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# How to Recognize Depression

**A**re you depressed? If you answer with a clear yes, you are closer to finding relief than the many who are depressed and don't even know it. It's sad but true that even those seeking psychiatric help can be totally unaware of the depression which underlies their symptoms.

For example, a twenty-seven-year-old man told me, "I just can't get going in the morning and there's not much to do when I get up anyway." When I suggested he sounded depressed, he vehemently denied it and presented many reasons for his apathy. "I'm just upset because I don't like where I'm living, but I don't have a job, so I can't do anything about it. I'm not looking for a job because I'm waiting to settle a workman's comp case, and besides, I don't know what I want to do." He was surprised when his responses to a questionnaire I gave him indicated the presence of moderate depression. With further interviewing that very day, he was able to recognize and acknowledge the source of his complaints.

## DEPRESSION IS NOT ALL IN OUR MINDS

Most of us think that to qualify as "depressed" our symptoms have to be severe: extreme pessimism, sadness and negativity, with a low mood and outlook. Yet depression can exist without the presence of these elements. Some symptoms may be so subtle that we're not even aware of them individually. Put enough of these symptoms together, and the result is a mystifying "change in mood." That change can be persistent and take over your life or it can come and go, giving you "up" days and "down" ones.

Sometimes we don't recognize depression because it comes disguised as physical illness. People complain of backaches, headaches, muscle tension, constipation, fatigue, weight changes or sleep problems, and they naturally go to their family doctor, who may or may not be trained in recognizing the subtler symptoms of low mood and depression. Two different studies have found that only a third of patients later diagnosed as depressed initially sought attention from a mental health professional.

The evidence tells us that depression *is* a physical disorder. Even though there may be accompanying psychological symptoms, we are finding that depression is first and foremost associated with changes in brain chemistry, and that these changes can cause other physical alterations in the body as well. Still, to be properly treated, the specific psychiatric diagnosis of depression must be made.

## DIAGNOSIS MAY BE ELUSIVE

It is difficult even for the most skilled professionals and psychiatrists to identify certain kinds of low mood or depression. Though it is the most common

disorder seen in non-psychiatric medical practices—one in five of us will experience this illness at some time in our lives—half of all depressions are undiagnosed and untreated. Just look at the list of obstacles in the way of a clear diagnosis.

1. Depression is often veiled by physical complaints and confused with physical illnesses.
2. It may be "masked" by or coexist with other illnesses. For example, a person with heart disease may also be suffering from a separate biochemical depression.
3. Despite overwhelming evidence to the contrary, many people still consider it a purely psychological disorder. They think the depressed person with heart disease is "only" having an emotional response to his medical illness.
4. There is a stigma to the admission of depression.
5. It may be hidden by other psychological problems. For instance, those with schizophrenia may also have a depression; those with eating disorders may be preoccupied by their bingeing and fasting behaviors and ignore their depression.
6. It can be confused with grieving or reactions to other stressful life events. We blame our depressed feelings on the severity of what is happening and fail to recognize when our reactions have progressed beyond what could be called "normal."
7. It's such a "personalized" illness. There is a tremendous range of symptoms and severity in the way depression manifests itself in each of us.

Most people in whom depression is eventually diagnosed have visited their doctor several times within that year. If you have been seen by your physician and are experiencing no improvement in your symptoms, at least consider the possibility of an associated low mood or depression. Generally, it is best

to obtain at least two separate opinions when you aren't making any progress or when you are trying to decide whether or not to undertake any major treatment such as surgery or a potentially harmful medication.

Don't be afraid to search out other opinions when your doctor isn't helping you or isn't sure about your diagnosis or treatment, or when you yourself just aren't sure what's happening or what your doctor is telling you. It's amazing to me how afraid people are to question their doctors. Remember, a good doctor will welcome questions, will be receptive to other opinions, and will want you to be as educated as possible about your health. If this is not the case with your physician, you might consider a replacement.

When physicians miss the diagnosis of depression, they either aren't thinking in these terms or they explore only superficially, to the extent of asking the patient, "Are you depressed? Do you feel sad and blue?" If the answer is "no," the doctor often accepts that, with the result of further delaying the proper recognition and treatment.

