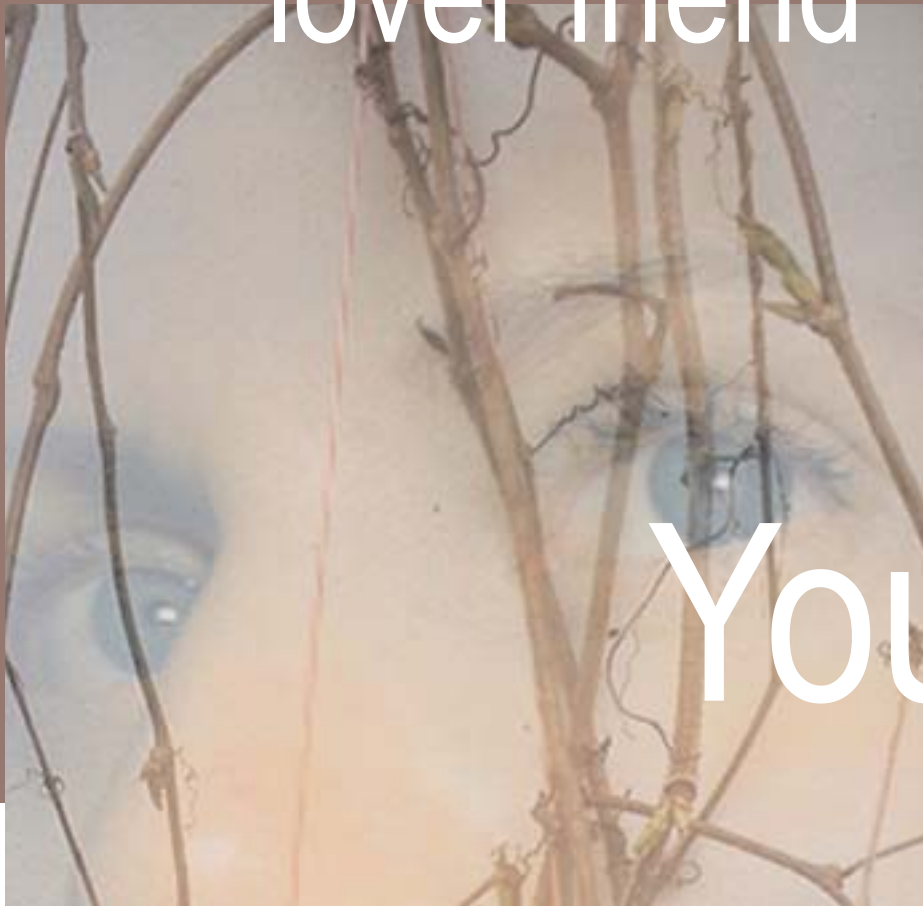




mother father
son daughter
brother sister
lover friend






You?

Depression Affects Us All

National Depression Week Issue



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News from DAS

Depression Alliance Scotland Website Launched

The new DAS website is to be launched in National Depression Week (17-23 April). It contains information about types of depression, treatment options, getting help and the latest news and research. You can also find information about DAS, becoming a supporter, a donation facility and useful links to other websites. The address is the same as our old website www.dascot.org. Visit the site and see what you think!



Great Scottish Walk

Help us to raise funds for our work by participating in the Great Scottish Walk. We have registered DAS as a named charity for the walk on Sunday 18 June 2006 in Edinburgh. There are two walks, 6 and 12 miles. They start in Holyrood Park at 11am and wind their way through the historic city of Edinburgh finishing at Meadowbank stadium.



As well as supporting DAS, all

finishers receive a commemorative medal and certificate upon completion. There is plenty of entertainment along the route and it's a fun day out for all the family. For more information please contact us at info@dascot.org or 0131 467 3050.

Join the Board of Directors

We are currently recruiting non-executive directors to join the current Board of Directors of DAS. We are looking for people with particular experience in marketing, working with the media, finance and fundraising, working in the health service and in other statutory services and those working within the voluntary sector. Meetings are currently every six weeks. Applications should be made in the form of a short CV to Ilena Day, 3 Grosvenor Gardens, Edinburgh EH12 5JU or e-mail it to ilenad@dascot.org. Reasonable out-of-pocket expenses will be fully re-imbursed.

