



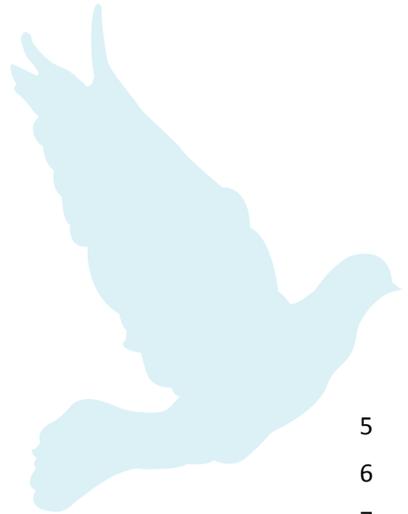
FOUNDATION AGAINST DEPRESSION

More Than *Just* Sad

A Guidebook for GPs

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Foreword

Dear Doctors,

Depression is estimated to affect 350 million people across the world. The World Mental Health Survey conducted in 17 countries found that on average about 1 in 20 people reported having an episode of depression in the previous year. Anecdotally it can be safely assumed that 50-65 million Indians suffer from depression annually.

For many of our fellow citizens, access to a mental health expert might be difficult. In most cases, their only access is to their family doctor or a neighbourhood general physician.

Due to the shortage of experts, the family doctor or the friendly neighbourhood doctor needs to become the first line of defence in the battle against Mental Health issues. Many studies across the world show that better informed doctors who have been sensitised to Mental Health Issues can play a major part in the right diagnosis and treatment of Mental Health issues.

It is in this context that The Live Love Laugh Foundation is initiating a program to sensitise doctors on Mental Health issues especially Depression which

has now become the leading cause of disability worldwide in terms of total years lost due to disability.

This manual captures some of the important information that will be shared in the program in greater detail. We hope that this will be just a start and will spur you to read, discuss and know more about mental health issues afflicting your family, friends, patients and their caregivers.

We also hope to cover a large number of general physicians across India through our program. We would like you to keep in touch and help us build a network of general physicians that have a keen interest in mental health.

I urge you to visit our website www.thelivelovelaughfoundation.org to read some of the curated content that we have on stress, anxiety and depression.

Thank you for attending this program and for becoming a part of the movement to bring Mental Health issues to the forefront.

Let us together build awareness and reduce the stigma around mental health.

Yours truly

Deepika Padukone

Founder - The Live Love Laugh Foundation



Introduction

According to WHO, chances of an individual developing depression during the lifetime is 9% in India. Depression, stress or anxiety can be deeply distressing and without proper care and treatment it can severely damage the lives of those affected and the people close to them.

As a GP you will already be involved in caring for patients with physical conditions. These patients may be more at risk of also having problems with depression and anxiety.

According to Canadian Mental Health Association's report in 2008, people living with chronic physical health conditions experience depression and anxiety at twice the rate of the general population. Unfortunately, as GPs you may have had very limited resources on supporting people with mental health problems. This is a common problem and this is why people with depression and anxiety do not always receive the most comprehensive care they should.

This training and guide aims to support you, as a doctor, to work more effectively with your patients who are going through depression or anxiety.

It will help you to:

- Be sensitive to how depression and anxiety affects people and their families
- Recognise and assess depression and anxiety in your patients
- Be aware of the main approaches to managing depression and anxiety and the most commonly used treatments
- Be aware of available services and referral systems
- Be sensitive to patients who may be at risk of harming themselves

We, at The Live Love Laugh Foundation, believe that you, as GPs, are the first line of defence against these fast-spreading mental conditions. We believe you can help!



All you need to do, as GPs,
for your patients is...
Diagnose
Treat the simple cases
Know how to refer others



Benefits Of Mental Health Training For GPs: Research Studies



A study in Australia 1998-1999 revealed that GPs who undertook training had higher diagnosis rates for common mental disorders than those who did not undertake training (36% versus 29%) and their diagnosis rates increased over time (36% to 39%), while those of GPs who did not undertake training were unchanged.

A study conducted in New Zealand in 2009 investigated the effects of mental health training on general practitioners' management of common mental disorders showed that the GPs' knowledge of pharmacological treatments and clinical management improved after the training program and 97% of GPs reported increased confidence in their management skills.