Often when there are obvious emotional symptoms they are only viewed as anxiety or insomnia. Such patients are then inappropriately given tranquilizers such as Valium, Librium, Serax, Centrax or sleeping pills. One study revealed that 82 percent of those who killed themselves had seen their physician within one month of their death and 55 percent died of an overdose of tranquilizing and sleep medication supplied by that doctor. It's my belief that doctors would be wise to clearly consider depression in all those with sleeping problems or anxiety and to treat them more appropriately for their depression.

## FAMILY HISTORY

In obtaining a family history, I generally want to know the medical and emotional backgrounds of parents, grandparents, aunts, uncles and siblings. Is there any history of suicide, depression, anxiety, psychiatric treatment, eating disorders, alcoholism or drug abuse?

If so, this raises the index of suspicion for depression. Are the relatives living or dead? How have they spent their lives? What are their attitudes and activities? What is their general health and history of medical treatment? What is the level of their vocational and interpersonal functioning?

This exploration can yield valuable material when the patient knows the information. But correct and complete family history is not always easy to obtain. Family members may have been depressed but not identified as such, so no one ever knew. Sometimes when I ask my depressed patients if anyone in their family was depressed, they say no. Then when I ask the specific questions listed above, a clear picture of depression emerges. Having denied that her mother was depressed, one patient went on to say, "My mother stayed home most of the time and didn't have many friends. She didn't like us to go out very much either, because she was afraid something would happen to us. She was always worrying."

## PHYSICAL PAIN

A woman came to me with long-standing abdominal and back pain. She was afraid she was dying of cancer and kept saying, "Doctor, tell me the truth, you know something terrible is wrong with me." Though she had been to numerous specialists and

had undergone exhaustive, expensive medical work-ups and hospitalizations, nothing had been found. Yet she remained convinced of imminent death and would not accept any reassurances. Her focus on death was a tipoff, though no one had previously considered depression. Once this diagnosis was established, she was placed on the nutrient antidepressant treatment which this book is about. She recovered from her anxiety and pain, and from the underlying depression.

Many people are more comfortable focusing on their bodies than on their emotions or on psychological symptoms. For them physical pain is more understandable and therefore more acceptable than psychological pain. They go to a disastrous business meeting and feel its effects as a headache. They call chronic digestive problems "a food allergy" to avoid dealing with the emotional basis. They tend to engage in a process known as somatizing, converting mental states into bodily symptoms. For this and also for biochemical reasons, depression can create chronic physical pain. In certain ways, such people may be fortunate compared to those with extreme forms of *mood* pain. You can only make a comparison if you have fully experienced both.

Dr. Humphrey Osmond studied thirty patients hospitalized for depression. Each had also previously experienced severe physical pain from illness, injury or surgery. When they were asked to compare the mood pain with the physical pain, all but one "preferred" physical pain—and the one exception said he "didn't know."

There is, in fact, such an overlap between the two that many chronic pain clinics now routinely evaluate patients for depression. Often, treating such people for depression decreases or eliminates the chronic physical pain they have suffered for years.

NOTE: Traditional medical exploration must be undertaken to rule out other causes for pain before assuming chronic pain is created by depression.

Often the diagnosis is complicated by the coexistence of depression with other mental or physical disorders such as high blood pressure, ulcers, cancer, parkinsonism, alcoholism and so on. Doctors and patients may feel they have the answers when they have arrived at one or two diagnoses and stop looking for what else may be wrong.

### STILL A STIGMA

Many people still feel there is a social stigma attached to the symptoms or diagnosis of depression. One of my patients was a very successful film celebrity who suffered for many years from such severe depression that she attempted suicide six times. Her last sleeping pill overdose resulted in three days of unconsciousness and ten days in a hospital intensive care unit. When she recovered from this nearly fatal attempt, she was placed in a psychiatric hospital and there first became my patient. We went on to work together very closely and successfully.

Several years later, she wrote her biography. The fascinating thing to me was that there was not a single mention in the book of her difficulty with depression or of her suicide attempts! Shame and guilt obviously kept her from sharing this information though it might have made a human and interesting story and helped others to acknowledge depression in themselves.

