

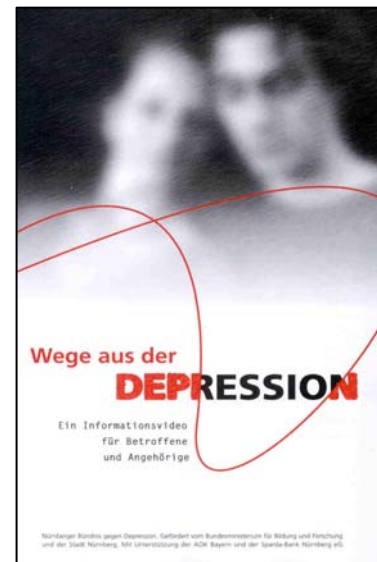
Videotape II: „Ways out of depression - information for patients and their relatives“

Short description

The purpose of the video

More than 4 Million people in Germany suffer from depression. However, psychotherapy and pharmacotherapy offer effective and reliable options for treatment. This video (duration: 15 minutes) aims to give information about the appearance and causes of depressive diseases to patients and their relatives and tempts to educate especially about the medical therapy with antidepressants.

For further clarification, two former patients (Martin Max and Hannah Koehler) narrate their personal medical history. They portray their own subjective feelings during the period of depression as well as their first-hand experiences with pharmacotherapy.



Physical complaints and mental attributes as indices of depression

The video informs about physical complaints just like fatigue and loss of energy, sleep disorders, reduced appetite and gastric troubles, which often conceal a depression. It is reported how a depressive disease can alter the patient's mental experiences and behaviour. Different mental criteria, for example listlessness, bleakness and hopelessness, depressed disposition, a feeling of an internal emptiness, worthlessness and guilt as well as suicidal thoughts. Other indicators of a depression could be uneasiness and tautness, lack of concentration, frequent weeping and social retreat.

Progressive course and trigger of a depressive disease

Besides the basic pathology of depressive diseases, the progressive course and possible triggers are also described. The fact is pointed out that - as long as they are not treated efficiently - depressions usually recur in multiple periods with intervals of some weeks up to a couple of years in-between.

Typical triggers of such depressive periods can be characterized as critical life-situations or profound changes in life just like the time upon retirement, pregnancy, the loss of a loved one or the severe affection of one's physical integrity. It is additionally mentioned that in many cases depression occurs without any noticeable reason.

Changes in the neurones' functioning in the human brain: the biological cause of depression

Today's standard of knowledge is such that the origin of depression is seen both in psychosocial and organic-somatic causes. The video informs especially about the "biological character" of depression. An animated graphic explains how a lack of messengers results in an interference of the information flow between the brain's neurones. This physiological unbalance is related to the depressive pathology.

Pharmacologic therapy with antidepressants: An effective method of treatment for depressive diseases

Concerning treatment methods of a depression the video focuses mainly on the medical therapy; methods of psychotherapy are only summarized shortly. The effect of antidepressants is explained by means of the before mentioned "biological character" of depression: Antidepressants are applied to balance the lack of messengers.

Guidelines on the medication with antidepressants

The video transports the following guidelines on the medication and intake of antidepressants: At the very start of the therapy, the prescribed dosage has to be complied with as accurate as possible. Because of the drug's latency in effect, the depressive symptoms will not improve until 2-3 weeks time. During the first two weeks of therapy it is therefore of great importance that the patients exercise patience and keep up the intake of their antidepressant as prescribed. Moreover it is essential that the pharmacological therapy is continued after the depressive symptoms have decayed to ensure a stabilization of the patient's well-being. It is pointed out that a premature drop out of medication can put the success of an antidepressant treatment at risk.

Recommendations for relatives concerning the interaction with depressed patients

Relatives are recommended to inform themselves about depressive diseases and their methods of treatment. It is emphasized that relatives must accept the need for professional medical help as well. They do contribute immensely to the success of a therapy when they support the patient in the medical treatment. Beyond this, it is recommended to motivate the patient to join and share common activities and to treat him/her just like a normal person instead of supporting his/her self-pity.

The video is also available with Estonian subtitles (Kuidas ravida depressiooni?).

Video Transcript

Speaker: Consumption, success, fitness and fun. Our society does not leave space for negative feelings. Nevertheless more than four million people in Germany suffer from depression. Psychotherapy and medication offer successful and effective treatment opportunities. In this video we give you information about depression and inform you especially about the therapy with anti-depressant medication. Martin Max, aged 65, was stuck in a depressive phase until recently, but he has now recovered.

