SLEEPING DISORDERS,

DEPRESSION and

SUICIDE

GETTING TO THE HEART OF THE MATTER

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SLEEPING DISORDERS,

DEPRESSION and

SUICIDE

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Many people, at some period in their lifetime, will experience sleep disorders, depression, and possibly thoughts of suicide. The symptoms, causes, treatment and prevention are explained in the text of this booklet.

SLEEPING DISORDERS

CHARLES DICKENS AND FAT BOY JOE

A main character in Charles Dickens' first published book was described by the author as a "fat, red-faced boy" who sat on a box in a "state of somnolency."

This character is "Joe, The Fatboy" and the book is called The Posthumous Papers of The Pickwick Club. Remarkably, Dickens paints a medically accurate picture of what is known today as "Sleep Apnea Syndrome" —sleepiness.

Joe's sleepiness is overwhelming; he could sleep anywhere. "Slumbering ... over the stones, as if it had been a down bed on watch springs."

Joe could even sleep during a loud military exercise.

"... everybody was excited except the fat boy, and he slept as soundly as if the roaring of cannons were his ordinary lullaby ..."

One hundred and fifty years later, we know that Joe's sleeping disorder was most likely caused by a number of problems. Some of these problems include difficulty in breathing at night which leads to poor sleep. Sufferers like Joe are sleepy all day. They are often obese, have high blood pressure and are middle-aged men.

Joe's red face was probably caused by an insufficient amount of oxygen in his blood which causes extra red blood cells to be produced, leading to a "red face."

And let's not forget that Joe snored loudly.

"... (Joe) snores as he waits at the table ..." writes Dickens. In fact, we now know that snoring loudly is a part of the sleep apnea syndrome.

DIONYSIUS THE TYRANT

Dionysius was a tyrant of Heraclea at the time Alexander The Great reigned — circa 360 BC.

An obese man who suffered from daytime sleepiness and shortness of breath, Dionysius convinced his doctors to prescribe that long, fine needles be stuck into his sides and belly whenever he fell into a deep sleep. The Tyrant had a form of sleep apnea syndrome.

Folklore claims that he ultimately "was choked by his own fat."

Inability to sleep can confuse thinking, cause mental disorientation, irritability, muscular dysfunction, and cardiac stress.

CHARLES DARWIN

Many people probably do not know that Charles Darwin suffered from sleeping difficulty during the last 40 years of his life.

Darwin, otherwise known as "The Father of Evolution," wrote Origin of Species and created the evolutionary tenets of "survival of the fittest" and "natural selection."

This brilliant scientist, nonetheless, had a sleeping disorder. Some historians today say his problem was due to psychological troubles, but most say it was due to his physical ills of intestinal pains, palpitations and tiredness.

Darwin died at the age of 73.

WHY DO WE SLEEP?

There are several theories which attempt to explain the phenomenon of sleep. Why do we sleep? Why do we **need** to do it? Are our sleeping habits similar to those of animals?

Let's take a quick look at the two most commonly held theories among scientists today: the "safe environment" and "restorative" theories.

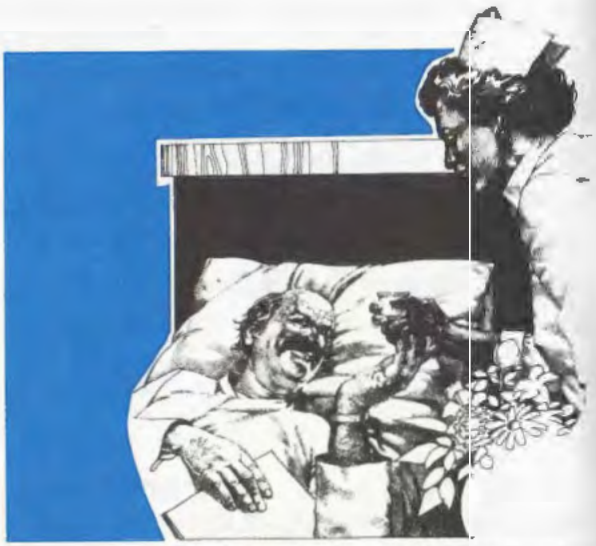
Let's begin with the "Safe Environment." Its scientific name is the "adaptive theory." Scientists who support this idea propose that sleep evolved in order to reduce activities which might be harmful to survival. For example, hunting for food or moving about aimlessly exposes animals (and humans!) to environmental dangers. If you are sleeping in a safe, enclosed area, you are in a secure environment for several hours — thus, your chances for survival are increased.

Scientists also contend that animals are "built" to respond to their environment. The elephant, for instance, sleeps only two hours each day. Why so short a snooze? The main reason is that elephants must hunt for food constantly. They must satisfy their voracious appetites or they will starve to death. For the elephant, there isn't much time for sleep!

Interestingly enough, the ground squirrel is a fraction of the elephant's size and it sleeps an average of 14 hours each day. They sleep in ground burrows which protect them from predators.

The other common idea about sleep is the "Restorative" or "Recovery" theory. Scientist contend that sleep is dangerous since it makes animals vulnerable to prey. However, animals must "risk attack" by sleeping because they must recover from the labors and wear and tear of daily life. As such, humans must also risk "vulnerability" when they sleep because sleep allows the body and mind to recuperate and energize for the next day.

Now that we know two of the theories which explain the reasons for sleep, let's learn about some sleeping problems we all can experience.



In severe cases of sleeplessness, hospitalization may be the only alternative. A diagnosis by a skilled neurologist and psychologist may help restore normality.

Sleep problems are also called "Sleep Disorders." Each one has a different name and some are more common than others.

You may have heard of insomnia. In fact, you probably have had it at some time in your life. It is the inability to sleep at night and can be due to medical illness or pain. Or, it can be related to stress or events of the day such as inactivity or drinking too much caffeine. Insomnia can last one hour or as many as 5 days! Nearly one-third of adults in the United States have some form of insomnia, according to Dr. George F. Howard III, Director of the EEG and Sleep Laboratories at Boston University Medical Center.

While insomniacs can't fall asleep, people with "excessive sleepiness disorders" can't stay awake. Daytime sleep and narcolepsy are two examples of these disorders.

Have you ever worked the night shift or experienced jet lag? If so, you have felt the effects of "sleep-wake rhythm disturbances." Other sleep-related disorders are sleep walking, sleep-related headaches, night seizures, night angina (chest pain during sleep).

