Defeating Depression

Deuteronomy 28:65-68

65 And among these nations shalt thou find no ease, neither shall the sole of thy foot have rest: but the LORD shall give thee there a trembling heart, and failing of eyes, and sorrow of mind:

66 And thy life shall hang in doubt before thee; and thou shalt fear day and night, and shalt have none assurance of thy life:

67 In the morning thou shalt say, Would God it were even! and at even thou shalt say, Would God it were morning! for the fear of thine heart wherewith thou shalt fear, and for the sight of thine eyes which thou shalt see.

68 And the LORD shall bring thee into Egypt again with ships, by the way whereof I spake unto thee, Thou shalt see it no more again: and there ye shall be sold unto your enemies for bondmen and bondwomen, and no man shall buy you.
KJV

In this lesson I am going to give you a lot of information on a vital but ignored topic. Depression affects the church and we need to deal with it.

Toward the end of the lesson I will use the Word of God to validate that God can and does heal depression.

Preaching must be relevant or else it serves no purpose at all.

We must build, edify, restore and equip the whole man

Preaching must address the topics and issues that touch the heart and soul of man.

Perhaps the highest compliment for a sermon is to say that it connected an individual or various individuals to the Lord.

There is more to this than just preaching about salvation, although there is no more important topic than salvation. There is so much more to accomplish than just an altar call or invitation.

- We must also preach about restoration, about being made whole and complete by Christ Jesus, and about how to allow Jesus to do His perfect work in us.

I've never heard a sermon on mental depression.

Perhaps that is why the church is filled with depression . . . and the average Christian has no idea how to cope with it . . . or how to allow God to deliver them from its painful grasp.

Depression is so real . . . yet so misunderstood that most Christians and churches will stand in denial that it even exists.

It does exist . . . and some of us already know this sermon is about to touch something you are afraid of . . . but there is no need to fear!

Depression robs and steals from the mind . . . and the mind controls and impacts all we do.

The battle is in the mind . . . it is won or lost in the mind.

Depression hinders your ability to allow your mind to be free to serve you and God.

The Top Ten Symptoms Of Depression

About 50% of people suffering with depression are never medically diagnosed or treated. It is very important to remember that there are many types of depression, that depression can be caused by many medicines and other illnesses, and that your healthcare professional is an essential part of the diagnosis and treatment of depression.

The Top Ten Symptoms of Depression may help patients and their families recognize the symptoms of depression and help more people get appropriate diagnosis and treatment. It is very important to remember that no single symptom defines the diagnosis of depression. According to accepted diagnostic criteria, a cluster of the symptoms of depression should be present for the diagnosis of depression to be appropriate.

1. Persistent feeling of sadness or irritability
2. Decreased interest or enjoyment in activities
3. Decreased or increased appetite
4. Abnormal sleep pattern (requiring more sleep or, conversely, unable to sleep)
5. Restlessness or lethargy observed by others
6. Feeling persistent fatigue
7. Feeling of worthlessness
8. Excessive or inappropriate guilt
9. Decreased ability to concentrate
10. Thoughts of self harm

The diagnosis of depression by mental health professionals is based on the nature, duration, frequency and intensity of symptoms. The list above is general and not intended to substitute for an appropriate evaluation by your health care provider.

Depression is a common and serious disorder. Every year, depression affects 10% of adult Americans over age 18. Depression takes a big toll in suffering and can lead to suicide in severe cases. Family, friends, health, work or school can all be seriously impacted by the disease. However, depression is very treatable. There is hope.

Medical professionals consider depression a disease. Sadly the most common treatments include drugs . . . and although in some cases these appear to help, they actually only cover the symptom but do not cure the problem.

For those who have already been diagnosed with depression and are in treatment, we want to help you learn as much as you can about depression

and to offer you support in your recovery. We want to give you up-to-date information about what depression is (and what it isn't). There are some common myths about depression that aren't correct.

We believe that the more you understand about depression and issues like medications, the more likely you are to get the full benefit of treatment.

Finally, if you feel depressed but haven't been diagnosed with depression, read the information here anyway. It may help you to decide to see a doctor or mental health therapist for evaluation and/or treatment.

Clinical depression is one of the most common illnesses. It afflicts millions of Americans each year. It is a much more serious problem than most people realize. Also, it can be a terminal illness--untreated depression is far and away the most common cause of suicide. Suicide is the nation's 7th largest killer, overall, and claims the lives of more teens and young adults than anything else.

Remember that clinical depression is not the same as sadness that everyone feels from time-to-time, nor is it the normal period of mourning or bereavement after, say, the death of a loved one, a divorce, or anything like that. Clinical Depression is much more severe and lasts far longer than normal.

Experts say that Depression is not a moral failing, a character flaw or weakness, or any other such thing. It is an illness. And like any other illness, it can take its toll.