A study in Australia 1998-1999 revealed that GPs who undertook training had higher diagnosis rates for common mental disorders than those who did not undertake training (36% versus 29%) and their diagnosis rates increased over time (36% to 39%), while those of GPs who did not undertake training were unchanged.

Similarly, GPs who undertook training provided more mental health treatments than those who did not (30% versus 27%). They also place greater emphasis on use of non pharmacological treatments.

A mental health scheme in Hertfordshire, 2015 saw that doctors refer more patients for mental health treatment, after being given specific training, which has been praised by suicide prevention campaigners who say lives have been saved because of it.

Most people who kill themselves are not receiving mental health treatment and the training, provided to doctors in Hertfordshire 2015, which was praised for giving GPs more confidence in asking people about issues they are often unwilling to discuss with a doctor.

A survey conducted in Hertfordshire, 2015 found that GPs who had been trained under the initiative referred 17% more people to local Wellbeing Services, which provides psychiatric help to those suffering disorders while a group of 100 GPs who did not receive the training actually referred 9% fewer people over five months, compared with five months before the training.

Andy Bell, deputy chief executive at the Centre for Mental Health, told Huffington Post UK the scheme's success was very encouraging, given how crucial GPs are to preventing people's suicides.

An online training tool was set up in Melbourne, 2010 which brought together bite size information and links to resources to make the training more feasible for busy surgeries.

Topics such as 'Being more aware about mental health', and 'Making adjustments in surgeries' were

covered to get staff thinking about reasonable adjustments that might be needed.

A real life example of this is how a GP (Melbourne, 2011) who had a patient with Agoraphobia allowed them to come to back door of the surgery so they didn't have to go into busy waiting area.

Following link shows a video of the impact of this training: <https://www.youtube.com/watch?v=OCLKLz1rmGM>

Psychosomatic Disorders and Mental Health

Psychosomatic disorders may affect almost any part of the body, though they are usually found in systems not under voluntary control.

Research by psychiatrist Franz Alexander and his colleagues at the Chicago Institute of Psychoanalysis in the 1950s and 1960s suggested that specific personality traits and specific conflicts may create particular psychosomatic illnesses, but it is generally believed that the form a disorder takes is due to individual vulnerabilities.

Emotional stress is assumed to aggravate existing illnesses, and there is some evidence that it may precipitate

illnesses not usually considered to be psychosomatic (e.g., cancer, diabetes) in individuals predisposed to them.

Psychosomatic disorders resulting from stress may include hypertension, respiratory ailments, gastrointestinal disturbances, migraine and tension headaches, pelvic pain, impotence, frigidity, dermatitis, and ulcers.

Many patients suffering from psychosomatic diseases respond to a combination of drug therapy, psychoanalysis, and behaviour therapy. In less severe cases, patients can learn to manage stress without drugs.

Not in all cases but 40% of diabetes, Blood pressure, heart diseases

are caused due to psychological disturbances, if not genetic.

The patient – doctor consultation in general practice is often an emotional interaction for both the patient and the GP. The exchange of life stories and experiences may be joyful or sad, distressing or precipitate anger.

Patients may not express their emotions in words. Depending on their personalities, reaction to distressing news and their ideas and expectations, they may say things that are dissonant from how they are feeling. The GP with good communication skills may be able to elicit the patient's feelings through a combination of intuition based on experience, previous knowledge of the patient and the patient's body language including non-verbal cues.



Clinical audits may heighten awareness of mental disorders, but, on their own, they do not improve mental health practice. A relatively brief but skills-based training program may contribute to better management of patients with common mental disorders by increasing GPs' confidence and competence.



About Depression



Many people are uncomfortable using the term 'depression' because they fear it will associate them with a serious mental illness or a sense of personal failure.

What is Depression?

Depression is mostly confused with feelings of 'sadness' or 'feeling low'. Clinical depression, when severe, can be life-threatening as it can lead people to self-harm. In other forms, it can still have a major and lasting impact on a person's life and relationships.

Many people are uncomfortable using the term 'depression' because they fear it will associate them with a serious mental illness or a sense of personal failure.

Depression can vary from person to person.

