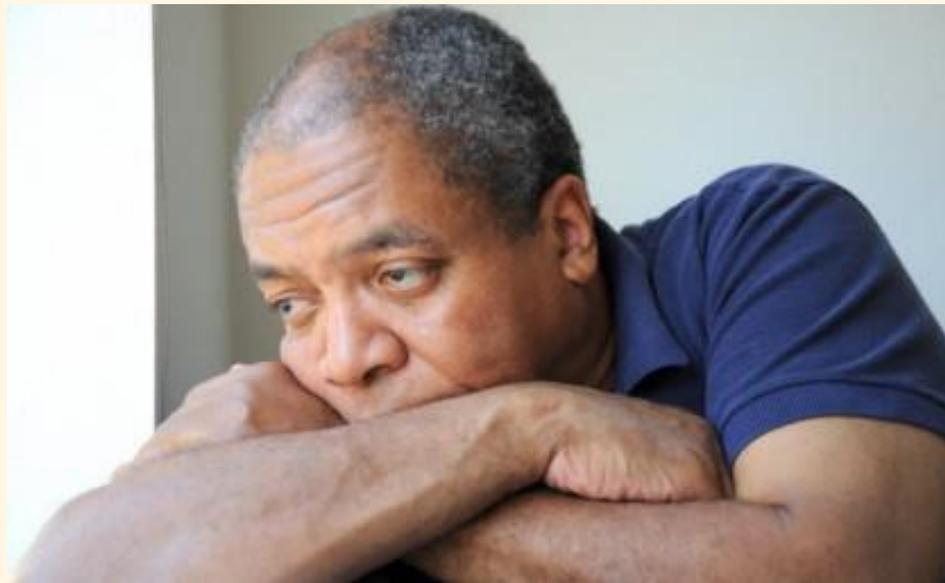




UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

Understanding Depression & Anxiety



William T. Regenold, M.D.C.M.
Associate Professor of Psychiatry
Director, Geriatric Psychiatry Division



Presentation Outline

- What are anxiety and depression?
- What are anxiety and depressive disorders?
- How are men affected by anxiety and depression?
- What are the types of anxiety disorders?
- What are the types of depressive disorders?
- How do you get help for these disorders?
- What are the usual treatments for these disorders?
- What can you do to prevent these disorders?
- Case comparison of two men with depression
- Resources
- Questions and comments



What is Anxiety?



Anxiety

I am always overwhelmed
by that feeling
where your heart won't slow down,
and your mind is freaking out,
and your palms are sweaty.
And I can't help but feel
like I did something wrong M.M.
constantly.

- A state of uneasiness and distress about future uncertainties; apprehension; worry—Heritage Dictionary of the American Language
- Anxiety is a normal emotion



What is Depression?

Depression is a syndrome—a group of symptoms that include the following:

- Persistent sad, anxious, irritable, or empty mood
- Feelings of hopelessness, or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment
- **Unlike anxiety, depression is not normal.**



What are Anxiety and Depressive Disorders?

- Persistent anxiety or depression that interferes with daily activities such as job performance, school work, and relationships. It significantly limits functioning, fulfillment, and enjoyment of life.
- Anxiety and depressive disorders often overlap
- Many individuals suffer increased anxiety as part of their depression.



How are Men Affected by Anxiety and Depression?

- The percentage of men in the United States who have daily feelings of depression or anxiety, according to the National Health Interview Survey (2010–13): **9%**
- The share of those men who took medication because of those feelings, according to the survey: **1 in 3**
- The share who spoke to a mental health professional, according to the survey: **1 in 4**
- Likelihood of diagnosis of anxiety disorder compared to women: **one half**
- Likelihood of diagnosis of depressive disorder compared to women: **one half**



Are men *really* half as likely to have anxiety and depressive disorders as women?

Probably not. What makes us skeptical?

- The suicide rate in men is **4 times** that of women, suggesting that there is a lot of untreated mental illness in men.

Some of the difference in rates may be due to:

- **Under-reporting of symptoms.** Symptoms may be considered weaknesses or character flaws and conflict with masculine self-image resulting in shame.
- **Insensitive diagnostic criteria** that may not include symptoms more commonly seen in men. The percentage of men who have suffered from a period of depression in their lifetime, when measured by a gender inclusive depression scale that includes symptoms such as anger attacks, aggression, substance abuse, and risk taking: **31%**, which is comparable to that of women.