How To Recognize Depression

In the briefest possible terms, here are the warning signs, or symptoms, of depression. If you, or someone you know, exhibits 5 or more of these signs, for more than 2 weeks, then you, or he or she, needs to get help.

Symptoms of Depression

- Persistent sad, anxious, numb, or "empty" mood

- Feelings of worthlessness, helplessness, guilt
- Feelings of hopelessness, pessimism
- Loss of interest or pleasure in hobbies and activities that you once enjoyed
- Insomnia, early-morning awakening, or oversleeping
- Decreased energy, fatigue, being "slowed down" or feeling sluggish
- Increased appetite with weight gain, or decreased appetite with weight loss
- Thoughts of self-injury, or attempting to injure yourself
- Thoughts of death or suicide, suicide attempts
- Restlessness, irritability, nervousness
- Difficulty concentrating, remembering things, or making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, backaches, etc.

Mania

- Abnormal or excessive elation
- Unusual irritability
- Decreased need for sleep
- Grandiose notions
- Increased talking
- Racing thoughts
- Increased sexual desire
- Markedly increased energy
- Poor judgment
- Inappropriate social behavior

Keep in mind that these are only possible signs of depression. They don't necessarily mean you are suffering from depression. There are some physical illnesses which can bring on some of these, and there are some drugs which can produce similar side-effects. This is why it is very important to get help. If you do, in fact, have clinical depression, you can get treatment; and if that is not what's wrong with you, then obviously there is something else, which needs attention.

Types Of Depression

Here's a bit more about what clinical depression is and what it isn't, along with the forms depression can take, how it can be treated, and how it can affect family and friends of the depressed person.

What Is Clinical Depression?

- Clinical Depression or Major Depression (also known as unipolar disorder or unipolar depression)

  A profound, acute depressed episode lasting two weeks or longer. A person's mood can be so depressed, and he or she can be so debilitated, as not to be able to work or even go out at all. The simplest of tasks may be impossible for him or her. It can bring on the desire to injure oneself or even cause thoughts of suicide. Major depressive episodes usually have a finite duration, lasting from several weeks to several months.

- Dysthymia

  A slightly "milder" form of depression which lasts for a very long time--years or decades. A dysthymic person is usually functional, but feels as though he or she is simply "going through the motions;" he or she gets little enjoyment out of life. While dysthymia is less acute than major depression, it isn't much more pleasant for the person suffering from it, and requires treatment, as well.

- Bipolar Depression (also known as bipolar disorder or manic-depression)

  This is a form of depression marked by mood swings, from a depressed mood to an overly-elated mood known as mania. Manic states are evident when the person talks fast, displays erratic thinking, behaves impulsively--including things such as spending sprees or taking unreasonable risks, has outbursts, shows an inordinate amount of energy, takes on more work or activity than normal, plans complicated schemes, or displays grandiose notions. These manic states alternate with depression, which may be mild, moderate, or severe. The cycle of going from a manic high, to a depressed low, to a manic high, can vary greatly, even within one

person; but generally this cycle is not less than a few days and not more than a few months.

- Cyclothymia

  As dysthymia is a less-exaggerated form of unipolar depression, cyclothymia is a less-exaggerated form of bipolar disorder. Neither the manic highs or depressed lows are as intense. And the mood-swing cycle tends to be much longer than with "ordinary" bipolar disorder; usually the cycle runs from several months to two years, and possibly even more.

One might think it is "better" to have dysthymia (for example) rather than major depression, or that bipolar disorder is "worse" than unipolar. This is not the case, however. They are all equally difficult to deal with and all four can interfere with people's lives, to the point of total disability--and all of them can, ultimately, lead to suicide. So don't make the mistake of looking at these in relative terms. Having one is just as bad as having another. They all need to be treated

Depression Treatments

Antidepressant Medications And Therapy

A lot of people have basically the same kinds of concerns about treatment of depression. The following insights will be helpful.

General Principles of Depression Treatment

- Depression is highly individualized. That is, each person tends to develop it, and be affected by it, in different and unique ways. Causes are usually dynamic, the result of many experiences over a long period of time, rather than just one or two simple ones. So, treating it must be dynamic too and tailored to each patient.
- Sometimes you have to try several antidepressant medications before you find one that works. This isn't uncommon, so don't let it bother you too much if you have to keep trying new ones.
- Depression patients need to be absolutely honest with their caregivers. Your doctor or therapist can't help you with things you

won't mention or let show. I know it is very hard to be totally open with other people, but I assure you, it's necessary.

