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MEN GET DEPRESSED

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DEPRESSION IN MEN: THE HIDDEN ILLNESS

For most men, depression feels like failure instead of a highly treatable medical condition. Consequently, few men seek help when they feel depressed. The cost of untreated depression is high—health, families and careers are the common casualties of this serious illness. When depressed men do go to their doctor it is generally for vague physical symptoms—and not concerns about their emotional health. To make matters worse, doctors are much less likely to diagnose depression in men than women. Symptoms of depression in men are likely to be dismissed as "stress related" or resulting from a medical condition.

A LIFE-THREATENING ILLNESS

Approximately 15 percent of people with depression commit suicide. Although fewer men are diagnosed and treated for depression than women, the rate of suicide among men is four times higher, even though more women attempt it. This is due to the fact that men are more likely than women to use highly lethal means such as firearms when they attempt. The suicide rate for men increases as they age, and is more likely after the age of 70.

New studies show that although depression is associated with an increased risk of coronary artery disease in both men and women, depressed men are much more likely to die from heart disease than depressed women.

MEN OFTEN SHOW DIFFERENT SYMPTOMS

In men, depression is often masked by the abuse of alcohol or drugs, or by working excessively long hours. Anger, irritability and aggression are common symptoms because they are more socially acceptable than sadness or crying—particularly in the workplace. Because of these differences, men are much *less* likely than women to be recognized when they are depressed, or to seek help.

SYMPTOMS OF DEPRESSION

Depression in men is characterized by the following:

- a persistent sad mood every day or nearly every day
- anger, mood swings and irritability
- loss of interest or pleasure in activities that were once enjoyed
- significant change in appetite or body weight
- difficulty sleeping or oversleeping nearly every day
- fatigue and loss of energy

- physical slowing or agitation
- feelings of worthlessness, guilt, shame and self doubt
- difficulty thinking, concentrating or making decisions
- change in interest regarding sex
- recurrent thoughts of death or suicide

In general, a person who is diagnosed with depression will have five or more of the symptoms listed above fairly consistently for more than two weeks. However, depression is progressive and the symptoms vary among individuals. Having one or two of the symptoms of moderate intensity is cause for concern.

HOW TO HELP A MAN WHO MIGHT BE DEPRESSED

Encouragement and support from concerned family members can make a huge difference in whether or not a man feels that he has "permission" to be sick and seek help. In the workplace, worksite mental health programs can increase awareness of this illness, promote available treatment options—and reduce the stigma, which is very high for men.

If you, or someone you know seems depressed, don't wait for it to get any worse—get help now. The toll-free phone number on this site is a good place to start.

By Drew W. Edwards, MS

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DEALING WITH THE DEPTHS OF DEPRESSION

It is common for people to speak of how "depressed" they are. However, the occasional sadness everyone feels due to life's disappointments is very different from the serious illness caused by a brain disorder. Depression profoundly impairs the ability to function in everyday situations by affecting moods, thoughts, behaviors and physical well-being.

Depression strikes about 17 million American adults each year—more than cancer, AIDS or coronary heart disease—according to the National Institute of Mental Health (NIMH). An estimated 15 percent of chronic depression cases end in suicide. Women are twice as likely as men to be affected.

Many people simply don't know what depression is. "A lot of people still believe that depression is a character flaw or caused by bad parenting," says Mary Rappaport, a spokeswoman for the National Alliance on Mental Illness. She explains that depression cannot be overcome by willpower, but requires medical attention.

Fortunately, depression is treatable, says Thomas Laughren, MD, team leader for psychiatric drug products in the U.S. Food and Drug Administration's (FDA) division of neuropharmacological drug products.

In the past 13 years, the FDA has approved several new antidepressants, including Wellbutrin (bupropion), Prozac (fluoxetine), Zoloft (sertraline), Paxil (paroxetine), Effexor (venlafaxine), Serzone (nefazodone) and Remeron (mirtazapine).

According to the American Psychiatric Association (APA), 80 percent to 90 percent of all cases can be treated effectively. However, two-thirds of the people suffering from depression don't get the help they need, according to the NIMH. Many fail to identify their symptoms or attribute them to lack of sleep or a poor diet, the APA says, while others are just too fatigued or ashamed to seek help.

Left untreated, depression can result in years of needless pain for both the depressed person and his family. And depression costs the United States an estimated \$43 billion a year, due in large part to absenteeism from work, lost productivity and medical costs, according to the National Depressive and Manic Depressive Association.

THREE TYPES

The 3 main categories of depression are:

1. major depression
2. dysthymia
3. bipolar depression (sometimes referred to as manic depression).

Major depression affects 15 percent of Americans at one point during their lives, according to the U.S. Department of Health and Human Services. Its effects can be so intense that things like eating, sleeping or just getting out of bed become almost impossible.

