

# Dealing with depression

By Kathryn Kingsbury

Troubles hit Molly Cisco early in life. She attempted suicide at age 12, but wasn't diagnosed with major depression until she was in college. An especially difficult episode in her mid-thirties, in which she spent the better part of a year chain-smoking on her couch, ended in mania. This led to a new diagnosis of bipolar disorder, also known as manic-depressive illness.

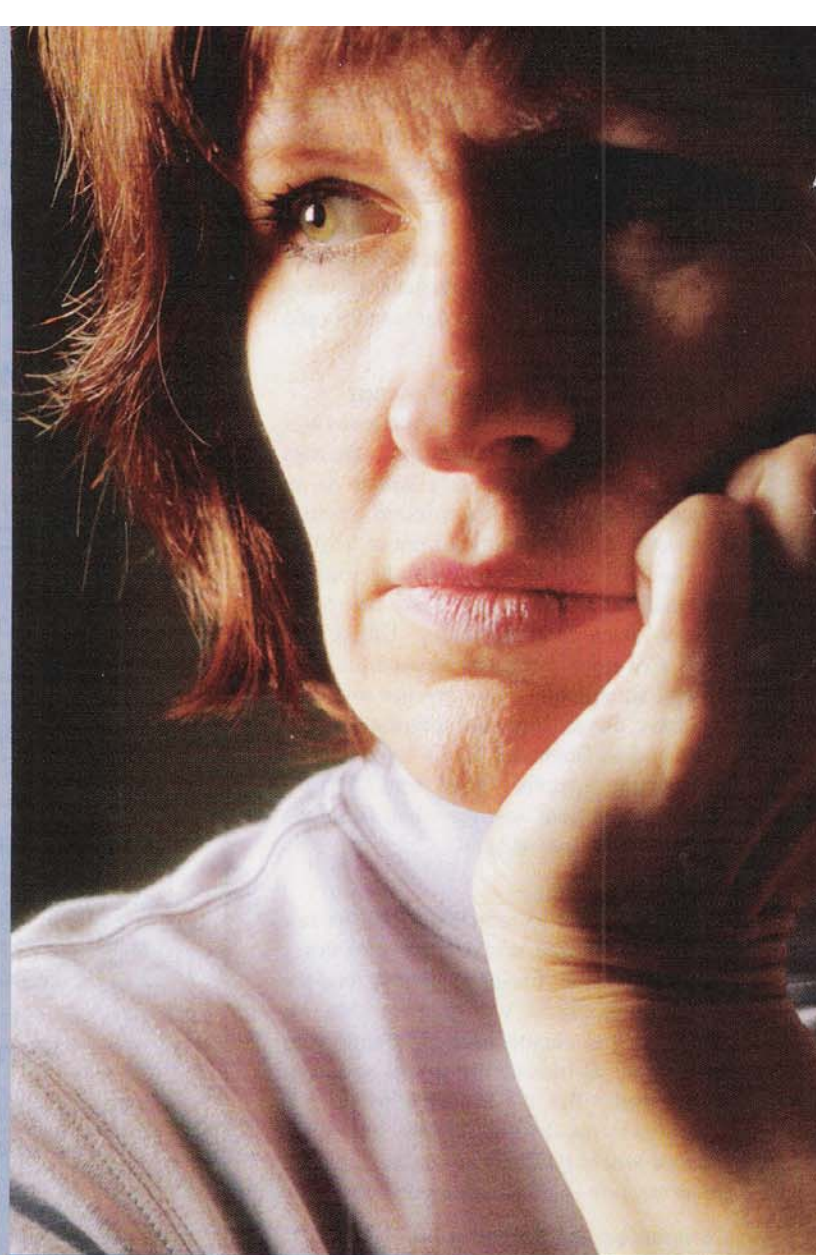
Now 46, Cisco is the executive director of the Grassroots Empowerment Project, a statewide organization dedicated to advocacy, education and community services run by and for people with mental illnesses. She still experiences depression, but she says that peer networking, medication and, most importantly, the coping skills she learns in psychotherapy "keep me from backslides."