Usually, we hear about depression in well-known people only when it results in the tragic end of suicide under circumstances difficult to keep secret. I have seen in my practice that there are many more sui-

cides of prominent people, and, of course, of private individuals, than we have ever dreamed. For example, the twenty-five-year-old daughter of a famous film star killed herself, and then, one year later, his wife followed with a similar overdose. The bereft man hired attorneys and, in essence, almost forced everybody who knew to sign documents declaring they would never, ever reveal the suicides.

In our current culture, it seems easier to admit a problem with drinking than a problem with depression. Witness the alcoholism declarations of Betty Ford, Dick Van Dyke, Mary Tyler Moore, Liza Minnelli, Richard Burton, Elizabeth Taylor and so on. Their honesty has been an inspiration to drinkers and has, no doubt, helped others to obtain necessary treatment. If only depression would find its way into the celebrity spotlight!

## SYMPTOMS

Generally speaking, if your blue days come and go with one or two accompanying symptoms, you are suffering from only brief low moods. If the symptoms multiply, or if they come and go often enough to cause you significant pain or to interfere with your fully partaking of life's pleasures and bounties, you may be undergoing a *sustained mood change*. If you have a combination of at least four of the following symptoms, which have lasted for two or more weeks, you may be suffering from the *illness of depression*.

The symptoms are:

### Fatigue

You may have a general loss of energy, may tire easily and lack ambition for getting things done.



**Insomnia—or the Reverse, *Excessive Sleep***

If you have an anxious type of depression, you may have trouble falling asleep, or have a very restless sleep with frequent awakening. If you are more severely depressed, you may awaken very early in the morning, around two or three o'clock, feeling even worse at that time, fearful, dreading, unable to return to sleep at all. Less usually, and often with milder depressions, you may sleep much more than before—almost as an escape from life.

**Indecision**

You may be stressed and unable to make decisions, ranging from important to even the most simple matters.

**Loss of Sexual Desire**

There may be a reduction in sexual activity or total lack of interest and loss of sex drive.

**Changes in Eating Patterns**

You may have lost your appetite or may be eating excessively. This may be accompanied by an associated weight loss or gain. Generally, more severe depressions are accompanied by weight loss.

**Anxiety**

You may have generalized anxiety which comes and goes for no apparent reason. You may have restless, agitated feelings. You may have specific panic attacks. About 70 percent of persons with panic disorder, agoraphobia or severe anxiety have an associated depression.

**Phobias**

The anxiety may show itself in the form of a phobia—such as fear of going out of the house, fear

of elevators, fear of cancer, fear of germs and so forth.

### **Guilt**

You may have feelings of remorse and shame over real or imagined events. You may feel you shouldn't have done what you did and should have done what you didn't. You may feel guilty about not loving or functioning the way you used to.

### **Hopelessness**

You may feel you are incurable, that there is nothing that can be done for you.

### **Helplessness**

You may feel unusually dependent and unable to do much for yourself or to take care of yourself.

### **General Loss of Interest**

You may take little pleasure in anything. You may be indifferent to family, friends, job, hobbies and other things previously important to you.

### **Irritability**

You may be annoyed, impatient, jumpy, excessively angry or hostile about all sorts of trivial things. You may have the upsetting urge to harm those who are near and dear to you.

### **Social Withdrawal**

You may avoid interacting with others and prefer to be alone more than usual.

### **Physical Changes**

There may be almost any physical symptoms including constipation, nausea, chest pains, stomach cramps, rapid breathing, sweating, coldness, numb-

ness or tingling of the hands or feet, headache or feelings of pressure in the head, ears and neck. Often, the depressed person interprets such symptoms as deriving from some terrible disease that is destroying the body.

### **Suicidal Thoughts**

This may range from wishing you were dead to actively planning suicide.

### **Delusions or Hallucinations**

The most severe depressions may progress to what represents a partial break with reality. This is when the biochemistry is most disturbed and the person may believe thoughts that absolutely are not true (delusions) or see or hear things that are nonexistent (hallucinations).

## **HOW TO DIAGNOSE**

Even with such a list of symptoms, depression can be hard to pinpoint. Women can go to the gynecologist and have a pelvic exam and PAP smear to check for cancer; you can have checkups for blood pressure or eye examinations for glaucoma. There is no single test, as yet, that will predictably diagnose depression.