If you have sleep problems, one place to seek help is at a sleep disorder center. These centers are run by physicians who are usually neurologists and psychiatrists who have the expertise and machinery to carefully study your sleep patterns.

The most common disorder treated at these centers is Excessive Daytime Sleeping (sleep apnea), followed by narcolepsy, sleep-related leg movements, and use and misuse of sleep medication.

Let's investigate further.

DAYTIME SLEEPING (Sleep Apnea)

Too often, daytime sleeping is mistaken for laziness. It may, however, be due to poor quality sleep at night which results from difficulty in breathing. This difficulty can be a result of a complete or partial blockage of the body's airway — a condition called "obstructive sleep apnea." It is most commonly found in obese men with high blood pressure. If you have sleep apnea, you probably sleep a lot during the day and snore loudly. You may develop early-morning headaches, have difficulty thinking and concentrating because

there is too little oxygen in your blood. You may also experience impotence.

Why does your body's airway become blocked? There are many possibilities: nasal obstruction due to colds, allergies, deviated septum; large tonsils or adenoids; excessive fat; and a narrow airway which, by chance, you were born with.

How does the airway become blocked? When you sleep, your tongue falls back in the throat and the muscles relax into the throat's center causing a blockage of air. Snoring is the result of moderate blockage, but more severe blockage can cause seconds of no breathing at all — possibly leading to heart attack and sudden death.

What conditions and activities can worsen sleep apnea? Hypothyroidism, diabetes mellitus, drinking alcohol, taking sedatives, heart failure, lung disease.

And how is this condition treated? The answer to this question depends on the complexity of the problem. Firstly, any underlying medical problem like hypothyroidism, obesity, heart disease, or diabetes must be dealt with and controlled. These conditions

all contribute to sleep apnea in complex ways. Secondly, there are various types of medications which are available to help relieve some blockage in the throat and nasal passages. Giving oxygen during sleep has also been found to be helpful to compensate for the oxygen deficiency due to a blockage in the body's airway. And lastly, doctors say several surgical procedures are available which can physically open a blocked airway.

It is important to remember that every one responds differently to each type of treatment.

NARCOLEPSY (Excessive Sleepiness)

Narcolepsy is most common in people who are in their late teens and early twenties. These young adults will have periods of daytime sleepiness that are virtually uncontrollable. And often, their nighttime sleep is disturbed which leads to frequent awakenings.

It is also common for narcoleptics to have a sudden loss of muscle control — a condition called **cataplexy**. This loss of control, which usually results in collapse to the ground, occurs during laughter, anger or other times of strong emotional expression.

Narcoleptics also frequently have hypnagogic hallucinations which are dreams that occur at the onset of sleep.

Excessive sleepiness often runs in families.

Narcolepsy can be partially managed with stimulants that help you stay awake. The more complicated aspects of narcolepsy can be treated with other medications.

So far, we've discussed sleep apnea and narcolepsy. Now, let's move on to other types of disorders commonly treated at sleep centers.

LEG MOVEMENT WHILE SLEEPING

Perhaps you or someone you know has had unusual leg movements while sleeping. These are repetitive movements of the legs (and sometimes arms) which occur about 1-3 times per minute, and can cause you to wake up for a brief time. As you can see, with these movements you could wake up hundreds of times each night.

The aged are particularly vulnerable to sleep disturbances. It may signal the onset of emotional difficulties. It should never be ignored.

This disorder, however, is not to be confused with sudden jerking movements which can happen when you are about to fall asleep. The latter movements are called "hypnic jerks." The cause of periodic leg movements is still unknown. Doctors associate it with "restless legs syndrome" and most people have experienced it at one time or another. You know you have it when your legs seem to take on a life of their own and it often occurs in the evening and continues into the night.

There are no easy cures for periodic leg movements but following certain guidelines can certainly help. Doctors recommend that you avoid nicotine and caffeine since doing away with stimulating drugs, especially at night, will reduce restlessness. An adequate

amount of exercise during the day has also been found to be helpful.

SLEEPING MEDICATION CAN HAVE ILL EFFECTS

Sleeping pills are one of the most commonly prescribed drugs in this country. An estimated 50 million Americans take some form of sleeping pill regularly or occasionally, according to David J. Fletcher, MD, in an article he wrote in the February '86 issue of Postgraduate Medicine called "Coping With Insomnia." Authors and Drs. P. Goldberg and D. Kaufman estimate that collectively, Americans consume more than 600 tons of sleeping pills each year. But while pills help you relax and sleep when used for short periods of time (2-3 weeks), they can become habit-forming and worsen sleep problems. Both alcohol and sleeping pills eventually eliminate REM sleep — the deepest and most refreshing phase of sleep.

The only way to solve this problem is to be slowly weaned off these habit-forming drugs. But remember, this can be difficult because the dependency can be both physical and psychological.

The most common sleep medications prescribed by doctors are: Xanax, Valium and Ativan.

DO YOU HAVE TROUBLE SLEEPING?

There are many causes of sleep problems. Some common causes of insomnia are related to psychological factors such as depression, mania, schizophrenia and obsessive-compulsive neurosis. Although the reasons for this are not yet clear, it is presumed by doctors that brain chemical imbalance is the culprit.

Sometimes, it is the most obvious, yet ignored situations that can make it difficult for you to sleep. Fletcher recommends that your bedroom be quiet, clean, comfortable and associated with sleep only. You should reserve work (as well as arguing, etc.) for other rooms.

Besides your environment, your eating habits can affect the way you sleep. Eating large meals before bed can cause insomnia. On the other hand, not eating for hours before going to sleep can lead to low blood-sugar which can cause sleep problems. A

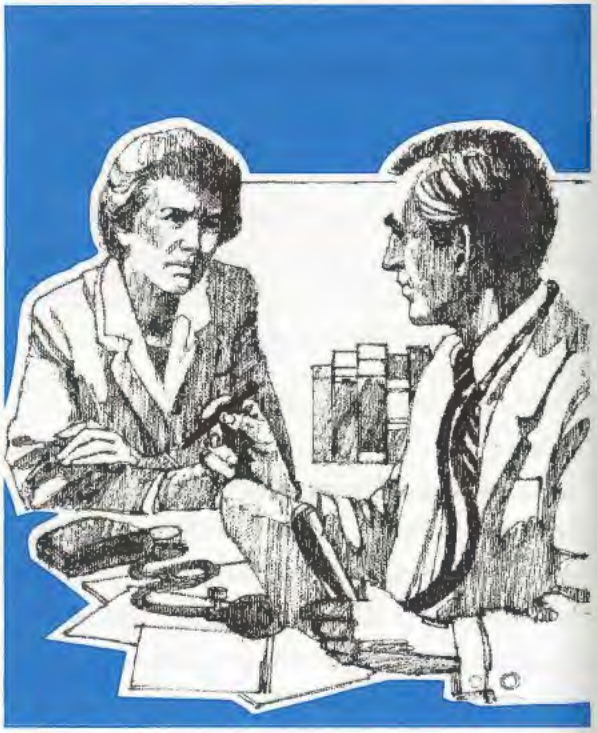
light snack, especially for diabetics, can be helpful before going to bed.