Martin Max: It all started when I entered retirement. At the beginning, I felt tired and lethargic and I was suffering from headaches and stomach pains. I also had trouble sleeping properly. So I went to see my doctor for an all-round check up but he did not find anything.

Speaker: The signs of depression are often covered up by 'external', physical symptoms such as tiredness, lack of energy, insomnia, reduced appetite and other symptoms such as gut problems or pain. In older patients, depression is often not seen as an illness requiring treatment, but is assumed to be a natural part of the aging process. This misinterpretation may carry severe consequences.

Martin Max: I kept pondering about all sorts of things. Since I retired I just felt absolutely superfluous and useless, although I had been looking forward to my retirement. But since I was not working anymore I felt more like a burden to my family. My wife surely had a hard time with me. Sometimes I would not get out of bed as I did not see why I should. I thought that no one needed me anyway. Sometimes it was so bad that I thought I could not carry on anymore and should just end it. I thought I would never get out of that.

Speaker: Depression often causes a feeling of emptiness, dejection and sadness, often initiated by change as shown in this case of retirement for example. Sometimes various psychological symptoms show for no apparent reason. Patients suffer from lack of energy, unhappiness, depressive moods, hopelessness, low self esteem, feelings of guilt and worthlessness and have suicidal thoughts. Hanna Köhler also used to suffer from depression.

Hanna Köhler: There had always been periods of time when I was feeling really bad. The first time it happened was about five years ago when I started university. Then again during my pregnancy and later on, it occurred intermittently. It would just start after a period of time during which I was feeling fine. It is difficult to say when it started but I think it was usually in autumn.

Speaker: If left untreated the illness comes and goes sporadically; it may reappear after a few weeks or even years. Depression can also cause restlessness and tension, lack of concentration and frequent crying as well as withdrawal from social activities. Many

patients who suffer from severe depression become unable to show certain emotions, they become unable to cry and often feel emotionally cold and unmovable.

Hannah Köhler: I was about to sit my university exams. But I suddenly felt so empty. I was absolutely nervous and tense the whole time. I had big trouble to sit down and study and concentrate on one topic, it was really exhausting. Instead, I thought about all sorts of things, my thoughts kept rotating and I couldn't focus my mind on the studies. It was crazy and it was driving me insane. I tried to busy myself with other things, went swimming and so on. I did some exercise and tried all the things you are supposed to do to keep your self-discipline up whilst studying for exams. But it got worse and worse. I could not get rid of the pressure and I could not even sit still anymore it was absolutely mad.

Sometimes I was so worn out and knackered that I would just break down in tears for no reason, which I found pretty embarrassing. Of course I had to try and hide that from my child and I did not want anyone else to notice how I was feeling either, so I pulled myself together and kept to myself. I did not want to go out and socialise anymore either.

During that time I felt like a total loser, it was horrible. In between, however, I was feeling fine until it all started again – that is the crazy thing about it.

Speaker: Why do some people become depressive and others do not?

Prof. Hegerl: Today we think that depression can be caused by numerous factors. One common reason is that some people have a lower threshold to become depressive than others. External factors may be personal problems for example with the partner, or work-related stress. Furthermore physiological causes such as thyroid dysfunction can be linked to cause depression. Some patients report that they usually fall ill around the same time of year. Quite often though, we do not find an external factor that is causing the depression.

Martin Max: It never occurred to me that I might be suffering from depression. I linked it all to the change in my life from working to retirement.

Hannah Köhler: I did not have any major problems; it just seemed like that to me. I am not sure where it originated from. The depression seemed to suddenly hit me and I felt like a completely different person. I did not know myself like that at all.

Prof. Hegerl: As various as the triggers for depression may be, the underlying cause is usually a modification of the functionality of the brain's neurons.

Speaker: Depression always affects the whole person and the whole brain. The different areas of the brain are associated with each other and constantly exchange information. Transmitter substances such as serotonin for example play an important part in this exchange. The transmitter substances help to pass information from one neuron to the next. When an electric impulse arrives at the end of a neuron the information is carried

to the next cell by the transmitter substance. If there is too little transmitter or if the transmitter cannot work properly the communication between the neurons is interrupted. Consequently the experience of the patient is modified. He may feel dejected, hopeless and guilty. He has trouble sleeping and loses his appetite. Antidepressant medication can compensate for the lack of transmitter substances.

