracting enough to break the vicious cycle of pessimistic thinking." For an interesting discussion about benefits and tips for starting an exercise program, check this Mayo Clinic site: <http://www.mayoclinic.com/health/depression-and-exercise/MH00043>

Neighborhood walking: Living in a pedestrian-friendly neighborhood may help shield older men from depression. The same was not true of women, but the reason for this is not clear. Men are less likely than women to seek care for depression symptoms, which may leave them more vulnerable to environmental factors that worsen depression. Read about this Seattle study at www.nlm.nih.gov/medlineplus/news/fullstory_48734.htm

Get ride of negative thinking! Depressive disorders make one feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. David Burns (1980) in *Feeling Good*, suggested the following types of negative thoughts are associated with depression:

All-or-none thinking: tendency to see things in black or white categories. Idealize others (all good) and denigrate yourself (all bad). *Jumping to conclusions*: tendency to interpret things negatively. *Shoulds and oughts*: tendency to motivate yourself by saying "I should do this" or "I ought to do that." Shoulds and oughts activate the "internal critic." *Overgeneralizing*: tendency to interpret one setback as evidence that every similar situation forever will turn out negatively. *Emotional reasoning*: tendency to interpret reality through emotional experience. Person feels depressed/blue and uses that emotional experience to validate the assumption that "life's a bummer." *Mental filter*: tendency to focus on the negative while "filtering out" the positive. *Disqualifying the positive*: tendency to transform neutral or positive experiences into negative ones. An example is turning away a compliment. *Personalization*: tendency to assume responsibility for a negative event when in reality you have little control over the outcome. *Labeling*: tendency to characterize yourself negatively ("I'm incompetent") based on a single experience. *Catastrophizing*: tendency to magnify significance of a negative event into near-global proportions.

Qualities Mentally Healthy People Share: ability to deal with world as it is; acceptance of themselves; ability to experience satisfying interpersonal relationships; an appreciation for what goes on around them; self-direction; trust in themselves; and creativity

Helping the Depressed Person: The most important thing anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks), or to seek different treatment if no improvement occurs.

Resources: these web sites take you to specific indexes that discuss forms of depression, support help, medications, benefits of exercise and starting a program. www.nimh.nih.gov/healthinformation/index.cfm ; www.nlm.nih.gov/medlineplus/depression.html ; <http://womenshealth.gov/faq/depress.htm> ; www.nimh.nih.gov/publicat/medicate.cfm ; www.nimh.nih.gov/publicat/medicate.cfm#ptdep4 new information about bi-polar depression (<http://www.nih.gov/news/pr/may2007/nimh-07.htm>) <http://familydoctor.org/online/famdocen/home/common/mentalhealth/depression/046.html>

Finale: Times I've Deserved a Pat On The Back! It's up to us to give ourselves recognition. If we wait for it to come from others, we may have to wait a long time. We may get resentful if it doesn't come. When it comes, we may not believe it. We all love praise, but have you noticed how quickly the glow from a compliment wears off? *But when we compliment ourselves, the glow stays with us! So pat yourself!*