DAS Expert Group of People With Personal Experience of Depression

People who are affected by depression, or who support a friend or family member with depression, are the most important people in our organisation and we want to make sure your voice is heard in Scotland. To do this, we are developing an expert group of people with personal experience of depression. If you have experienced depression or have supported a friend or family member with depression and are prepared to share your experiences, anonymously



or otherwise, please contact the office at 3 Grosvenor Gardens, Edinburgh EH12 5JU or email info@dascot.org for more information about how to become involved. All reasonable out of pocket expenses will be fully re-imbursed.

Living Life to the Full Update

by Ann McCreath, Nurse Trainer LLTF

January has been an exciting time for the entire Living Life To The Full team. Not only have we seen the official launch of the free online life-skills course www.livinglifetothefull.com, we have also taken the same course to four main colleges in Glasgow: Anniesland College, Glasgow Nautical College, John Wheatley College and The North Glasgow College. The college courses have been well received and attended within their communities.



Cartoon drawn by Keith Chan,

© Dr C Williams reproduced with permission.

The college course has been advertised and timetabled in the same way as other night classes within the colleges. I am one of the trainers delivering the current course at the Glasgow Nautical College. We are exactly half way through the content to date. So far we've covered:

- understanding why we feel the way we do;
- practical problem solving, self help and relaxation;
- overcoming reduced activity and avoidance;
- medication;
- helpful and unhelpful behaviours.

Attendees are a mixture of individuals attending for personal interest and family members attending to learn skills as to how to assist a relative. Most attendees have found the exchange of information productive and they have gained in knowledge and skills. We have incorporated a lot of fun and interactive groupwork activities into the sessions, which makes the learning environment 'come alive'.

There are no expectations of the attendees, other than to come along and hopefully engage in a worthwhile course that makes individuals stop, think and reflect on their lives. Our intention is to help the attendees to identify and choose key life areas to change using the evidence based cognitive behavioural therapy approach (CBT) to make life changes.

Living Life to the Full courses are currently available in the Greater Glasgow Health Board area. Other areas of Scotland have expressed interest in the course and we will report in the newsletter if, and when, courses become available outwith Glasgow. Everyone can access the course free of charge on the popular website www.livinglifetothefull.com.

DAS Self-Help Support Groups update – spring 2006

Groups currently running

1. Dundee (Monday evenings) *No waiting list*
2. Edinburgh (Wednesday afternoons) *No waiting list*
3. Edinburgh (Tuesday evenings) *No waiting list*
4. Edinburgh (Wednesday evenings) *No waiting list*
5. Glasgow (Maryhill, Monday evenings) *No waiting list*
6. Glasgow (Southside, Tuesday evenings) *No waiting list*
7. Glasgow (Clydebank, Tuesday evenings) *No waiting list*
8. Inverness (Wednesday evenings) *No waiting list*
9. Shetland (Thursday evenings) *No waiting list*

Please contact the office for further details about any of these groups.

New Groups Planned

- Glasgow (East end) – due to start in April 2006
- Aberdeen – planned for summer 2006

For enquiries in Greater Glasgow, please contact Jeanette on 0141 211 0209 or email

Jeanette.Wallis@glacomen.scot.nhs.uk

For enquiries in all other areas of Scotland, please contact Mel on 0131 467 3050 or email

groups@dascot.org



Bringing Back the Sun – A DAS Supporter's Story



Photo: Luc Sesselle

had worked a little for me in the past, but this time I was prescribed a higher dosage and on a longer-term basis. The medication gave me the necessary lift and strength to seek regular counselling, which I have found to be a lifesaver, almost literally. Exercise helps and this can be a great preventative measure, although it is hard to maintain enthusiasm for activity when depression takes hold. I was also in the very fortunate position of being able to confide in a number of very close family members who emphasised a key message: Depression is an illness, not a weakness and, as with most illnesses, there is always hope that it can be cured or at least sent into remission.

