

the hidden epidemic

- depressive illness, and suicide
- especially in men



19/10/2014

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@ Alfs

- **Consultant Psychiatrist-**
is a specialist medical practitioner

- **psychiatrists have many subspecialties**

I do: a) assessment, opinion and reports for GP's and psychologists to treat, and

b) individual treatment and therapy especially of mood & anxiety disorders



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Video
AFL footballer
Nathan Thompson
from beyondblue

the hidden epidemic

- On average, *at some stage of our lives*: 1 in 8 men will have depression and 1 in 5 men will experience anxiety
- While women are more likely to experience depression and anxiety, men are less likely to talk about it.
- This increases the risk of men's depression & anxiety going unrecognised and untreated.



Depressive Illness & Suicide

- Depressive Illness is a high risk factor for suicide and, in Australia, there are approximately 2,200 suicides each year.
- 80 % suicides are by men – with an average of 5 men taking their lives every single day.
- Suicide is the leading cause of death for men under the age of 44, significantly exceeding the national road toll.



take home messages- 1

- there is a difference between depression as a symptom and *persistent depressive illness*
- depressive illness may have potentially serious outcome especially for men
- many men cover up with work and alcohol



take home messages-2

- depressive illness causes a mixture of physical and psychological symptoms
- TALK to someone about it: a friend, partner, pastor, then a good GP

after a break

- assessment
- treatment
- questions / issues
- resources



men, depressive illness & suicide

- teenagers and older men are particularly at risk
- male depression is associated with an increased risk of cardiovascular disease, diabetes, and suicide
- men are likely to resort to destructive behaviours in an attempt to deal with depression
 - alcohol and drugs
 - and suicide



people with depressive illness

- Alan Alda-Mash; Buzz Aldrin-astronaut; Charles Dickens
Jim Carrey; Johnny Carson
Billy Joel; Johnny Depp;
Hugh Laurie; Sir Winston Churchill
Stephen Fry; Ernest Hemingway
Sir Arthur Hopkins

people who have suicided

- *David Bairstow:*

English cricketer-hanged

Charles Boyer: actor - overdose

Tony Hancock:

British comedian- o/dose

Ernest Hemingway: shot

Robin Williams: hanged

Paul Hester:

Crowded House - hanged

Brian Keith: actor- shot himself

AMA vice-president, Dr Stephen Parnis

- "I am sick to death of personally knowing or getting calls about colleagues and friends who have committed suicide"
- senior colleagues in Melbourne



extent of the problem

- distress & disability
- economic costs
 - days off work
 - reduced efficiency
 - costs to employer
 - early retirement
 - sickness benefits
- suicide rate of 10-15% after untreated Major Depressive disorder



economic costs of depressive illness in Aus

- 3-4 days off per month per sufferer
- 6 million working days lost annually
- 12 million days of reduced productivity annually



'depression'

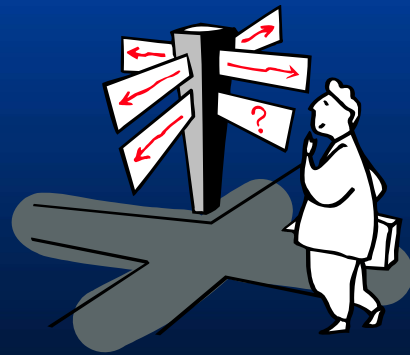


- what are we talking about?
use of the term depression
- symptoms of depressive illness
low mood, tearfulness, insomnia
disturbed appetite, no pleasure
irritability, suicidal thought

understanding depressive disorders

- the word “depression” is used variously to mean:
a feeling, a symptom, a disorder - -
people use the word differently
- depressive symptoms need assessment to clarify the type of problem

pattern recognition provides management direction

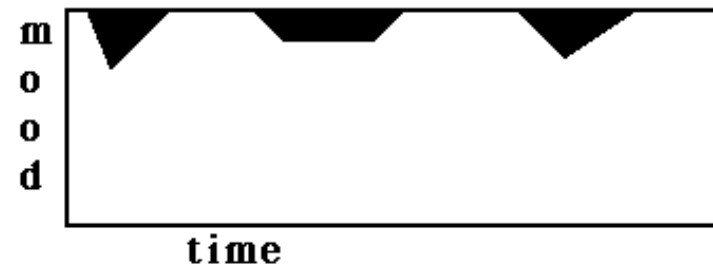


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Patterns of depressive symptoms

