

Six Steps for Dealing with Depression

Host: Gina Tuttle

Guest: Robert Reiner, Ph.D.

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Psoriasis and Depression: A Patient's Story

Gina Tuttle:

Welcome to this HealthTalk program. The physical effects of psoriasis are well-known. Itching, scaling and overall discomfort are symptoms people with psoriasis endure on a daily basis. What is sometimes overlooked is the emotional impact the disease can have on a person's life. People with psoriasis may feel sadness, despair and a lack of self-confidence. This emotional turmoil of psoriasis can lead to depression. Today, you'll learn useful methods for recognizing and treating depression. You'll also find out you are not alone in the psychological struggle with this disease.

I'd like to welcome Vincent DuPont, a New York resident who's been living with psoriasis for more than 20 years. The physical and emotional turmoil of the disease eventually led Vincent to seek treatment for depression. Vincent, thank you so much for being with us today.

Vincent:

Oh, it's nice to be here. Thank you.

Gina:

I'd also like to welcome Dr. Robert Reiner, a licensed psychologist and faculty member in the department of psychiatry at New York University Medical Center. Dr. Reiner is also executive director of Behavioral Associates, a consulting firm and clinical practice. It's wonderful to have you here, doctor.

Dr. Reiner:

Thank you very much. It's good to be here.

Gina:

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I'd like to start with our psoriasis patient advocate, Vincent Dupont. Vincent, you developed psoriasis when you were 9 [years old], and I'm wondering what it was like for you growing up with psoriasis. How did it affect you socially and emotionally?

Vincent:

I guess the hardest parts were in school, dressing out for gym class, stuff like that. I tried to avoid that as much as I could. They picked like shirts and skins, and you never wanted to get picked for the skins team.

Kids can be kind of vicious. Nobody ever knew that I had it when I was in school. I made sure nobody did.

Gina:

So they saw something was different. But they didn't know why, and you didn't want to talk about it.

Vincent:

Yeah, they didn't know why I wasn't dressing out for gym or anything like that..

Gina:

So how has psoriasis affected your personal relationships as an adult?

Vincent:

Well, I guess, once I was a teenager, I never really got into dating or anything like that, 'cause you know, I was embarrassed by it and it made [me have] low self-esteem.

Gina:

Did you postpone dating?

Vincent:

Until I was about 24 years old, yes.

Gina:

It sounds like it took an emotional toll on you, at some point.

Vincent:

It did. It definitely did.

Gina:

And eventually, that you led you to consult with the doctor about depression. What kind of treatment did you receive, and how's that helped you cope?

Vincent:

Mostly, I guess, depression medication pills. And that helped a lot actually.

I guess it boosted the self-esteem a little bit.

Gina:

And how are you doing today?

Vincent:

I'm doing very good today. I made a lot of decisions to better my life. Got rid of a lot of stress.

Gina:

And that must be good for the psoriasis too?

Vincent:

Yes. And it's doing a lot better right now.

Gina:

I'm so glad to hear it. Well, Vincent, thank you. I'd like to bring Dr. Reiner into the discussion now. Dr. Reiner, you've treated psoriasis patients for depression. Is Vincent's story pretty typical of what you've seen in your practice?

Dr. Reiner:

Yeah, I'd say it's a textbook case, as a matter of fact.

The Link Between Psoriasis and Depression

Gina:

About two years ago, the National Psoriasis Foundation surveyed its members and found 25 percent of the people they talked to have contemplated suicide because of their psoriasis. That statistic probably surprised a lot of people, especially people who don't have psoriasis or don't know people who have it. Let's talk though, about why people with psoriasis may become depressed and, in very serious cases, even contemplate suicide. What are your thoughts on that?

Dr. Reiner:

When you mentioned 25 percent of people have contemplated suicide, people are surprised the number is so high. I'm surprised the number is so low.

Gina:

Really?

Dr. Reiner:

Oh yeah. Only because people don't realize - psoriasis - while it's not life threatening, it is extremely disabling. People can't imagine what it's like when you wake up in the morning, and you don't know what kind of day it's going to be - and that means what your face is going to look like. People with really bad psoriasis - kids scream. People think it's contagious. The lack of control, the lack of predictability is what is so disabling to people, and that's what causes the depression and all the stress.

People can put up with all sorts of horrific situations if there's a sense of predictability. With psoriasis, it doesn't exist. That's the problem.