DAS supporter

The most fitting description I can think of for depression is that it is like a great big cloud that gradually descends over you and refuses to lift. Having suffered from two previous episodes in my life, I recognised the signs that a third episode was approaching. Initially, the cloud looks white against the sun. Gradually, as it moves closer, it gets darker and darker, completely blocking out every ray of light. At its worst, you feel as if you are exposed to a storm gathering overhead. At this point, it is hard to smile, let alone to find much purpose in life. Feelings of worthlessness dominate almost every waking hour and the vicious circle of withdrawing from all social contact, and eating and drinking to excess becomes all too familiar. Depression has the strange ability to both render you sleepless, while at the same time when you do sleep, you find it virtually impossible to emerge from under the duvet afterwards.

For me, as the illness progressed, suicidal thoughts became increasingly predominant and my only consolation was that if the sadness did not dissipate, I could bring it to an end myself by taking my life. It was only the thought of a new baby coming into my family that stopped me from acting on these feelings. New life bringing with it new hope, however much of a cliché that may seem.

At my lowest point, the energy required to seek help seemed almost impossible to summon. It is only by reaching out though, that you can burst the storm cloud and move on. With the assistance of an excellent doctor, I began to recover. Anti-depressants



Photo: Cheryl Empey



Feature: All About Depression

'Depression Affects Us All'

This is the hard-hitting message of our 'Mother, Father...' campaign in National Depression Week this year (17–23 April) and it can no longer be ignored.

In 1992, the Royal College of Psychiatrists estimated that around **one in five** of us will experience Depression at some point in our lives. More recent research published in the *British Journal of Psychiatry* last year suggests that up to **half the population of the Western world** could be affected by Depression in their lifetime. The risk is especially great for those of us who are young and those of us who are older.¹ With statistics like this we must challenge the ongoing societal perception that Depression is something that happens to somebody else. **Depression can affect anyone at any time.**

What is Depression?

When I first got ill, I told a friend I had Depression. 'Oh,' he said, 'everyone gets depressed. I go for a run round the block and that makes me feel better.' At the time I was trying to come to terms with the narrowing of my world that Depression brings and I could no more run round the block than fly to the moon. My friend didn't understand that. He had made the common mistake of confusing Depression the illness with the feelings of sadness and glumness that everyone experiences from time to time and which are often labelled as 'depression'.



Photo: © 2005 Sarah Lewis

Most readers of the newsletter will understand that Depression the illness – I have capitalised it to emphasise that I am talking about the illness – can be a devastating malaise that wreaks havoc on your life, as well as on the lives of anyone who cares about you. It is not easily rectified by glib solutions such as cheering up because it might never happen (it already has), tomorrow is another day (and it could be just as bad as today), and all the other platitudes we hear. While exercise has been found to help mild to moderate Depression, at times it can be hard to summon the energy and willpower to even walk to the local shops.

It can be hard at first to admit that you have Depression. There is still so much stigma out there about having a mental health problem, that it is normal to not want anyone to know how you feel, yet secretly you may worry that you feel as though you are going mad. So you keep going as best you can, working, looking after your family, seeing your friends, trying to ignore the leaden feeling in your mind and body and the loss of confidence and self-belief. Dr Tim Cantopher describes Depression as 'the Curse of the Strong'² and says that people who get Depression are not weak, but are the sort of people who will go the extra mile for others, who are perfectionists and who will put in extra hours to make sure they are doing the best job they can at work. You may not realise exactly what is wrong, but eventually you may find that you have to give in, it kind of defeats you and you can find that although you were once the good parent, the reliable worker, the life and soul of the party, you now feel as if you are living in a grey twilight world where fulfilling any responsibility is like climbing a mountain.

Treating Depression

The best way to treat Depression is holistically with a variety of approaches. The main thing to note is that what helps one person with Depression doesn't always help everyone. This is true of antidepressants as well as therapies and other solutions. Do not give up if the first thing you try does not work for you. You may feel like giving up but this is part of the illness. Depression can do its best to tell you that everything is hopeless, whereas in actual fact it is a treatable illness, and there are many roads to get to the place of recovery.



