

DEALING WITH DEPRESSION

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Psalm 42 vs. 5

Why are cast down , Oh my soul? are you disquieted within me
?Hope in God ,for I shall yet praise him. For the help of his
countenance.

Mood Disorders

- Depression belongs to a big class of mood disorders
- Wide range of mood disorders: Bipolar disorder to Major Depressive disorder
- Have high morbidity and mortality rate
- For ages 15-45 years: depression accounts for 10.3% of all costs of biomedical illnesses

Why talk about depression

- It is a serious condition , with serious consequences (physical, social spiritual,etc) if left unattended
- Is common
- It can affect anybody
- There are misconceptions about it
- There is help available

Some consequences of depression

- Unhappy life(not enjoying life)
- Poor quality of life
- Failure/difficulties to pursue goals and to be productive
- Immunosuppression and increased vulnerability to having complications to any other medical illness(people with MI or stroke have a poorer prognosis, if they are depressed.
- Detrimental effect on family and social relationships(think of the spouse and the children of a depressed withdrawn, irritable person)
- Financial burden
- Missed work days and disability
- The shame that comes with not being able to perform at your best

Symptoms of depression include the following

- Low mood
- Feeling sad, empty or hopeless
- Heavy heart, pelo e imetswe, moya of bohloko
- Tearfulness, cries easily
- Irritability, short fuse, short temper.(esp. departure from the norm)
- Fatigue, tiredness, lack of drive, lack of motivation
- Loss of self esteem, self doubting, self loathing, self blaming, excessive often irrational guilt
- Cognitive difficulties like: poor concentration, fogertfulness etc.
- Thinking slowly/foggy, indecisiveness
- Psychomotor retardation, moving/talking slowly or psychomotor agitation(restlessness)
- Suicidality(from fleeting thoughts to completed suicide)

- Sad/flat countenance
- Negative thinking, pessimism, everything is too much effort
- Social withdrawal and isolation
- Loss of pleasure and enjoyment and interest in previously enjoyed activities
- Changes to appetite and eating patterns (up or down)leading to changes in weight.
- Changes to sleep(up or down).Very common in depression is the late morning awakening(terminal insomnia)
- Insomnia can be initial, middle or terminal

Different types of depression from DMS-5

- Disruptive mood deregulation disorder
- Major depressive disorder
- Persistent depressive disorder
- Substance/medication induced depressive disorder
- Premenstrual dysphoric disorder
- Depressive disorder due to another medical condition
- Unspecified depressive disorder

Disruptive Deregulation disorder

- Severe recurrent temper outbursts(verbally or behaviorally)that are grossly out of proportion in intensity and duration to the situation or the provocation
- Inconsistent with the developmental level
- Inconsistent with the developmental level
- About 3 times or more a week on average

Major depressive episode

- At least 5 or more of the depressive symptoms during the same 2 weeks
- There is a change from the previous functioning
- At least one of the symptoms is depressed mood or loss of interest of pleasure
- May have peripartental onset

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- May have peripartum onset
- This becomes major depressive disorder if not attributable to any other cause (NB: other causes must be excluded)
- Masked depression:
 - The full depressive syndrome is not fully, immediately obvious, as the person does not complain of depressed mood
 - The initial complaint may be somatic(sleep, fatigue, appetite) or other symptoms like poor fatigue concentration
- Severe depression may present with psychotic features

Persistent depressive disorder

- Dysthymia
- Disturbance of mood present for at least 2 years
- It is chronic and mild(only two of the six symptoms are necessary)

Premenstrual dysphonic disorder

- Recurrently ,at least 5 symptoms are present in the final week of before the onset of the menses and start to improve within a few days after the onset of the menses
- Become minimal or absent the week post menses
- At least one of the symptoms is : mood swings
- Or irritability or increased interpersonal conflicts)
- or marked sadness, hopelessness, self-deprecating thoughts, or
- Marked anxiety, tension

Causes of depression

- Many possible causes
- Many theories regarding the aetiology
- Some associated (predisposing) factors include:
 - Genetics/family history
 - Severe stressors
 - Bereavement
 - Medical illness or drugs or medical

