



MedStar Washington
Hospital Center

Knowledge and Compassion
Focused on You

Identifying and Managing Depression, Anxiety, Loneliness and Grief

Capitol Hill Village Men's Health Event October 5, 2016

Ira Y. Rabin, MD
Vice President, Medical Operations
Washington Hospital Center

Depression

- **“Dysthmic Disorder”**
- Can be mild or severe, acute or chronic
- Persistent sadness, loss of interest, loss of energy.
- Interferes with normal daily activities (eating, sleeping, working, relationships,) leading to multiple emotional and/or physical impairments.
- Is NOT a case of the “blues” or normal sadness associated with grief, or other form of loss.

Depression (cont.)

- Several types of depression
- **Major Depression** – can be one or several recurring bouts
- **Persistent** – lasts at least 2 years
- **Manic Depression** – “Bipolar”- cycling bouts of extreme highs/mania alternating with depression
- **Seasonal Affective Disorder** – Mood disorder linked to lack of sunlight in the winter months.
- **Post Partum** – hormonal induced depression in 10% of mothers within one year of birth

Depression Statistics

- NIMH reported **16 million** Americans (**7%**) had at least one bout of clinical depression in 2012
- **10%** of seniors >65 suffer from depression
- Women are more commonly affected than men
- **50% do NOT seek medical help, particularly men.**

Depression Symptoms

- Persistent sadness, emptiness, especially without clear etiology
- Feelings of guilt, worthlessness
- **Anhedonia**- Loss of interest and pleasure in prior hobbies/enjoyable activities
- Sleep disruption- Early waking/insomnia; sleeping too much
- Loss of appetite
- Social withdrawal
- Cognitive/memory impairment. Difficulty concentrating
- Pain, abdominal cramps, headache
- Restlessness, anxiety, irritability
- **Suicidal ideation**
- Present most days for at least 2 weeks

Depression Screening

- **Go to your doctor!**
- Rule out medical/secondary causes, such as:
 - Hypothyroidism
 - Vitamin deficiency
 - Post heart attack
 - Early dementia
 - Parkinson's
 - Substance abuse
 - Medication such as beta-blockers, Accutane, Chantix, HIV meds.

Depression Treatment

- An absolute must.
- Best if under the care of **BOTH** a psychotherapist and a psychiatrist.
- Average time needed in therapy to see tangible improvement is 4-6 months- **SLOW PROCESS**
- Lifestyle- Outdoor, physical activity. Involvement and support of family/friends.

Medications for Depression

- Selective Serotonin Reuptake Inhibitors (SSRI's)
 - Paxil, Prozac, Zoloft, Celexa, Lexapro
 - **Pros**
 - Effective after a few weeks
 - Can be used chronically.
 - **Cons**
 - Can cause upset stomach, sleep disruption, significant sexual side effects.
 - Increased suicide risk in first weeks of use in teenagers/young adults.

Medications for Depression (cont.)

- Serotonin and Norepinephrine Reuptake Inhibitors (SNRI's)
 - Cymbalta, Effexor, Remeron
 - **Pros**
 - Works on more than one neurotransmitter, slightly faster onset
 - **Cons**
 - Drowsiness, weight gain, vivid dreams, blurry vision

Medications for Depression (cont.)

- Tricyclic Antidepressants (TCA's)
 - Elavil, Pamelor
 - **Pros**
 - Effective
 - Inexpensive
 - **Cons**
 - Constipation, dry mouth, dizziness, fatigue, urinary retention

How to Identify Depression in a Loved One

- Watch for change in appetite, sleep habits
- Avoiding social situations
- Not getting out of bed, getting dressed
- Avoiding pleasurable activities
- Lack of interest in work, hobbies, loved ones, self
- Personality changes
- Crying, irritable without obvious reason
- Increased alcohol or other substance use

How to Support a Loved one with Depression

- Remove any weapon from the home.
- Keep Hotline and doctor numbers handy 24/7.
- Drive/accompany patient to appointments/support groups.
- Assist with medications.
- Seek support/therapy yourself!
- Increase share of housework or hire someone.
- Non judgmental listening.

DC Mental Health Support Contacts

- DC Dept of Mental health 24 hour health line
1(888)-7WE-HELP, 1-888-793-4357
- National Suicide Hotline: **800- 273-TALK/800-273-8255**

Anxiety Disorder

- **General Anxiety Disorder**- excessive worrying, restlessness, nervousness without clear trigger, linkage.
- **Panic Disorder**- clearly defined severe attacks of anxiety
- **Social Anxiety Disorder**- symptoms only in social situations.
- **Specific Phobias** (heights, crowds, flying...)
- **Obsessive Compulsive Disorder**- need to constantly repeat tasks secondary to worry that interferes with daily activities
- **Post Traumatic Stress Disorder**- severe anxiety symptoms related to physical/mental/emotional event causing lasting symptoms interfering with daily activities.

Anxiety Statistics

- Most common mental illness in US.
- Affects roughly **40 million** Americans (18%)
- **65%** do not seek treatment.
- One of the most common causes of excessive medical testing, missed work days.

Anxiety Etiology

- Genetics
- Disruption of neurotransmitters in brain.
- Life events
- **IS NOT a personality flaw, character weakness. EVER.**

Anxiety Symptoms- the “GAD-7 Score”

- Excessive nervousness, fear, and/or worry
- Hypervigilance, racing thoughts
- Insomnia (especially falling asleep)
- Sweats, Abdominal pain, diarrhea (Autonomic.)
- Palpitations
- Tingling, numbness- around mouth, hands/feet
- Shaking, trembling
- Impending sense of doom

Anxiety Symptoms (cont.)