Drugs, such as caffeine in coffee, tea and soft drinks, and nicotine in cigarettes, can cause insomnia because they are stimulants. They all should be avoided at night.

Insomnia can be caused by many medical illnesses including heart failure, lung disease, arthritis, and virtually any medical condition that causes pain or makes you wake up frequently. But you can seek help from your physician.

Doctors also recommend certain types of pillows that are designed to give you proper support.

If you are unable to solve your sleep problems alone or with the help of your doctor, you may want to consult a sleeping disorder center. They are located across the country and your sleep problems can be studied there with advanced equipment and expert knowledge. You should seek treatment at these centers if you have chronic sleep difficulty lasting longer than one to four weeks.



A frank discussion with your physician in chronic cases of sleep difficulty is most desirable. He may refer you to a "sleep center" or a specialist.

If you have short-term sleeping difficulty due to stress or grief, you probably do not require the use of a sleep center.

RELAXATION TECHNIQUES CAN WORK WONDERS!

If you have trouble falling asleep, you can try relaxation techniques recommended by sleep experts. Progressive muscle tension/

relaxation exercises at bedtime can work magic. Biofeedback principles work in similar ways as muscle relaxation. After using a biofeedback machine, you can progressively relax your muscle groups to rid tension.

Visualization, meditation, massage and yoga can also effectively reduce tension.

BOOTZIN METHOD

Have you ever been told to go to bed **only** when you're sleepy? If so, chances are this advice evolved from the "Bootzin Method" of aiding sleep. It is based on the principle of going to bed **only** when you are tired. If you cannot fall asleep within 10 minutes, you should leave the bedroom and do something else (read, watch TV, etc.) until you get the urge to sleep.

SLEEP AIDS

You can also try the various mechanical aids that are available today. For example, eyeshades, earplugs, vibrating beds, and electric blankets all fall into this category and can work wonders! They can enhance your sleeping environment.

L-TRYPTOPHAN

L-Tryptophan has received a lot of publicity in recent years for helping people fall asleep. It is a natural amino acid (which in long chains forms proteins) that is converted in the body to **serotonin**, a major sleep-inducing brain chemical. L-Tryptophan is available in tablet form in health food stores and can be helpful for inducing sleep.

TRADITION! TRADITION!

Hot baths, warm milk, and a little bit of wine are all tried and true ways of helping you fall asleep. A hot bath can help you feel drowsy and relaxed. Adding bubbles, music or even candlelight can turn the bath into a pleasurable event. It increases blood flow to the skin and makes you sleepy.

Warm milk is soothing and can induce sleep since it contains large amounts of the L-Tryptophan. **Doctors say if you drink a glass of warm milk, you won't need a Tryptophan pill each night.**

A small glass of wine before bedtime can help relax the insomniac. However, larger

quantities of alcohol can add to insomnia and doctors warn that **wine should never be used if you are taking sleeping pills.** Alcohol and sleeping pills taken together increase obstruction to the body's airway passages and can cause you to stop breathing.

FIGHTING DEPRESSION

Mildred Reardon, aged 62, had lost her husband within the past year. She grieved for several months and then tried to go on with her life. On the surface, she seemed to be adjusting to a new lifestyle and functioning reasonably well. She had a part-time job which she'd held for a long time and she performed her job diligently.

But Mildred began to develop chest pains which she felt during the day and at night. They would wake her from sleep and create some difficulty in breathing. She went to one doctor who found no cardiac problem after a very careful workup. But she did not believe his diagnosis and then went from doctor to doctor to uncover the cause of her pain. She emphatically believed that she had "heart trouble" or a severe cardiac condition which would surely kill her at any moment. But specialist after specialist uncovered no organic problems at all.

Soon she stopped going to her job for fear that working would aggravate her condition. She stayed home, believing death was near,

though there was no scientific or medical evidence to back this up.

JOHN EMMETT

John Emmett, aged 66, had retired from a job he'd enjoyed all his life. He had risen from salesman to sales manager of a small company and had felt very gratified with his personal and financial success. But his company retired him at age 65.

He and his wife had made no real plans for retirement, expecting to travel and generally sit back and relax. But this relaxation was deadly for him and he couldn't adjust to it.

People affected with depression become sloppy in their appearance, are continuously sad, experience loss of sex drive, have difficulty socializing, worry about their health, eat poorly, lose weight, walk around aimlessly at night, and refuse medical assistance.

Slowly, he withdrew from friendships and even conversations with his wife. He still loved his children and grandchildren, but would not go to visit them. Even his old friends, some of whom were also retired, became very boring. He wouldn't socialize with them anymore.

He developed disturbed sleep habits, getting up many times during the middle of the night just to walk around the house. His days were even more agonizing, for this formerly active man now didn't even want to leave the house. His wife coaxed and urged, but the more she tried, the more he sat back, almost unable to go out and face the world.

CYNTHIA JENNINGS

Cynthia Jennings, aged 56, was convinced she had cancer. She smoked moderately and had never felt the need to stop. Her husband had died many years before, and her children were grown and lived in different parts of the country.

She could not eat food and found it difficult to swallow. Slowly, she lost weight until her body was shrunken. This convinced her even more that she had cancer. Of course, she knew that weight loss can be a symptom of the disease.

She would not seek medical help until a thoughtful neighbor telephoned one of her children. When her son came to visit his mother, he was shocked at her appearance. As soon as she realized her neighbor had phoned her son, she was furious, and went to a lawyer to initiate a lawsuit for invasion of privacy.

Her son could not force her to go to a doctor and she became thinner and thinner, as well as dehydrated. When the problem was severe enough, she was admitted to a hospital for the dehydration, but she resisted any attempt to examine her.