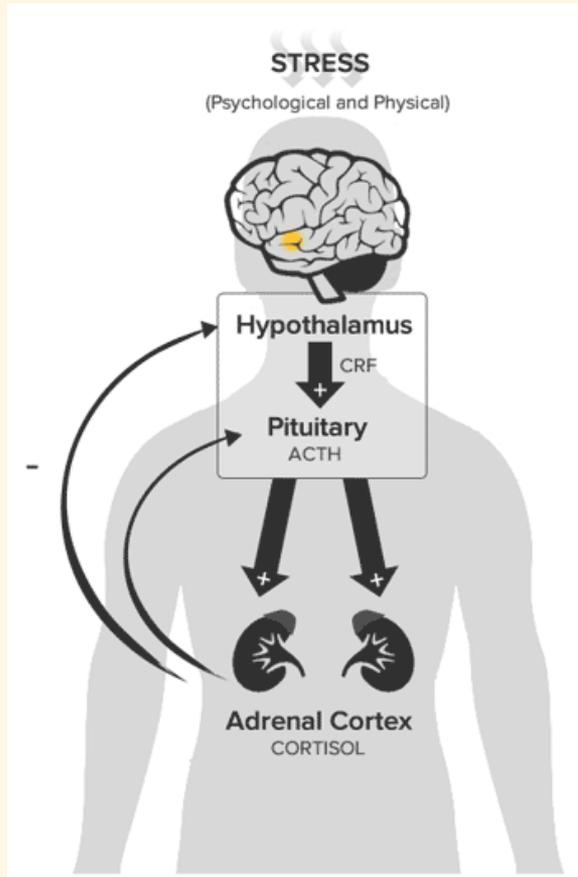


Anxiety and Depression are Total Body Experiences

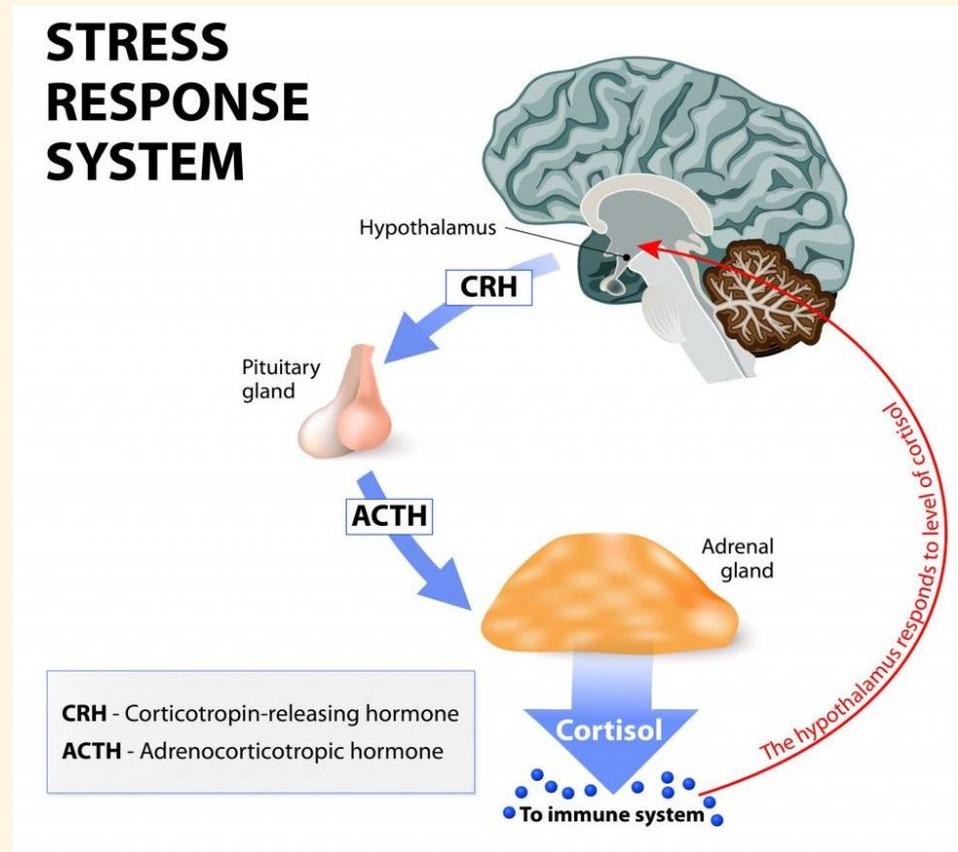
- Headaches
- Muscle pain and tension
- Sleep disturbances
- Tightness felt throughout the body, especially in the head, neck, jaw, and face
- Chest pain
- Ringing or pulsing in ears
- Excessive sweating
- Shaking and trembling
- Cold chills or hot flushes
- Accelerated heart rate
- Numbness or tingling
- Depersonalization and derealization
- Upset stomach or nausea
- Shortness of breath
- Feeling like you are going insane
- Dizziness or feeling faint