According to the National Institute of Mental Health, 6.5 percent of American women suffer from major depression in a given year, and another 5.5 percent have other depressive illnesses such as bipolar disorder and dysthymia, a chronic, milder form of depression that lasts at least two years.

"Feeling sad or blue for a couple days here and there, that's not depression," says Leslie Taylor, executive director of the Dean Foundation and a researcher in psychopharmacology. Clinical depression is marked by persistent sadness or emotional emptiness, pessimism, inability to concentrate, fatigue, feelings of hopelessness, disrupted sleep patterns, appetite changes, irritability and a reduced ability to experience pleasure lasting for at least two weeks, but often longer.

Psychiatrists currently believe that traumatic events, genetic predisposition, illness or a combination of these factors trigger biochemical changes in the brain that cause depression. Most drug treatments for depression seek to reverse or otherwise alter these abnormal biochemical reactions. But drugs alone do not reverse depression in most people.

"All the ads and promotional information ... talk about taking antidepressants to repair chemistry in order to feel better," says Prudencio Oyarbide, associate manager of adult clinical services at the Mental Health Center of Dane County. "What these ads do not mention is that medications cannot repair past losses and failures [or] give meaning to our lives, and without meaning it is difficult to



## Read more about depression

### Books:

Dockett, Lauren. *The Deepest Blue: How Women Face & Overcome Depression*. (2001)

Thirty diverse women discuss how they've experienced and/or recovered from depression.

Jamison, Kay R. *An Unquiet Mind*. (1995)

A respected psychologist shares her own insight into the depression-creativity relationship in this clinical memoir that documents how depression shaped her life.

*Mayo Clinic On Depression* (2001)

This health guide provides an overview of depression and the pros and cons of various treatments available. Also available in Spanish.

### Websites:

<http://www.nimh.nih.gov/publicat/depwomenknows.cfm>

*Depression: What Every Woman Should Know*.

This comprehensive article from the National Institute of Mental Health provides a good introduction to different types and symptoms of depressive illnesses women face.

make any disciplined effort in overcoming depression. Trials with antidepressants such as Celexa show that depression treated with psychotherapy alone was helpful in 32 percent of the clients ... while medication [alone] was ... helpful for about 38 percent. However, a combination of psychotherapy addressing the issue of negative thinking, guilt, et cetera, together with the antidepressant was helpful for about 85 percent of the subjects in the study."

If you suspect you have depression, see your doctor to rule out physical disorders, like hyperthyroidism, that cause similar symptoms. Since most physicians have only general knowledge about depression, ask for a referral to a psychiatrist so you can get the most appropriate treatment.

### Psychotherapy

Contrary to popular belief, psychotherapy does not usually entail lying on a couch as you dredge up your childhood experiences. While this approach may be useful for individuals who experienced trauma in their formative years, most therapies concentrate on the here and now, helping patients to recognize and change destructive habits, thought patterns and relationships. Cisco gives the example of working with her therapist to come up with a daily to-do list for use during depressive episodes so that she can resist the impulse to stay on the couch all day.

It may take several tries before you find a therapist who seems like a good fit for you. You can make the search go more smoothly by telling the therapist up front what you want to get out of therapy and asking what approaches the therapist prefers. If a certain therapist is not for you, he or she may be able to recommend someone more suited to your needs.

### Medication

Most antidepressant medications fall into three major classes: selective serotonin reuptake inhibitors (SSRIs), tricyclics and monoamine oxidase inhibitors (MAOIs). A patient must take an antidepressant continuously for several weeks before she starts to feel its effect.

"There is still a need for an anti-depressant that would work overnight and have absolutely no side effects," Taylor says.

SSRIs make up the newest class of antidepressants and tend to cause fewer side effects than the older antidepressants. They include the name brands Prozac, Paxil, Luvox, Zoloft and Celexa. Possible side effects during the first few weeks include nervousness, insomnia and nausea; side effects such as weight gain, weight loss and low sex drive tend to last as long as the indi-

vidual continues the medication.

Tricyclic antidepressants are used for severe depression. Transitory side effects are similar to those for SSRIs; persistent side effects may include dry mouth and eyes, fatigue, weight gain, sensitivity of eyes and skin to bright light, and constipation. Tricyclics are generally not appropriate for people with cardiac conditions or a history of head injury or seizures.

