

SO YOU THINK YOU'RE DEPRESSED?

You've been feeling down, not yourself, for weeks now. You've been waking up in the middle of the night and not getting back to sleep. You're tired and irritable. It's hard to see the bright side of things. Food is completely uninteresting. You cancelled your regular golf game for the second week in a row because you don't feel like playing. You've been dragging yourself into work and you just can't seem to focus.

If you can relate to some of these symptoms, you may be depressed. Different from the temporary blues we all get from time to time, depression is a diagnosable disorder that sheer willpower will not resolve. The two most common types are Major Depression and Adjustment Disorder with Depression. Major Depression is more severe with the person experiencing many of the symptoms listed above for at least two weeks. Adjustment Disorder is a reaction to a significant stressor like a relationship breakup, financial problem or work conflict. The symptoms are similar, but less severe than Major Depression and tend to go away when the stressor is resolved. You can find out more about your diagnosis by talking to your physician, seeing a psychologist or getting self-diagnosis information at www.psychdirect.com or www.mentalhealth.com. Always confirm a diagnosis with a professional.

If you have determined you are suffering from depression, what to you do? If you watch TV, you no doubt know about antidepressant medication. The pharmaceutical companies have been direct marketing to consumers for the past few years. This is important in light of recent research that shows patients who ask for specific medications are significantly more likely to receive antidepressant medication from their physician even for Adjustment Disorder. "Take Paxil or Celexa or Effexor (or one of many other medications) and you will be playing happily with your kids again in the sunshine" – or so the ads portray. In fact, recent reviews of the literature are casting some doubt regarding the effectiveness of anti-depressants in the treatment of depression.

Furthermore, there are common side effects such as loss of sex drive and weight gain, not to mention a long laundry list of possible, but less frequent side effects. In fact, approximately 25% of patients stop taking antidepressants within one month and 50% within three months.

Those 50% who continue with medication will generally be advised to stay on it for up to two years and about 50% will relapse when they come off the medication. In addition, despite the marketing of pharmaceutical companies, there are a surprising number of people who are adamantly opposed to taking medication, even when they are severely depressed. Many see taking medication for a psychological disorder an indication of weakness, rather than an appropriate treatment for a diagnosable "illness". They equate antidepressants to the tranquilizers of the 1960's and 1970's which were highly addictive.

For the depressed person who does not want to take medication, or cannot tolerate it, or is taking medication, but not fully recovering, what else is there? This is where the nebulous world of "therapy" comes in. I say "nebulous" because there is a dizzying array of therapy and therapists out there who are ready and willing to offer their services and claim to be effective. These include psychoanalysts, hypnotherapists, energy therapists,

family systems therapists, interpersonal therapists, cognitive behavioural therapists, narrative therapists to name only a few as well as the ubiquitous eclectic therapist – who uses various techniques depending on the circumstance.

What is the poor depressed person supposed to do with all these choices? The most prudent thing to do is to educate yourself about the evidence. Ask your doctor or consult a reputable website to find out what approach has been shown to be most effective. In medical practice, physicians are bound to use scientifically supported techniques. So it is true for some of the established mental health professions such as psychologists. However, unlike medicine, there is currently no monopoly on “therapy” – hence the massive variety of approaches and practitioners.

The research evidence supports Cognitive Behavioural Therapy (CBT) as the most effective psychotherapy for depression. This form of therapy is based on the notion that how we think about ourselves and the world around us largely determines our moods. If our thinking becomes too skewed in a negative direction, we are at risk for depression, anxiety and other mood-related disorders. As part of the process, we tend to withdraw from normal activities and erode our confidence, thereby compounding the problem. CBT counters this process by helping the person systematically realign their thinking and normalize their behaviour. CBT practitioners will usually encourage clients to begin a program of physical activity, as exercise has been shown to have antidepressant effects.

Evidence for Interpersonal Therapy as an effective form of treatment for depression also exists. The focus here is on improving the quality and quantity of the person’s relationships as these have often atrophied with on-going depression. Good relationships create a massive input of positive stimulation and are known to be an antidepressant.

If you want to be an evidence-based consumer of therapy, you would do well to start by looking for someone who practices one of these therapies – usually a registered psychologist or registered clinical counsellor. Another thing you should know is that the research suggests that, apart from the technique the therapist uses, the personal attributes of the therapist play a significant role in successful therapy. A therapist who is warm, genuine, supportive, well-versed and confident about their technique will do better than one who is cold, withholding and inexperienced. If you feel comfortable with your therapist and they carry out a consistent program of therapy in a confident manner, the outcomes will be better. Recommendations from your doctor or from a friend can be a place to start, but you need to determine for yourself whether or not there is a fit.

In the internet age, there is a lot of information about depression and other mood disorders available to help guide you in the right direction. Try these websites: www.mheccu.ubc.ca, www.psychdirect.com, www.mentalhealth.com , www.nimh.nih.gov/.