Hypothalamic-Pituitary Adrenocortical Axis or Stress Hormone Axis



--from Lise Alschuler, ND



--from Dr. Joe Tatta



Anxiety Disorders

(the most common psychiatric disorders)

- Specific phobias
- Social phobia
- Panic disorder
- Agoraphobia
- Generalized anxiety disorder
- Obsessive-Compulsive Disorder, hoarding disorder
- Post-traumatic Stress Disorder (PTSD)



Specific Phobias

A phobia is an intense fear and avoidance of specific objects or situations that is out of proportion to the actual danger caused by the situation or object.

Common phobias include fear of:

- Flying
- Heights
- Specific animals, such as spiders, dogs, or snakes
- Receiving injections
- Blood



Social Anxiety Disorder

- A general intense fear of, or anxiety toward, social or performance situations.
- Worry that actions or behaviors associated with anxiety will be negatively evaluated by others, leading them to feel embarrassed.
- This worry often causes people with social anxiety to avoid social situations.
- Social anxiety disorder can manifest in a range of situations, such as within the workplace or the school environment.



Panic Disorder

Recurrent unexpected panic attacks. Panic attacks are sudden periods of intense fear that come on quickly and reach their peak within minutes. Attacks can occur unexpectedly or can be brought on by a trigger, such as a feared object or situation. During a panic attack, people may experience:

- Heart palpitations, a pounding heartbeat, or an accelerated heartrate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath, smothering, or choking
- Feelings of impending doom
- Feelings of being out of control



Agoraphobia

An intense fear of two or more of the following situations:

- Using public transportation
- Being in open spaces
- Being in enclosed spaces
- Standing in line or being in a crowd
- Being outside of the home alone
- In the most severe form of agoraphobia, an individual can become housebound



Generalized Anxiety Disorder

Excessive anxiety or worry, most days for at least 6 months, about a number of things such as personal health, work, social interactions, and everyday routine life circumstances. Symptoms include:

- Feeling restless, wound-up, or on-edge
- Being easily fatigued
- Having difficulty concentrating; mind going blank
- Being irritable
- Having muscle tension
- Difficulty controlling feelings of worry
- Having sleep problems, such as difficulty falling or staying asleep, restlessness, or unsatisfying sleep



Obsessive-Compulsive Disorder (OCD)

People with OCD may have symptoms of obsessions, compulsions, or both.

Obsessions are repeated thoughts, urges, or mental images that cause anxiety. Common obsessions include:

- Fear of germs or contamination
- Unwanted forbidden or taboo thoughts involving sex, religion, and harm
- Aggressive thoughts towards others or self
- Having things symmetrical or in a perfect order

Compulsions are repetitive behaviors that a person with OCD feels the urge to do in response to an obsessive thought. Common compulsions include:

- Excessive cleaning and/or handwashing
- Ordering and arranging things in a particular, precise way
- Repeatedly checking on things, such as repeatedly checking to see if the door is locked or that the oven is off
- Counting excessively



Hoarding Disorder

- Persistent problems with throwing out or giving away possessions, regardless of their actual value.
- The problems are due to a perceived need to save the items and to avoid distress linked to parting with them.
- Items fill, block and clutter active living spaces so they cannot be used, or use is hampered by the large amount of items.
- Rate in men compared to women: **2 to 1**
- More common among older adults, widowed and unemployed.