Eventually, she was sent home and eating and drinking even less, she suffered severe malnutrition. Within a year, she was dead, still convinced she had cancer. An autopsy revealed no trace of cancer or any organic illness. Her depression had killed her, since she deprived herself of food and drink and any essential nutrients necessary for life.

All three of the individuals described were victims of depression. Each one of them could have been helped if they wanted to be, but many people refuse to acknowledge that they could use help. They deny it to themselves,

and their symptoms worsen. The ones who are able to accept help can improve and learn to live happy, productive lives.

HOW WIDESPREAD IS DEPRESSION?

Eight million Americans suffer from depression, and many of them fall between the midlife and old age range. It has been estimated that 20 percent of the aging suffer from it, but of course, that leaves 80 percent who do not.

However, most depression can be treated and reversed. As some psychiatrists currently point out, the diagnosis of depression is really good news. Most patients, 80 percent, will get better when their depression is treated.

WHAT IS IT LIKE TO BE DEPRESSED?

Or, you may ask "What is the difference between sadness and depression?"

Sadness is normal. Everyone is sad at one time or another. Sadness is a feeling of lowness. It can last days and even weeks but it soon subsides. It can be caused by losing a job, having the flu, breaking up with a girl-

Emotionally depressed people have a feeling of hopelessness and are convinced that they are sentenced to a life of emotional imprisonment. Suicide is considered often as the easiest and only way out.

friend or a boyfriend, being turned down or disappointed. But, depression is different.

Depression is a penetrating, all-encompassing and overwhelming feeling. **Depression prevents you from eating well, sleeping soundly, functioning at work. You lose your sex drive.** Your train of thought is pervaded by bad thoughts. You have a general feeling of dejection, guilt and shame. Not suprisingly, your self-esteem is low.

Perhaps the personal experience of Journalist Percy Knauth more aptly describes being in a depressed state. In his book A Season In Hell, he writes:

"As the lack of sleep wore me down, a sense of hopelessness enveloped me. I knew that nothing I did could change the situation. There was nothing I could do ... I understood that the only tool I could fight with — my mind — was the very part of me that was affected."

WHAT ARE THE SYMPTOMS OF DEPRESSION?

If you are depressed you may have trouble falling asleep at night, and once asleep, you may wake up at 3 or 4 a.m. — a possible result of hormonal imbalances.

Besides insomnia, you may lose your desire to eat. Food may taste bad and you will probably lose weight.

For some people, it becomes increasingly difficult to perform daily functions such as regularly going to work, doing household

chores, enjoying hobbies. In many cases writing a check or even cleaning the dinner dishes seem like insurmountable tasks!

Symptoms of depression also include a loss of self esteem and an overwhelming feeling of guilt. You may blame yourself for past failures or blow problems out of proportion. You may feel worthless and overlook any achievements that are rightfully yours!

You may have a feeling of hopelessness when a bad situation seems as if it will never get better. Emotionally depressed people feel like they are sentenced to a life in emotional imprisonment and purgatory. Often, suicide seems to be the easiest and only way out.

Doctors believe that psychological distress can often lead to physical ailments such as headaches, stomach troubles, general fatigue or aches and pains. These complaints are particularly common among the elderly.

REACTIVE DEPRESSION

Actually, there are five kinds of depression discussed in the scientific community today.

Let's look at what scientists call "Reactive" depression. Reactive depression is when you become depressed while being exposed to serious stress resulting from a death or a divorce, etc.. Feeling depressed is a normal reaction under such circumstances. Interestingly, there does **not** appear to be a connection between the severity of stress and the severity of depression, doctors say. Reactive depression is clearly a reaction of grief.

PHYSIOLOGICAL DEPRESSION

Another type of depression specifically accompanied by weight loss, insomnia, slow movements, guilt, etc. is called "Endogenous" depression. In recent years, it has been used to describe depression that results not from life stress but from a **physiological** problem.

While some degree of distorted thinking exists in most cases of depression, a minority of depressed people become psychotic. **Psychotic depression occurs when the depressed person has hallucinations or false beliefs (delusions). Incidently, psychotic depression appears to increase among the elderly.**

MANIC DEPRESSION

You've probably heard more about "manic-depression" than any other type of depression. Technically it is called "bipolar depression" and the two behaviors that characterize it are — not suprisingly — mania and depression.

Symptoms of mania include agitation, rapid speech, confused thoughts, hypersexuality, daring acts. Bipolar depression is different from other types of depression. Manic depressives, when depressed, are more likely to sleep excessively rather than have insomnia. They also complain of physical ailments more frequently.

Studies have shown that manic-depression is highly hereditary.

ATYPICAL DEPRESSION

"Atypical" depression is usually less severe than endogenous depression. People with atypical depression eat and sleep excessively in contrast to other types of depression where people eat and sleep poorly.

An important type of atypical depression is called "Masked Depression." It is characterized by vague bodily complaints like general pain, discomfort or specific pain without an identifiable cause. It is more common in the elderly.

WHAT ARE THE THEORIES ON THE CAUSES OF DEPRESSION?

There are three major psychological theories which relate to depression.

COGNITIVE (or thinking) DISTORTION

People who have had negative experiences early in life, such as the loss of a loved one or constant failure, may have distortions in thinking. Magnifying the significance of problems or thinking only in extremes and not being able to recognize the "grey" area in situations are examples of how depression can occur. These people have the tendency to view the self, future, and world in a negative way.

Treatment of this type of depression by many psychiatrists includes:

1) Identifying distorted thoughts
2) Evaluating reasonableness of thoughts
3) Substituting reasonable thoughts instead
4) Identifying and changing bad thoughts and assumptions which lead to depression

SIGMUND FREUD'S PSYCHOANALYTIC THEORY

This theory states that depression is the result of despair over a loss of a person or thing and the anger over that loss is turned inward on oneself. Simply, depression or melancholy is a misdirection of anger. It is usually from a childhood loss such as losing the love of a mother or the death of a loved one.

Treatment involves redirecting the anger away from oneself and toward an appropriate object.

LEARNED HELPLESSNESS

When animals were subjected to unescapable shocks during a scientific study on animal behavior, they had difficulty eating and sleeping and stopped grooming themselves. This behavior has been compared to human depression in that people think that whatever they do, the outcome will be the same. "It is out of my control," is the common feeling.

According to theory, this feeling may develop after repeated failures which lead to a break in connection between what a person does and the outcome of a situation — ultimately, a person sees no relationship between what they do and the final outcome.