- In my humble opinion, depression patients need both antidepressant medication and therapy in order to thrive. Antidepressant medication or therapy might help you out a bit, but don't kid yourself. Take all the help you can get, you deserve it!
- Letting people know you're depressed isn't as bad as you probably think it is. It's true that no one can really understand what you're going through, but it doesn't mean they can't help.
- Only you and your caregivers should determine what depression treatments you get. I am not a professional, so take my advice with a grain of salt. And don't let the people in your life tell you what you should be doing. Your treatment plan is between you and your doctor and your therapist (or whoever might be involved). Primarily, you are in control!--and that's that.
- If you're a depression patient and haven't got a treatment plan, you should! Ask your doctor or therapist about it.
- It is quite possible to get low-cost or free care from local mental health agencies or university hospitals (if one happens to be nearby). Look in the phone book for a "county mental health authority" "county mental health agency" or something like that. Or call a suicide hotline (they are not just there for crises). Explain your financial situation and see what is available to you. It may take some phone calls, a few extra forms, and maybe a little legwork, but I know several people who have been able to get affordable care this way.

In any given 1-year period, 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness5 The economic cost for this disorder is high, but the cost in human suffering cannot be estimated. Depressive illnesses often interfere with normal functioning and cause pain and suffering not only to those who have a disorder, but also to those who care about them. Serious depression can destroy family life as well as the life of the ill person. But much of this suffering is unnecessary.

Most people with a depressive illness do not seek treatment, although the great majority—even those whose depression is extremely severe—can be helped. Thanks to years of fruitful research, there are now medications and

psychosocial therapies such as cognitive/behavioral, "talk" or interpersonal that ease the pain of depression.

Unfortunately, many people do not recognize that depression is a treatable illness. If you feel that you or someone you care about is one of the many undiagnosed depressed people in this country, the information presented here may help you take the steps that may save your own or someone else's life.

What Is A Depressive Disorder?

A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely "pull themselves together" and get better. Without treatment, symptoms can last for weeks, months, or years. Appropriate treatment, however, can help most people who suffer from depression.

Types Of Depression

Depressive disorders come in different forms, just as is the case with other illnesses such as heart disease. This pamphlet briefly describes three of the most common types of depressive disorders. However, within these types there are variations in the number of symptoms, their severity, and persistence.

Major depression is manifested by a combination of symptoms (see symptom list) that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur only once but more commonly occurs several times in a lifetime.

A less severe type of depression, dysthymia, involves long-term, chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.

Another type of depression is bipolar disorder, also called manic-depressive illness. Not nearly as prevalent as other forms of depressive disorders, bipolar disorder is characterized by cycling mood changes: severe highs (mania) and lows (depression). Sometimes the mood switches are dramatic and rapid, but most often they are gradual. When in the depressed cycle, an individual can have any or all of the symptoms of a depressive disorder. When in the manic cycle, the individual may be overactive, overtalkative, and have a great deal of energy. Mania often affects thinking, judgment, and social behavior in ways that cause serious problems and embarrassment. For example, the individual in a manic phase may feel elated, full of grand schemes that might range from unwise business decisions to romantic sprees. Mania, left untreated, may worsen to a psychotic state.

Symptoms Of Depression And Mania

Not everyone who is depressed or manic experiences every symptom. Some people experience a few symptoms, some many. Severity of symptoms varies with individuals and also varies over time.

Depression

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Insomnia, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- Thoughts of death or suicide; suicide attempts
- Restlessness, irritability

- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Causes Of Depression

Some types of depression run in families, suggesting that a biological vulnerability can be inherited. This seems to be the case with bipolar disorder. Studies of families in which members of each generation develop bipolar disorder found that those with the illness have a somewhat different genetic makeup than those who do not get ill. However, the reverse is not true: Not everybody with the genetic makeup that causes vulnerability to bipolar disorder will have the illness. Apparently additional factors, possibly stresses at home, work, or school, are involved in its onset.

In some families, major depression also seems to occur generation after generation. However, it can also occur in people who have no family history of depression. Whether inherited or not, major depressive disorder is often associated with changes in brain structures or brain function.

People who have low self-esteem, who consistently view themselves and the world with pessimism or who are readily overwhelmed by stress, are prone to depression. Whether this represents a psychological predisposition or an early form of the illness is not clear.

In recent years, researchers have shown that physical changes in the body can be accompanied by mental changes as well. Medical illnesses such as stroke, a heart attack, cancer, Parkinson's disease, and hormonal disorders can cause depressive illness, making the sick person apathetic and unwilling to care for his or her physical needs, thus prolonging the recovery period. Also, a serious loss, difficult relationship, financial problem, or any stressful (unwelcome or even desired) change in life patterns can trigger a depressive episode. Very often, a combination of genetic, psychological, and environmental factors is involved in the onset of a depressive disorder. Later episodes of illness typically are precipitated by only mild stresses, or none at all.

Depression In Women

Women experience depression about twice as often as men.1 Many hormonal factors may contribute to the increased rate of depression in women—particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, pre-menopause, and menopause. Many women also face additional stresses such as responsibilities both at work and home, single parenthood, and caring for children and for aging parents.

