

Depression taming that 'black dog'

Dr Sabina Dosani on how she got back her life – and Rachel Carlyle reports



When I was at medical school, my lust for life was gradually replaced over the course of a year by deep sadness and uncharacteristic sluggishness. I thought I could just shake it off, but my depression spiralled out of control and seemed to take on a life of its own, robbing me of confidence, self-esteem and, eventually, my will to live.

A course of Prozac and some counselling sessions arranged by my GP didn't have much effect and, after taking an overdose, I was admitted to hospital. I was incredibly lucky to get what can only be described as Rolis-Royce treatment. As well as staying on the antidepressants, I followed an intensive programme of individual therapy and problem-solving plus group art and drama therapy. That's where I started discovering drug-free ways of defeating depression.

Two months into my admission, I volunteered to take part in a mock exam for doctors specialising in psychiatry. A trainee interviewed me for an hour and I halted every minute of it. He was overconfident, discourteous and condescending. I thought I could do better. So, once discharged, I went back to medical school and decided to specialise in psychiatry when qualified. I worked as a junior psychiatrist in the hospital I had been in as a patient and it was a humbling experience. Sometimes I would encounter patients I had shared a ward with who were now under the care of other doctors. I was acutely aware of the stigma that

surrounds this dreadful condition and for a long time was worried about my colleagues finding out where my interest in psychiatry had really begun. Now, as a specialist registrar of several years' experience, I'm less concerned about that.

I have had no problems with depression for over a decade now, but if the old symptoms did return, I would know what steps to take without automatically resorting to drugs.

Depression saps energy and motivation. You're tired, you feel flat and life isn't fun, so it's hardly surprising you don't feel like doing anything. Once you've given up enjoyable activities, you'll start a cycle that'll make you feel worse and end up doing even less. When we do things we love, dismal thoughts take a back seat. Doing just one thing that's pleasurable will make you feel better. In fact, even planning to do something I enjoy lifts my mood.

Emulating well-known people who've overcome depression helped me acquire some of their strength and temperament. Winston Churchill was subject to bouts of depression, which he named his "black dog". This stopped him becoming depressed about being depressed. Dogs can be trained; they might misbehave and bite but can be overpowered. By giving my depression a personality, I realised that it's not me that is the problem, it is my depression.

I've also realised the right music can move me from being brow-beaten to bouncy. Slow, gentle compositions help release muscle tension and lead to lower blood pressure.

There's no doubt that drugs have a role in the treatment of depression, but I know from personal experience that their effects can be enhanced by doing what you can to help yourself.

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Fighting misery

One in six of us will be affected by depression at some point, older people who also have a disabling physical condition are even more prone to it.

Since the late Eighties, scientists have claimed that a shortage of the brain chemical serotonin is the cause. A whole generation of "wonder drugs", such as Prozac and Seroxat, was based on the principle of boosting serotonin. These SSRIs quickly became the treatment of choice for everything from mild anxiety to suicidal depression. GPs at present issue 19 million prescriptions a year for 3.5 million patients.

However, there are now concerns that too many people – particularly those with only mild depression – are on SSRIs. Two Government agencies recently instructed doctors to stop prescribing them for mild depression and offer alternative treatments, such as counselling or exercise. Those with more severe depression should still get SSRIs but combine them with advice on non-drug treatments. Among the best-proven alternative

on some alternative treatments. Illustration by Kate Miller

competitors and caused no more side effects than a placebo." However, he cautions against cheap supplements that don't contain a standardised extract, a dose of 900mg-1,800mg was used in most trials.

He has also investigated other complementary therapies. "There is encouraging data on massage, music therapy, relaxation techniques and yoga, but none of them has such strong evidence as St John's Wort. If it were a synthetic drug, official bodies would probably recommend it."

Others are convinced at least part of the answer lies in an omega-3 fatty acid called EPA, which occurs naturally in oily fish such as salmon, mackerel and fresh tuna. Professor Basant Puri at the Imperial College School of Medicine in London first gave purified EPA to a severely depressed young man in 1996. "The results were remarkable: within two or three months of starting the treatment all his depressive symptoms had cleared," says Prof Puri.

Four studies have since backed up Prof Puri's work, and it has been established that people with depression have low levels of EPA in the brain-cell membrane, slowing brain activity and causing depressive symptoms. He uses a dose of 2g

'You have just 10 minutes if you're lucky to make an assessment of a distressed patient'

per day for most patients, and advises a supplement such as Vegesix which screens out another, harmful, fatty acid called DHA (0845 1300 424 or visit www.vegex.com). "It is such a simple treatment, with no side effects, and effective for mild and moderate depression as well as severe cases," says Prof Puri. "If it had been synthesised artificially and had a nice juicy patent on it by one of the large drug companies, I'm sure it

would be the first-line treatment for depression by now."

This talk of alternative treatments is all very well, but as GPs point out, there are huge waiting lists for "talking therapies". And the time a GP gets with a patient is so limited it can be difficult to make an accurate assessment of the extent of their depression. "If a patient comes into your surgery, distressed, you have 10 minutes, if you're lucky, to make an assessment," says Dorset GP Dr Graham Archard, clinical vice-chairman of the Royal College of GPs.

"You may decide it's mild depression. If you are extremely fortunate there may be only a four-week wait for counselling. If you're in a bad position, it could be six months. Patients are likely to wait a year for cognitive behavioural therapy, or CBT. How is that helpful? What if the depression gets worse in that time and they commit suicide? What do you tell their relatives?" He still believes SSRIs provide the best treatment for depression.

But the critics are equally adamant. Leading psychologist and Saga columnist Dorothy Rowe says there is no evidence that a chemical imbalance causes depression, calling it "biobabble".

"Antidepressants can relieve the pain of being depressed, but they don't cure depression," she maintains. She is a firm believer in talk. "The way out of the prison of depression is to realise that you are not that bad, unaccepted person you thought you were and that we don't live in a world where good people are rewarded and bad people punished. Most people work this out for themselves, but sometimes it helps to talk things over with someone, like a good friend or a good therapist or counsellor."

Rachel Carlyle

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