



DR. JONES

MENTAL FITNESS UPDATE[©]

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STRESS OVERLOAD-ROAD TO DEPRESSION

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Dr. Jones is a board certified Psychiatrist with 30+ years of clinical, research, and teaching experience. He is among the first Psychiatrists in the U.S. to be certified as a Psychopharmacologist. His specialties include anxiety and mood disorders, stress management, ADHD, and innovative medication management.

Do you feel sad or down? Do you have crying spells and/or lost interest or motivation? Do you have low mental energy or lack normal enjoyment of life? If the answer is yes to any of these questions you could be depressed.

Clinical depression is not just a feeling. It is a chemical imbalance in the brain. When this occurs, transmitters and other important brain activities are significantly reduced. It is as though part of the brain has a low battery cell.

The depressed brain does not concentrate well, think clearly, or experience pleasure. A person that is clinically depressed frequently cannot project into the future to imagine ever feeling good again.

Clinical depression is often the result of chronic stress overload.

Early life loss or trauma can increase vulnerability to depression. Anxiety symptoms are usually experienced prior to depression. This process can take months or even years before clinical depression develops.

Severe depression produces high levels of cortisol (the main stress hormone). Cortisol can cause loss of brain cells. Early morning awakening is probably caused by high levels of cortisol. This happens frequently with depression, making mornings

Depression is not a feeling...
It is a chemical imbalance
in the brain!

especially difficult. Cortisol also suppresses immune functioning and normal body repair.

Why does one person react to

SYMPTOMS OF DEPRESSION

- Depressed mood
- Loss of interest/pleasure
- Change in appetite or weight
- Insomnia or hypersomnia
- Fatigue
- Slowed thinking/concentration
- Feelings of guilt/worthlessness
- Suicidal thoughts
- Psychomotor agitation/slowness

DSM IV

stress with depression, but others will have headaches, ulcers, or GI problems, etc.?

The answer is *genetics*.

To find out what stress symptoms you may be vulnerable to consider these questions:

- ✓ Were your parents happy and productive?
- ✓ Are your siblings, children, and grandparents all happy, productive people? If first degree relatives react to stressors with anxiety and depression, chances are great that you will too!

CHOOSING AN ANTIDEPRESSANT

SEROTONIN

Decreased mood, negative thinking, anxiety, worry

Effexor XR at (37.5-75mg)

- Zoloft
- Prozac
- Paxil
- Celexa
- Lexapro
- Luvox

BOTH

Effexor XR at (150-450mg)

- Cymbalta
- Remeron
- Serzone
- Anafranil
- Emsam
- Pristiq

NOREPINEPHRINE DOPAMINE

Decreased interest, pleasure, motivation, mental energy

Wellbutrin XL
TCA's



MEDICAL TREATMENT OF DEPRESSION

Medical treatment can be very successful. Some studies report that 70% of those adequately treated with antidepressants recover completely.

One of the keys to successful treatment is finding the **right medication** for the type of depression an individual has. It is also important to select an antidepressant that helps relieve symptoms of comorbid disorders, such as anxiety, insomnia, etc. After a medication has been chosen, careful monitoring of side effects and symptom improvement will help find the **most effective dose** for each individual. This takes patience and team effort between the doctor and patient.

ABOUT OUR STAFF

Paige Embrey, M.B.S., L.P.C. Clinical assistant to Dr. Jones, she is certified as a licensed professional therapist. She is available for personal counseling, including children, teens, social anxiety, and ADHD coaching.

Penny Chaney, B.B.A., -does writing/editing, and research. She develops patient education materials, management of presentations, and web site production.

Melissa King, B.F.A. – Coordinator of our program for total fitness. She will serve as “coach” for patients that wish to initiate positive lifestyle changes.

Chelsea Giddings-A seasoned member of our administrative staff. She has advanced training in stress disorders.

Davin Williams-Newest addition to our administrative staff. She brings knowledge and experience to complete our team.

WHAT IS STRESS OVERLOAD?

Stress overload occurs when there is more stress than stress management in a person's life. Anxiety and depression are a response to stress overload and stress vulnerability. The following list describes examples of life situations in each category. All change, good or bad, is a stressor. The body goes into a state of arousal when new life situations occur.