1. Grief.



ie. mild, brief, depressed moods

2. Adjustment disorder with depression



ie. severe, but intermittent

3. Major depressive disorder



ie. Disorder because-
persistent, severe, distressing.

the word 'depression"-a problem

- depressive symptoms as part of grief is NOT a depressive illness
- most GP attenders with 'depression' have either grief or an adjustment disorder
- some have depressive illness, which it is important not to miss; *untreated depressive illness has a 15% mortality*

is someone depressed ?

- Behaviours

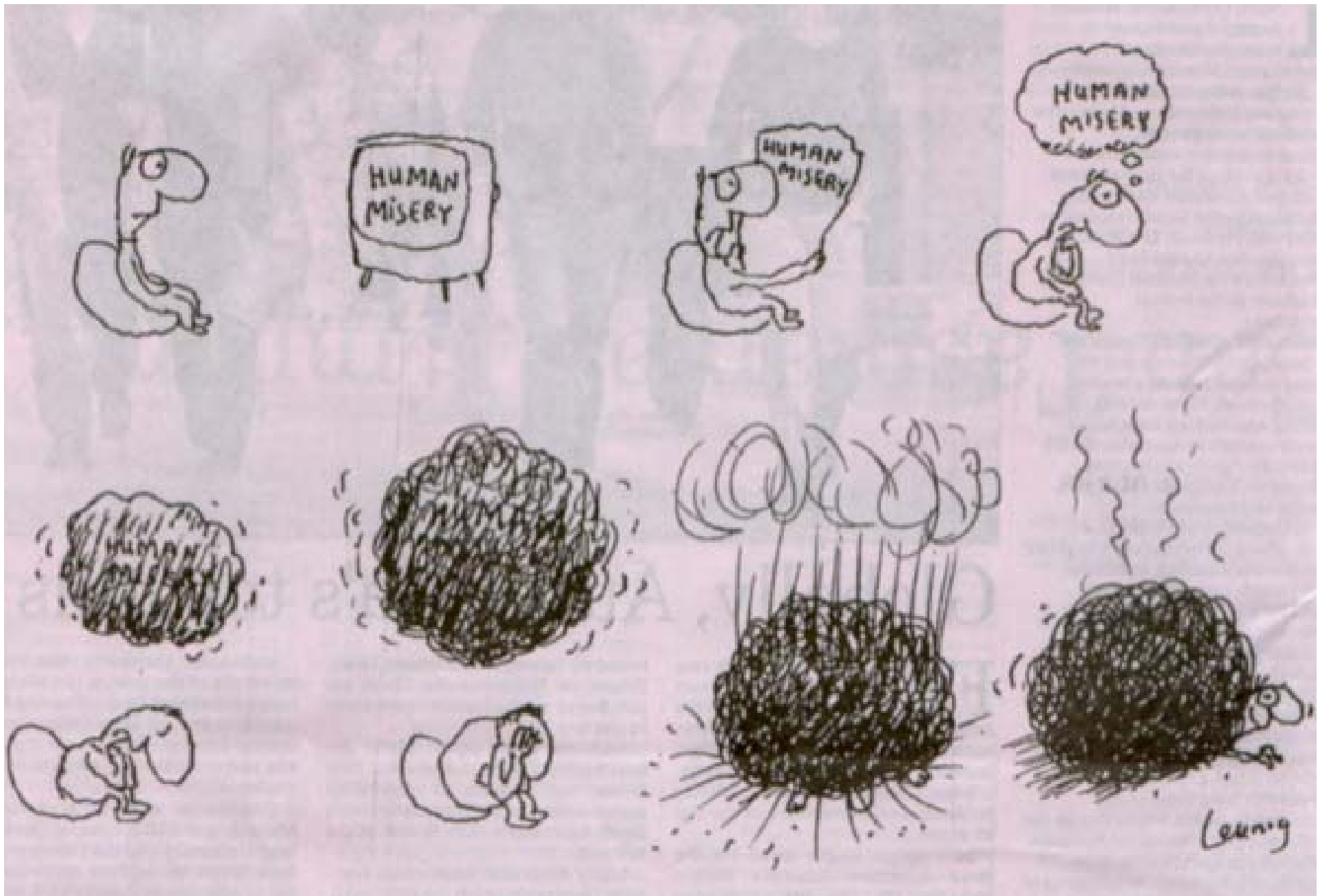
- Thoughts

- Feelings

- Physical







Video Tom's story from beyondblue

man myths



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man myths

- girls talk, real men don't
- it is weak to talk about feelings
- work & income take priority
- real men don't see doctors
- she'll be right mate !