Symptoms of Depression

Symptoms may include:

- Feelings of hopelessness
- Inadequacy
- Anxiety
- Self-hatred
- Negativity
- An inability to enjoy things which were once pleasurable in life
- Guilt
- Agitation
- Weight loss or weight gain
- Loss of energy or motivation
- Loss of sex-drive
- Disturbed sleep
- Poor concentration, indecisiveness
- Irritability, anger
- Social withdrawal
- Unexplained aches and pains
- Self-harm
- Recurring thoughts of death or suicide

If you experience five or more of these symptoms for more than two weeks, if you are having suicidal thoughts or if any of these symptoms interfere with work or family activities, consult your GP.

For most people, the first step is to approach your GP for help. In many cases your GP will often prescribe an antidepressant initially, although in some areas of Scotland such as parts of Renfrewshire you may be referred to see a psychologist. Some areas have schemes where GPs can prescribe exercise and in other areas, such as Glasgow Southside and East Ayrshire, you can be recommended self-help books (bibliotherapy). If you have particularly severe Depression, your GP may refer you to see a psychiatrist, who may prescribe different medication or who may refer you for talking therapy such as counselling, cognitive therapy or other psychotherapy.

Don't just rely on your GP. Become an expert in your own illness. Do your own research on the Internet, go to the library and borrow books on Depression, get information leaflets on Depression and treatment from organisations such as ours. The Royal College of Psychiatrists also has some useful factsheets (tel. 020 7235 2351; www.rcpsych.ac.uk) as does the Scottish Association for Mental Illness (SAMH) (tel. 0141 568 7000; www.samh.org.uk).

Look into counselling or therapy. If there is a long waiting list to get help in your area, maybe there is a voluntary organisation offering counselling free or at a

low cost. It may be with a trainee, but these are usually well supervised. Some counsellors offer a sliding scale of charges depending on your ability to pay. You can find counsellors in your area from the British Association of Counselling and Psychotherapy (tel. 0870 443 5252; www.bacp.co.uk). Cognitive therapy has been found to be effective in treating Depression. You can find a cognitive therapist from the British Association for Cognitive and Behavioural Therapists (tel. 01254 875277; www.babcp.org.uk). Alternatively, if you've got Internet access, why not try Living Life to the Full, an online life skills course designed by Dr Chris Williams using the cognitive behavioural approach (www.livinglifetothefull.com).

Another source of help you could consider is joining a self-help support group where you will be able to talk to people who have had similar experiences to you and share hints and tips on coping with Depression. Joining a group can help you to feel less isolated and alone with your Depression. DAS runs groups in certain areas of Scotland, the details are in the News from DAS section on page 2 of this newsletter. If there isn't a DAS group in your area, there might be a group run by your local association for mental health. If you contact us on 0131 467 3050 or info@dascot.org, we can give you more information on local groups.

Do some research into alternatives to mainstream therapy. Some people find acupuncture helps them. You can get more information and a list of acupuncturists in your area from the British Acupuncture Council (tel. 020 8735 0400; email:

Tips for speaking to your GP or Psychiatrist

- When you are making the appointment, ask if any of the GPs at the surgery have a particular interest or expertise in depression.
- Write down exactly how you are feeling and how it is affecting your daily life and show this to your GP.
- Take a family member or friend you trust along for moral support and who can help you explain to the doctor how Depression has been affecting your life
- Make a list of any antidepressants you have been on before and how successful they were. If you've had Depression previously and have been on a drug that works, it may work again, so tell your doctor about it.
- Ask your GP about non-pharmacological solutions. Some GPs can prescribe sessions at the gym, others may be able to refer you to a counsellor.



info@acupuncture.org.uk; www.acupuncture.org.uk). A useful book on acupuncture is *The Web That Has No Weaver* by Ted J Kaptchuk.³

Diet is another area receiving a lot of attention. The Mental Health Foundation and Sustain recently did some research that found that diet has a key role in maintaining good mental health. You can view their report at www.mentalhealth.org.uk.⁴ This website also contains hints and tips on foods to eat to beat depression and useful recipes.

Recent research has also found that Omega 3 fatty acids found in fish oils⁵ can be helpful for people who are depressed. These can be taken as supplements or they can be found in foods such as oily fish. Vitamin supplements may also be good to take, especially if your appetite has changed and you find it difficult to eat enough.