STRESS

- Pressure/Demand
- Medical illness
- Lack of control
- Conflict (work/relationships)
- Change (good or bad)
- Death
- Traffic gridlock
- Finances

STRESS MANAGEMENT

- Adequate sleep
- Enjoyable physical activities
- Being in control
- Religious activity
- Positive relationships
- Healthy diet
- Hobbies
- Healthy sex

ANTIDEPRESSANTS AND SIDE EFFECTS

On average, it takes about ten days for antidepressants to start to work for major depression. The first 1-2 weeks is an adjustment period. At this time side effects will usually occur. The dose may need to be reduced for 3-4 days to allow adaptation to occur. Most side effects are short term and will go away, so patience is needed during this time.

Depression may not respond fully from medication for 6-8 weeks. Occasionally augmentation (adding another medication) may be needed for good response.

It is usually better to treat side effects than to change antidepressants if depression/stress symptoms are responding well. This is especially true for long term side effects.

(See chart on page 3 for side effect treatments)

THE DOSE THAT GOT YOU WELL KEEPS YOU WELL

The goal of treating depression is full remission of symptoms. This means back to *normal functioning*, not just improvement. The next goal is prevention of relapse. The risk of relapse is significantly increased if treatment only results in partial recovery from symptoms. For recurring major depression, even when treated to full remission, reducing the dose of medication increases relapse.

A three year follow-up study of a group of patients showed these relapse rates:

- 20% on full dose medication
- 50% on 1/2 dose medication
- 80% on placebo

THE DOSE THAT GOT YOU WELL KEEPS YOU WELL

DISORDERS THAT COMMONLY OCCUR WITH DEPRESSION

- ⇒ Anxiety disorders
- ⇒ Substance abuse
- ⇒ Medical disorders
- ⇒ Insomnia
- ⇒ Personality disorders

SYMPTOMS AND ANTIDEPRESSANT SELECTION

It is unfortunate that these drugs are called antidepressants. They can be used very effectively for many other symptoms and disorders. The list below gives some of the treatment options for the newest antidepressants.

Pristiq, Effexor XR (at 37.5-75mg), Zoloft, Prozac, Paxil, Celexa, Lexapro	Non-melancholic depression, OCD, PTSD, panic disorder, premature ejaculation, social anxiety disorder, PMDD, irritability
Wellbutrin SR	Depression with low interest, mental energy, motivation and pleasure; smokers, weight gain, low libido, delayed orgasm
Remeron	Mixed depression, insomnia, underweight
Pristiq, Effexor XR (at 150-225mg)	Melancholic depression, excessive worry and anxiety (GAD), irritability, chronic pain, ADHD

SIDE EFFECT TREATMENT

Insomnia	Sonata, Ambien, Trazodone, Lunesta
Drowsiness	Stimulants, Wellbutrin, Provigil, Phentermine
Inc. Appetite	Phentermine, Wellbutrin, Topamax
Mood swings	Mood stabilizers
Nausea	Remeron, Periactin, Zofran, Reglan
Tremor	Inderal
Sweating	Clonidine, Tenex, Cardura
Anx./Nervous	Xanax, Klonopin, Ativan, Buspar, Keppra, Neurontin
Libido	Wellbutrin, Stimulants, Ginkgo, Testosterone (if low), DHEA
Arousal	Viagra, Cialis, Trazodone
Orgasm	Wellbutrin, Yocon

NON MEDICAL TREATMENT

Medication has shown in studies to always be the first line treatment for moderate to severe depression.

For mild to moderate depression therapy can be beneficial. Therapy and healthy stress management (especially aerobic exercise) combined with medication can often make a dramatic difference in the outcome of treatment.

Three types of therapy have shown to be useful:
Cognitive-Helps correct distorted thoughts and attitudes that are hindering change. Negative and exaggerated thinking often make depression worse.

Interpersonal-A structured treatment that deals with improving relationships. The depressed person often withdraws from others, causing social and personal impairment. Self-esteem is also addressed.

Behavioral-Many depressed people have developed patterns of behavior that need to be acknowledged and changed. When this occurs, the positive reinforcement that results often helps encourage change and lessens the depression.

“If what I feel were equally distributed to the whole human family, there would not be one cheerful face on earth.”

-Abraham Lincoln

(He suffered from depression most of his adult life)

DID YOU KNOW.....?