Q & A





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after a break

- assessment
- treatment
- questions / issues
- resources



video
Michaels story
from beyondblue

take home messages-3

- serious depressive symptoms need a serious assessment
- see a good GP in the first instance
- get a referral to a good psychologist or general psychiatrist
- medicare rebates consultations



take home messages-4

- treatment for serious depression is available
- best treatment is exercise, talking therapy, sometimes also medication
- prayer is important, but is not a substitute for good professional management, in my experience

causative factors in depressive illness

- ***VULNERABILITY***
genetic / biochemical
(family history)
+
developmental damage
+
personality features
+
■ ***LIFE EVENT STRESS***
loss / grief
change
role change
interpersonal conflict



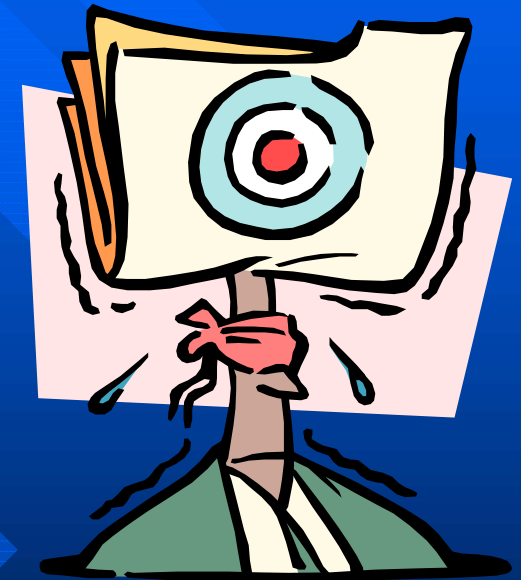
assessment and management of depressive illness

- Assessment
 - psychological syndrome
 - temperament
 - physical illness
- depressive illness
 - a syndrome diagnosis
- referral ?
- management options



brief assessment includes

- **present difficulties**
 - pattern recognition (syndrome)
 - severity
 - suicidal risk
- **past psychiatric history**
 - recurrent or chronic illness ?
 - secondary to other illness ?
 - past AD use and response ?
- **family history**
- **personality features/style**
- **mental status examination**



personality features

introvert ?

sensitive ?

perfectionist ?

self-critical ?

unassertive ?

worrier ?



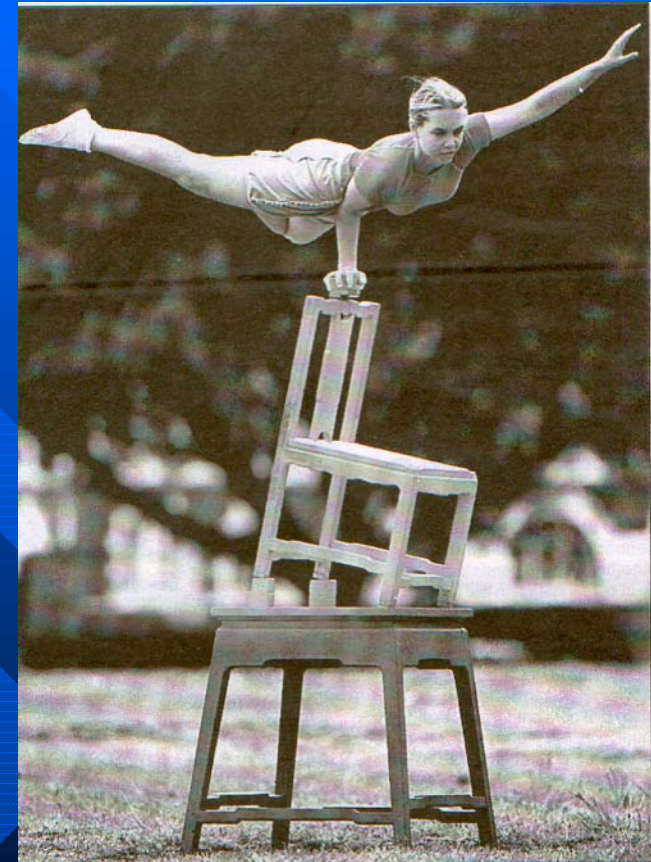
getting the balance right - what is a person?

