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### **'There's a hopeless feeling involved in depression': Drug therapies, religion, exercise and music can all help alleviate a condition so severe that those who suffer from it may see suicide as a viable option**

For 30 of his 40 years, Greg Fromson has struggled with depression.

He reckons he first experienced it at age 10, but was too young to name it. Ten years later, it was severe enough to prevent him from going to school, getting a job or maintaining a relationship.

At 25, after considering suicide, he finally sought help for his illness. But depression was misunderstood then, and after weeks of psychoanalysis -- something modern medicine now recognizes as useless in treating a chemically-induced illness -- he felt even worse.

In 1994, he checked himself into hospital in Victoria, and for the first time his illness was treated with drugs. But they didn't work. The treatment was wrong, and he "crashed."

That defeated him. In fact, until two years ago, he did almost nothing with his life. He lived in his parents' basement, had no job or friends. Reading was his only pleasure.

"It's a lot more than just feeling down or sad," Fromson says of his depression. "It's hard to describe, but it's a feeling of utter blackness. There's a hopeless feeling involved in depression. You think it will never get better, that it can't improve."

But in 2005, it did. Fromson, faced with the stark choice of either killing or saving himself, chose the latter. He sought help from the Mood Disorders Association of British Columbia, a group that provides education, information and referrals to people living with depression or bipolar disorders, and was convinced to give psychiatry another chance.

It paid off. He eventually found a doctor who diagnosed his illness as major depression and Bipolar II disorder, a condition characterized by episodes of mania and unexplained irritability, insomnia and anti-social behaviour.

He was put on medication for it, the correct medication this time. And it has, at last, made a difference.

"My mood is mostly good now," Fromson says. "I have the occasional day when I'm down and depressed, but for the most part my mood is at least fair. I'm not always cheerful and happy, but nobody is. It seems to me my mood is relatively normal now.

"It's nothing like it was before."

Fromson's is a particularly severe case, but depression is anything but uncommon. One in every five Canadians will suffer from it at some point in their lives, making it second only to cardiovascular disease as a source of absenteeism and loss of productivity in the workplace.

Except it needn't be. Doctors say successful treatment is available to most people who seek it, whether through medication, therapy or both.

Their statistics bear that out. According to figures from Dr. Ron Remick, a consulting psychiatrist at St. Paul's Hospital, and one of the founders of the University of B.C.'s Mood Disorder Clinic, 65 per cent of depressive patients respond well to antidepressant therapy.

Sixty-five per cent also do well with cognitive behavioural therapy, a form of treatment that encourages patients to make sense of what appear to be overwhelming problems by breaking them down into smaller parts, and then identifying what can be done about those parts.

So for most sufferers of depression, it is anything but hopeless.

The remaining 35 per cent can be helped too, says Dr. Allan Young, a professor of psychiatry at UBC and co-director of the university's Institute of Mental Health.

What it entails, he says, is for the person's doctor -- sometimes a psychiatrist, but not always -- to work out the precise combination of drugs that will do the trick. Sometimes this can take months -- even years in extreme cases -- an admittedly frustrating experience for the patient involved.

But when it works, Young adds, it can mean an end to feelings so black and profound they can lead to suicide.

Side-effects can be a problem. How or if they manifest themselves will depend on the patient and the kind of anti-depressant prescribed. Sometimes they can be a minor irritant. Other times, however, they can be severe enough to cause the patient to quit treatment altogether.

They include dry mouth, urinary retention, blurred vision, constipation, sedation (making it difficult to drive or operate machinery), sleep disruption, weight gain, headaches, nausea, gastrointestinal disturbances, diarrhea, abdominal pain, agitation, sexual dysfunction and anxiety.

Some people even report heightened feelings of suicide or self harm, precisely the opposite effect that antidepressants are supposed to have.

But despite these potential hazards, says Young, antidepressants, for the most part, are a breakthrough, and represent for the millions of people who take them an alternative to the punishing years of hopelessness that depression can cause.

Basically, they all work in the same way, he says, in that they seek to correct chemical imbalances in the brain usually caused by a genetic predisposition to them. In other words, if members of your family are prone to depression, chances are you will be too.

How and which chemicals are involved depend on the person affected. Depression may be widespread, but it's also individual.

Nonetheless one of four sets of chemicals are usually implicated: serotonin, the substance that regulates emotion; cortisol, our main stress hormone; dopamine, a neurotransmitter; and various steroid hormones.

Anti-depressants work to regulate these chemicals in such a way that a balance is struck. When it is, the person's mood is elevated and his outlook is improved.

Most of the time they're prescribed by a family doctor. Comparatively few people suffering from depression ever have to see a psychiatrist.

In many cases, they also don't have to be taken forever since bouts of depression can come and go. Customarily, a person prone to depression will suffer about five such bouts in a lifetime, says Remick, with each one lasting a period of months or even years.

What's important, he says, is that the patient keeps taking the drug after he feels better otherwise the effect will wear off and the depression will resume.

As far as payment goes, that depends on your income. For most lower-income people, help is available through the province's Fair PharmaCare program. What the plan does is set an annual family expenditure cap for prescription drugs to a maximum four per cent of net family income.

Cognitive behavioural therapy is a different story. Group therapy programs run out of hospitals are covered by the province's medical services plan, but anyone who seeks individual attention from a private therapist probably will have to pay for that, up to \$100 an hour or more.

But studies show depression can be treated in other ways too.

Researchers at Duke University in North Carolina demonstrated that in older, sick patients, the stronger a person's religious faith is, the faster he or she will recover from depression.

That was corroborated by St. Luke's Medical Center in Chicago which said religion leads to lower feelings of hopelessness in sufferers of all ages.

Exercise can provide relief too. Another study done at Duke said a brisk 30-minute walk or jog three times a week can be just as effective in relieving symptoms of major depression as a standard course of antidepressants.

Meanwhile researchers at the Cleveland Clinic Foundation found that listening to music will help some people, while their counterparts at Virginia Commonwealth University discovered that for some women, feeling loved and supported by friends and family was the answer.

All of which goes to show, says Rennie Hoffman, executive director of the Mood Disorders Association, that despite the many forms depression can take and the many degrees of severity with which it can strike, help is there.

"People who seek the help and learn the therapy and/or use the medication according to what is best for them, get better and stay better," Rennie says. "It's all up to the person who has it.

"And [because of the stigma attached to it], there is a price attached to declaring 'I have depression'. But it's worth it."

Fromson would agree.

"For myself, I think it's worth being open about it. I have nothing to be ashamed of.

"Depression doesn't improve on its own. I knew as I was getting into my late 30s, it seemed to be the time to make that choice. I knew I couldn't put it off any longer."

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