Volume 2, Issue 10

Friday, May 24, 2013

Mercy Clinic Internal Medicine Clayton-Brentwood

Progress Notes

Dr. Kenneth G. Poole, Jr.

Depression and Anxiety

As a primary care provider, my job is to essentially be a point guard. I manage the general health of my patients and help them navigate the healthcare system in a way that optimizes utilization on both their behalf and of that the health system. That said, I am often confronted with circumstances and medical needs that are "over my head" (for lack of a better term), and I have to subsequently refer a patient to a specialist for more specific, advanced care.

Well, that's what I'm going to do this month with *Progress Notes*. I wanted to provide some good information on mood disorders, a topic that can be taboo in some circles, but I wanted to make sure the topic was covered in a comprehensive fashion. Thus, I solicited the help of a former medical school classmate and current friend to drive the ship for this issue. It is my hope that you find the information presented this month useful. As always, consult with your healthcare provider if there are any questions or concerns.

KPoole, MD

I was asked by Dr. Poole, a dear friend from medical school, to contribute to *Progress Notes*, a resource I have come to appreciate both personally and professionally as a colleague. Dr. Poole is a talented physician whose intuitive connection to patients and their nuanced medical needs is a model for future, more integrated models of healthcare delivery. It is my great pleasure to contribute this small piece about anxiety and depression. For those of you more interested in details of the relatively cursory answers I provide below, feel free to peruse my website and email me directly.

Dr. Aaron Krasner

http://www.aaronkrasner.com/

What are the symptoms of depression? What about generalized anxiety disorder?

Though they are distinct entities, I would recommend thinking of depression and anxiety as part of a continuum of distressing psychological symptoms that warrant treatment, albeit with significant differences on either end of the spectrum.

(Continued on page 2)

Depression is truly characterized by anhedonia (lack of interest in things that people usually like to do) and low mood that persists for a prolonged period. Additional symptoms include decreased appetite, perturbed sleep, and decreased energy. Often, depressed patients experience extreme remorse and guilt as well as suicidal ideation, which varies in severity from simply wishing to be dead to an active plan and intent. Suicidal ideation is a medical emergency and requires urgent intervention.

Generalized Anxiety Disorder is characterized best by a persistent, relentless sense of dread, worry, and impending doom with physical manifestations of stress, including headaches and abdominal discomfort. It is not uncommon for there to be some overlap between anxiety and depression, and it is thus not inconsequential that the primary treatment for both is a class of medication called SSRIs (Selective Serotonin Reuptake Inhibitors).

What is the difference between someone with an anxiety issue or generalized anxiety disorder and someone who is merely stressed out?

The difference between someone who has GAD and someone who is merely stressed out is determined by impairment.

The "stressed out" patient continues to work, function, relate, and feels more or less okay with some variance on a day-by-day basis. The patient with generalized anxiety disorder begins to, or has already noticed, a decrease in function in one or more domains. This can persist for 6 months and subsequently becomes worrisome not only to the patient but often to those around the patient. In short, it is a severity issue – generalized anxiety disorder is stress that just won't go away!

When should someone with depression or anxiety seek help?

People should seek more psychiatric help in this country regardless of the inciting event. For some, that means they might seek counseling for relationship problems; for others it means seeking out an initial consultation with their internist to determine whether or not the constellation of problems they are experiencing merits medical treatment. In point of fact, psychotropic medications are among the most prescribed medications on the market, and they are by a large margin prescribed by non-psychiatrist physicians like internists and family doctors. So your local doctor is well versed in these types of problems, and if you have an inkling that there may be a problem with depression or anxiety, you are wise to consult with your internist, whose training enables him/her to inquire further and make treatment or consultation recommendations based on their assessment.

When someone thinks he or she is depressed or anxious, whom should he or she contact for help?

As above, one's primary care physician is most suited for "front line" triage of anxiety and depression.

When should some sort of treatment be initiated and what does that entail?

Again, impairment/severity is an important guide for treatment decision-making. The decision of whether or not to treat is a highly personal decision that collaboratively should be rendered in the consultation suite between the patient and provider. It is likely more cost effective and simpler for patients to take antidepressants as first line therapy for depression and anxiety, as it is often the most prudent and expeditious manner of treatment. For patients that are averse to psychotropic medications, either because of stigma or fear of side effects, a referral for psychotherapy is indicated.

What should someone do in the event that he or she suspects a close friend or relative is depressed or anxious?

The best way to help someone suffering with depression and anxiety is to recommend a treatment consultation. If that is unavailable, then lending a compassionate ear can go a long way!

In the unfortunate event of the loss of a loved one, how can one differentiate between normal grieving and being depressed?

This has been the topic of some scientific debate in the revision of the current DSM-IV (Diagnostic Statistical Manual IV-TR, the guide psychiatrists use to categorize symptoms and develop diagnoses and treatment plans). Previously, there was a clause excluding patients from meeting criteria for depression in the setting of the loss of a loved one within the last 6 months. This is not yet resolved, but hearkening to prior statements, good clinicians listen to their patients and respond to clinical needs and presentation. Thus, if a patient is terribly depressed in the wake of the death of a loved one and seems to require medical treatment or psychotherapy, it should certainly be treated. That said though, it can be expected that patients experience signs and symptoms of depression for weeks, if not months, after the death of a loved one. This is "normal" and may or may not warrant treatment.

What is the difference between a psychiatrist and a psychologist?

A psychiatrist went to medical school and has training in physiology. They can diagnose mood disorders and treat them with psychotropic medications. A psychologist went to graduate school and has training in research methodology and perhaps psychotherapy. With the exception of one state, they cannot prescribe medications to patients.

Progress Notes

Mercy Clinic Internal Medicine Clayton-Brentwood
7921 Clayton Road
St. Louis, MO 63117

Phone: 314.802.1417
Fax: 314.802.1420
Email: MercyClinic.Clayton@gmail.com

Simply Medicine

Kenneth G. Poole, Jr., MD is the sole practitioner at Mercy Clinic Internal Medicine Clayton-Brentwood. He is board certified in Internal Medicine by the American Board of Internal Medicine.

At Mercy Clinic Internal Medicine Clayton-Brentwood you will find a comfortable, personalized primary care environment. Whether you're in your late teens or your golden years, the approach is evidence-based, yet tailored to your specific healthcare needs. The practice is excited about establishing and maintaining positive relationships and helping you develop healthy habits that will last a lifetime.

www.mercy.net

Like us on facebook