- bio-psycho-social-spiritual
 - * biological / biochemical / genetic
 - * & psychological
 - * & social
 - * & spiritual



need to get the treatment balance right

- XS biological ?
- XS psychological ?
- XS social ?
- XS spiritual ?



traps in antidepressant use

- antidepressant without any adequate assessment
- prescription without preparation of the patient
- tranquillizers without the use of antidepressants
- AD use without any psychotherapy component.



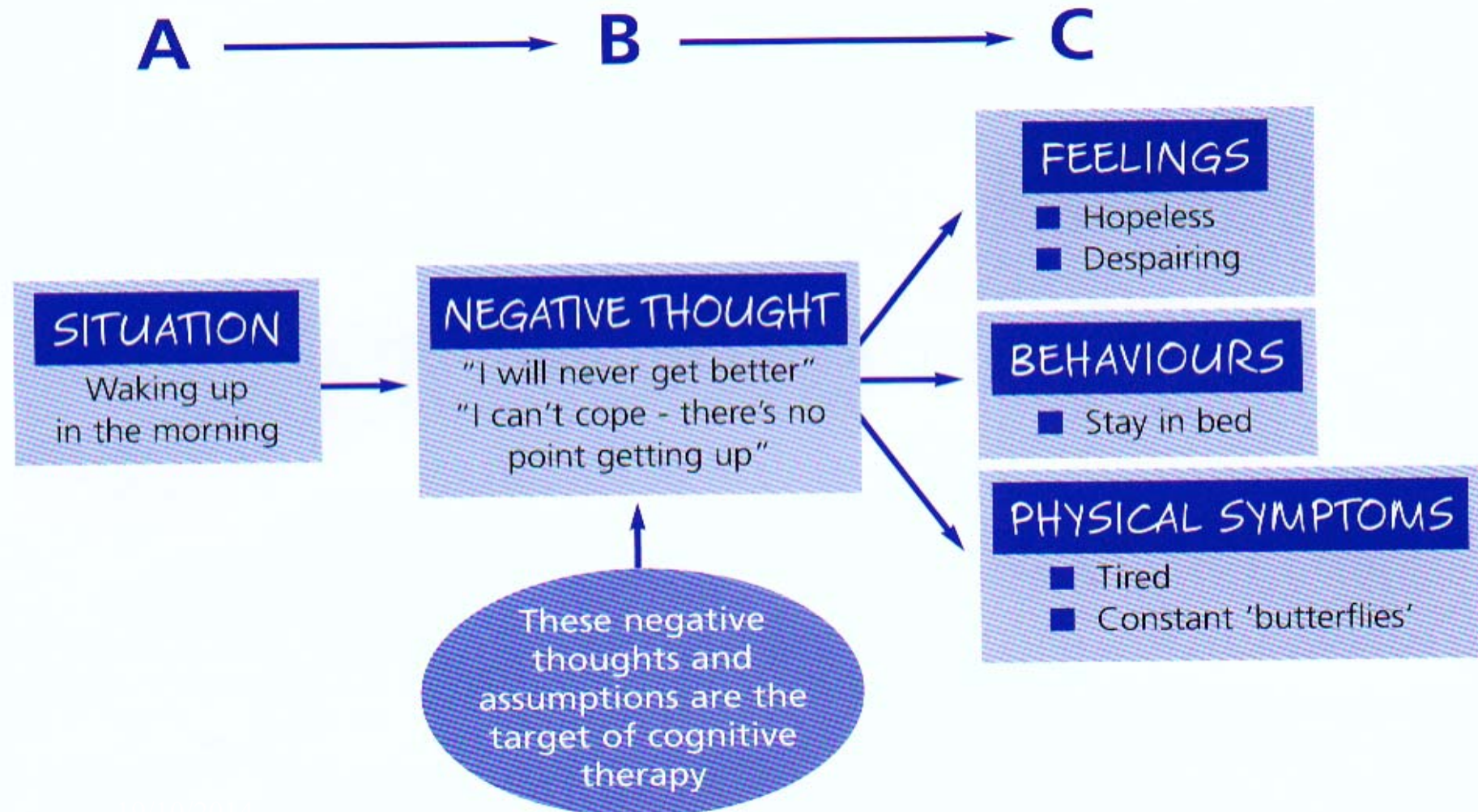
types of psychotherapy (counselling)