A recent NIMH study showed that in the case of severe premenstrual syndrome (PMS), women with a preexisting vulnerability to PMS experienced relief from mood and physical symptoms when their sex hormones were suppressed. Shortly after the hormones were re-introduced, they again developed symptoms of PMS. Women without a history of PMS reported no effects of the hormonal manipulation.6,7

Many women are also particularly vulnerable after the birth of a baby. The hormonal and physical changes, as well as the added responsibility of a new life, can be factors that lead to postpartum depression in some women. While transient "blues" are common in new mothers, a full-blown depressive episode is not a normal occurrence and requires active intervention. Treatment by a sympathetic physician and the family's emotional support for the new mother are prime considerations in aiding her to recover her physical and mental well-being and her ability to care for and enjoy the infant.

Depression In Men

Although men are less likely to suffer from depression than women, 3 to 4 million men in the United States are affected by the illness. Men are less likely to admit to depression, and doctors are less likely to suspect it. The rate of suicide in men is four times that of women, though more women attempt it. In fact, after age 70, the rate of men's suicide rises, reaching a peak after age 85.

Depression can also affect the physical health in men differently from women. A new study shows that, although depression is associated with an

increased risk of coronary heart disease in both men and women, only men suffer a high death rate.2

Men's depression is often masked by alcohol or drugs, or by the socially acceptable habit of working excessively long hours. Depression typically shows up in men not as feeling hopeless and helpless, but as being irritable, angry, and discouraged; hence, depression may be difficult to recognize as such in men. Even if a man realizes that he is depressed, he may be less willing than a woman to seek help. Encouragement and support from concerned family members can make a difference. In the workplace, employee assistance professionals or worksite mental health programs can be of assistance in helping men understand and accept depression as a real illness that needs treatment.

Depression In The Elderly

Some people have the mistaken idea that it is normal for the elderly to feel depressed. On the contrary, most older people feel satisfied with their lives. Sometimes, though, when depression develops, it may be dismissed as a normal part of aging. Depression in the elderly, undiagnosed and untreated, causes needless suffering for the family and for the individual who could otherwise live a fruitful life. When he or she does go to the doctor, the symptoms described are usually physical, for the older person is often reluctant to discuss feelings of hopelessness, sadness, loss of interest in normally pleasurable activities, or extremely prolonged grief after a loss.

Recognizing how depressive symptoms in older people are often missed, many health care professionals are learning to identify and treat the underlying depression. They recognize that some symptoms may be side effects of medication the older person is taking for a physical problem, or they may be caused by a co-occurring illness. If a diagnosis of depression is made, treatment with medication and/or psychotherapy will help the depressed person return to a happier, more fulfilling life. Recent research suggests that brief psychotherapy (talk therapies that help a person in day-to-day relationships or in learning to counter the distorted negative thinking that commonly accompanies depression) is effective in reducing symptoms in short-term depression in older persons who are medically ill.

Psychotherapy is also useful in older patients who cannot or will not take medication. Efficacy studies show that late-life depression can be treated with psychotherapy.

Improved recognition and treatment of depression in late life will make those years more enjoyable and fulfilling for the depressed elderly person, the family, and caretakers.

Depression In Children

Only in the past two decades has depression in children been taken very seriously. The depressed child may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood. Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just going through a temporary "phase" or is suffering from depression. Sometimes the parents become worried about how the child's behavior has changed, or a teacher mentions that "your child doesn't seem to be himself." In such a case, if a visit to the child's pediatrician rules out physical symptoms, the doctor will probably suggest that the child be evaluated, preferably by a psychiatrist who specializes in the treatment of children. If treatment is needed, the doctor may suggest that another therapist, usually a social worker or a psychologist, provide therapy while the psychiatrist will oversee medication if it is needed. Parents should not be afraid to ask questions: What are the therapist's qualifications? What kind of therapy will the child have? Will the family as a whole participate in therapy? Will my child's therapy include an antidepressant? If so, what might the side effects be?

The National Institute of Mental Health (NIMH) has identified the use of medications for depression in children as an important area for research. The NIMH-supported Research Units on Pediatric Psychopharmacology (RUPPs) form a network of seven research sites where clinical studies on the effects of medications for mental disorders can be conducted in children and adolescents. Among the medications being studied are antidepressants, some of which have been found to be effective in treating children with depression, if properly monitored by the child's physician.8

Diagnostic Evaluation And Treatment

The first step to getting appropriate treatment for depression is a physical examination by a physician. Certain medications as well as some medical conditions such as a viral infection can cause the same symptoms as depression, and the physician should rule out these possibilities through examination, interview, and lab tests. If a physical cause for the depression is ruled out, a psychological evaluation should be done, by the physician or by referral to a psychiatrist or psychologist.

A good diagnostic evaluation will include a complete history of symptoms, i.e., when they started, how long they have lasted, how severe they are, whether the patient had them before and, if so, whether the symptoms were treated and what treatment was given. The doctor should ask about alcohol and drug use, and if the patient has thoughts about death or suicide. Further, a history should include questions about whether other family members have had a depressive illness and, if treated, what treatments they may have received and which were effective.