Some core features:

- Low mood
 - Loss of interest or pleasure in things around them
 - Tiredness or persistent loss of energy
 - Thoughts of self-harm or suicide
- This could also manifest in somatic or biological features of depression

The Different Aspects Of Depression

Depression can look different for different groups - men, women, children, adults.

Women: Rates of depression in women are twice as high as they are in men. This is due in part to hormonal factors, particularly when it comes to premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), postpartum depression, and perimenopausal depression.

Men: Men are less likely than women to acknowledge such feelings. They may tend to complain about fatigue, irritability, sleep problems, and loss of interest in work and hobbies. Other signs include anger, aggression, violence, reckless behavior, and substance abuse.

Teens: Teen depression can lead to problems at home and school, drug/alcohol abuse, even violence or suicide. A depressed teen may be angry, irritable or easily lose his/her temper. Unexplained aches are also common symptoms.

Elderly: Depression in older adults is associated with poor health, a high mortality rate, and an increased risk of suicide, so diagnosis and treatment are extremely important. Mostly though such adults will complain more about aches and pains than any emotional symptoms.

What Are The Types Of Depression?

Mild/Dysthymia depression: It is like having a chronic 'low grade' fever. There may be short periods of normal mood but for most part the patient feels low. Such symptoms can last as long as two years.

Major depression: Major depression is characterized by the inability to enjoy life and experience pleasure. The symptoms are constant, ranging from moderate to severe. It can last up to six months and can recur.

Bipolar Disorder: It is characterized with swinging between extreme moods. It is also known as manic depression. When depressed, a patient exhibits the usual symptoms of major depression.. However, the treatments for bipolar depression are very different.

Seasonal affective disorder (SAD): While the onset of winter can cause many of us to experience a drop in mood, some people actually develop seasonal depression, otherwise known as seasonal affective disorder (SAD).

About Anxiety & Stress



Everybody experiences anxiety, it is a completely normal experience. If you're feeling anxious frequently, and it's getting in the way of your sleep or your daily life, you're experiencing severe anxiety.

What Is Anxiety?

Anxiety is that feeling of fear, worry or nervousness you experience when you're about to do something challenging or take a life changing decision.

Everybody experiences anxiety, it is a completely normal experience.

If you're feeling anxious frequently, and it's getting in the way of your sleep or your daily life, you're experiencing severe anxiety.

Severe anxiety is very real and it might affect you physically if it prevails over a long period of time. Not to worry, through expert intervention your anxiety can be managed well.

Types of anxiety

Generalized Anxiety Disorder (GAD): GAD is the most common form of anxiety. It is an extreme, intense and absurd worry usually associated with everyday life. People with GAD overly anticipate disaster about everyday things such as money, friendship, health issues, work and life. The physical effects of GAD include fatigue, nausea, headaches, muscle tensions, restlessness, insomnia and sweating.

Panic Disorder: If you're experiencing recurring panic attacks, it might be possible that you are having a Panic Disorder.

Panic Disorder is also accompanied by behavioral changes such as restlessness. This happens because one is overly anticipating the next panic attack. The physical effects of Panic Disorder include rapid heartbeat, perspiration, dizziness, hyperventilation, chest pains and crying.

Social Phobia: You might have felt stage fear or shyness at least once in your life. It is absolutely normal. But if you're scared of being around people altogether, you might be experiencing Social Phobia. Social Phobia is an intense fear of being in a social situation and constantly thinking of being judged by other people. If you are afraid of dating, parties, meetings and hanging out with a group of people, you might be experiencing Social Phobia.

Post Traumatic Stress Disorder (PTSD): If you have experienced something unsettling in the past, physically or emotionally and keep revisiting that memory, you might be going through Post Traumatic Stress Disorder.

PTSD occurs after a traumatic life event and sometimes lasts for years after the event. It is best advised to seek professional help if you think you are affected by PTSD. The physical effects of PTSD include severe insomnia and constant fatigue.

Obsessive Compulsive Disorder (OCD): If you tend to have certain thoughts or

tend to do certain routines repeatedly and are unable to control them, you might be experiencing OCD. Eating only out of a particular plate maybe mild OCD, but refraining from eating if that plate is not available is acute OCD. Examples of very severe cases of OCD are - washing of hands every 10 minutes and - constantly checking if the door is locked. Basically an obsession that affects daily life.