Major depression "tends to be a chronic, recurring illness," Laughren explains. Although an individual episode may be treatable, "the majority of people who meet criteria for major depression end up having additional episodes in their lifetime."

Unlike major depression, dysthymia doesn't strike in episodes, but is instead characterized by milder, persistent symptoms that may last for years. Although it usually doesn't interfere with everyday tasks, victims rarely feel like they are functioning at their full capacity. According to the National Alliance on Mental Illness, almost 10 million Americans may experience dysthymia each year.

Bipolar disorder cycles between episodes of major depression and highs known as mania. Bipolar disorder is much less common than the other types, afflicting about 1 percent of the U.S. population. Symptoms of mania include irritability, an abnormally elevated mood with a decreased need for sleep, an exaggerated belief in one's own ability, excessive talking, and impulsive and often dangerous behavior.

GENES AND ENVIRONMENT

Study after study suggests biochemical and genetic links to depression. A considerable amount of evidence supports the view that depressed people have imbalances in the brain's neurotransmitters, the chemicals that allow communication between nerve cells. Serotonin and norepinephrine are two neurotransmitters whose low levels are thought to play an especially important role. The fact that women have naturally lower serotonin levels than men may contribute to women's greater tendency to depression.

Family histories show a recurrence of depression from generation to generation. Studies of identical twins confirm that depression and genes are related, finding that if 1 twin of an identical pair suffers from depression, the other has a 70 percent chance of developing the disease. For fraternal twins or siblings, the rate is just 25 percent.

Environmental factors, however, may also play a role in depression. When combined with a biochemical or genetic predisposition, life stressors (such as relationship problems, financial difficulties, death of a loved one or medical illness) may cause the disease to manifest itself.

In addition, substance abuse and side effects from prescription medication may also lead to a depressive episode. Research shows that people battling serious medical conditions are especially prone to depression. According to the U.S. Department of Health and Human Services, those who have had a heart attack, for example, have a 40 percent chance of being depressed.

Seasonal affective disorder, often called SAD, is a striking example of an environmental factor playing a major role in depression. SAD usually starts in late fall, with the decrease in daylight hours and ends in spring when the days get longer.

The symptoms of SAD, which include energy loss, increased anxiety, oversleeping and overeating, may result from a change in the balance of brain chemicals associated with decreased sunlight. The exact reason for the association between light and mood is unknown, but research suggests a connection with the sleep cycle. Several studies have suggested that light therapy, which involves daily exposure to bright fluorescent light, may be an effective treatment for SAD.

DIAGNOSING THE DISEASE

Medical professionals generally base a diagnosis of depressive disorder on the presence of certain symptoms listed in the American Psychiatric Association's *Diagnostic and Statistical Manual*. The *DSM* lists the following symptoms for depression:

- depressed mood
- loss of interest or pleasure in almost all activities
- changes in appetite or weight
- disturbed sleep
- slowed or restless movements
- fatigue, loss of energy
- feelings of worthlessness or excessive guilt
- trouble in thinking, concentrating or making decisions
- recurrent thoughts of death or suicide

The diagnosis depends on the number, severity and duration of these symptoms.

Even with this list of symptoms, diagnosing depression is not simple. According to the National Alliance on Mental Illness, it takes an average of 8 years from the onset of depression to get a proper diagnosis.

In making a diagnosis, a health professional should also consider the patient's medical history, the findings of a complete physical exam, and laboratory tests to rule out the possibility of depressive symptoms resulting from another medical problem.

The symptoms of the depressive part of bipolar disorder are the same as those expressed in major (unipolar) depression. Because of the similarities in symptoms and the fact that manic episodes usually don't appear until the mid-20s, some people with bipolar disorder may mistakenly be diagnosed with unipolar depression. This may lead to improper treatment because antidepressants carry the risk of triggering a manic episode.

ANTIDEPRESSANT DRUGS

One major approach for treating depression is the use of antidepressant medications. Older antidepressants include tricyclic antidepressants such as Tofranil (imipramine) and monoamine oxidase inhibitors such as Nardil (phenelzine). Antidepressants approved more recently include the selective serotonin reuptake inhibitors Prozac, Paxil and Zoloft, and the other newer antidepressants Wellbutrin, Effexor, Serzone and Remeron.

The effects of antidepressants on the brain are not fully understood, but there is substantial evidence that they somehow restore the brain's chemical balance. These medications usually can control depressive symptoms in 4 to 8 weeks, but many patients remain on antidepressants for 6 months to a year following a major depressive episode to avoid relapse.

Different drugs work for different people, and it is difficult to predict which people will respond to which drug or who will experience side effects. So it may take more than 1 try to find the appropriate medication.

When people are unresponsive to antidepressant medications or can't take them because of their age or health problems, electroconvulsive therapy (ECT), or "shock therapy," can offer a lifesaving alternative. Like antidepressants, ECT is believed to affect the chemical balance of the brain's neurotransmitters.

