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News

The University of Texas Health Science Center at Dallas
5323 Harry Hines Boulevard Dallas, Texas 75235 (214) 688-3404

CONTACT: Ann Harrell
Office: 214/688-3404
Home: 214/369-2695

****Psychiatrists talk about Big D -- depression.**

DALLAS--How do you tell if you have the Big D--that is, clinical depression--or just a bad case of the blues that will soon go away?

The University of Texas Health Science Center will be offering Depression: A Public Forum April 5 at 8 p.m. in the school's Gooch Auditorium. The forum, featuring three psychiatrists and a specialist in Internal Medicine, will be offered at no charge to the general public. The doctors will give individual presentations followed by written questions from the audience as well as the opportunity to ask questions at the mike.

Moderating the panel will be Dr. Al Roberts, professor of Internal Medicine and former host of the Public Broadcasting Service's "Here's to Your Health." Panelists include Dr. John Rush, associate professor of Psychiatry, on the symptoms of depression; Dr. Rege Stewart, assistant professor of Clinical Psychiatry, on depression in women; and Dr. Graham Emslie, assistant professor of Clinical Psychiatry, on depression in children, which is often referred to as "the newly diagnosed disease."

Rush advises people who come down with a case of the blues occasionally not to panic.

"Getting the blues sometimes is not the same as a major clinical depression. And while they make make you feel rotten for a while, it's important to remember that they won't last forever--usually only a few weeks--and are not life-threatening."

Some of the specific symptoms and signs of the depressive syndrome, says the psychiatrist, include the following: increased feelings of guilt and suicidal thinking; difficulty in concentration coupled with decreased energy, weight, appetite, sleep and sexual desire, and a depressed, sad or anxious mood.

Depression is a biological state, explains the psychiatrist, but it is not fully understood. However, continuing research into the causes and cures for depression are bringing help and hope to more patients all the time.

Not only do studies show that there is a definite predisposition toward depression in families, they also indicate that there is from two to three times as much depression in women as in men, says Stewart. And it is known that women attempt suicide twice as often as men, but men succeed more often.

Why should this be so?

Stewart, a woman psychiatrist who works with many women patients, says that no one knows for sure, but there are several hypotheses.

1. Are women under more stress than men or do they have a predisposition to stress? Studies, says Stewart, show no differences between men and women as to a predisposition to stress. However, women do seem to complain about depression more than men.
2. Is it an endocrine problem? There is some evidence that some women have depression associated with their menstrual cycles while others who take oral contraceptives have associated depression. However, stresses Stewart, these women are in the minority. And while some women become more depressed after menopause, menopause per se does not cause depression.
3. Are the reasons cultural? It is true, says Stewart, that many women in our culture have a learned helplessness, or Cinderella complex. Often--especially in the past--women have been trained to be dependent and have not developed their own autonomy.

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"These women are less in control and are more prone to be depressed," she says.

In addition, the women who are most likely to become depressed after menopause are women who have invested heavily in their children. Now the children are leaving home and they have no careers--nothing.

As to the question of suicide, Stewart points out that "women try suicide; men kill themselves."

"Perhaps," she suggests, "it is more socially acceptable for women to ask for help than for men. A suicide attempt may be a manipulative way of crying out, 'I'm hurting. Please help me!'" On the other hand, men in our culture may be exhibiting more denial. It's not macho for a man to admit he's in trouble, even to himself. So it's harder for him to ask for help."

Even the different methods of suicide attempted by men and women suggest differences. Women, who may also be less enthusiastic about mutilating their bodies, usually cut their wrists or take pills. Men, on the other hand, usually choose a gunshot or hanging.

Alcohol and depression, says Stewart, are related. Studies have shown that between 35 and 50 percent of men who are diagnosed as alcoholic are also depressed. These figures are not so for women.

"Perhaps men who are hurting and depressed start drinking and kill themselves," she says.

Stewart, however, is not saying that depressed women are never alcoholic. Rather, she believes that the alcoholism may be a learned cultural way of men's expressing their pain, and there may be a genetic association between depression and alcoholism.

She points to a new study in the Archives of Psychiatry on the Amish population in Pennsylvania where the incidence of depression is the same for men and women. Since there is no drinking in that culture and the people don't use alcohol or drugs as an escape, this study may make therapists take a harder look at the reasons more women show depressed symptoms than men. Perhaps there is no cultural equivalent to drinking to make men stop hurting.

Stewart says that a common problem among her female patients is a lack of self-esteem and autonomy.

"As they become more assertive, and set their own goals, they usually do well.

"Women are usually so much more open about their feelings, willing to share them and to express their fears," she says.

While many women ask to see a female therapist, Stewart also has men patients.

"Some men feel more nurtured by a woman therapist," she reports.

The newest area of depression being investigated by researchers is depression in children, a condition that has only recently been receiving much attention. Emslie, who is chief of the short-term inpatient psychiatric unit at Children's Medical Center, sees depressed patients both in the hospital and as outpatients.

"Unfortunately," he says, "depression is a common problem seen in children and adolescents in the hospital. A child or young person who has acute diabetes or a severe seizure disorder may be overwhelmed by depression and even suicidal. But a child, like an adult who is having emotional problems, can be the victim of depressive illness without any accompanying physical problems."

In addition, says the child psychiatrist, the same biological markers that we know are present in depressed adults may also be present in children and adolescents. Diagnosis is difficult, however, because it is difficult, especially for younger children, to talk about being depressed.

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