Some misconceptions about depression

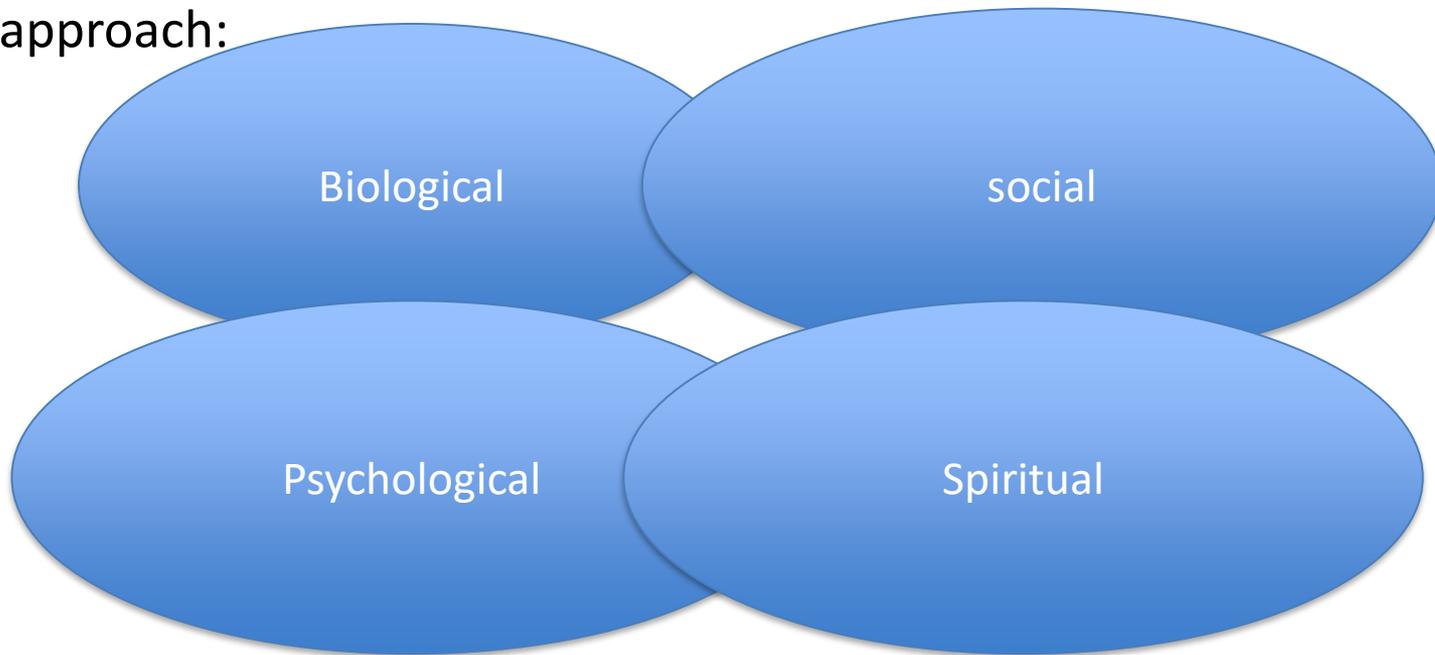
- It is a shame to admit to being depressed
- It is due to lack of faith
- It is due to sin in one's life (not necessarily)
- Personal weakness
- You just snap out of it
- As a Christian you cannot be depressed
- You want attention
- You are proud (Wa ipona), isolating yourself
- You are lazy etc

Things to do

- Reduce or eliminate the use of alcohol or drugs
- Exercise or engage in some form of physical activity
- Eat a proper, well-balanced diet
- Establish a regular sleep pattern
- Obtain an adequate and consistent amount of sleep—not too much, nor too little
- Seek emotional support from family and friends
- Focus on meaningful, positive aspects of your life
- Pace yourself, modify your schedule, and set small, realistic goals
- Remember, depression is a temporary difficulty, not a reflection of your whole life or self worth.

Treatment of depression

We recommend : bio-psycho-social-spiritual , comprehensive approach:



How to help your depressed colleague

- Be empathic and understanding
- Don't try to "cheer up" a depressed person—it can feel minimizing. Simply ask if there is anything you can do to help—the answer will often be "no," but the support will be felt.
- Avoid critical or shaming statements
- Challenge expressions of hopelessness
- Empathize with feelings of sadness, grief, anger and frustration (other feelings will come in time)
- Don't insist that depression or sadness is not warranted for their situation
- Don't react with anger even though your efforts to help may be resisted or rejected

How to help your depressed colleague

- Advocate for their recovery—
- convey hope
- Emphasize that depression is very treatable
- Seek consultation (professional counselors from the counseling center are always glad to consult—by phone or in person).
- Encourage your friend to seek help; offer to go with them to the counseling center
- Be supportive of counselor or other doctor suggestions

THANK YOU