- 1. supportive: for symptom relief-
"counselling"
- 2. intensive therapy: for personality
damage
- 3. focus for depression/anxiety
 - * Interpersonal Psychotherapy (IPT)
 - * Cognitive Behaviour Therapy (CBT)



Cognitive Restructuring

The A-B-C of thinking



PET scan

- severe depression is an illness, you can see on scans
- -- not imaginary



issues for christians

- theology of personhood:
biological, psychological,
social, & spiritual
- medical knowledge is
General Revelation
- fears of treatment
often unrealistic
- some preaching misguided



issues for christians ?

- most psychiatrists and psychologists are not anti-christian: some are
- treatment for depression does not aim to make you happy, but relieve suffering & be as normal as possible
- anti-depressants are not addictive
- see an expert practitioner, irrespective of that person's faith

issues for christians ?

- prayer important but not a substitute for good treatment
- pray for:
 - * acceptance of a problem
 - * willingness to seek assessment & treatment
 - * insight to use talking therapy
 - * persistence



reluctance to accept referral

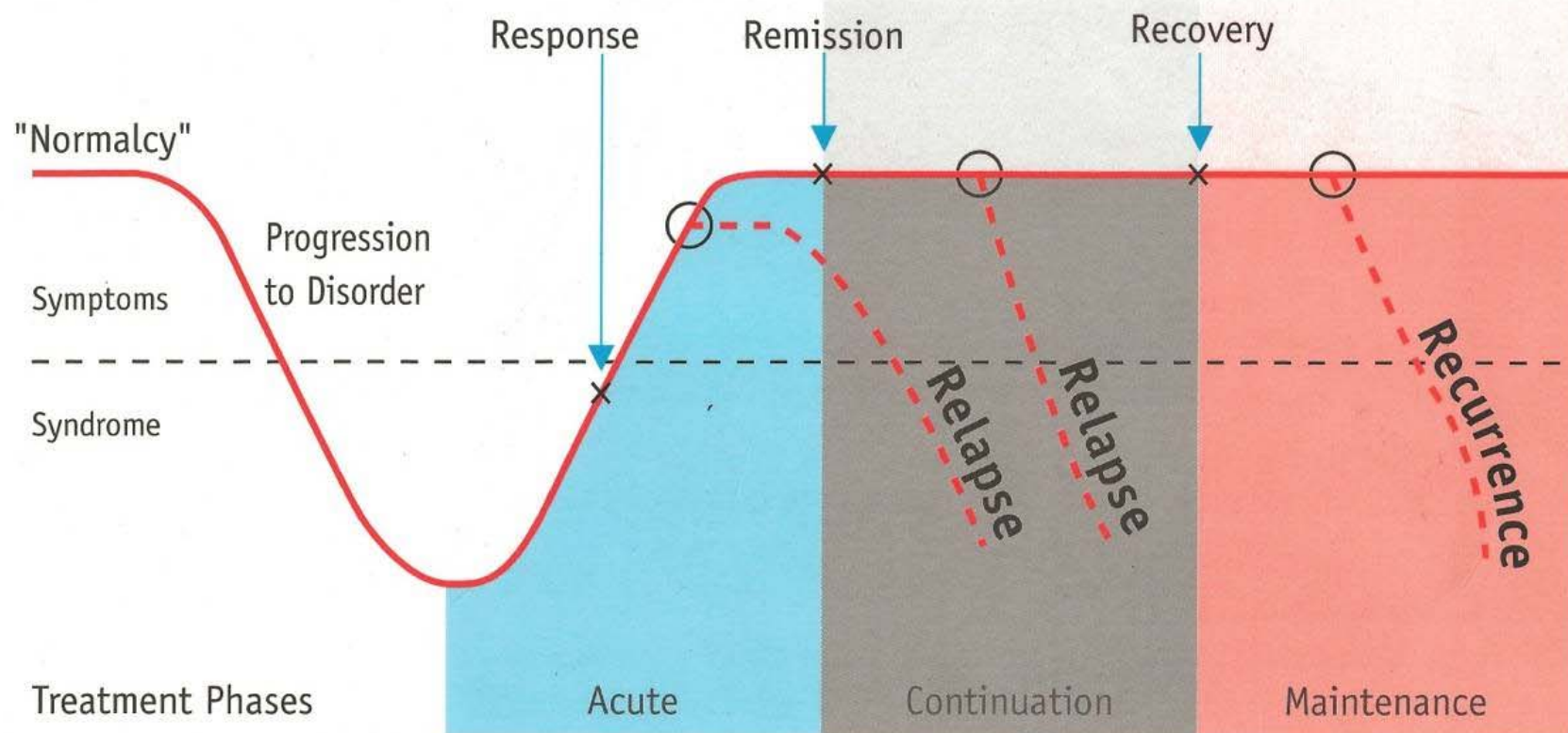
- for most people:
- depressive symptoms are frightening
- depression is stigmatising
- antidepressants are an unknown , may be considered a failure
- psychotherapy a confusing concept