Last, a diagnostic evaluation should include a mental status examination to determine if speech or thought patterns or memory have been affected, as sometimes happens in the case of a depressive or manic-depressive illness.

Treatment choice will depend on the outcome of the evaluation. There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems, including depression. Depending on the patient's diagnosis and severity of symptoms, the therapist may prescribe medication and/or one of the several forms of psychotherapy that have proven effective for depression.

Electroconvulsive therapy (ECT) is useful, particularly for individuals whose depression is severe or life threatening or who cannot take antidepressant medication.3 ECT often is effective in cases where antidepressant medications do not provide sufficient relief of symptoms. In recent years, ECT has been much improved. A muscle relaxant is given before treatment, which is done under brief anesthesia. Electrodes are placed at precise

locations on the head to deliver electrical impulses. The stimulation causes a brief (about 30 seconds) seizure within the brain. The person receiving ECT does not consciously experience the electrical stimulus. For full therapeutic benefit, at least several sessions of ECT, typically given at the rate of three per week, are required.

Medications

There are several types of antidepressant medications used to treat depressive disorders. These include newer medications—chiefly the selective serotonin reuptake inhibitors (SSRIs)—the tricyclics, and the monoamine oxidase inhibitors (MAOIs). The SSRIs—and other newer medications that affect neurotransmitters such as dopamine or norepinephrine—generally have fewer side effects than tricyclics. Sometimes the doctor will try a variety of antidepressants before finding the most effective medication or combination of medications. Sometimes the dosage must be increased to be effective. Although some improvements may be seen in the first few weeks, antidepressant medications must be taken regularly for 3 to 4 weeks (in some cases, as many as 8 weeks) before the full therapeutic effect occurs.

Patients often are tempted to stop medication too soon. They may feel better and think they no longer need the medication. Or they may think the medication isn't helping at all. It is important to keep taking medication until it has a chance to work, though side effects (see section on Side Effects on page 13) may appear before antidepressant activity does. Once the individual is feeling better, it is important to continue the medication for at least 4 to 9 months to prevent a recurrence of the depression. Some medications must be stopped gradually to give the body time to adjust. Never stop taking an antidepressant without consulting the doctor for instructions on how to safely discontinue the medication. For individuals with bipolar disorder or chronic major depression, medication may have to be maintained indefinitely.

Antidepressant drugs are not habit-forming. However, as is the case with any type of medication prescribed for more than a few days, antidepressants have to be carefully monitored to see if the correct dosage

is being given. The doctor will check the dosage and its effectiveness regularly.

For the small number of people for whom MAO inhibitors are the best treatment, it is necessary to avoid certain foods that contain high levels of tyramine, such as many cheeses, wines, and pickles, as well as medications such as decongestants. The interaction of tyramine with MAOIs can bring on a hypertensive crisis, a sharp increase in blood pressure that can lead to a stroke. The doctor should furnish a complete list of prohibited foods that the patient should carry at all times. Other forms of antidepressants require no food restrictions.

Medications of any kind—prescribed, over-the counter, or borrowed—should never be mixed without consulting the doctor. Other health professionals who may prescribe a drug—such as a dentist or other medical specialist—should be told of the medications the patient is taking. Some drugs, although safe when taken alone can, if taken with others, cause severe and dangerous side effects. Some drugs, like alcohol or street drugs, may reduce the effectiveness of antidepressants and should be avoided. This includes wine, beer, and hard liquor. Some people who have not had a problem with alcohol use may be permitted by their doctor to use a modest amount of alcohol while taking one of the newer antidepressants.

Antianxiety drugs or sedatives are not antidepressants. They are sometimes prescribed along with antidepressants; however, they are not effective when taken alone for a depressive disorder. Stimulants, such as amphetamines, are not effective antidepressants, but they are used occasionally under close supervision in medically ill depressed patients.

Questions about any antidepressant prescribed, or problems that may be related to the medication, should be discussed with the doctor.

Lithium has for many years been the treatment of choice for bipolar disorder, as it can be effective in smoothing out the mood swings common to this disorder. Its use must be carefully monitored, as the range between an effective dose and a toxic one is small. If a person has preexisting thyroid, kidney, or heart disorders or epilepsy, lithium may not be recommended. Fortunately, other medications have been found to be of benefit in controlling mood swings. Among these are two mood-stabilizing

anticonvulsants, carbamazepine (Tegretol®) and valproate (Depakote®). Both of these medications have gained wide acceptance in clinical practice, and valproate has been approved by the Food and Drug Administration for first-line treatment of acute mania. Other anticonvulsants that are being used now include lamotrigine (Lamictal®) and gabapentin (Neurontin®): their role in the treatment hierarchy of bipolar disorder remains under study.

Most people who have bipolar disorder take more than one medication including, along with lithium and/or an anticonvulsant, a medication for accompanying agitation, anxiety, depression, or insomnia. Finding the best possible combination of these medications is of utmost importance to the patient and requires close monitoring by the physician.

