

# BANISHING THE DARKNESS OF DEPRESSION

Due to advances in medication, depression is now more treatable than many physical illnesses. However, only one out of three seriously depressed people ever seeks help! Although counseling can teach thinking and people skills that improve mood, the need for medication should be addressed first. The more of the following conditions that are present, the greater the need for antidepressants:

- Other physical problems or medication reactions have been ruled out. A complete thyroid battery should be done if a person has gained weight, feels exhausted or is sensitive to cold.
- Routine activities are becoming increasingly difficult: problems concentrating, making decisions, working, sleeping, or carrying out daily tasks.
- Suicidal thoughts are causing problems.
- Concentration and energy are not sufficient to counsel on past trauma or recent loss.
- A family history of depression is present.
- More than one previous episode of significant depression has occurred.
- Medication has been helpful in the past and has not caused prolonged side effects.
- Interest in or ability for self-examination is lacking.
- Therapy to change thinking, behavior, or interaction patterns has not helped.

## CHANGING THE CHEMISTRY OF DEPRESSION

Since the 1950s, nonaddictive antidepressants have helped 60–75% of people with depression find relief. Any side effects usually disappear or become tolerable after a couple of weeks. These medications act directly on various neurotransmitters:

- Dopamine—linked to pleasure and self-stimulation.
- Norepinephrine—enables the nervous system to respond to incoming stimuli.
- Serotonin—balances the action of dopamine and norepinephrine.
- MAO (monoamine oxidase)—an enzyme that breaks down adrenaline and serotonin.

The variety of options is steadily growing: tricyclics (TCAs), MAO inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and other “designer” antidepressants that target very specific neurotransmitters with fewer and fewer side effects:

Antidepressants	Used for	Side Effects
TCAs—Elavil, Sinequan, Tofranil: Increase flow of norepinephrine and serotonin	Depression and to safely treat insomnia, but may have unwanted side effects.	Dry mouth, rapid pulse, constipation, weight gain, grogginess, or mania.
MAOIs—Nardil, Parnate: Increases level of adrenaline and serotonin by stopping their breakdown by MAO.	Atypical depression with low energy, anxiety, overeating, and poor sleep without low mood. First used for TB.	Nausea, high blood pressure, and headaches when taken with incompatible medication or food.
SSRIs—Prozac, Paxil, Zoloft, Celexia, Luvox: Act directly on serotonin flow.	Mild–severe depression. Also used for OCD, panic disorder, PMS, bingeing.	Difficulty with orgasm or arousal, nausea, agitation, or confusion.
Designer meds—Desyrel, Asendin, Serzone, Effexor, Wellbutrin, Remeron.	Best for mild–severe depression. Wellbutrin is also used to help stop smoking.	Penile erection, headaches, high blood pressure, restlessness, or insomnia.

Other options besides medication may be needed or preferred:

- Electroconvulsive therapy (ECT) can stabilize the “beat” of the brain when people are immobilized by depression. This is similar to a pulse of electricity resetting the rhythm of a heart that has stopped beating. Ninety percent of people who don’t respond to medication improve with ECT.
- Saint John’s wort is an herb with as many as 50 active chemicals. It may slightly increase the flow of serotonin and dopamine and suppress MAO and interleukin-6 (an immune cell found in excess in some depressed people). The proper amount (300–600 mg, 3 times/day) may relieve depression with fewer side effects than medication. This may not be the best option if a person is sun-sensitive, at risk for cataracts, or needs rapid results.

## **TAME YOUR TEMPERAMENT<sup>1</sup>**

People who are introspective and underreactive can be prone to brooding and feeling empty. If stagnation is allowed to continue, it can lead to serious problems. Understanding your temperament and modifying your habits can help manage low periods without antidepressants or boost the power of any medication you are taking:

1. Recognize and reframe your mood: When you are brooding or feeling empty, tell yourself that your body is signaling the need for outside stimulation. Reattribute any thoughts of hopelessness, helplessness, and regret to sluggish body chemistry.
2. Postpone worry and apathy: Set limits on how long and when you allow yourself to ruminate or vegetate. Do not permit more than two separate hours a day. If you feel a mood coming on, tell yourself it will have to wait till your “down time.”
3. Modify ruminations: Say worries out loud, pinch your nose, write, sing, or speak them in pig Latin. Avoid thought-stopping methods that hinder needed stimulation.
4. Get a light: Spend time outdoors, especially in the early morning. Replace fluorescent fixtures with full-spectrum bulbs that have the same rays as the sun.<sup>2</sup> This resets production of melatonin, which causes hibernationlike states that mimic depression.
5. Sleep deprivation can be the fastest way to alter mood if you are oversleeping.
6. Gain a sense of your state of underarousal: Shift from brooding and apathy to noticing physical sensations: aches, heaviness, emptiness, or trouble smiling.
7. Refocus to break the vicious cycle of gloom: Do not withdraw from people or activities that provide needed stimulation. Without expecting too much of yourself, do something! Break tasks down into small parts. Be proud of anything you accomplish.
  - Get your attention outside yourself: Smell perfume, examine a leaf, listen to music, feel textures, or take a bath. Engage senses that help you turn outward.
  - Exercise your body: Pick activities that will get your metabolism in gear without being exhausting: leisurely walks, slow dancing, window-shopping, or bike riding.
  - Exercise your mind: Read engaging books, do crossword puzzles, or play cards.
  - Reach out to others: If you don’t want people to know you are depressed, make excuses for your lack of energy and even tearfulness by saying you’re not feeling well. That is the truth! Find at least one or two people with whom you can be open. Get a telephone or e-mail buddy or find (online) support groups.

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<sup>1</sup> See “Focusers” in *Mastering Your Moods* by Melvyn Kinder (Simon & Schuster, 1995).

<sup>2</sup> [www.appollolight.com](http://www.appollolight.com), 800-545-9667 or [www.lighttherapyproducts.com](http://www.lighttherapyproducts.com), 800-486-6723—product information. Full-spectrum bulbs are also available at some hardware stores, nurseries, and health food stores.