

TURN THE BLUES INTO

BLUE SKY

Depression happens to people from all walks of life and, happily, is very treatable, as survivor Andrew Alexander discovered.
By **Robyn von Geusau**



It's the kind of thing few people like to admit: that life is too much for them and they simply cannot find that silver lining that is supposed to shine from within every cloud.

But depression is a condition that is very common, and more and more people are actively seeking treatment for it. Take heart – if you are depressed, you are definitely not alone...

Andrew Alexander, now of Sea Point, was a Bachelor of Economics honours student at Rhodes University when he felt the first twinges of depression. For years he had suffered from obsessive compulsive disorder (OCD) but this was different. It happened while he was running a 60 km marathon, one for which he had trained and which he knew he could complete. 'I felt empty. I asked myself: "What is the point of running this race?"' he says. And, in his book *Fly Fishing For Sharks – A Memoir of Life with OCD* (distributed in SA by Blue Weavers), he says: 'A mild sadness followed this change in perspective about the day's events. It was the beginning of a pervasive shift in perspective and mood that led to depression.'

AM I JUST FEELING DOWN OR AM I DEPRESSED?

'We all get sad at times – it's normal to experience a degree of mood reactivity to life events,' says Dr Chris van den Berg, a psychiatrist at Stellenbosch Medi-Clinic. 'We don't want to have a bland mood – experiencing emotion is very important. It is, however, when the amplitude of mood change is either too high or low and causes dysfunction or distress in our lives that we could be looking at a mood disorder. Depressive symptoms don't always look the same – depression has many faces. It can, for example, present as irritability (especially in males and teenagers) rather than a typical sad mood with tearfulness.'

A depressed person generally feels sad or down everyday, most of the day, and finds very little pleasure in life any more. 'The duration is important. If this goes on for longer than two weeks then it is more than a passing mood,' says Dr Van den Berg.

For Andrew it was the start of a serious descent into depression where he looked at life through 'black-tinted spectacles'. A decrease in energy was accompanied by increased eating and sleeping as well as an inability to find pleasure in any activities. 'Depression is a stealth bomber – it has a slow descent and you feel as if you are losing altitude all the time,' he explains. 'I had an utter reluctance to engage in any aspect of my life – I felt so hopeless and grim.'

The South African Depression and Anxiety Group (www.sadag.co.za) describes depression as a 'whole-body' illness that involves your body, mood and thoughts. Everything is affected, from the way you eat and sleep, to the way you feel about yourself and think about things.

WHAT OTHER SYMPTOMS COULD I HAVE?

- Appetite and/or weight change;
- Insomnia or hypersomnia (sleeping too much);
- Loss of energy, fatigue and inability to concentrate;
- Indecisiveness;
- Feeling agitated or slowed down;
- Feelings of worthlessness and inappropriate guilt, and
- Thinking of death and/or making suicidal plans.

NB To make a diagnosis of depression, one needs to have five out of the nine symptoms (the ones above, plus a low mood and lack of interest in life) over, at least, a two-week period with one of them being low mood or loss of pleasure in normal activities.

WHEN DO I SEE A DOCTOR?

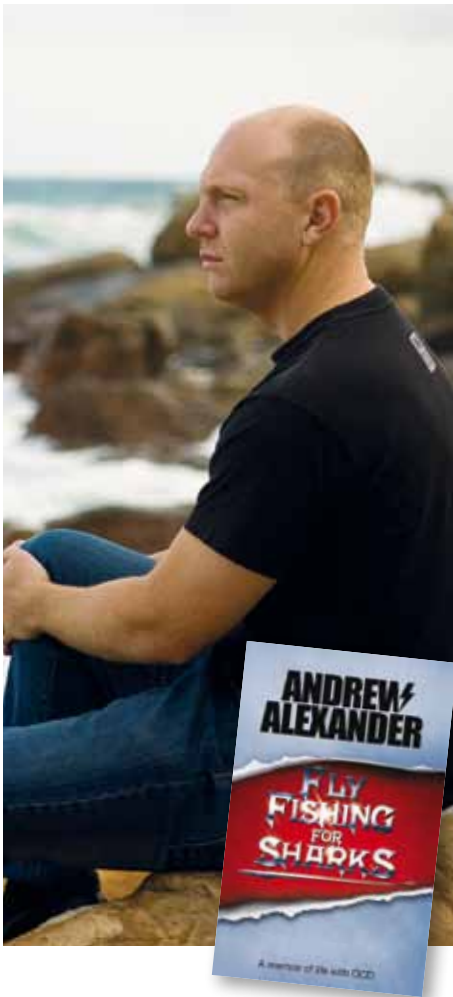
And here's the silver lining: depression is one of the most curable of mental illnesses. The trick is to seek help for it and not pretend you are 'fine' or that it's 'just a phase'.

