



# Riegler, Shienvold & Associates

## Mental Health Quick Notes

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## Treating Depression

**Last month, we talked about signs and symptoms of depression. This month, we want to continue our discussion of depression by helping to identify the ways depression can be treated.**

**Q.** What makes someone depressed?

**A.** Depression can occur after the break up of a relationship, separation or divorce. Other things that may trigger symptoms of depression are: change in one's job, change in family make-up, loss of previously enjoyed health, moving, the death of a close individual or loved one, or even a traumatic event such as a car accident or natural disaster like Hurricane Katrina.

According to the National Institutes of Mental Health, depression is not something that you make up in your head. It is more than just feeling "down in the dumps" or "blue" for a few days. It is feeling down and low and hopeless for longer periods of time.

Depression can affect the way that you think and how you physically function each day. Sleep and appetite disturbances are common physical complaints. Emotionally, the person may have persistent sad feelings, as well as, feelings of hopelessness, pessimism, guilt, worthlessness or helplessness. There may also be loss of interest or pleasure in hobbies or activities that were previously enjoyable.

**Q. How can depression be treated?**

**A.** A variety of treatments can be used to treat depression. Treat-

ments include medication and various types of psychotherapy such as psychodynamic, family systems, relational, solution-focused & behavioral therapies. Less frequently used treatments include ECT (electroconvulsive therapy) and light-box therapies (for treatment of seasonal depressions). One particular type of psychotherapy is called Cognitive-Behavioral therapy. (CBT). CBT is **evidence-based**, which means that it is supported by research that proves that it is effective in helping people make emotional and behavioral changes.

Cognitive-Behavioral Therapy has become popular only in recent years. It traces its remote origins to the teachings of the Buddha and a Greek philosopher, Epictetus. Epictetus taught people to live in accordance with nature, to unlearn the habit of judging everything that happens as good or bad, and to learn to distinguish what is within your power to change and what is not. He is quoted as saying: "Make the best use of what is in your power, take the rest as it comes". Another quote is "The thing that upsets people is not what happens, but what they think it means."

**Q. How does Cognitive Behavioral Therapy (CBT) work?**

**A.** CBT is based on the concept that changing negative thinking patterns and behaviors can have a powerful effect on a person's emotions. A key concept in CBT is that our perception of incidents in our lives directly affects our emotional, behavioral and bodily response to the event. CBT helps identify, analyze and change counter-productive thoughts and behaviors, which helps to alleviate feelings of depression and anxiety. A trained mental health professional helps you to understand how you think about

things and what you are doing with those thoughts that may be contributing to the continuation of the depressed or anxious feelings.

**Q: How do I get help?**

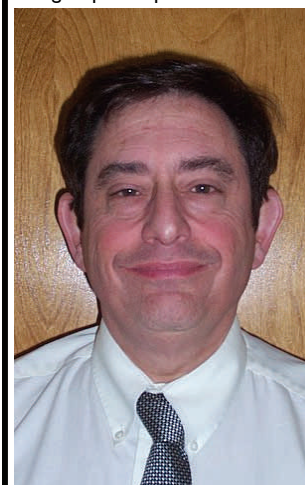
**A:** The first step in getting help is to consult with your physician to rule out any physical problems that may be impacting your mood. Your physician may be able to refer you to a mental health professional. You may also choose to call your health insurance carrier and ask for a referral for a qualified mental health provider covered under your insurance who is trained to treat depression. Also, please feel free to review our website at [www.rsa-psych.com](http://www.rsa-psych.com) for a list of qualified professionals.

### Staff of the Month



**Dyanne Sage, MSW**

Dyanne is a licensed clinical social worker with over 20 years experience in providing therapy. Dyanne focuses on helping persons with chronic pain, anxiety disorders, women's & grief issues, couples and group therapies.



**Harvey Shapiro, MD**

Dr. Shapiro is board certified in psychiatry since 1985 and has practiced for over 20 years. Though he is interested in all areas of psychiatry, he has a special focus on the mood disorder spectrum of conditions.

### Recommended Reading

1. Mind over Mood: Change how you Feel by Changing the Way you Think, Dennis Greenberger, and Christine A. Padesky(1995).
2. [www.Depression.big.com](http://www.Depression.big.com)
3. Beating Depression: The Journey to Hope, Maya Jackson,-Triche, et al. (2002).
4. <http://www.nimh.nih.gov/>.