A number of physical tests have been devised to shed some light on depression. A few psychological questionnaires are also quite accurate in determining the severity of depression. The test presented in this book is called the Carroll Rating Scale. It is an adaptation of the Hamilton Rating Scale for Depression, modified so that you can rate yourself rather than be rated by professionals. The Hamilton was devised in 1960 and is the test

most often mentioned in psychiatric literature.

Naturally it is difficult to be 100 percent accurate without being interviewed by skilled professionals. A self-rating scale is good for general screening but should not by itself indicate an absolute diagnosis of depression because, naturally, there is a chance of denial, loss of insight, or exaggeration of symptoms. But this scale will give you an idea of where you stand.\* If you think you are depressed and also test as depressed, you very likely are. If you think you are not depressed, but you test as depressed, obtain a professional opinion. If you score as not depressed but still think you might be, you'd be well-advised to seek further skilled evaluation. You might also re-administer the test periodically, especially to rate yourself as you progress with the self-help program in this book. (It might be helpful to write your answers on a separate piece of paper, so you can retake the test from a clean copy.)

### CARROLL RATING SCALE

Complete *all* the following statements by circling YES or NO, based on how you have felt during the *past few days*.

- |   |     |    |
|---|-----|----|
| 1. I feel just as energetic as always                 | YES | NO |
| 2. I am losing weight                                 | YES | NO |
| 3. I have dropped many of my interests and activities | YES | NO |

\*Psychiatrists have placed people with depressive symptoms into different diagnostic categories, depending upon the severity, duration and so on. Differentiating the proper subtypes can be important, especially in those with manic-depressive illness. They are all described in the *Diagnostic and Statistical Manual for Mental Disorders*, third edition, and are condensed in the appendix of this book, if you prefer a more technical examination of diagnosis.

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|--|-----|----|
| 4. Since my illness I have completely lost interest in sex         | YES | NO |
| 5. I am especially concerned about how my body is functioning      | YES | NO |
| 6. It must be obvious that I am disturbed and agitated             | YES | NO |
| 7. I am still able to carry on doing the work I am supposed to do  | YES | NO |
| 8. I can concentrate easily when reading the papers                | YES | NO |
| 9. Getting to sleep takes me more than half an hour                | YES | NO |
| 10. I am restless and fidgety                                      | YES | NO |
| 11. I wake up much earlier than I need to in the morning           | YES | NO |
| 12. Dying is the best solution for me                              | YES | NO |
| 13. I have a lot of trouble with dizzy and faint feelings          | YES | NO |
| 14. I am being punished for something bad in my past               | YES | NO |
| 15. My sexual interest is the same as before I got sick            | YES | NO |
| 16. I am miserable or often feel like crying                       | YES | NO |
| 17. I often wish I were dead                                       | YES | NO |
| 18. I am having trouble with indigestion                           | YES | NO |
| 19. I wake up often in the middle of the night                     | YES | NO |
| 20. I feel worthless and ashamed about myself                      | YES | NO |
| 21. I am so slowed down that I need help with bathing and dressing | YES | NO |
| 22. I take longer than usual to fall asleep at night               | YES | NO |
| 23. Much of the time I am very afraid but don't know the reason    | YES | NO |
| 24. Things which I regret about my life are bothering me           | YES | NO |

- |   |     |    |
|---|-----|----|
| 25. I get pleasure and satisfaction from what I do            | YES | NO |
| 26. All I need is a good rest to be perfectly well again      | YES | NO |
| 27. My sleep is restless and disturbed                        | YES | NO |
| 28. My mind is as fast and alert as always                    | YES | NO |
| 29. I feel that life is still worth living                    | YES | NO |
| 30. My voice is dull and lifeless                             | YES | NO |
| 31. I feel irritable or jittery                               | YES | NO |
| 32. I feel in good spirits                                    | YES | NO |
| 33. My heart sometimes beats faster than usual                | YES | NO |
| 34. I think my case is hopeless                               | YES | NO |
| 35. I wake up before my usual time in the morning             | YES | NO |
| 36. I still enjoy my meals as much as usual                   | YES | NO |
| 37. I have to keep pacing around most of the time             | YES | NO |
| 38. I am terrified and near panic                             | YES | NO |
| 39. My body is bad and rotten inside                          | YES | NO |
| 40. I got sick because of the bad weather we have been having | YES | NO |
| 41. My hands shake so much that people can easily notice      | YES | NO |
| 42. I still like to go out and meet people                    | YES | NO |
| 43. I think I appear calm on the outside                      | YES | NO |
| 44. I think I am as good a person as anybody else             | YES | NO |
| 45. My trouble is the result of some serious internal disease | YES | NO |
| 46. I have been thinking about trying to kill myself          | YES | NO |
| 47. I get hardly anything done lately                         | YES | NO |
| 48. There is only misery in the future for me                 | YES | NO |
| 49. I worry a lot about my bodily symptoms                    | YES | NO |