Just like any other illness, depression has a physiological as well as a psychological component. The first very important step is to confide in the GP and to recognise the depression. A thorough medical examination and detailed enquiry of the patient will give the GP information about the patient's state and helps diagnose a depression. If it is in fact diagnosed it can be treated successfully. Different treatment approaches are established and mainly include psychological therapy and the use of medication. These so-called anti-depressant drugs readjust the low levels of transmitter substances. But this process takes time.

Prof. Hegerl: Generally anti-depressant medication takes two to three weeks until the first positive effects can be noted. This means that the patients are required to be patient and stick to the therapy. Most important is the regular and continuous taking of the drugs, even when the depression has become better or is believed to have ceased. It is the same procedure as with other medical treatment, for example you would not stop taking medication against high blood pressure as soon as the blood pressure has lowered. Just to make this point clear: a lot of therapies fail because the medication is not taken regularly or not long enough.

Hannah Köhler: Yes, the idea about taking the medication over such a long period of time did not appeal to me at all. The drugs made my mouth very dry. And after a few weeks I was feeling a lot better so I stopped taking the medication. So at first I took them irregularly and then not at all.

Speaker: In this case the depression usually reappears. Miss Köhler had to consult her GP again.

Hannah Köhler: So I returned to my GP. He explained the situation again in detail. He said he was prescribing me the drugs to help establish a physiological balance which does require a certain period of time. My GP repeatedly told me that I have to take the medication for quite a while. So I consistently took my drugs for about half a year until he told me that I was past the critical time and that I could begin to reduce the dose and eventually stop taking the medication altogether. Looking back I am very happy that I trusted him and that I was able to place that trust in him.

Prof. Hegerl: It is important that patient and doctor form a trusting relationship in order to work against the depression together and that the patient addresses any possible concerns about the therapy with antidepressant drugs towards his doctor.

Speaker: During the initial phase the patient needs to be strict about taking the prescribed dosis regularly from the start. Following on it is essential that the drugs are taken over a longer period of time just as regularly. And at the end after the recovery from the depression it is important that the patient continues to take the medication in order to keep healthy; especially when he or she is feeling well again. Numerous patients are prejudiced as well as scared about taking anti-depressant drugs.

Martin Max: Well, at first I thought that cannot be true that I have to take pills now. It was not easy for me to understand that depression is just like any other illness; that it has to be treated in order for me to recover. At the beginning I was scared that the drugs would change my personality. I was worried that I would get all messed up and would not recognise myself any longer, you see.

Hannah Köhler: I was scared about the side effects. I was worried I would become addicted to the drugs. In retrospect I would say that there was no chance of becoming addicted and the side effects weren't that bad, you just have to put up with it.

Prof. Hegerl: It is important that patients are advised about the side effects of the medication. The more recently developed anti-depressants can be tolerated quite well. However a lot of worries with respect to psycho-pharmaceuticals still exist, they do not have a good reputation. Many of these worries are unsubstantiated these days. Anti-depressant drugs are not addictive. Neither do they change the patient's personality. They are no chemical cocktail that sedates the patient, but they do act specifically against the depressive illness.

Martin Max: The medication helped me to feel better, to become more active and raise my self-confidence. I have joined a self-help group against depression. It is very good for me as it helps me and others, too. Now that I have recovered I must say that my wife and friends helped me a lot. They never belittled me, quite the opposite in fact, they encouraged and motivated me, they gave me a push when I needed it and kept inviting me to events and so on. This has really pushed my self-confidence up again which was great. Of course I did not join them in all their activities, but the fact that they treated me like a normal person was fabulous.

Prof. Hegerl: It is difficult to give general advice how to help a depressive friend or family member best. It is very important that relatives also access information about this illness and that they realise that it is a 'real' illness just like other illnesses are. If they know this, it is easier for them to be patient and understanding with the patient. Advice such as "Pull yourself together!" or "You should take a holiday" is usually non-beneficial. It is important that relatives accept that patients with severe depression require proper medical help.

Hannah Köhler: Medication does not magically delete the problems. But I drew the strength out of it to face and deal with my problems and to see them for what they are: normal problems that I can solve by myself.

Speaker: The visit to the doctor was worthwhile for Martin Max and Hannah Köhler. But they are not the only ones who have recovered. Over ninety percent of people suffering from depression can be helped.