HORMONES AND DEPRESSION

Although there has been no conclusive proof, there are many interesting relationships between how the hormones work in the body and depression.

First of all, certain hormonal diseases of the thyroid, adrenal and parathyroid glands

can be accompanied by depression above and beyond any normal reaction to an illness.

Secondly, in the 1960s it was discovered that an important part of the brain called the hypothalamus is closely connected to the hormonal system. In fact, the hypothalamus is known to be involved in regulating sleep, appetite and sex drive. Sleep, eating habits and the libido are all affected by depression.

Finally, women are predisposed to depression just before menstruation, immediately after pregnancy, and during menopause. All of these bouts with depression are hormone-related, but to date, no sure answers have been found.

CHEMICAL HYPOTHESIS

The 1960s was a time of political and social change. It was also a time for medical advances including the first heart transplant. Early in the decade, when medical experts discovered that anti-depressant drugs such as Imipramine were found to increase the levels of neurotransmitters (chemical messengers) in the brain, the "Biogenic Amine Hypothesis" arose. This theory proposes that

depression is due to abnormally low levels of these brain neurotransmitters.

Although this theory is still surrounded by controversy and much still must be learned, evidence does indicate that certain chemical messengers such as serotonin, norepinephrine and dopamine are increased by the antidepressant drugs.

SOCIOCULTURAL THEORY

Mendels, a researcher in the causes of depression once wrote:

> "A variety of social, cultural, religious, and educational factors may exert some influence on the incidence and form of the affective (mood) disorders. It is apparent that child-rearing practices, religious training, cultural patterns of mourning, the presence of socially acceptable outlets for aggression and other drives, the extent to which a culture inculcates guilt or diffuses personal responsibility, and specific genetic traits in any group of people will influence the development and form of depression."

Simply stated, this passage means there are many complex interactions including religious, childrearing, cultural, and genetic traits which combine to cause depression.

Mendels is only one researcher in the field of depression but his theory is one that relates to a wide variety of people. One group that may demonstrate his theory is women who have been **socialized** in such a way that they experienced learned helplessness later in life. As a result, they are predisposed to depression. This, it is proposed, is why twice as many women suffer from depression than men.

HEREDITY/GENETICS

The role of heredity in depression is most striking in cases of manic-depression. Although less pronounced, studies indicate that genetics also exists in other types of depression. Research is still being conducted to find definite answers.

SOCIAL ROLES

We all experience role changes at some point in our lives. For example, starting a new job, retiring, becoming a parent or a grandparent. Many positive or negative changes which affect our roles in life can bring on some form of depression. Also, being in a role that causes conflict can lead to depression. For example, becoming pregnant when one is not ready for children.

DEPRESSION IN THE ELDERLY

Medical experts and psychiatrists quote the following statistics:

Nearly 20 percent of the estimated 30 million people who are 65 years and older in the United States suffer from depression.

Approximately 12 percent of the elderly who are diagnosed as senile (having dementia), may actually have false dementia due to untreated depression.

The incidence of depression in women peaks between the ages of 45 and 55; in men, it increases into the 90s.

Suicide that results from depression is four times more common in the elderly than younger adults.

Psychotic depression appears to be more frequent as one gets older.

COMMON CAUSES OF DEPRESSION

Different events during your lifetime can predispose you to depression. Adolescence is often a very difficult time and can cause depression. Women often experience "post partum" depression soon after giving birth. And let's not forget the mid-life crises. Senior citizens should be aware that they may feel depressed if they are chronically ill or if pain due to ailments causes them to lose function in some parts of their bodies.

ISOLATION

Another contributor to depression is the feeling of isolation. Often senior citizens live alone and their families have moved many miles away. If he or she has a physical dis-

ability, it becomes difficult and sometimes impossible for a senior to leave the house.

RETIREMENT DEPRESSION

Depending on an individual's perception of retirement or "The Golden Years," depression can set in. This feeling usually comes about if the retiree **believes** he or she is no longer a productive member of the community.

DRUG DEPRESSION

Of course, certain prescription drugs can contribute to depression at any age. The most common culprits are medications used for high blood pressure and heart disease.

BEREAVEMENT

And lastly, bereavement can cause deep depression. In cases of grief over the death of a spouse, the melancholy can sometimes lead to an early death of the survivor.

THE BIOPSYCHOSOCIAL MODEL AND THE ELDERLY

An explanation of the following model is intended to offer you insight into a theory which proposes that depression in the elderly is caused by the interaction of biological, psychological and social factors.

Let's break apart the model to help explain what it means:

BIO

A number of biological factors can contribute to depression. These include:

- —hormonal changes with age such as a drop of estrogen in women
- —lower levels of neurotransmitters (special chemical messengers in the brain)
- —an increase of MAO. (MAO is an enzyme which lowers neurotransmitter levels)

PSYCH

The psychological factors in this theory revolve around how an aging person handles

the loss of loved ones or objects, copes with the social aspects of aging, and maintains self esteem throughout all of life's changes.

The beliefs of Sigmund Freud, the renowned psychiatrist, enhance our understanding of the relationship between the mind and our emotions.

Freud believed that the "loss" experienced in depression may be due to something lost or missing within oneself; whereas, the loss in normal grief is simply a loss through death. In melancholy, according to Freud, there is guilt and low self esteem that come from hostility one unknowingly (unconsciously) directs toward the lost object. This anger is ultimately directed against oneself and depression results.

Besides Freud's theories, other possible factors in elderly depression include what is termed "learned helplessness." When people are placed in situations that render them helpless they may feel as if they are helpless or not in control. Examples of these situations are being placed in a nursing home, or depending on others due to physical or financial hardship.

SOCIAL

Social factors such as the loss of a spouse, siblings, children, or friends can be devastating and contribute to depression. Other potential contributors are an unhappy retirement, "ageism" or social discrimination against the elderly, and physical disabilities.

It is often hard for doctors to tell if an elderly person is becoming "just cranky" due to an illness or severely depressed. The following is a list of symptoms that can be present with all of the above and can make it difficult to distinguish between the problems:

1) sleep disturbances, especially frequent nighttime awakenings

2) decreased appetite

3) constipation

4) tires easily

5) aches and pains

6) withdraws from social and/or recreational activity

It is important to remember that masked depression can cause an older person to complain of many bodily aches and pains. He or she will complain about the pain — but may not even be aware of the depression.