Gina:

Well, I understand there are two types of depression. Can you walk us through those two types and tell us which type psoriasis patients typically suffer from?

Dr. Reiner:

The breakdown is endogenous depression, which is biologic depression and reactive depression - which is situational depression. In other words, if you become depressed because you get divorced, that's what we call reactive depression. Endogenous depression, or biological depression, is something that seems to come on with no warning. It tends to be genetic. It tends to be tougher to treat for the simple reason that if you can't identify its cause or the core of what's going on, then where do you start? Whereas with reactive depression, sooner or later people get over situations for the most part. Losing your spouse, losing your job, you're probably going to rebound from that. The psoriasis camp kind of falls into both categories. People with psoriasis, if they were afflicted when they were children - which is fairly typical - grew up extremely differently than other people. The lack of predictability, most of us through adolescence begin dating. Vince talked about not dating until he was 24. I've had patients in their 40s who don't go on dates for that reason. What's also very common are people who marry the first person who accepts them.

I would guess in this model, psoriasis would be reactive depression since you are reacting to something.

The Signs and Symptoms of Depression

Gina:

In either case, how can somebody tell if they are really depressed? What are the signs?

Dr. Reiner:

Well, the three cardinal symptoms of depression are changes in appetite and food, changes in your sex drive, changes in sleep. If those changes have been

occurring for more than two or three months and they're pronounced, especially if they begin to affect your life in fairly serious ways, there's a good chance that you're depressed. But there are all sorts of other symptoms of depression. Feelings of worthlessness, excessive guilt, rumination, something called psychomotor retardation, which is literally, the body slows down. Very often, people have the opposite of slowing down. They become very agitated. I've seen cases where people get so agitated they hyperventilate [breathing very rapidly]. They're panting like dogs. Unfortunately, hyperventilation is one of those cruel jokes of nature that the more you do it, the more you do it. You're depleting the carbon dioxide levels, making the problems worse and worse and worse. So it can be really bad. [Medical editor's note: When you breathe rapidly, you blow out too much carbon dioxide, which can cause a metabolic imbalance leading to symptoms of tingling, light-headedness and even fainting. The reason people are told to breathe into a paper bag when this occurs is because it helps collect the exhaled carbon dioxide and allows them to breathe it back in. Another way to achieve this effect is to hold the breath as long as possible between breaths for 5-10 breaths.]

Gina:

So what signs should a caregiver look for if they suspect their loved one is depressed?

Dr. Reiner:

I would say pretty much the ones I spoke about. If there are changes that seem to be long lasting. In other words, if someone has a bad day or two, or even a bad week, I would not start to investigate seriously at that point, but when this lasts for several months and you see marked changes in someone's mood, their habits. If they're isolating, which is a big thing, by the way. In depression, when people tend to isolate themselves, they are cutting themselves off from areas of pleasure that they once used to experience. They no longer are able to experience it, so the depression actually gets worse.

It's one of those cases where the symptoms are actually preventing treatment because very often people who are depressed won't come to treatment because they won't leave the house.

Step One: Examine Your Thoughts

Gina:

You've got a list of six things a person can do to help alleviate depression. And let's start with the first thing on that list, which is "examine your thoughts." Tell us what you mean by that.

Dr. Reiner:

The model that we use, the cognitive behavioral therapy, is there are three specific modalities that we look at in a person's life. What they think, what they do and how they feel. Cognition is what you think. Now, we're all having conversations with ourselves all day long. We're aware of it, and sometimes it happens so quickly before we feel something that it seems almost automatic. Nonetheless, it's there.

When you begin to tell yourself very negative things, when your perceptual system as you interpret information from the world gives everything a very negative slant, that's characteristic of depression. So, what we ask people to do is to monitor, or examine the way they're viewing situations or interpreting situations. And, that can actually be changed. And I'm not talking about the power of positive thinking because I think that kind of Pollyannaish approach is just as irrational as deep-seated negative thinking. But I'm talking about a realistic view of what's going on in the world. When people exaggerate, we call that catastrophizing. Everything is a catastrophe when you're depressed. Everything is horrible. It's not disappointing. It's horrific. Things tend to get distorted.

Gina:

Give me an example of that in somebody who is a psoriasis patient with depression.