What Is Stress?

Stress isn't always bad. In an ideal scenario, stress helps us stay focused, energetic and alert and charges us by releasing chemicals that give added strength and energy.

Stress helps you meet your deadlines, sharpens your concentration when you're competing or compels you to study for an exam when you'd rather be watching TV. But when stress becomes overwhelming, it can damage your health, your mood, your productivity, your relationships and your quality of life.

The Types Of Stress

Acute stress: This is the most widely experienced form of stress, which comes from demands and pressures of the recent past and those anticipated in the near future. It is your body's immediate reaction to a new challenge, event or demand. Isolated episodes of

acute stress should not have any health effects, but too much can make you feel exhausted.

Episodic Stress: Acute stress that is experienced too frequently is called episodic stress. It is the outcome of certain life situations when you take on too much, and can't adapt yourself to keep pace. Being overly competitive and having an always worried state of mind can result in episodic stress.

Chronic Stress: This is the stress of feeling trapped. In other words, if

acute stress isn't resolved and begins to increase or lasts for long periods of time, it becomes chronic stress. This can be detrimental to your health and contribute to several serious diseases or health risks and in severe cases, even suicide.

Posttraumatic Stress: This is stress associated with traumatic experiences from one's childhood, wars, poverty, sexual or violent abuse. It results in a feeling of being on the edge and reliving traumatic events through nightmares and flashbacks.

Screening for Depression



If a patient with a chronic physical illness answers 'yes' to either question, the following three questions should be asked.

Simple two question tool

- **During the past month, have you often been bothered by feeling down, depressed, or hopeless?**
- **During the past month, have you often been bothered by little interest or pleasure in doing things?**

Additional: If a patient with a chronic physical illness answers 'yes' to either question, the following three questions should be asked.

During the last month, have you often been bothered by:

- Feelings of worthlessness?
- Poor concentration?
- Thoughts of death?

Other tools are

- A 9-question Patient Health Questionnaire (PHQ-9)
- GAD 7 for anxiety
you can look these up online.

Blood tests to be ordered

Following are some tests that can be ordered:

- Thyroid
- Vitamin B12
- Vitamin D
- Other tests as per physical symptoms

Suicidal Patients



If you have a patient with depression, take any suicidal talk or behavior seriously and learn to recognize the warning signs.

Depression is a major risk factor for suicide. The deep despair and hopelessness that goes along with depression can make suicide feel like the only way to escape the pain. If you have a patient with depression, take any suicidal talk or behavior seriously and learn to recognize the warning signs.

Warning signs of suicide include:

- Talking about killing or harming one's self
- Expressing strong feelings of hopelessness or being trapped
- An unusual preoccupation with death or dying
- Acting recklessly, as if they have death wish (e.g. speeding through red lights)
- Calling or visiting people to say goodbye
- Getting affairs in order (giving away prized possessions, tying up loose ends)
- Saying things like "Everyone would be better off without me" or "I want out"
- A sudden switch from being extremely depressed to acting calm and happy

In any of the above cases, please refer to a psychiatrist immediately.

For Patients: Frequently Asked Questions

What is happening to me?

You may have clinical depression. Don't worry as it is completely curable. We still do not know what causes depression. We do know that it is genetic. Depression is caused due to chemical imbalances in the brain. Although many patients who are depressed feel it is a sign of personal weakness, it is not true.

Medication plays a vital role in restoring normal body function. You play an important role in your recovery by taking an active and committed role in your recovery.

Is this curable? Will things get better for me?

Absolutely! With effective treatment, you have an excellent chance of recovering in a matter of weeks. Without such treatment, you might get better but it could take months or even years. Unfortunately, medication may take 2 to 4 weeks of treatment before you start to notice substantial improvement. But always remember you will begin to feel better. We advise that you follow your doctor's prescription of medicines regularly

and as required. Its just like in case of antibiotics, you should continue treatment for a period even after you feel better.

How do I treat this? What do I have to do now?

Most patients will experience either significant improvement or a full remission from their episode within a couple of weeks of starting medication. Remember that these medications take time to work. Taking these medications are not a sign of "weakness". People would never accuse a patient with diabetes of being weak for taking insulin.