Side Effects

Antidepressants may cause mild and, usually, temporary side effects (sometimes referred to as adverse effects) in some people. Typically these are annoying, but not serious. However, any unusual reactions or side effects or those that interfere with functioning should be reported to the doctor immediately. The most common side effects of tricyclic antidepressants, and ways to deal with them, are:

- Dry mouth—it is helpful to drink sips of water; chew sugarless gum; clean teeth daily.
- Constipation—bran cereals, prunes, fruit, and vegetables should be in the diet.
- Bladder problems—emptying the bladder may be troublesome, and the urine stream may not be as strong as usual; the doctor should be notified if there is marked difficulty or pain.
- Sexual problems—sexual functioning may change; if worrisome, it should be discussed with the doctor.
- Blurred vision—this will pass soon and will not usually necessitate new glasses.
- Dizziness—rising from the bed or chair slowly is helpful.

- Drowsiness as a daytime problem—this usually passes soon. A person feeling drowsy or sedated should not drive or operate heavy equipment. The more sedating antidepressants are generally taken at bedtime to help sleep and minimize daytime drowsiness.

The newer antidepressants have different types of side effects:

- Headache—this will usually go away.
- Nausea—this is also temporary, but even when it occurs, it is transient after each dose.
- Nervousness and insomnia (trouble falling asleep or waking often during the night)—these may occur during the first few weeks; dosage reductions or time will usually resolve them.
- Agitation (feeling jittery)—if this happens for the first time after the drug is taken and is more than transient, the doctor should be notified.
- Sexual problems—the doctor should be consulted if the problem is persistent or worrisome.

Herbal Therapy

In the past few years, much interest has risen in the use of herbs in the treatment of both depression and anxiety. St. John's wort (Hypericum perforatum), an herb used extensively in the treatment of mild to moderate depression in Europe, has recently aroused interest in the United States. St. John's wort, an attractive bushy, low-growing plant covered with yellow flowers in summer, has been used for centuries in many folk and herbal remedies. Today in Germany, Hypericum is used in the treatment of depression more than any other antidepressant. However, the scientific studies that have been conducted on its use have been short-term and have used several different doses.

Because of the widespread interest in St. John's wort, the National Institutes of Health (NIH) conducted a 3-year study, sponsored by three NIH components—the National Institute of Mental Health, the National Center for Complementary and Alternative Medicine, and the Office of Dietary

Supplements. The study was designed to include 336 patients with major depression of moderate severity, randomly assigned to an 8-week trial with one-third of patients receiving a uniform dose of St. John's wort, another third sertraline, a selective serotonin reuptake inhibitor (SSRI) commonly prescribed for depression, and the final third a placebo (a pill that looks exactly like the SSRI and the St. John's wort, but has no active ingredients). The study participants who responded positively were followed for an additional 18 weeks. At the end of the first phase of the study, participants were measured on two scales, one for depression and one for overall functioning. There was no significant difference in rate of response for depression, but the scale for overall functioning was better for the antidepressant than for either St. John's wort or placebo. While this study did not support the use of St. John's wort in the treatment of major depression, ongoing NIH-supported research is examining a possible role for St. John's wort in the treatment of milder forms of depression.

The Food and Drug Administration issued a Public Health Advisory on February 10, 2000. It stated that St. John's wort appears to affect an important metabolic pathway that is used by many drugs prescribed to treat conditions such as AIDS, heart disease, depression, seizures, certain cancers, and rejection of transplants. Therefore, health care providers should alert their patients about these potential drug interactions.

Some other herbal supplements frequently used that have not been evaluated in large-scale clinical trials are ephedra, gingko biloba, echinacea, and ginseng. Any herbal supplement should be taken only after consultation with the doctor or other health care provider.

Psychotherapies

Many forms of psychotherapy, including some short-term (10-20 week) therapies, can help depressed individuals. "Talking" therapies help patients gain insight into and resolve their problems through verbal exchange with the therapist, sometimes combined with "homework" assignments between sessions. "Behavioral" therapists help patients learn how to obtain more satisfaction and rewards through their own actions and how to unlearn the behavioral patterns that contribute to or result from their depression.

Two of the short-term psychotherapies that research has shown helpful for some forms of depression are interpersonal and cognitive/behavioral therapies. Interpersonal therapists focus on the patient's disturbed personal relationships that both cause and exacerbate (or increase) the depression. Cognitive/behavioral therapists help patients change the negative styles of thinking and behaving often associated with depression.

Psychodynamic therapies, which are sometimes used to treat depressed persons, focus on resolving the patient's conflicted feelings. These therapies are often reserved until the depressive symptoms are significantly improved. In general, severe depressive illnesses, particularly those that are recurrent, will require medication (or ECT under special conditions) along with, or preceding, psychotherapy for the best outcome.

