



HOLY FAMILY  
PARISH

## PARISH NURSE MINISTRY NEWSLETTER

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# Depression and Its Imitators

*Mt: 9, 35-37 Jesus went around visiting all the towns and villages, preaching the Good News and healing people with every kind of sickness. His heart was full of pity for them because they were worried....*

### **Medical history? Blood tests? Absolutely.**

Feeling “depressed” can mean many things, and not all of them represent true depression. A doctor needs to question all the patient’s symptoms and consider all possible causes for them. The best way to get an accurate diagnosis is to go to an experienced mental-health professional for a thorough interview. It should cover your physical and emotional symptoms, and your family, personal, work medical, and psychiatric history. A medical professional is trained to diagnose and treat emotional disorders and also the role of life events or medical problems in triggering them. Your clinician will also consider whether your sadness might be due to a medical condition or some emotional disorder other than depression.

The most common of these imitators is panic disorder. People can be unaware that they are having panic attacks, though they will often sense that they are anxious. Other common psychiatric diagnoses in sad people include social anxiety and other anxiety disorders, substance abuse, and psychosis. Some people might be experiencing bereavement, disappointment, or demoralization caused by painful events like death of a loved one, loss of a job, or the diagnosis of a serious disease such as cancer (any of which, however, can sometimes lead to true depression).

Sadness can also be the first symptom of physical illness, and physical illness can exacerbate or even cause depression. Diseases that trigger such symptoms include anemia, cancer, Parkinson’s disease, and thyroid and other hormonal problems. Medication side effects can also be to blame. A routine physical examination, a medical history, and appropriate tests can help sort out this tangled web of possible connections.

### **The True Depressions**

So-called “atypical” depression may in fact be the most common of many subtypes of true depression. Symptoms include a lifetime history of frequent periods of sadness punctuated by brief periods of feeling more cheerful. During sad periods, you might have more of an appetite, an increased need for sleep, and decreased energy. You might feel more sensitive than usual to minor social rejections or constructive criticisms. People with atypical depression can usually function normally day to day, but the condition can have major long-term effects on work and relationships. It usually responds to SSRI antidepressants and psychotherapy.

Major depression, the most frequent diagnosis, is an umbrella label for various types of unhappiness. People with this condition perceive their life as worse than it really is. Common symptoms include a depressed mood, significant changes in weight, appetite, or sleep, low energy, feelings of worthlessness or guilt, difficulty in concentrating, and thought of death or suicide. Another important subtype of major depression is melancholia, a severe condition that can prevent people from eating and sleeping well, or even smiling. Melancholia responds to treatment with nearly all types of antidepressants, and should always be combined with psychotherapy.

When in doubt about an unusual mood change that persists, always consult a licensed mental physician.

*Excerpts from Consumer Reports On Health Magazine, December 2010 pg.11, Author Jeffrey P. Kahn, clinical associate professor of psychiatry at Weill Cornell Medical College, in New York City, and has a private practice in New York City and Westchester County New York. Have a Blessed Spring, The Holy Family Parish Nurses.*

***God bless you, Your Holy Family Parish Nurse.***

*To contact Holy Family Parish Nurse Ministry call 330-688-6412, ext. 462 or view at [www.holyfamilystow.org](http://www.holyfamilystow.org).*