⇒Depression is not a feeling, but an actual change of activity in the brain that can be measured and seen on a PET scan

⇒As many as 25% of women and 15% of men will be clinically depressed at some time in their life

⇒Because depression is usually expressed in the doctor's office as physical symptoms like fatigue, GI problems, pain, insomnia, it is often overlooked or misdiagnosed

⇒Over 50% of untreated mild depression becomes full blown severe depression

⇒As early as six months after birth, babies of depressed mothers show patterns of electrical activity in the brain that are completely different than babies of happy mothers

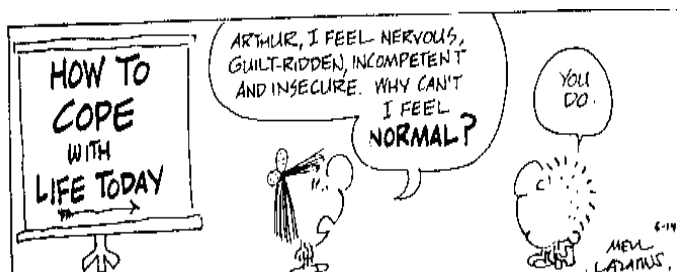
⇒Traumatic events in childhood (divorce, death, etc.) can damage neurons in the brain, creating susceptibility to depression

⇒Depression doubles the risk of having a heart attack and increases risk of death from a heart attack by 3 1/2 times

⇒A mildly depressed person may be angry, irritable, stressed, overwhelmed, frazzled, have no fun, detached, unmotivated

HOW DO ANTIDEPRESSANTS WORK?

Brain neurotransmitters (chemical messengers) serotonin, norepinephrine, and dopamine are changed when stress overload occurs. Antidepressants restore the balance of neurotransmitters. They lower them if too high and raise them if too low. A point to note: SSRI's only help serotonin levels. Many stress disorders also need norepinephrine/dopamine readjusted for full remission.



RESOURCE CORNER

- ✓ *Feeling Good: The New Mood Therapy*, by David Burns, M.D.
- ✓ *Shadow Syndromes*, by John Ratey, M.D.
- ✓ *How to Heal Depression*, by Harold Bloomfield, M.D.
- ✓ *How You Can Survive When They're Depressed*, by Anne Sheffield

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We all know what depression is. We recognize the sad, down, suicidal side of depression. We know that it is a serious illness that requires medical treatment. But do we recognize the milder forms of depression that many people as well as their families suffer from?

In his book, *Shadow Syndromes*, John Ratey describes mild depression:

“Very mildly depressed people are often frazzled, angry. They feel overwhelmed and fed up; they are the people who have ‘hit the wall’. They bark at their children; they snap at their mates. They are chronically irritable, and they have no fun.”

We all know people that fit this description. We usually accept these traits as part of the person’s personality and try to cope with them the way they are. But the truth is, depression could be hiding their true personality beneath its surface.

A low grade depression can be harmful to jobs, relationships, and quality of life in general. It can make life seem dull and colorless. Yes, you can say it is all in their head. That is where their brain is and depression is a chemical imbalance in the brain! Simply dismissing the problem as a hard to

get along with person is analogous to thinking of an anemic person as just lazy. In fact, we need to think of depression as a medical condition that is treatable. Over half of those with a low grade depression will develop a severe depression if left untreated.

Quality of life and relationships can be greatly enhanced by antidepressants for those that are mildly depressed. Just because the depression is not severe does not mean it can be “worked through, or pulled up by the bootstraps”. Treatment is just as important as it is for severe depression to achieve remission of symptoms. Medication for mild depression is no more a crutch than wearing glasses to see more clearly.

Ratey describes a woman in his book after she has taken an antidepressant for her low grade depression:

“From now on she will judge her life not only by what and how much she is getting done, but by the tone she is setting for the people she loves. She now sees that mood matters very much!”

Our main goal in writing this newsletter is to provide education that helps people have better quality lives and relationships! We would like to remind you however, our intention is not to personally advise anyone on treatment or medications. Please consult your physician before making any decisions concerning your own diagnosis and treatment plan. We would be delighted to get comments/suggestions from you! Fax or E-Mail anyone on our staff at the numbers listed above. . .

WE HOPE SOMETHING IS OF VALUE TO YOU IN OUR NEWSLETTER!