PSEUDODEMENTIA

Similarly, severe depression can result in senile-like behavior called "pseudodementia." This name means false senility and is appropriate because deep depression **can** be disguised as dementia.

People with this problem may answer questions with "I don't know," or "I can't remember," but, in fact, it is not their memories that are affected. It is apathy, poor attention, and/or despair that are at the root of pseudodementia. **A truly senile person would answer a question with nonsensical words even if he or she does not know the answer.**

Pseudodementia can be treated and resolved with anti-depressant drugs. But keep in mind, however, that depression does commonly accompany true senility.

PARKINSON'S DISEASE

Nearly 40 percent of people with Parkinson's disease — a disease which leads to difficulty in movement — develop depression, according to Richard Mayeux, MD, of Columbia University College of Physicians and Surgeons. It is difficult to diagnose depression in these cases because changes in appetite, sleep habits, and sexual desire are common in both depression and Parkinson's.

Suicide is **uncommon** among those with Parkinson's disease.

STROKE

After suffering a stroke, a person can feel depressed because he or she fears a loss of independence and love. If the stroke victim suffered damage to certain parts of the brain, he or she may also have "aphasia" — the inability to comprehend or speak language to communicate fully. Aphasia can cause frustration, helplessness and depression.

Stroke may also result in the paralysis of limbs, again, a situation which can lead to depression.

Interestingly, there is **no** connection between the degree of physical or mental dysfunction due to stroke and the degree of depression, according to Dr. John R. Lipsey, Johns Hopkins University School of Medicine.

Another interesting finding from recent medical studies is that damage to the left, front part of the brain usually results in the most severe depression; damage to the front, right brain usually causes inappropriate cheerfulness!

HUNTINGTON'S DISEASE

Huntington's disease also affects the brain and results in severe movement disorders and deterioration of thinking abilities. Its relentless course lasts 15-20 years and, in that time, depression is common.

It has been stated in many medical studies that there **is** a high rate of suicide among Huntington's sufferers.

CANCER

Cancer can lead to physical disability, pain and terminal illness. There is also a stigma associated with cancer and a fear of it which causes depression in those who have the disease. While depression is common, it is often not diagnosed by physicians.

MEDICATIONS AND DEPRESSION

According to the Listing of Side Effects in the Physicians Desk Reference, many commonly used drugs can cause or contribute to depression:

For hypertension (high blood pressure):
- Clonidine (Catapres)
- Hydralazine (Apresoline)
- Methyldopa (Aldomet)
- Propanalol (Inderal)
- Reserpine (Serpasis or Sandril)

For Parkinson's disease:
- Levodopa (Dopar, Larodopa)
- Levodopa + Carbidopa (Sinemet)
- Bromocriptine

Hormones:
- Estrogen
- Progesterone
- Cortisone
- Prednisone

Other drugs: Digitalis, tranquilizers, narcotics

In addition, there are many **medical conditions** that may cause or contribute to depression. They include diseases of the:

- Thyroid gland
- Adrenal gland
- Parathyroid gland

Other medical conditions include:
- Low blood sugar
- Diabetes Mellitus
- Multiple Sclerosis
- Rheumatoid Arthritis
- Lupus
- Cancers (of the brain, pancreas, blood)
- Heart, liver, or kidney failure
- Depression following viral infection (especially pneumonia)

VITAMIN DEFICIENCIES

Vitamin and mineral deficiencies, especially in iron, folate and vitamin B12, can contribute to depression.

Iron deficiency is common in menstruating women, pregnant women, children during growth spurts, malnourished individuals, and those with chronic blood loss.

Vitamin B12 deficiency can occur with alcoholism, intestinal sprue, pernicious anemia, and strict vegetarians.

Folate deficiency is more common in pregnancy, alcoholism and intestinal malabsorption syndromes.

APROSODIAS

Aprosodias is brain damage that is mistaken for depression. Damage to the right side of the brain (usually a result of stroke) causes difficulty in understanding the expression of emotion through sight and sound. For example, crying, laughing, smiling, frowning are emotional responses that are

affected by aprosodias. The result is that people with aprosodias may be depressed, but cannot show it. They can also appear depressed (showing little emotion) **without** actually being depressed.

TREATMENTS FOR DEPRESSION

The treatments described in the next few pages are in common use by practicing psychiatrists today.

COUNSELING

Schools of thought on methods of counseling for depression vary among therapists. For instance, psychoanalysts will listen to help **you** realize what is the root of your depression. On the other hand, behavioral psychiatrists (or psychologists) will offer suggestions on how you can change your behavior to help overcome melancholia. Taking "assertiveness training" courses, if you have problems with interpersonal skills, is an example of self-help treatment that can be recommended through counseling.

Sometimes, thinking distortion is believed

to be the cause of one's depression. For example, elderly people often incorrectly perceive themselves as useless to society. In such cases, techniques to "re-align" the person's thinking will be used. In most cases a combined approach is used.

MEDICATION

In addition to counseling, most psychiatrists will prescribe anti-depressant medication to those with severe depression. Many drugs fall under the anti-depressant category and it is presumed that many work by raising brain chemical (neurotransmitters) to normal levels.

If there is a medical cause for depression such as inactive thyroid gland or a drug to control high blood pressure, these would, of course, be treated by giving the person thyroid hormones and by adjusting the blood pressure medication.

ELECTRIC SHOCK TREATMENT

Electric shock treatment (ECT-electro-convulsive treatment) to the brain, though seemingly gruesome, can be very effective for treatment of depression in certain people. Side effects are usually temporary amnesia and confusion.

Electric shock treatment is reserved for deeply depressed people who:

a) do not respond to long-term drug (anti-depressant) therapy.

b) are seriously suicidal and cannot wait the 2-4 weeks for drug treatment to take effect.

c) can not tolerate the side-effects of anti-depressant medication (usually elderly people).

d) psychotic depression in the elderly.

e) pseudodementia in the elderly.

VARIATIONS OF DEPRESSION

HISTORICAL

Throughout the centuries, depression and other mental illnesses have been explained as punishment for religious or moral sin.

It is now believed that in the 16th and 17th centuries depressed people with psychotic hallucinations were labelled as witches who practice "black magic." They, of course, were burned at the stake.

In the same era, depression was attributed to a weakness or defect in a person's belief in God.