Post-traumatic Stress Disorder (PTSD)

PTSD develops in some people who have experienced a shocking, scary, or dangerous event. There are four types of PTSD symptoms:

- **Re-experiencing symptoms:**

- Flashbacks; bad dreams; Frightening thoughts

- **Avoidance symptoms:**

- Avoiding places, events, or objects that are reminders of the traumatic experience

- Avoiding thoughts or feelings related to the traumatic event

- **Arousal and reactivity symptoms:**

- Being easily startled; Feeling tense or on edge; difficulty sleeping; angry outbursts

- **Cognition and mood symptoms:**

- Trouble remembering key features of the traumatic event; negative thoughts about oneself or the world; distorted feelings like guilt or blame; loss of interest in enjoyable activities

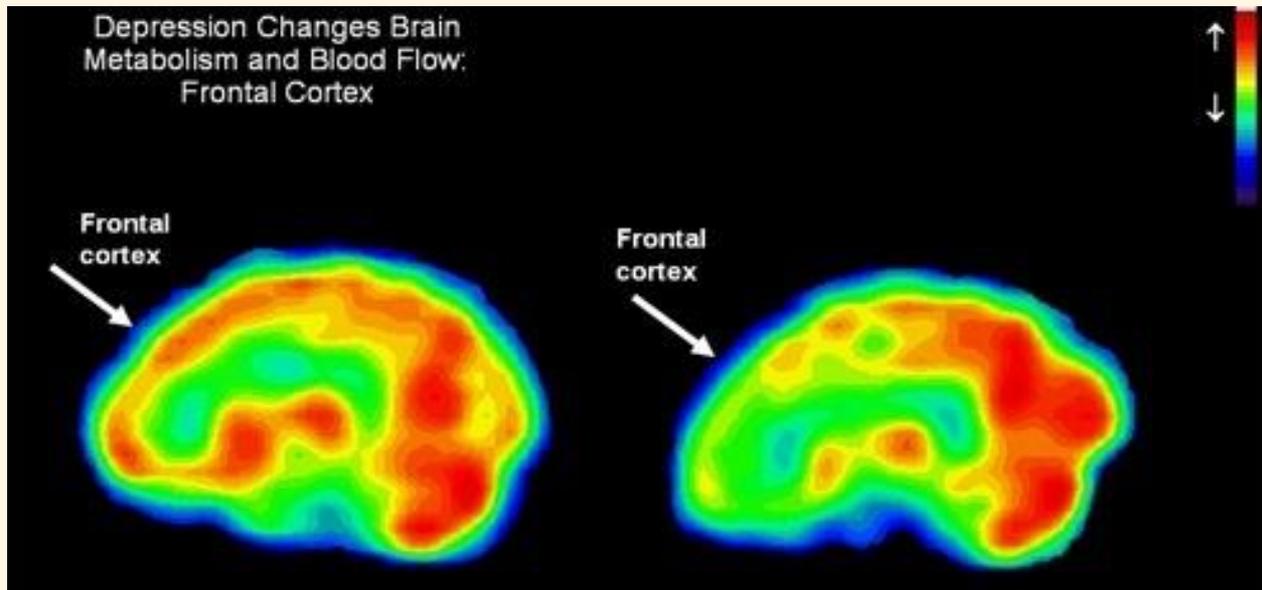


Depressive Disorders

- **Major Depressive Disorder** with or without psychotic features (delusions or rarely hallucinations); typically episodic
- **Persistent Depressive Disorder**, less severe, but chronic, at least 2 years.
- **Bipolar Depression**, a major depressive episode of bipolar disorder, with or without psychotic features
- **Seasonal Affective Disorder (SAD)**: episodes occur in winter



Major Depression and the Brain



Healthy

Major depression





How do you get help for these disorders?

Depending on the urgency:

Urgent, potentially life-threatening (suicide):

- Call 911
- call a crisis or suicide hotline
- go to an Emergency room
- If a person has a mental disorder and presents a danger to their life or safety or that of others you can request a **petition for emergency evaluation** from the police or a health care provider.