- Present chronically over several months (GAD) or repeated attacks over at least 3 months (PD) or with recurrent situations (SAD, phobias)
- Interferes with daily activities.
- Often coexist with other mental disorders
- More common in women (2:1,) >50% symptomatic by age 25.

Anxiety Screening

- Rule out medical cause (Hyperthyroid, Afib other mental disorder, tobacco withdrawal.)
- Review medications- Some asthma inhalers, OTC cold meds, caffeine, alcohol, drug use (pot, cocaine)
- Thorough social and family history looking for past episodes, trigger events, home safety.
- Exclusion of organic etiology for medical complaints.
- GAD 7 score

Anxiety Treatment

- Lifestyle
 - Reduce caffeine, alcohol.
 - Exercise, meditation/relaxation techniques.
- Therapy
 - Cognitive
 - Psychotherapy
- Medication- SSRI's with/without short acting Benzodiazepines (Valium, Xanax)
- Must tailor treatment to specific disorder (PTSD, OCD less responsive to meds, more responsive to therapy).

How to Identify Anxiety in a Loved One

- Excessive worrying, fear, or nervousness out of proportion to the issue.
- Avoidance of trigger situation to the point of interfering with activities (work, travel, social events)
- Recurrent similar medical symptoms (repeated chest pain after multiple negative workups)
- Increase in alcohol, drug abuse
- Difficulty sleeping

How to Support a Loved One with Anxiety

- Do:
 - Accompany them to appointments
 - Encourage activities together
 - Active listening
 - Acknowledge progress
 - Stay relaxed yourself
 - Learn and encourage relaxation techniques (deep breathing, exercise etc...)

How to Support a Loved One with Anxiety (cont.)

- Do not:
 - Get frustrated. Treatment is a long process
 - 2nd guessing- “Are you sure you want to go the party? Last time you ran out crying.”
 - Share medication
 - Bring up his/her anxiety randomly (So, how are your panic attacks going?)

Resources

- Anxiety and Depression Association of America - <https://www.adaa.org/supportgroups>
- Mental Health America - <http://www.mentalhealthamerica.net/find-support-groups>
- Depression and Bipolar Support Alliance - <http://www.dbsalliance.org/site/PageServer?pagename=home>
- National Alliance on Mental Illness - <https://www.nami.org/Find-Support>
- Administration on Aging - www.aoa.gov

Understanding and Combating Loneliness

- Loneliness is a feeling NOT a fact.
 - Identify WHY the feeling is there, do not draw conclusions from the feeling.
 - Do not -“I’m feeling all alone b/c my kids aren’t here. No one cares about me, it’s all my fault.”
 - Do- “Hearing that song reminds me how much I miss having my kids around and how quiet it is here.”

Loneliness

- Is not related to number of friends, family or relationship status.
- People can feel unwanted, unheard, uncared for when surrounded by many, or perfectly content when physically alone.

Combating Loneliness

- Church attendance, activities
- Go to parks, libraries
- Volunteer at hospitals (MWHC only 😊 !!) schools (reading to pre-schoolers)
- Pets
- Work/teach part time, classes
- Music, books, exercise
- Loneliness much more common with little/no mental stimulation

Grief in Older Men

- Grief: Combination of psychological and physical symptoms related to loss
 - Symptoms:
 - Crying
 - Anguish
 - Anger
 - Guilt
 - Insomnia
 - Psychomotor and cognitive impairment

Grief (cont.)

- 5 stages of grief
 1. Denial
 2. Anger
 3. Bargaining
 4. Depression
 5. Acceptance
- Time through any and all stages will vary greatly among individuals depending on the loss, age, and other psychosocial factors.

Complicated Grief

- Definition: after 6 months post loss, an individual has 1 month of persistent life interrupting grief symptoms
- Overall incidence of **10%** but higher in those age 65 who have lost a spouse, and approaches **50%** in men over age 75

Complicated Grief

- “Understanding Grief” by Richard Gross
 - 4 factors to help predict grief
 1. Nature of the relationship
 2. Circumstances surrounding the death
 3. Social integration
 4. Other losses/stressors

Treatment of Complicated Grief

- Counseling- a **MUST**
 - Common misconception is that one therapist is enough to cover all grief issues. Often need to seek help from MULTIPLE disciplines.
 - May need religious/spiritual counseling, family, self therapy, financial, medical....

Treatment of Complicated Grief (cont)

- Medical
 - Make and keep regular appointments
 - Continue with self care and routine medical needs.
 - Antidepressants.
- Social
 - Allow family and friends access.
 - Respond to phone calls, emails, invitations.
- Patience
 - Recovery is a very slow process.

Grief Resources

1. [AARP Grief and Loss Resources](#) Support after the death of a senior
2. [National Widower's Organization](#) Support for men grieving a loss
3. [American Foundation for Suicide Prevention](#) Support for suicide survivors
4. [Griefnet.org](#) Support for adults grieving a loss
5. [Hellogrief.org](#) Support for adults and kids grieving a loss
6. [www.aarp.org/griefandloss/home.html](#) AARP's Coping with Grief and Loss Web Site

Questions?

Thank you!

Ira Rabin, MD
Vice President, Medical Operations
Ira.Y.Rabin2@medstar.net

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