MAOIs are very effective for many individuals who do not respond favorably to the other antidepressants, but they can cause severe high blood pressure and hemorrhaging when eaten in conjunction with certain foods, and therefore require sticking to a restricted diet.

If you are considering starting or changing an antidepressant medication, it's important to work with a psychiatrist who takes the time to listen to your concerns, go over any potential side effects with you, and determine which drugs are most likely to suit your needs. "A good psychiatrist will form a partnership with you — work with you to find the thing that works best for you," says Cisco. If, for example, you want to avoid weight gain, a good psychiatrist will "really listen to those sorts of things [and] will not prescribe something you'll refuse to take."

### Helping Yourself

There are many things you can do to take care of yourself while you are dealing with depression. The National Institute of Mental Health suggests:

- setting realistic goals; don't expect yourself to accomplish the same amount as when you're not depressed
- breaking larger tasks into smaller pieces so you don't get overwhelmed
- maintaining contact with friends
- mild exercise
- going to a movie
- attending religious services, clubs or support groups
- accepting help from family and friends

Healthy eating and regular aerobic exercise can mitigate depression, but Taylor emphasizes that these changes are best seen as prevention rather than treatment.

"Exercise can improve mood, but I wouldn't tell someone to go train for a marathon to get rid of their depression," she says. "It's really difficult for someone who's in the throes of depression to exercise. It's like telling someone who has a broken leg to go and take a walk around the block."

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## Local resources for mental health



### National Alliance for the Mentally Ill – Dane County

<http://www.namidanecounty.org/>  
249-7188

NAMI-Dane County offers educational programming, advocacy, peer support groups, and a library of 1,000 books, 200 videos, current periodicals and medical journals.

### Wisconsin United for Mental Health

[www.wimentalhealth.org/](http://www.wimentalhealth.org/)  
Wisconsin United for Mental Health is dedicated to eliminating the stigma associated with mental illnesses and promoting education, treatment and recovery.

### Grassroots Empowerment Project

[Mollycisco@msn.com](mailto:Mollycisco@msn.com)  
206-5094

### Cornucopia, Inc.

257-7489  
An arts organization for people with mental health issues, Cornucopia offers classes in clay, painting, writing and other art forms for a membership fee of \$15.

### Mental Health Center of Dane County

[www.mhcdc.org](http://www.mhcdc.org)  
280-2700

Comprehensive mental health and substance abuse services at low or no cost to people with limited incomes.

### Depression and Bipolar Support Alliance

<http://www.dbsadanecounty.org/>  
DBSA offers free peer-led support groups for people with depression, bipolar disorder, and seasonal affective disorder.

[www.procovery.com](http://www.procovery.com)

Cisco says the concept of "procovery" has helped her heal. In the words of author and former Madison resident Kathleen Crowley, procovery is "attaining a productive and fulfilling life regardless of the level of health assumed attainable (vs. recovery, returning to a prior state of health)." Gardening and working for the Grassroots Empowerment Project are two activities in which Cisco finds fulfillment. "You can't go back and be who you used to be," she says. "But we can all get better if we just look forward."

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*Kathryn Kingsbury is a Madison-based freelance writer.*

## Free screening for depression

National Depression Screening Day is Thursday, Oct. 7. The day is designed to call attention to and educate the public on:

- Depression
- Bipolar disorders
- Post-traumatic stress disorder
- Anxiety disorders

The Dean West Clinic on High Point Road in Madison will provide free, confidential depression screenings from 9 a.m. until 6 p.m. on Oct. 7. Reservations are not required for the screenings. Screenings are also available over the phone by contacting Dean Foundation at (800) 844-6015.

In addition to the screenings, there will be two free informational seminars that same day in the lower level of the Dean West Clinic:

- "What to Do When Your Current Treatment Isn't Working", Leslie Taylor, MD, noon
- "More Than the Blues: Depression is a Serious Illness", David Dowell, MD, 6:30 p.m.

Reservations are recommended for the special presentations. Call 800-368-5596 or email [dhrc@deancare.com](mailto:dhrc@deancare.com) to register.