If you can exercise, it can help lift your mood. If you don't feel like exercising, even doing something small like walking to the end of your road is a good start. There is a lot of evidence that exercise can really help in lifting depression, but it is common to find that the illness makes it hard, feelings of lethargy and tiredness can be present and sometimes it can seem hard to leave the safety of your house.

Recovery

We should not talk about Depression without talking about recovery. It is one of the illness's favourite tricks to make you feel that recovery is impossible, that it will always be like this. It is normal to believe it, especially as it can seem as if one grey day runs into another, and perhaps the first line of treatment is not as effective as expected. However, a day does come when the fog seems to lift a bit and although it seems hard to believe, things feel a bit lighter, like the first day of spring when there is some warmth in the air for the first time.

Recovering from Depression can be a long process.



A good day can be followed by a bad day, and the fact that things got better at all can then feel like an illusion. It can be disheartening for the person and for friends and family, to see some improvement and then another set-back. However, gradually the good periods get longer and you find that you can do the things again that you thought you would never do, from going to a supermarket to enjoying a night out with friends and returning to work.

I would say one of the best feelings in the world is the feeling of realising that just for one day at least, I have no symptoms of Depression. The feeling of freedom and peace is almost worth all the pain.

Trish Crawford

NOTES

- 1 Andrews et al. *British Journal Of Psychiatry* 2005.
- 2 Cantopher T. *Depressive Illness the Curse of the Strong Sheldon Press*, 2003. Available from Amazon and all good bookshops
- 3 Kaptchuk TJ. *The Web That Has No Weaver*. Rider Publications, ISBN 0712602811-X
- 4 *Feeding Minds Mental Health Foundation and Sustrans* (2006) The report can be viewed online at www.mentalhealth.org.uk or contact the Mental Health Foundation 0141 572 0125.
- 5 For example Silvers KM, Hackett ML, Scott KM. *Omega 3 fatty acids for depression*. (Protocol) The Cochrane Database of Systematic Reviews 2003, Issue 4. Art. No.: CD004692. DOI: 10.1002/14651858.CD004692



A Carer's Story

The term 'carer' somehow conjures up a mental picture of supporting someone with physical health problems to function as independently as they can. This role is hard enough in itself, but when a close family member has Depression it really takes its toll on you and on your own life and well-being. It is not as if you can offer a quick fix to the illness and I think that is where I used to go wrong. I have now learned to walk alongside my sister, instead of trying to tell her what to do or to push her in the direction I think she should go in. For years I did try to push and experienced feelings of frustration, annoyance and at times total despair for her chosen path or inability to see things from my point of view. I think it said more about me actually, and that this was my way of trying to control the seemingly sometimes uncontrollable.

At times of her despair, I felt it too and at her lowest ebb, I was with her. I suppose when you love someone who is experiencing Depression, you do find yourself thinking the unthinkable 'What if?' I have had many a sleepless night and horrid dream about what the future holds. But for my sister, my door remains open when it needs to be opened by her, and that is the most important thing.

I have learned to understand and accept that her choices may not be my own and to respect the decisions she chooses to make. I suppose it is



Photo: Marinka van Holten

about knowing where to draw the line for my own personal well-being and to be aware of what I can and cannot take responsibility for. We have been through some hellish times with Depression in the last few years, but I sleep easier at night now knowing that I have told her how I feel and that she can reach out to me when she needs me.

I remember a verse from my childhood that seems relevant to sum up what this process has been like for me, caring for someone with Depression, and hope that it may offer some comfort to those in the same position as me.

If a man does not keep pace with his companions, perhaps it is because he hears the sound of a different drummer. Let him step to the music he hears, however measured or far away.

Henry David Thoreau

Anon

About us

DAS is the only national Scottish charity dedicated to improving the diagnosis and treatment of depression, challenging the stigma associated with the illness and offering information and support to those affected by, and working with, depression.

Supporter services

DAS provides specific services for supporters including our quarterly newsletter and access to our e-mail support group and our penfriend scheme. Becoming an individual supporter costs: £10.00 per year (waged); £5.00 per year (concessions); £20.00 per year (families). Organisation rates are: £40 (Voluntary organisations with less than 100 staff); £80 (Voluntary organisations with over 100 staff) £80; £100 (Public/Private organisations with less than 100 staff) £250 per year (Public/Private organisations with 100 staff and over). To

become a supporter, please contact our office for an information pack and an application form.