'When it causes dysfunction or distress, then you should definitely seek help,' advises Dr Van den Berg. 'Things like occupational, academic or relational difficulties; significant changes in sleep, appetite and energy – these are all relevant.'

Andrew, not wanting to burden his parents, who had recently moved from Zimbabwe to Cape Town and who had had years of dealing with his OCD – 'I simply could not call them and say, "Mom, I think there's something else happening now"' – knew he needed help. And so he started to walk. 'I headed for Fort England (a desperately underfunded public psychiatric facility about five kilometres from where he lived in Grahamstown) where the security guard eventually pointed me to an assessment area,' he says. He was admitted for three days after which he returned to Cape Town and his parents, where he 'just crashed, sleeping 18 hours at a stretch, not showering but reading and eating a great deal'.

It has, for him, been a long, unbelievably curving, steep road that has included suicide attempts, sessions in Medi-Clinics as well as other private clinics, ongoing medication and many therapy sessions.

Psychotherapy – even if it is short-term – can be extremely beneficial. 'For mild to moderate depression, psychotherapy is the first-line treatment and is as effective as medication,' says Dr Craig Bracken, a psychiatrist at Sandton Medi-Clinic. 'However, for more severe depression medication is indicated, as well as psychotherapy. Medical illness, substance use or ongoing stress may counteract the benefits of medication and so must also be treated.' ▶



These days, antidepressants can be individualised for your specific symptoms. (Check with your medical aid that you qualify for benefits.) Andrew – who has also since been diagnosed with bipolar disorder – is now on a management programme that includes mood stabilisers, psychotherapy (which includes a measure of family involvement too) and exercise.

‘Yes, I do hope that one day I will be off all medication, though it is probably unlikely,’ he says. ‘But, for many people antidepressant medication need only be a temporary thing.’

An enormous side effect for Andrew has been the loss of years. While his peers have thrust onwards and upwards in their careers, his stalled as OCD and depression led to interruptions in both his studies and his employment situation. But writing his book not only gave him a discipline but also a boost. ‘I felt like I had tripped and did not get out of the starting blocks at the same time as everyone else,’ he says.


‘But writing and completing the book has been great for my self-confidence.’

WHY AM I DEPRESSED?

There are various causes, from genetic (you can be more susceptible if it runs in the family) to illness, childbirth, stress or biochemical reactions. This happens when there is a glitch in the brain’s chemicals (or neurotransmitters), such as serotonin, that is unmasked by stress and results in depression.

Antidepressants that work on serotonin levels to reduce symptoms of depression are known as SSRIs (selective serotonin reuptake inhibitors).

NUMBER CRUNCH

Depression is highly prevalent in South Africa. ‘One out of seven people risks getting it,’ says Dr Bracken. ‘And more women than men are likely to suffer from depression, with an increased risk during their reproductive years.’ South Africa has lower rates of depression than the US, but higher rates than other developing countries such as Nigeria. 

Further reading

Find *Fly Fishing for Sharks* by Andrew Alexander at most good book shops and on www.kalahari.net. For a chance to win one of three copies, sms your name, phone number and address to 34001 (R2 per sms) by 10 December 2010.

Medi-Clinic cares

Well informed is well armed: being in hospital or having a medical condition can put you at risk of depression. Think heart disease, post-heart attack, chronic pain conditions, cancer and all terminal illnesses.

‘Don’t underestimate the value of a healthy diet and exercise,’ advises Dr Van den Berg. For loads of support professionals including psychiatrists, psychologists, dieticians, physiotherapists and biokineticists you can go through your local Medi-Clinic. Visit www.mediclinic.co.za.

Celebrities who have been there



• Actress **Brooke Shields** said she could not believe it when her doctor told her she was suffering from postpartum depression (depression after giving birth) and put her on antidepressants. She stopped taking the medication and had a relapse. ‘But the drugs, along with weekly therapy sessions, are what saved me – and my family,’ she later said.

• Actor **Jim Carrey** spoke in a *60 Minutes* interview of ‘the peaks and the valleys’ he experienced in depression. He was on antidepressants for a while until ‘I realised that, you know, everything’s just okay.’ He now copes through spirituality. ‘I rarely drink coffee,’ he says. ‘I’m very serious about no alcohol, no drugs. Life is too beautiful.’



• South African actress **Vuyelwa Booie**, who features in the hit soapie *7de Laan* as the bubbly Alyce Morapedi, is no stranger to depression. In a recent magazine interview she said, ‘Depression makes me feel as though I’m sinking continually deeper into a pit. Or as though I’m in a glass box that’s pitch dark inside.’ She encourages fellow sufferers to seek help and not to try and struggle through on their own. ‘It’s good and right to say you need help and can’t cope,’ said Vuyelwa. ‘It might feel as though no one understands or cares but, believe me, you’re not alone.’

Photographs: Deryck van Steenderen, Erina Niemand, courtesy of M-Net