ongoing management of depressive illness:

- 80% of patients with a Major Depressive Episode will have relapses
- depressive likely to be a **recurrent chronic disorder in most patients who have a Major Depressive Episode**
- it requires a 'disease management approach' like hypertension, diabetes, asthma

The *three* phases of treatment⁴



Kupfer D.J., J Clin Psych 1991; 52(5, suppl) : 28-34

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how does the Aus health care system work?

- GP is the point of first call: the co-ordinator
- may refer to:
 - psychologist
 - psychiatrist
 - for assessment
 - for treatment



rebates in australia

- consultations with private doctors and psychologists are rebated via Medicare up to a point
- private consults with doctors are nothing to do with private health insurance unless you are in hospital



rules for good mental health

- Select your parents carefully !
- Ensure there is no emotional, physical or sexual abuse growing up !
- Careful what features of temperament you inherit !

rules for good mental health 2

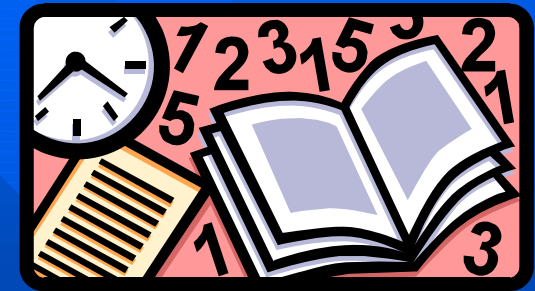
- Supportive partner or friends
- Get more friends
- Find the best work niche for your personality style
- Realistic goal setting; work-life balance
- Sort out faith issues
- Belong to a faith community
- Keep short accounts with God

rules for good mental health 3

- Get a good GP who listens;
if they don't- get another one
- See GP if unwell-in any way
- Talk things over with friends- often
- Don't treat yourself with alcohol
- Accept referral recommendations for good assessment
- Accept treatment (with 2nd opinion if necessary)

suggested reading on depressive illness

- Edelman S. Change your thinking: CBT. San Francisco: Marlow and Company, 2007
- Beating the Blues. Tanner & Ball. Doubleday
- Feeling Good: David Burns



links

- **RANZCP** <http://www.ranzcp.org>
--find a psychiatrist referral directory
- **APS** <http://www.psychology.org.au>
--find a psychologist referral directory
- **beyondblue**
<http://www.beyondblue.org.au> --lists
of GP's
- **APA** <http://www.psych.org>
- **Maranoa Consulting Rooms**
<https://www.sites.google.com/site/maranoaconsultingrooms/>



- your GP
- lifeline
13 11 14
- beyondblue
1300 22 4636
- emergency
000



take home messages- 1

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- many men cover up with work and alcohol
- depressive illness may have a serious outcome for men
--esp. suicide



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