Contact us

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Fax: 0131 467 7701
Email: info@dascot.org
www.dascot.org

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Lesbian, Gay, Bisexual and Transgender People and Mental Health

On a dreich and dreary Sunday afternoon, a 12-year-old boy sits beside his dad on the sofa, watching a film on TV. A scene in the movie draws the little boy's attention; a young man is preparing for a 'liaison' with another man, and the scene conveys his nervous excitement.

The messages are subtle and sensual rather than sexual, but they draw the boy's attention. For the very first time – witnessing a portrayal of same-sex attraction – he realises that the confusing feelings he experiences are not unique to him. As the scene unfolds and the little boy's mind races, his dad mutters 'that's disgusting ...'

In that moment, the boy realises that were his dad to know of his inner feelings he might think he is 'disgusting' too...

Twelve years pass before the boy, then a young man studying in Glasgow, feels able to visit home (in north-east Scotland) and tell his parents that he is 'gay'. Now an adult (working in a senior role in the NHS), this boy's story has a 'good' ending – as the relationship with his father, after a few years of distance, did eventually resolve.

Sadly, this is not always the case. Rejection from the family home remains a common experience for young lesbian, gay, bisexual and transgender (LGBT) people who risk revealing their full identity. This rejection can be repeated throughout their lives, for example at college, university, in the workplace and within friendship groups.

Mental distress and illness feature in the lives of LGBT people just as they do for many others in modern-day Scotland. However, the incidence is disproportionately high among LGBT people. Depression and anxiety, self-harm and suicide are variously estimated to be between four and seven times greater than those of the general population and studies suggest that between 20%–50% of LGBT people have attempted suicide at some stage.¹

Just as mental distress is often compounded by societal fear, stigma and misrepresentation, these can be further exacerbated because of homophobia, transphobia and heterosexism (the belief that heterosexuality is naturally superior to homosexuality). In a recent Glasgow Survey,² almost 80% of young LGB people interviewed reported experiences of discrimination; including name-calling, bullying and physical assault.

Recent legislation has addressed many of the institutional barriers to LGBT inclusion in mainstream life, but the challenge of addressing discrimination on a day-to-day basis sits with all of us. To find out more about LGBT health, or the specific services available for LGBT people contact Tony Stevenson or Sally Beautyman at the LGBT Centre for Health and Well-being (tel. 0131 523 1100; admin@lgbthealth.org.uk).

Tony Stevenson

NOTES

- 1 Towards a Healthier LGBT Scotland, a joint NHS Scotland, Stonewall Scotland and Inclusion Project report (2003).
- 2 The 'Something to Tell You' survey carried out by NHS Greater Glasgow (2002).

Help us to increase understanding about depression

Once you have finished reading this newsletter why not help DAS to reach more people with depression by passing it on to a friend or leaving it in your local health centre or library?



Self-Help Support Group Volunteer Event

Despite the atrocious weather, our first ever volunteer training and networking event took place in Glasgow on Saturday 4 March. Surprisingly, the turnout was over 95%, with volunteer facilitators and group members attending from Glasgow, Edinburgh, Dundee, and Inverness. The fact that some people braved near-arctic conditions is surely a testament to both their commitment and dedication to Depression Alliance Scotland, and they should be commended for this.



The event was opened by our own National Co-ordinator Ilena Day, who welcomed everyone and thanked them for their support and commitment in providing the self-help support group network. Ilena outlined the aims and hopes of the event. She also referred to the ongoing difficulties that people affected by Depression in Scotland experience. Ilena used group members feedback to highlight the invaluable role that the group structure can play in offering support to those affected by the illness.

Ann McCreath, Nurse Trainer with 'Living Life to the Full', spoke about the new life-skills course

currently being offered as college courses in Glasgow and available on the website www.livinglifetothefull.com. Ann explained that the course is aimed at people interested in building key life skills that will help them to understand the causes and impact of low mood, stress and Depression. A series of 10 self-help workbooks on 'Overcoming Depression' written by Doctor Chris Williams are utilised.