You may wonder whether medications are the answer. They never are for any significant illnesses. You need to know about the illness so that you can deal with it the right way. Many patients need counselling plus medications. Generally, that decision is made between the doctor and the patient.

There are several steps you can take to help in your treatment. Try to refrain from negative thinking. Take your medication as prescribed. Get plenty of rest, stay physically active, eat regularly and be socially involved.

What do I have to not do?

Stay away from alcohol or any other sedative stimulants and illicit drugs. While these may initially help you to feel better or sleep, its sedative effect tends to wear off quickly. Do not make any major life decisions while moderately or more severely depressed. What may seem like a mountain of a problem when you are feeling poorly may seem much more manageable when you are feeling better.

Will I have to take these medicines**life-long?**

For the majority of patients, the answer is no. Your doctor will talk to you about the period of medication when it is first prescribed. After that period, they will taper it off before you can discontinue the medication completely. If you feel you are having a recurrence of symptoms, you should contact your doctor again.

How long to stay on medication is not a decision you need to make now and can be discussed after you have been well for several months.

For help, call iCall helpline:- 022-25521111
Or email: icall@tiss.edu

For Family Members: Frequently Asked Questions

What is happening to the patient?

It is challenging for people struggling with depression to function normally. Every aspect of life can be affected. They may feel too tired to contribute at home or at work. They may lose interest in healthy activities such as eating right, exercising, sex, or responsible parenting. People struggling with depression can feel overwhelmed and unable to overcome all of these symptoms. Not surprisingly, a strong sense of guilt is common as well. They feel that their lack of interest and initiative places a burden on everyone else.

What does this mean for me?

What can I do?

As a friend or family member, you can find yourself dealing with a whole range of uncomfortable emotions of your own when living with someone who is depressed. From frustration to anger to confusion, be assured that your emotions are understandable. It is a difficult situation for all. You may also feel guilty about either causing the depression in the other person or even about the frustrated feelings you are experiencing. It is common to feel anxious about when and whether the

other person will recover and be “back to normal”

Be assured – you’re not alone. Speak to the doctor on how you can be of help to the other person’s recovery process.

A person who is struggling with depression may feel completely alone themselves. Supporting them confirms that you are there for him/her and do not blame them. No one – not the person with depression nor his/her spouse, parents or children – is responsible for depression. Understand that the symptoms experienced by the person or the medication may hinder with their ability to manage routine activities. Look for manageable ways to improve things, like breaking up routine into smaller tasks. Do speak up for yourself while also encouraging the other person to speak about their needs. A counsellor may be able to help everyone build better communications skills. Look for support groups that exist for friends, family members and caregivers of people struggling with depression. As you continue care for someone else, remember that you need to take care of yourself.

Things you can do to help someone with depression or anxiety:

- Let them know that you have been

noticing a change in their behaviour

- Listen to them without being judgemental
- Suggest and/or help them see a counsellor or psychiatrist. Offer to accompany them if required
- Help them research more about depression and anxiety to understand what is happening to them
- Encourage them to get enough sleep, exercise and eat healthy food while discouraging them from alcohol and other such stimulants
- Invite them for gatherings and activities with other family and friends but don't pressurize them into coming.

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Or email: icall@tiss.edu

Links For Further Reading



Videos

<https://www.youtube.com/watch?v=XiCrniLQGYc>
<https://www.youtube.com/watch?v=2VRRx7Mtep8>
<https://www.youtube.com/watch?v=do8mqz6XmTE>

Articles

<http://www.cfah.org/hbns/2013/primary-care-physicians-missing-early-signs-of-serious-mental-illness>
<http://patient.info/doctor/screening-for-depression-in-primary-care>
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC486943/>
<http://www.blog.drSarahRavin.com/depression/how-to-help-your-depressed-teenager-tips-for-parents/>
<http://www.webmd.com/depression/news/20140916/blood-test-spots-adult-depression-study>

Quizzes

<http://www.thelivelaughfoundation.org/depression/quiz-for-depression/>
<http://www.thelivelaughfoundation.org/anxiety/quiz-for-anxiety/>
<http://www.thelivelaughfoundation.org/stress/quiz-for-stress/>

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