Non urgent:

- Discuss symptoms with friends, family, pastor, primary care provider, or specialist in mental health at an outpatient clinic. Don't keep it to yourself.



What are the usual treatments for these disorders?

- Psychotherapy, also called “talk therapy”
- Medication
- Brain stimulation therapies
- Bright light therapy
- Exercise



Psychotherapy

- **Cognitive Behavioral Therapy (CBT)** for both anxiety disorders and mild to moderate severity depressive disorders
- For anxiety, CBT focuses on identifying, challenging, and then neutralizing unhelpful or distorted thoughts underlying anxiety disorders.
- CBT can include **Exposure therapy** that focuses on confronting the fears underlying an anxiety disorder to help people engage in activities they have been avoiding. CBT can also help people learn and practice new social skills to cope with social anxiety disorder.
- For depression, CBT makes you aware of negative thoughts that perpetuate depression. Then it teaches you to replace them with positive thoughts. The change in your attitude leads to a change in mood and behavior.
- CBT can be conducted individually or with a group of people who have similar difficulties.



Medication

Antidepressants are used to treat both depressive and anxiety disorders.

- Can take several weeks to work; do not stop without discussing with provider
- Do not cause dependency, but can have withdrawal symptoms if stop abruptly.
- E.G. selective serotonin reuptake inhibitors (SSRIs) such as Prozac, Zoloft, Celexa, Lexapro,

Benzodiazepines are used to treat anxiety disorders or anxiety or insomnia with depression.

- Start to work immediately
- Best used temporarily (weeks to months) or intermittently (as needed for panic attack) rather than chronically
- Develop dependency with chronic use.
- With chronic use, can have dangerous withdrawal if stop abruptly; severe anxiety, insomnia, seizures

Buspirone is a non-benzodiazepine medication for chronic anxiety.

- Can take several weeks to work
- Does not cause dependency, but can have withdrawal symptoms if stop abruptly.

Beta-blockers for physical symptoms of anxiety, E.G., fast heart rate, sweating

- Helpful for social or performance anxiety, E.G., interviews, public speaking
- Can lower blood pressure



Brain Stimulation Therapies

- **Electroconvulsive therapy (ECT):** most effective and rapid treatment for depression. Inpatient or outpatient. Involves inducing a seizure under anesthesia. Typically a series of 6-12 treatments for an acute course, three times a week, for two to four weeks. Can have maintenance treatments afterwards if needed. Most common side effects are headaches, muscle aches and pains and temporary memory problems.
- **Repetitive transcranial magnetic stimulation (rTMS):** Acute course is 5 treatments per week for 4-6 weeks. No anesthesia or seizures. No memory problems. Not as effective as ECT for severe depression.
- **Vagus nerve stimulation (VNS):** involves surgical implantation of an electrical stimulator of the vagus nerve (in the neck) with a battery (under skin on the chest) that continuously stimulates the brain at low energy through the vagus nerve.
- For more info: <https://www.nimh.nih.gov/health/topics/brain-stimulation-therapies/brain-stimulation-therapies.shtml>



Other Therapies

- **Bright light therapy for SAD**

- Special lights that deliver 10,000 lux of light with a UV filter

- use within the first hour of waking in the morning

- 20 to 30 minutes of exposure

- **Regular exercise for depression and anxiety**

- Does not need to be vigorous, E.G. walking daily, yoga



What can you do to prevent these disorders?

- There is evidence that as little as one hour of exercise per week can reduce the risk of developing depression.

--Harvey SB et al, Exercise and the Prevention of Depression: Results of the HUNT Cohort Study, *Am J Psychiatry*. 2018 Jan 1;175(1):28-36. doi: 10.1176/appi.ajp.2017.16111223.