How To Help Yourself If You Are Depressed

Depressive disorders make one feel exhausted, worthless, helpless, and hopeless. Such negative thoughts and feelings make some people feel like giving up. It is important to realize that these negative views are part of the depression and typically do not accurately reflect the actual circumstances. Negative thinking fades as treatment begins to take effect. In the meantime:

- Set realistic goals in light of the depression and assume a reasonable amount of responsibility.
- Break large tasks into small ones, set some priorities, and do what you can as you can.
- Try to be with other people and to confide in someone; it is usually better than being alone and secretive.
- Participate in activities that may make you feel better.
- Mild exercise, going to a movie, a ballgame, or participating in religious, social, or other activities may help.
- Expect your mood to improve gradually, not immediately. Feeling better takes time.
- It is advisable to postpone important decisions until the depression has lifted. Before deciding to make a significant transition—change

jobs, get married or divorced—discuss it with others who know you well and have a more objective view of your situation.

- People rarely "snap out of" a depression. But they can feel a little better day-by-day.
- Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment.
- Let your family and friends help you.

How Family And Friends Can Help The Depressed Person

The most important thing anyone can do for the depressed person is to help him or her get an appropriate diagnosis and treatment. This may involve encouraging the individual to stay with treatment until symptoms begin to abate (several weeks), or to seek different treatment if no improvement occurs. On occasion, it may require making an appointment and accompanying the depressed person to the doctor. It may also mean monitoring whether the depressed person is taking medication. The depressed person should be encouraged to obey the doctor's orders about the use of alcoholic products while on medication. The second most important thing is to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the depressed person in conversation and listen carefully. Do not disparage feelings expressed, but point out realities and offer hope. Do not ignore remarks about suicide. Report them to the depressed person's therapist. Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused. Encourage participation in some activities that once gave pleasure, such as hobbies, sports, religious or cultural activities, but do not push the depressed person to undertake too much too soon. The depressed person needs diversion and company, but too many demands can increase feelings of failure.

Do not accuse the depressed person of faking illness or of laziness, or expect him or her "to snap out of it." Eventually, with treatment, most

people do get better. Keep that in mind, and keep reassuring the depressed person that, with time and help, he or she will feel better.

Where To Get Help

If unsure where to go for help, check the Yellow Pages under "mental health," "health," "social services," "suicide prevention," "crisis intervention services," "hotlines," "hospitals," or "physicians" for phone numbers and addresses. In times of crisis, the emergency room doctor at a hospital may be able to provide temporary help for an emotional problem, and will be able to tell you where and how to get further help.

Listed below are the types of people and places that will make a referral to, or provide, diagnostic and treatment services.

- Family doctors
- Mental health specialists, such as psychiatrists, psychologists, social workers, or mental health counselors
- Health maintenance organizations
- Community mental health centers
- Hospital psychiatry departments and outpatient clinics
- University- or medical school-affiliated programs
- State hospital outpatient clinics
- Family service, social agencies, or clergy
- Private clinics and facilities
- Employee assistance programs
- Local medical and/or psychiatric societies

Please allow me to propose a concept unto you:

- God is a savior, a healer, a deliverer, and so much more.

- Anything effecting us He can heal or deliver us from if we allow Him to

According the God’s Word we will be blessed if we walk and abide according to His Word:

Deuteronomy 28:1-14

1 And it shall come to pass, if thou shalt hearken diligently unto the voice of the LORD thy God, to observe and to do all his commandments which I command thee this day, that the LORD thy God will set thee on high above all nations of the earth:

2 And all these blessings shall come on thee, and overtake thee, if thou shalt hearken unto the voice of the LORD thy God.

3 Blessed shalt thou be in the city, and blessed shalt thou be in the field.

4 Blessed shall be the fruit of thy body, and the fruit of thy ground, and the fruit of thy cattle, the increase of thy kine, and the flocks of thy sheep.

5 Blessed shall be thy basket and thy store.

6 Blessed shalt thou be when thou comest in, and blessed shalt thou be when thou goest out.

7 The LORD shall cause thine enemies that rise up against thee to be smitten before thy face: they shall come out against thee one way, and flee before thee seven ways.

8 The LORD shall command the blessing upon thee in thy storehouses, and in all that thou settest thine hand unto; and he shall bless thee in the land which the LORD thy God giveth thee.

9 The LORD shall establish thee an holy people unto himself, as he hath sworn unto thee, if thou shalt keep the commandments of the LORD thy God, and walk in his ways.

10 And all people of the earth shall see that thou art called by the name of the LORD; and they shall be afraid of thee.

11 And the LORD shall make thee plenteous in goods, in the fruit of thy body, and in the fruit of thy cattle, and in the fruit of thy ground, in the land which the LORD sware unto thy fathers to give thee.

12 The LORD shall open unto thee his good treasure, the heaven to give the rain unto thy land in his season, and to bless all the work of thine hand: and thou shalt lend unto many nations, and thou shalt not borrow.