## Biological Depression: History, Diagnosis and Treatment

### (Part II)

**By Harvey Shapiro, MD, Psychiatrist**

In part I, Dr. Shapiro discussed the definition of major, or chemical imbalance, depression. This passage from Chapter 3 of *The Book of Job* seems to express some of the what the dysphoria (mental pain) of severe major depression feels like:

*Wherefore is light given to him that is in misery, and life unto the bitter in soul;*

*Which long for death, but it cometh not; and dig for it more than for hidden treasures?*

*Now in Part II, Dr Shapiro takes up the treatment of this common yet devastating illness.*

-- *Book of Job, Ch. 3, KJV*

Many substances have antidepressant properties. The most commonly used antidepressant is tobacco. But the duration of action of nicotine, 20 minutes, is too brief, and the side effects (dire disease and death) are too great for us to consider tobacco a good antidepressant! Another plant with antidepressant properties is St. John's wort (wort means plant), but, alas, its antidepressant properties are weak.

The first widely used antidepressant, imipramine or Tofranil, was found by accident by researchers looking for drugs for the "white death:" tuberculosis. Like other members of its group, called tricyclic antidepressants because they have three chemical rings in their structure, Tofranil is powerful. Another very good tricyclic antidepressant is nortriptyline or Pamelor. But though powerful these drugs had very annoying side effects, mainly weight gain, but also dry mouth, constipation, and others.

It was a long time from the arrival of Tofranil in the U.S. in 1957 until the release of the first widely accepted antidepressant Prozac or fluoxetine in 1988. Soon there were other SSRI's (serotonin specific reuptake inhibitors, so called because they boost the level of a brain chemical involved in depression, serotonin), such as Paxil (paroxetine), Zoloft (sertraline), Celexa (citalopram) and its gussied-up form, Lexapro (escitalopram). They were not as powerful as the old tricyclics, but overall, because they caused much less weight gain, they were better received. Their chief problem was sexual side effects, based on the fact that in the reproductive system, serotonin is the brake, the slower-downer. They also could upset tummies at times, and occasionally cause headaches or diarrhea. But for the most part they were kind to the people who took them.

The old antidepressants raised serotonin and also

another chemical involved in depression, norepinephrine. That is why the old drugs were more powerful. When Effexor (venlafaxine) arrived here from Europe in the early 1990's, we had a modern, low side-effect drug that was dual-action: it raised both serotonin and norepinephrine. It was stronger than the SSRI's, the only modern antidepressant in my opinion as strong as the old tricyclics. It tended to produce less of the sexual side effect (norepinephrine is the accelerator in the reproductive system). Being stronger, it sometimes produced sweating. The first form of Effexor, the immediate release or IR form, produced rather a lot of side effects. But the later form, the slow release or XR form, was much better.

Effexor and Paxil rapidly enter and leave the brain. When they are stopped suddenly, something called the serotonin discontinuation syndrome can often occur. This condition is not dangerous to life, but the dizziness, muscle aches, and flu-like symptoms it produces are most unpleasant. It can be easily corrected.

When Cymbalta, the most recent antidepressant, came out, Effexor XR got its first real competitor. Cymbalta is also dual action. Another dual action antidepressant is Remeron. It tends to increase weight, and it promotes sleep, properties that make it very useful in the elderly and in nursing home populations. Serzone was another modern serotonin antidepressant, but it proved to be hard on the liver; it is no longer used much.

Modern antidepressants are much faster than tricyclic ones; modern ones begin to act in 1-2 weeks after the patient reaches an effective dose. With some drugs the dose has to be built up over about 10 days; in others it does not. The full effect of a given dose is usually reached within a month, but in some conditions, especially obsessive-compulsive disorder, several months may be necessary.

The optimum treatment of depression, be it biological or psychological depression, begins with a full diagnostic assessment. This assessment leads to a properly planned and directed program of psychotherapy and possibly pharmacotherapy (medical treatment), backed by a good overall health program.

In the near future we will have even better antidepressants. We are within 2 or 3 years of a triple-action agent. Within 15 – 20 years, I think, the new genetic medicine will conquer the mood disorder spectrum conditions, as it will conquer other diseases famous today. Once typhoid fever was famous. When that time comes, few will know what our passage from the *Book of Job* referred to.

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Depression loses its power when fresh vision  
pierces the darkness.

- Peter Sinclair