Case comparison of two men with depression



Case 1: Untreated Major Depression

Md. publisher presumed dead



BALTIMORE (AP) — A publisher and former diplomat who disappeared while sailing alone on the Chesapeake Bay was presumed dead Monday after two days of searching turned up nothing but his empty sailboat. Search crews continued to look for Philip Merrill, 72, but the mission was changed to a recovery operation. Authorities said it was unlikely that the chairman of the board of Capital-Gazette Communications Inc. would be found alive. Merrill's sailboat, the "Merrilly," was found adrift Saturday evening, and survival time in the 62-degree water was estimated at 28 hours. Rescue crews believe Merrill likely fell overboard since his wallet was on board and there was no damage to the boat. The wind was gusting up to 25 mph on Saturday, creating conditions that could be difficult for a single sailor alone. *Copyright 2006 The Associated Press, Posted 6/12/2006.*



MERRILL DEATH

Heart Ailments, Depression Linked

Mood Changes Often Tied to Cardiac Incidents, But Reasons Unclear

By David Brown

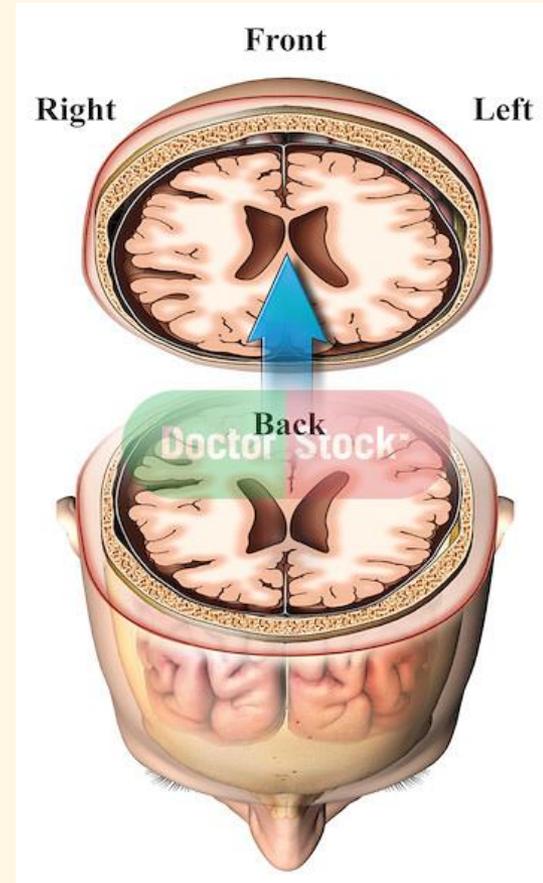
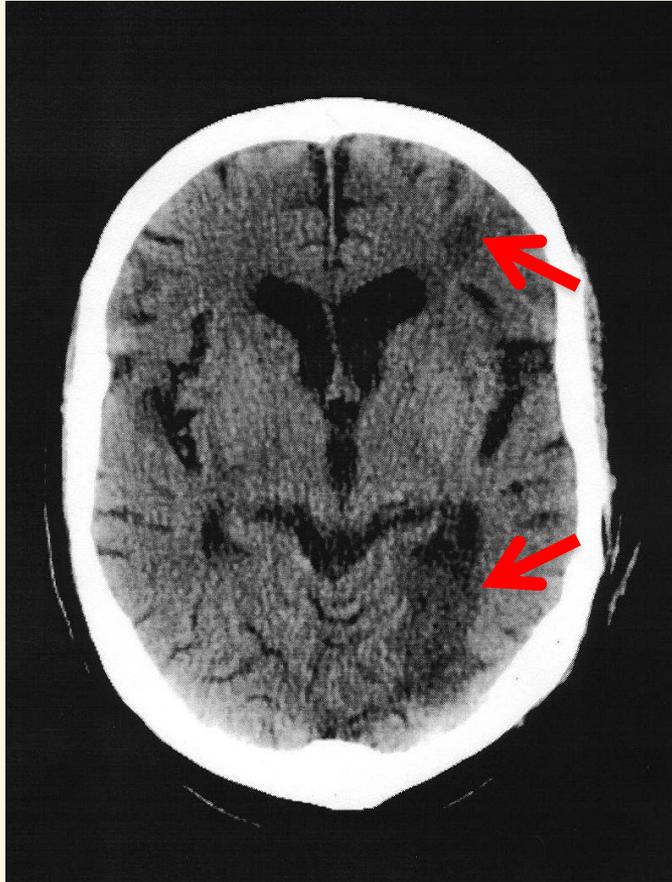
Washington Post Staff Writer