There were two structured workshops available, with Jim Lees speaking about the role of acupuncture and Roslin Brown speaking on the role of counselling in Depression. Both workshops were enthusiastically received, as some of the delegates said: 'I wish they had lasted longer' and 'the counselling was very helpful and informative' and 'I could have sat there and listened all day'.

In the afternoon, the participants broke up into three open workshops and discussed volunteering issues and self-help group issues. The groups were very enthusiastic and a lively discussion took place in all of them. The feedback from each of the groups will prove to be very valuable in seeking further funding to enable us to continue to improve the services DAS provides. At the close of the day, everyone agreed that the day had been a great success and would hopefully be repeated in the future. Or in the words of some of those who attended:

'Very helpful and I hope it happens again!'

'I hope that further such events can be held and that more members from across Scotland can attend next time.'

Book reviews

Many people who contact DAS are looking for useful self-help reading materials. If you have recently read any that you found helpful please let us know. Were you able to use any of the contents to help you understand and manage your depression? Was it easy to read or full of jargon or, indeed, patronising?

Please send your review to DAS. Let us know the book title, author(s), publisher, date published and, if possible, the ISBN number. Please also confirm if you wish your name to be attributed to your review or not. It is recognised that all reviews are personal and do not necessarily reflect the view of DAS. Also, would you like to be a book reviewer for DAS? We will purchase new/recent self-help books about depression and send a copy to you (paying postage). If you are interested in hearing more about this scheme please do get in touch.



News Round Up

Depressed Scots Rely on Mood Drugs

More Scots are being prescribed anti-depressants than ever before. In the last five years, there's been a 24% increase in the number of people north of the border relying on the mood stimulating drugs. (*Scotland Today*, 25 January)

Prescribing Self-Help to Deal with Depression

Doctors in Renfrewshire have dramatically reduced the number of patients taking antidepressants as part of a project that could help transform the way depression is treated in Scotland.

Amid growing concern about the soaring number of Scots prescribed antidepressants, clinicians involved in Doing Well in Renfrewshire, which involves 13 GP practices, have adapted a system to deal with Depression where those with milder illness are prescribed a programme of self-help instead of drugs. The proportion of people involved in the scheme who are on antidepressants is half the level of those in conventional NHS care. (*The Herald*, 3 March)

Ninewells, the Place for Special Surgery

Dundee's Ninewells Hospital was named at the end of January as the site to deliver a highly specialised service for the whole of Scotland. Ninewells is the only site in Scotland currently offering neurosurgery for mental disorder (NMD), a controversial operation that involves irreversible brain damage to alleviate symptoms of severe depression.

It is not a cure, and the operation can pose serious risks to the patient. However it can improve the quality of life for some people with severe depression that has not responded to drug treatments and psychological therapies. The operation is also offered to patients with the severe form of anxiety disorder that leads to obsessive behaviour. (*Evening Telegraph*, 30 January)

Health Groups Claim Diet Affects Mental Health

Changes to our diet in the last 50 years or so, such as industrialised farming practices and junk food diets, could be a major factor behind the rise of mental illness in the UK, claim the Mental Health Foundation and Sustain.

The two organisations have joined forces on the

Feeding Minds campaign to raise awareness of the links between diet and mental health. The report can be viewed online at www.mentalhealth.org.uk or contact the Mental Health Foundation 0141 572 0125 (*SCVO Third Force E-News*, 16 January)

Single Workout Can Lift Mood in Depressed Patients

A University of Texas study claims that a single 30-minute walk on a treadmill can give a temporary emotional lift to patients diagnosed with major depressive disorder. These results only came from a small study and one workout will not be the answer to clinical depression. However, the study lead, Dr John Bartholomew, said that 'if you can go out and walk and get the recommended amount of exercise, then it might help you manage your symptoms on a day-to-day basis.' (*The Australian*, 25 January)

Insel, T. R. and E. M. Scolnick (2006). "Cure Therapeutics and Strategic Prevention: Raising the Bar For Mental Health Research."