As the 20th century approached, a scholar named Richard von Krafft-Ebing wrote what is considered a typical case history of religious melancholy:

> "A patient naturally religious that has fallen a victim of melancholia takes refuge from his depression and fear in prayer. The failure to obtain the uplifting and comforting feeling that prayer formerly gave makes prayer seem ineffectual. The patient realizes this with horror, and falls into despair. He sees

that he is abandoned by God, and has lost eternal happiness. He deserves this fate because he is a sinner, has prayed too little, and not honored God enough."

By the 20th century, religious melancholia as a disease or type of depression disappeared.

LYCANTHROPY (wolf-madness)

Throughout history lycanthropy was a form of depression derived from a person's belief that he or she had taken the form of a wolf. This perception may have been the origin of the idea for the "Werewolf" movies.

In the 4th century, Oribasius of Pergamon described lycanthropy as follows:

> "Such persons went out at night, imitating wolves in every way and staying around tombs until daytime. The signs were paleness, languid expression without tears; the eyes were hollow, the tongue was extremely dry and no saliva escaped the mouth; the sufferers were dry and had incurable ulcers on their legs from frequently running into things."

He also stated that lycanthropy was a form of depression.

SCYTHIAN MELANCHOLIA

A related disorder called "scythian melancholia," in which a man believed he was transformed into a woman, was described in medieval times. Perhaps these people had what is today called transsexualism (the desire to be the opposite sex) or transvestitism (the desire to dress in woman's clothing). Often, transsexuals are quite depressed until they are surgically transformed into the opposite sex.

LOVE-MELANCHOLY

Otherwise known as love-sickness, love-madness and lover's malady, this type of depression was characterized by sleeplessness, grief, tears, poor appetite and lament over a loved one.

NOSTALGIA

Nostalgia, as described by Johannes Hofer in the late 17th century, usually afflicted

young people and army soldiers who lived in foreign lands. Nostalgia is homesickness, resulting in depression and sometimes, physical illness.

Sometimes, the depression deepened to the point of suicide. By the 20th century, however, fewer and fewer cases of the extent of this form of depression were reported.

SEASONAL DEPRESSION

Unlike the depression variations described above, seasonal depression is common nowadays. It is a form of depression that recurs annually at a certain time of the year. When the days grow shorter in autumn, seasonally depressed people experience depression, sluggishness, anxiety and irritability. They tend to sleep longer hours and withdraw from social activities. As spring approaches and the days grow longer, people with seasonal depression have renewed energy.

If seasonal depression sounds like hibernation, which is common in animals, it is because seasonal depression may be a human variation of hibernation. Current medical research traces this seasonal moodiness to the **pineal gland** located in the center of the

brain. This gland produces a hormone called **melatonin** which is important in the control of sleep and daily cycles.

When a seasonally depressed person is exposed to bright lights for 2 to 3 hours on a winter day, the depression subsides. The lights have mimicked the longer spring day.

SUICIDE

LIVING MAY BE TOO DIFFICULT

Barry is 30 years old and was diagnosed at age 17 as having schizophrenia, a serious mental illness. He was on medication and doing well on medication until he began to deteriorate over a two-week period. He became paranoid, thinking his entire town knew he was going crazy.

One evening, he climbed up to the roof of his home and jumped feet-first. Upon landing, he broke several bones in both his legs and when asked, Barry replied, "I had planned to jump head-first, but I was not sure I wanted to die, so I changed my mind." Later, while in the ambulance, Barry said, "The excruciating pain of broken bones does not compare to the emotional pain due to my mental illness."

People who attempt suicide are usually unsure that they want to die but they may not see any alternatives to their internal pain.

HE MUST BE SENILE

Tom is 67 years old and a recently retired salesman. Over the past year, Tom has lost some weight and given up his hobbies and interests. His childhood friend claims his personality appears to have changed. Tom's friends at the senior center (which he no longer attends) noticed he has been using the words "I don't know" a lot lately. They all agree he must be going senile.

Two weeks later, police cars surrounded Tom's home as he had taken his life. He left a note stating he could not go on feeling so lonely since his wife's death. Since his forced retirement, he felt useless and unproductive. "I can't go on living this way," he wrote in his letter.

A family friend who is a physician realized that Tom had not become senile, but depressed. This condition can mimic senility in the elderly and is aptly called "pseudodementia." Earlier recognition of Tom's depression and proper treatment with antidepressant medication may have saved Tom's life.

INTRODUCTION

Suicide has many faces. For centuries, the Japanese condoned suicide for people who "lost their honor." Even today, some people die for national and patriotic beliefs — a heroic suicide. In the 11th or 12th century BC, Samson, a biblical hero, brought down the Philistine Temple upon himself and his enemies. Teenagers do dangerous things such as driving recklessly or abusing drugs; adults neglect their health. These can be termed "passive suicide." Many other people take their own lives because of deep depression and feelings of hopelessness. To these people, there is no way out of a bad situation. Contributing factors include: bereavement; chronic illness; emotional and/or physical pain; loss of usefulness in the family, community or society; marital or job strains; or a combination of factors.

There are no boundaries to suicide. It can affect the poor or rich, and any race or religion. Abraham Lincoln, our 16th president, contemplated suicide when he was in his early thirties. If his depression had resulted in suicide, the state of this union may have been quite different.

The physicians of ancient times provided their patient with poison when they saw that their disease was incurable or the pain too great. The Roman Stoic who thought he had had enough of life had his veins severed by a trained technician.

Aristotle, on the other hand, believed it was cowardly to give in to bodily pain. In about 400 A.D., St. Augustine denounced suicide as a sin. This was the first time the Church took a position against this act.

Suicide is frowned upon in modern civilization and physicians take the Hippocratic Oath to always strive to preserve life. Each individual, however, has his or her own opinion on whether suicide is acceptable or not. Is it right or wrong to end one's own life when in severe pain? There are no simple answers and many great doctors and philosophers have tried to put the act of suicide into perspective. The highlights of these theories will be discussed later, but first let us see who is at greatest risk for committing suicide.

SUICIDE STATISTICS

** Suicide is the 10th leading cause of death in the United States.

* Women threaten and attempt suicide 3 times more often than men, but men complete suicide 3 times more frequently since they use more lethal means.

** In the United States, nearly 30,000 people die annually from confirmed suicide. There are many more suspected suicides or deaths that are "covered up" suicides.

** The incidence of suicide in alcoholics is 50 times the national average, and alcohol is involved in 25% of all completed suicides.

* 60% of successful suicides are completed by people who have made previous attempts.

* Suicide is 4 times more common in the elderly than in younger adults.