June 22, 2006

Heart surgery can help bring on depression, and depression can worsen heart disease. But the relationship between the two conditions is complicated, murky and indirect, according to experts and numerous research studies. The issue arose with the revelation that publisher and former diplomat Philip Merrill had apparently committed suicide while sailing alone on the Chesapeake Bay this month. It had been assumed that he had drowned after falling overboard. When his body was found Monday with a gunshot wound in the head, Merrill's family noted in a statement that he had undergone "significant heart surgery over a year ago" and was taking "several medications" for his heart. "Over the past four weeks," the statement said, "we observed that his spirit had dimmed. We spoke to him and consulted his physician about it. He was fatigued and unmotivated, a clear departure from his lifelong optimistic outlook and irrepressible spirit."



Case 2: Post-stroke Major Depression





Case 2: Post-stroke Major Depression

- 77 year old married man with no previous history of depression had his first hospitalization for major depression with psychosis several months after a stroke. He falsely believed that he was penniless and had failed his family financially. Psychotherapy and medication had not helped. His depression remitted completely with electroconvulsive therapy (ECT).
- He had yearly hospitalizations for two more years for inpatient ECT because he would relapse even though he was on antidepressant medication. He would stop eating and drinking and become very weak.
- He eventually received monthly outpatient maintenance ECT, which kept him well and enjoying life for several years until ultimately dying from a stroke in his 80s.



Case Comparison Points

- Major depressive disorder can come on for the first time in late life with serious medical or neurological disease, E.G. stroke, heart disease
- Without any prior experience with depression, men are often bewildered and ashamed by their symptoms, become hopeless, and see no point in asking for help.
- Early recognition and intervention is key to survival and recovery of a normal life.



Resources for Urgent Needs

- **Crisis Hotline**-- (410) 531-6677 or 1-800-SUICIDE
- **BCRI** -- Baltimore Crisis Response Incorporated, 24 hour hotline, crisis beds, residential detox and in-home mobile treatment teams, (410)752-2272 or (410)433-5175, Detox (410)433-5175
- **PES** -- Psychiatric Emergency Services at UMMS 22 S Greene Street, (410)328-1219 or walk-in
- **CWIC** -- Crisis Walk in Clinic for Urgent Assessments at Sheppard Pratt, requires insurance, Walk in to 6501 North Charles Street, Baltimore MD, Weinberg building Ask for "CWIC" (pronounced "quick") (410)938-5302.
- **211 Maryland**: <http://www.mdcsf.org/search.html>. Website links individuals with resources based on zip code
- **Veterans Crisis Line**, 1-800-273-8255, press "1"; Confidential Veterans Chat, text to 838255



Resources for Non-Urgent Needs

- **701 West Pratt Street Clinic** -- call for appointment (410)328-6018. Accepts Medical Assistance (MA) and Medicare (MC). Uninsured individuals must apply for Medical Assistance and/or Pharmacy Assistance once they are enrolled
- **Psychiatry Associates.** Takes private insurance but slots are limited (410)328-5881
- **Fayette Street Clinic at 701 W. Pratt St. and Carruthers Clinic at Midtown** -- call for appointment through Psychiatric Assessment and Referral Center (PARC) at UMMS, (410)328-6231. Accepts Medical Assistance (MA) and Medicare (MC). If MA or MC expired, you can return to these clinics if you've been seen there before. A very limited number of uninsured/Primary Adult Care (PAC) individuals can be enrolled, but you must apply for Medical Assistance and Pharmacy Assistance (PA) prior to being seen. No private insurance accepted.
- **The Older Adult Psychiatry Outpatient Clinic.** This clinic is on the UMMC downtown campus at 701 West Pratt Street, first floor and accepts individuals aged 60 years and older. The clinic is staffed by two faculty attending geriatric psychiatrists, a psychiatric nurse practitioner and a therapist. We can provide diagnostic assessment, pharmacologic management, and psychotherapy. Call 410-328-8415 to refer.
- **Senior Outreach Service (SOS)** SOS is a Baltimore City-funded home visit program that serves Baltimore City residents who are 65 years and older and have a psychiatric illness who are unwilling or unable to get services at a clinic. SOS is staffed by a nurse psychotherapist and a psychiatric nurse practitioner. Call 410-328-8415 to refer Baltimore City residents aged 65 years and older.
- **UMMC Electroconvulsive therapy (ECT) Service.** Referral contact: Psychiatric Assessment and Referral Center (PARC): 410-328-6232.
- **Department of Psychiatry Faculty Practice** -- for UMMS and state employees only, (410)328-5881
- **Medical Crisis Counseling Center** -- for individuals and families coping with illness, private insurance, MA, MC, (410)328-6091
- **Evelyn Jordan Center (EJC) HIV Psychiatry Program** -- for individuals with HIV, (410)328-1900
- **Baltimore Mental Health Systems** provides information referral for mental health Services in Baltimore 410-837-2647