Before ECT, the patient is given anesthesia and a muscle relaxant to prevent injury or pain. Then electrodes are placed on the person's head, and a small amount of electricity is applied. This procedure is usually done 3 times a week until the patient improves. Some patients may experience a temporary loss of short-term memory.

TALKING IT OUT

For severe depressive episodes, medications are often the first step because of the relatively quick relief they can bring to physical symptoms. For the long term, however, psychotherapy may be needed to address certain aspects of the illness that drugs cannot. "Although the biological features of depression may respond better to drugs," Laughren says, "people may need to relearn how to interact with their environment after the biological part of the depression is controlled."

Some find support groups to be invaluable in helping them cope with their depression. "It's through talking with others with similar experiences," says Mary Rappaport, "that you can better understand what you're going through."

Changes in lifestyle are also important in the management of depression. Exercise, even in moderate doses, seems to

enhance energy and reduce tension. Some research suggests that a rush of the hormone norepinephrine following exercise helps the brain deal with stress that often leads to depression and anxiety. A similar effect may be obtained through meditation, yoga and certain diets.

IF SOMEONE YOU KNOW IS DEPRESSED

According to the National Institute of Mental Health, to help someone recover from depression:

- Encourage the person to make an appointment with a doctor, or make the appointment yourself. You may want to go along for support.
- Encourage the person to stick with the treatment plan, including taking prescribed medicine. Improvement may take several weeks. If no improvement occurs, encourage the person to seek a different treatment rather than giving up.
- Give emotional support by listening carefully and offering hope.
- Invite the person to join you in activities that you know he or she used to enjoy, but keep in mind that expecting too much too soon can lead to feelings of failure.
- Do not accuse the person of faking illness or expect them to "snap out of it."
- Take comments about suicide seriously, and seek professional advice.

Source: Mental Health America

WHY MEN DON'T ASK FOR HELP

The stigma still exists: "Real men" don't whine about their physical, mental or emotional problems. They work it out, suck it up or walk it off. Although more men are seeking professional help to overcome mental health issues, they often still feel stigmatized by society—mostly by other men—as being weak.

WHY DON'T MEN ASK FOR HELP?

Historically, boys didn't talk about their emotions or thoughts, so they failed to develop words to describe their feelings. The inability to name emotions made it difficult for boys to discuss their thoughts with friends or family.

Men and boys often dismiss most problems as nuisances, and try to solve them alone or through a network of relatives and friends. But some issues may seem overwhelming or too personal. Failure to address the problems may lead to depression.

SIGNS OF DEPRESSION

Men often hide depression by becoming workaholics. Other methods of covering up depression can include anger, drinking and withdrawal. In fact, many men reach the pinnacle of their careers and realize they don't have friends or an emotional connection with a spouse or lover. Many don't even realize they're depressed. Symptoms of depression may include:

- feeling more tired in the morning

- becoming more irritable
- becoming isolated
- feeling less satisfied with sex
- acting in ways their fathers did when they were depressed
- craving alcohol and food

FINDING HELP

If you are having mental or emotional problems, consult your primary care physician or a professional therapist. Often a spouse, relative or close friend can point out the signs and suggest resources.

Men's activity groups, such as an evening basketball league, often can function as support groups. Once men form friendships, they tend to discuss personal affairs after finishing an activity. Men who have experienced similar problems may share their stories, assuring a friend in need that asking for help doesn't mean surrendering masculinity.

By Brian Cohen

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TREATMENT OPTIONS FOR DEPRESSION

If you think you may have depression, the first priority is to get a proper diagnosis. A health professional then will be able to tailor an effective treatment program for you. He will consider any biological, psychological and/or social factors causing the depression. The type and severity of the depression, previous treatment history and your preference also help guide decisions about the treatment plan.

Fortunately, there are many effective treatment options. Your doctor may recommend one of the following:

- antidepressant medication
- exercise
- psychotherapy (also known as "talk therapy" or "counseling")
- physical therapies (including electroconvulsive therapy (ECT) and bright light therapy)

All of these treatments have been shown to successfully treat depression. A combination of medications and psychotherapy is used to treat many people.

SEEKING HELP

- If you are thinking about hurting yourself or committing suicide, call your local suicide hotline and seek emergency help immediately.
- Call your family doctor. She will rule out other health conditions or medications as the cause of your symptoms. If there are no medical causes, your family doctor will begin treatment or refer you to a mental health professional. This might be a psychiatrist, psychologist, social worker, psychiatric nurse specialist, physician assistant or nurse

practitioner.

- If you're not comfortable contacting your family doctor, call someone with whom you are comfortable and who can help. For example, your hospital, church, community mental health center or a state agency may be good resources.

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