** According to Dr. Daniel Gamen, Chief of Community Mental Health Service, Fort Irwin, CA

* Postgraduate Medicine, June 1986, "The Suicidal Patient."

All other statistics are attributed to medical experts.

WHO IS AT GREATEST RISK FOR SUICIDE?

The act of suicide usually has some definable cause that involves a great deal of stress. Many psychiatric studies have shown that the following are factors which are most likely to contribute to taking one's own life:

* A previous attempt at suicide

* Verbal suicide threats

* Chronic illness such as cancer, Huntington's Disease and any illness that causes long-term severe pain

* Loss of a spouse or other loved one

* Alcohol or drug abuse

* Financial strains — loss of money, insufficient money

* Divorce or separation

* Severe depression

* Males over age 45 have been statistically found to have the highest number of suicides

* Family history of suicide — it is not clear if this is due to a genetic tendency or if a previous suicide serves as a role model that suicide is an acceptable solution to troubles

* Mental illness such as schizophrenia, mania, or major depression is a known risk factor for suicide

The most common risk factors in the elderly are:

- Unemployment and feelings of uselessness

- Drug and alcohol abuse

- Isolation — living alone, widowed, children live far away, inability to get around to participate in social events

- Chronic disease and pain

- Bereavement

- Death of a close friend

It is important to recognize if a person is in a high-risk group for suicide, but it is equally important to recognize the subtle clues which point to a person's thoughts of suicide. The key is noting dramatic or subtle CHANGES in a person's habits.

1) social withdrawal — loss of interest in friendships, job

2) giving away valuable gifts

3) settling of all finances

4) disinterest in sex when previously interested

5) poor performance in daily roles such as school, work, parenting, as a spouse, etc.

6) preoccupation with death

7) sudden calmness when a person was just in severe emotional distress which may indicate the person plans suicide as an easy solution

8) verbalizing thoughts about death

What can you do if you suspect someone is considering suicide or if you are considering it? There **IS** help but before we discuss treatment, let us try to get a better understanding of why people take their own lives.

CONTEMPORARY THOUGHT ON SUICIDE

Scientists and philosophers have grappled with the issue of suicide since ancient times. Presented here are some of the most noted theories and opinions about this controversial topic:

GEORGE SANTAYANA

Santayana was a highly regarded contemporary philosopher who stated, "That life is worth living is the most necessary of assumptions, and were it not assumed, the most impossible of conclusions." To Santayana, life may not have been good, but one had to stick it out anyway.

EMMANUELLE KANT

One of the great philosophers, Kant was adamantly opposed to suicide as he said, "Suicide is an insult to humanity."

ST. THOMAS AQUINAS

Aquinas objected to suicide for three reasons: First, it was against the natural tendency to preserve life. Second, suicide was an act against the community. Third, it was an act against God who had given man life.

DR. KARL MENNINGER

Menninger believed every person has 3 death wishes: To kill, to be killed, and to die. An ongoing battle exists between the desire for self-preservation and self-destruction. As part of the theory, Menninger thought that each suicide attempt is directed at the self and an ambivalently held other person. The act of suicide was partly aimed at punishing the other person or getting something to be changed. According to Menninger, the origin of suicide comes from the "steady progres-

sion of self-destructive tendencies first appearing long before the completion of the critical act."

DR. SIGMUND FREUD

According to Freud, suicide like murder, is one aspect of THANATOS, the death and aggressive drive present in all people. Suicide is aggression and anger turned inward upon the self.

EMILE DURKHEIM

He asserted that suicide was related to the social surroundings of the person attempting it. To Durkheim, there are three types of suicide:

* Egoistic — This is self-destructiveness because a person is not well-integrated into society. This person has few community, religious or political ties.

* Anomic — This type of suicide results from the failure of a person to adjust to social

changes such as a business crisis, family death or even wealth.

* Altruistic — Suicide results when an individual loses control of his/her self to a group. An example is when a soldier dies for his country.

In summary, Durkheim believed that the breakdown of traditional moral order led to more suicide.

TARGET THEORY OF SUICIDAL BEHAVIOR

In this explanation of why people commit suicide, the suicidal behavior is directed onto a target, with the hope of getting something to change. The following is a list of the possible "targets" of suicidal behavior:

- preventing a spouse, lover or friend from abandoning them

- initiating change such as a battered wife with no other way out; an abused child; or

someone trapped doing something they cannot tolerate such as prostitution.

- behaviors directed at changing the work environment such as the military where a suicide attempt will result in discharge

- Some suicide attempts can be directed at the legal system. For example, showing mental illness through suicide may lessen responsibility for a crime.

- Often, the suicidal target is the person him/herself as a result of depression, alcohol or drug abuse, mental illness such as schizophrenia or mania, or physical illness and pain.

Clearly, there are a variety of opinions and explanations for suicide. Most of the theories seem to have some validity in certain circumstances and perhaps you can now form your own opinion on the reasons people attempt suicide.

TREATMENT FOR SUICIDAL BEHAVIOR

Most people who are considering suicide are ambivalent about the desire to die. Therefore, prevention and intervention are possible.

PREVENTION

Watching for and identifying the warning signs can be critical in preventing suicide. Once suicidal thoughts are identified, hospitalization, intensive psychotherapy and perhaps medication may be needed. The ultimate goal is to show the suicidal person that there are other options and support by caring people.

Support groups such as suicide hotlines can be helpful but they are infrequently used. Ultimately, a failed attempt lands a person in a hospital emergency room and then follow up treatment can be initiated.

INTERVENTION

Forms of treatment include measures to stop a suicide attempt and to prevent future attempts. The first step is to remove the method of suicide from the person's environment such as taking away a gun or pills, etc., and provide a safe environment with supervision.

Psychotherapy can be helpful and if depression is underlying the attempt, antidepressant medication and hospitalization may be necessary.

If a person sees the situation as hopeless, methods to help them find alternatives will be important.

The elderly have their own ways of suicide which may be classified as "Passive Suicide." The most common include self-starvation and refusal to follow the physician's prescriptions. Serious physical illness is a most important contributory factor underlying a suicide attempt. Suicides, however, can occur suddenly and sometimes, attempts are merely a cry out for attention or a method of manipulation. Distinguishing these from a person who fully intends to die is difficult

and that is why all suicidal behavior or talk should be taken seriously.

The best way to prevent suicide is to recognize that trouble is brewing and, if suspicious, to look for warning signals. This early recognition will allow for proper long-term treatment at a more "leisurely" pace.

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