13 And the LORD shall make thee the head, and not the tail; and thou shalt be above only, and thou shalt not be beneath; if that thou hearken unto the commandments of the LORD thy God, which I command thee this day, to observe and to do them:

14 And thou shalt not go aside from any of the words which I command thee this day, to the right hand, or to the left, to go after other gods to serve them.

KJV

Beginning at verse 15, the Lord then begins to list the curses that will come upon mankind if they did not walk in obedience.

Deuteronomy 28:28

28 The LORD will afflict you with madness, blindness and confusion of mind.

(from New International Version)

But, even if it is a curse, we can be set free!

Galatians 3:13

13 Christ hath redeemed us from the curse of the law, being made a curse for us: for it is written, Cursed is every one that hangeth on a tree:

KJV

Romans 4:5

5 But to him that worketh not, but believeth on him that justifieth the ungodly, his faith is counted for righteousness.

When God justifies us, it makes it as though our sins were never committed. Therefore, since we are without sin, Satan has no right to afflict us with curses that came upon mankind as a result of sin.

Are you ready for this? Regardless of what caused the depression . . . your salvation entitles you to the right of healing . . . including the healing of your mind.

- Job suffered extreme mental depression . . . but God set him free!
- Proverbs 13: 12 says that “Hope deferred makes the heart sick, but when the desire comes, it is a tree of life”.
- Abraham, Isaac, Jacob, Moses, Joseph, David, Solomon, Daniel, Jeremiah, Nehemiah, Elijah, John the Baptist, Peter, and many others in the bible went through times of depression . . . but God delivered them all!
- Jonah was depressed in the belly of the whale . . . but God delivered him from the great depths of hopeless despair! Jonah 2:2, “And said,

I cried by reason of mine affliction unto the LORD, and he heard me; out of the belly of hell cried I, and thou heardest my voice."

Psalms 34:4-8

4 I sought the LORD, and he heard me, and delivered me from all my fears. (Fear is a condition and state of the mind).

5 They looked unto him, and were lightened: and their faces were not ashamed. (Ashamed = disappointed, brought to confusion, confounded . . . all states of the mind).

6 This poor (Poor = depressed in mind or circumstances) man cried, and the LORD heard him, and saved him out of all his troubles.

Jesus once found a crazy man, out of his mind, naked and living in tombs and terrorizing the people. He was full of demons. Jesus cast the devils out of him and set him free. Immediately he was found to be sitting at the feet of Jesus, clothed, and in his right mind.

7 The angel of the LORD encampeth round about them that fear him, and delivereth (Literally he pulls them off of you and delivers you)them.

8 O taste and see that the LORD is good: blessed is the man that trusteth in him.

KJV

Your mind is yours. It belongs to you. You have a right to have dominion and authority over your mind.

The enemy doesn't have it . . . only you have it.

You have to be willing to fight for the mind . . . for the battle is in the mind.

2 Corinthians 10:4-5

4 (For the weapons of our warfare are not carnal, but mighty through God to the pulling down of strong holds;)

5 Casting down imaginations, (Computation and reasoning, imagination, thought) and every high thing that exalteth itself against the knowledge of God, and bringing into captivity every thought (Perception, purpose, intellect, thought, disposition, mind) to the obedience of Christ;

KJV

The adversary wants your mind.

He wants you to hear his music in your thoughts.

He wants you to see his images in your thoughts.

He wants to tell you how to think.

He is the prince of the power of the air . . . so he fills the airways with every type of media, voice, sound, and image to influence you to think like his people do.

But we are not ignorant of satan's devices!

He wants you to believe his gospel:

- That abortion is OK
- Morals are outdated
- Sex is for everyone – not just for marriage
- If it feels good do it – including drugs and all manner of immorality
- That the family unit is whatever you think it should be

- That God is whatever you believe he is . . . even no God at all if you so desire
- That whatever you believe is right
- That you are a failure, people do not respect you, others are ashamed of you, the world would be better off without you.

Not true!

The devil is a liar! The truth is not in him.

Anything he brings to you is a lie . . . or at best a distortion of truth.

He uses deceit and illusion to deceive people's minds.

For whoever control's the mind controls the individual.

The Word of God is still true!

It is not based upon what is politically correct according to any given society or the distorted views of its liberal laws . . . it is based upon what does the Word of God say.

Peace is the opposite of depression.

Isaiah 26:3

3 Thou wilt keep him in perfect peace (A happy and healthy, peaceful state of mind), whose mind (Imagination, mind, perception, purpose) is stayed (lean upon, stand fast, take hold of) on thee: because he trusteth (refuge, secure, confident, bold, trust) in thee.

KJV

Philipians 4:8-9

8 Finally, brethren, whatsoever things are true, whatsoever things are honest, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report; if there be any virtue, and if there be any praise, think on these things.

9 Those things, which ye have both learned, and received, and heard, and seen in me, do: and the God of peace shall be with you.

KJV