Support and Education for Individuals and Families

- **NAMI:** National Alliance for the Mentally Ill, 410-435-2600, <http://nami.org>
- **Black Mental Health Alliance:** 410-338-2642 <http://blackmentalhealth.com/>
- **Family-to-Family:** 12 week educational course for families coping with mental illness 410-435-2600
- **Mental Health Association of Maryland:** 410-235-1178



Specific Substance Abuse Resources

- **ADAP**-- Alcohol and Drug Abuse Program, 1001 West Pratt Street 2nd floor serving the uninsured, 443-462-3402 or 443-462-3400
- **OATS IOP** -- Intensive Outpatient (insurance required) at 701 West Pratt Street, 410-328-6600
- **OATS CRP** -- Comprehensive Rehabilitation Program at UMMS, methadone maintenance available 410-328-5219
- **MMTP** -- Methadone Maintenance Treatment Program at 1001 West Pratt Street, call 443-462-3400 between 10 am and noon
- **University of Maryland Midtown Campus Adult Alcohol Detoxification Program** -- at 827 Linden Avenue call 410- 225-8626 Monday to Friday 8:30 am- 5:00 pm. On evenings and weekends present to Emergency Department at UMMC Midtown Campus.
- **Tuerk House** -- Inpatient program (uninsured), walk-ins daily 730 Ashburton Street (W. Baltimore) 410-233-0684
- **Gaudenzia** -- residential and outpatient treatments (NW Baltimore) 443-423-1500
- **Powell Recovery** -- 14 - S. Broadway 410-276-1773
- **Salvation Army Recovery** -- Adult rehabilitation center for men, inpatient program serves the insured and non insured, 410-525-0530 ext. 236
- **Warwick Manor** -- Short term rehab, intermediate care and detox. Takes medications or self pay 3680 Warwick road, East New Market, MD 21631. Phone: 1-800-344-6423, 410-943-8108 (call between 8 am and 4:30 pm)
- **Hope House** -- for inpatient and outpatient detox, serves the insured, 26 Marbury Drive, Crownsville, MD 21032, 410-923-6700
- **Pathways Alcohol and Drug Treatment Center** -- Services the insured (no MA, MC or Kaiser) 2620 Riva Rd, Annapolis, 410-573-5400 or 1-800-322-5858
- **AA/ NA** -- Alcoholics Anonymous and Narcotics Anonymous 410-663-1922, 1-800-317-3222 or 410-566-4022
- **Baltimore Health Care Access** -- Addiction treatment and referral hotline 443-451-4058
- **BSAS** -- Baltimore Substance Abuse Systems, city-wide referrals to detox programs and rehabs 410-637-1900
- **Alcohol and drug abuse administration of Maryland** – 410-402-8600



Resources Specific to Men

- Brother You're on My Mind: Changing the National Dialogue Regarding Mental Health Among African American, by Omega Psi Phi Fraternity, Inc., and the National Institute on Minority Health and Health Disparities (NIMHD)
https://www.nimhd.nih.gov/docs/byomm_fulltoolkit.pdf
<https://www.nimhd.nih.gov/programs/edu-training/byomm/>
- Men's health.com
<https://www.menshealth.com/mental-health/>
- Men and Mental Health, National Institute of Mental Health (NIMH)
<https://www.nimh.nih.gov/health/topics/men-and-mental-health/index.shtml>
- HeadsUpGuys: Depression in men in partnership with the University of British Columbia
<https://headsupguys.org/>



Questions and Comments