- |   |     |    |
|---|-----|----|
| 50. I have to force myself to eat even a little | YES | NO |
| 51. I am exhausted much of the time             | YES | NO |
| 52. I can tell that I have lost a lot of weight | YES | NO |

Compare your answers to those listed below and give yourself one point each time your answer is the same. Any score greater than ten reveals some degree of depression, and the severity of the depression increases with the score.

- |         |         |         |         |
|---------|---------|---------|---------|
| 1. no   | 14. yes | 27. yes | 40. yes |
| 2. yes  | 15. no  | 28. no  | 41. yes |
| 3. yes  | 16. yes | 29. no  | 42. no  |
| 4. yes  | 17. yes | 30. yes | 43. no  |
| 5. yes  | 18. yes | 31. yes | 44. no  |
| 6. yes  | 19. yes | 32. no  | 45. yes |
| 7. no   | 20. yes | 33. yes | 46. yes |
| 8. no   | 21. yes | 34. yes | 47. yes |
| 9. yes  | 22. yes | 35. yes | 48. yes |
| 10. yes | 23. yes | 36. no  | 49. yes |
| 11. yes | 24. yes | 37. yes | 50. yes |
| 12. yes | 25. no  | 38. yes | 51. yes |
| 13. yes | 26. yes | 39. yes | 52. yes |

NOTE: If you have a medical disorder causing symptoms like fatigue, decreased sexual activity and other physical changes, then the diagnostic process is more complicated unless you also show a number of non-physical symptoms as well. If you are going through a particularly difficult life situation—the death of someone you're close to, the loss of employment—you may temporarily score higher on the test. However, if the symptoms continue for more than two weeks you should also consider depression.

## WHAT DO I DO WITH WHAT I'VE LEARNED?

If you tested as severely depressed, you need professional help in addition to following the program in this book; please consult a psychiatrist.

If, from taking the test, you have discovered or had confirmed that you are depressed, it's a good idea to read the whole book before you start the treatment procedure. Some other factors may be contributing that must have attention before this program can work optimally.

Be hopeful. There is relief available for depression and you have already taken the first step: self-knowledge and proper identification of your problem can be the best news you've ever had! The nutrient program contained in this book may be exactly what is needed to put you on the road to health.

## LOW MOODS WITHOUT DEPRESSION

Where do you fit and what do you do if you don't have the diagnosis of depression, yet you do have low moods? Have you ever known anyone who did not have occasional down days or cycles or low periods during the day? I haven't. We all have brief depressed feelings and such periodic gloom may run the gamut from slight to severe. What differentiates this from the illness of depression is the duration as well as the presence of the accompanying symptoms previously listed. Low moods are somewhat like masturbation, with 99 percent of us sometime or other experiencing this and the other 1 percent lying.

Even if you scored as totally normal on the Carroll Rating Scale, you'll likely have other times when you would not score so well. Low moods constitute those other times when you have some of the symptoms on



the list, but they don't last for over two weeks at a time, or they involve fewer than four of the categories of symptoms listed earlier in the chapter. Any mood discomfort is not optimal health, and recurrent symptoms, even if intermittent, need recognition and attention.

Why suffer at all if you don't have to? It's worth trying available methods of relief and enhancing your life with a more consistent sense of well-being. If low moods are a part of your life, you may want to control them with intermittent nutrient use. The treatment described in this book is extremely effective for these temporary times of pessimism and dampened enthusiasm.