Mental disorders cause more disability than other medical illness in Americans between ages 15 and 44 years and in contrast to nearly all physical illnesses, there is little evidence that the death rate from mental disorders has improved in the past few decades. While researchers in cancer and heart disease have sought cures and preventions, mental health researchers have set their sights on smaller marketable advances, such as drugs with fewer adverse side effects. The authors of this review suggest that researchers should be concentrating on approaches that can lead to cures and strategies for prevention of schizophrenia and mood disorders. (*Molecular Psychiatry* (2006) 11, 11-17. doi:10.1038/sj.mp.4001777.)

Gene Found to Increase Depression Risk

The age-old question about whether depression is caused by genes or your environment has been answered: it is both. Scientists at the University of New South Wales in Australia have found a particular gene that can increase your risk of depression. But they also found it is what happens to you during life that ultimately determines your mood.

'This is a risk gene. It's not a disease gene,' Professor Philip Mitchell of the research team said. (*ABC News Australia* 1 January)



Dear Doctor – Coping With Anxiety

I was recently diagnosed as having depression. That's bad enough, but I'm having awful anxiety and panic attacks. I'm scared to go out of the house and just can't cope with going shopping in the supermarket.

I'm taking antidepressants, but they don't seem to have helped the anxiety and panic attacks. Is it normal to feel like this? I thought depression was just low mood.

What can I do to get through this, as it's disrupting my whole life and I'm having trouble coping?

Danny

Dear Danny,

I can well understand why you are struggling to cope with the burden of having symptoms of both Anxiety and Depression. It is very common to have both problems at the same time. Most people with Depression will also have unpleasant Anxiety symptoms and many will have these symptoms badly enough to be diagnosed as having Generalized Anxiety Disorder or Panic Disorder.

Fortunately, antidepressants generally have an 'anxiolytic' effect; that is they tend to reduce the symptoms of anxiety, as well as having an antidepressant effect. These effects typically take 2–4 weeks to kick in. If you've already been on your antidepressant for a couple of weeks, I'd strongly encourage you to return to your GP. Since leaving the house is difficult at present, it would be sensible to ask a friend or relation to go with you.

Your doctor may be able to help in various ways, for example:

- by adjusting your medication
- by helping you to identify stresses in your life that may have contributed to your illness and advising on ways of reducing these stresses
- by looking for any 'triggers' that cause your panic attacks and helping you to identify ways of avoiding them
- by advising you on changes in your lifestyle that would help you to reduce your anxiety
- and he or she may also be able to give you specific advice on relaxation techniques or put you in touch with an agency providing this form of help.

Sometimes, when Anxiety and Panic problems are persisting, a course of counselling or

psychological help might be beneficial and your doctor will also advise you on this.

Anxiety often causes physical symptoms such as tiredness, palpitations, sweating and pain (usually from muscle tension). These symptoms can be severe and greatly increase your Anxiety, as you grapple with the additional worry that you may have some serious physical illness. Don't be frightened to discuss them with your doctor.

You will wonder what you can do yourself to help reduce your levels of anxiety. The following suggestions may help:

- avoid drinks that contain caffeine such as cola, coffee and tea
- drinks such as hot chocolate or chamomile tea can be useful to relax you, particularly at bedtime
- if you are a smoker, try hard to reduce the number you smoke – nicotine, like caffeine, is a stimulant drug
- do not self medicate with alcohol, or other sedative drugs, to help you relax or get to sleep – this is a very dangerous pathway
- try to keep to a regular daily routine of tasks to be done, meals, time in bed etc
- even though you may feel tired, try to take regular exercise – perhaps somebody could go for walks with you and, if you like swimming, this is particularly relaxing
- look regularly at the things you've got to do and try to set a reasonable plan for what you can manage each day – consider which are the important tasks and which ones can be left
- be open about your feelings with anybody close to you – sharing your problems with another person is very important.

Anxiety and Depression are very real illnesses and not just a failure to cope, as some people wrongly believe. Fortunately, they are very treatable and, however bad things seem at present, with appropriate help there is every prospect that you will make a full recovery.

Yours sincerely,
Gerry McPartlin

Gerry McPartlin is a retired GP and member of the DAS board.

Have you got a question you would like to ask him for the next issue of the newsletter? Write to Dear Doctor at Depression Alliance Scotland, 3 Grosvenor Gardens, Edinburgh EH12 5JU or email info@dascot.org