Dr. Reiner:

Okay. I think that people who would walk out on the street, and nobody would know they had psoriasis. But because the person knows that their tiny flare, they'll somehow believe that the whole world is not only noticing it, but laughing at them. That's an example of distorting reality. Now, I'm not talking about delusions or hallucinations. That's a whole different realm of psychopathology. We're talking about depression here. People tend to exaggerate. And when you exaggerate in a negative direction, you tend to get depressed.

Step Two: Don't Act Depressed**Gina:**

Your next suggestion is "don't act depressed."

Dr. Reiner:

When you start to feel depressed, you begin to change the things you do. You don't go to the gym as much. You don't go to parties as often. You don't see people as often. So, before you know it, you're isolating yourself. And, what initially caused the problem, depression, is not what's sustaining it. What's sustaining is your lifestyle. If somebody is simply going to work every day and coming home and sitting in front of the TV and going to sleep and not interacting

at all with the world and gradually pulling back more and more, after awhile any potentially pleasurable situation, you're not going to experience them. So, that in and of itself is associated with depression.

What I sometimes do with patients is imagine video recording your activities for a full week and show it to a group of people. Would they say this person looked like they had a fun life?

Would you say this person looks like kind of a mundane, boring life where opportunities for pleasure are just nonexistent? Usually, the latter. So, in order to reverse that, we encourage people to do something that at first glance seems almost impossible to people. But it's not, which is acting against the feeling. Or acting against their beliefs. Long before people begin to feel better, we try to encourage them to act better.

Dr. Reiner:

Because your feelings are not simply a cause of what you do, but the result of what you do.

Step Three: Treat Yourself Like You're Important

Gina:

Next on the list, "Treat yourself like you're important." Please elaborate.

Dr. Reiner:

I've seen this in a lot of very wealthy people, who are very cheap because deep inside, their self-worth is such that they don't feel they're entitled to things. I've known people with millions of dollars in the bank who won't go for a massage once a week because they don't feel they deserve it.

Dr. Reiner:

When you begin to do this stuff over and over again, your mind and your body get a message, which is, "I'm not worth that much. I don't deserve this." And if you allow yourself to act that way, after awhile, you begin to feel that way. Now, since we know that can be done in a negative direction, we simply harness that and pull it in a positive direction. This way, you kind of finesse the brain into making itself feel better.

Step Four: Practice Long-Term Hedonism

Gina:

Number four on your list of six steps is, "Practice long-term hedonism." That sounds like it could be a lot of fun.

Dr. Reiner:

It is the one people always like.

Dr. Reiner:

Well, I think that, the core of this is basically all human beings are pleasure-seeking. Or, looking to feel better more often or looking to feel in more control more often. Control is a big issue here. Now, we're often faced with situations in life like you wake up for work, and it's freezing cold in your apartment. And, the last thing you want to do is get out of bed.

Dr. Reiner:

We all know what that feels like. The short-term solution to your problem is what? Stay in bed. It feels great. But what are the long-term consequences? Not so good. You see? So, long-term hedonism is simply being willing to acknowledge the fact that you're going to deprive yourself of something in the short term, to gain the better feeling in the long term. That's an example of what I consider sensible behavior.

Step Five: Put Yourself in Control

Gina:

Next it's "Put yourself in control." How does that advice relate to a person with psoriasis because you've mentioned that somebody with psoriasis often feels like they've got very little control of their disease.

Dr. Reiner:

Control is a big issue - not just for psoriasis patients - but for everybody. It's just bigger for psoriasis patients. I'm always encouraging people to try to control the things that are controllable in their lives so the things that are not controllable don't hurt as much.

There's a dimension called locus of control, which is the extent that people believe what they do has an influence over their lives and the lives of other people. Now on the other end of the continuum of that, and we all know people like this, are people whose attitude is, "You know what? It doesn't matter what I do. It's all fate. I'm not going to take my medicines because whether or not I get better is determined by something that's beyond me."

People like this are vulnerable to depression. I mean, they're just really vulnerable to a complete loss of a sense of control. We call that learned helplessness, by the way, when people begin to actually believe that no matter what they do, it's not going to matter. As I said before, human beings can put up with all sorts of really horrific situations as long as they feel in control.

But, and, at the same time, none of us ever achieve that. There's no goal line we cross. We spend our lives trying to achieve complete control. We never get there. Now, different people get closer than other people. But I think that's one of the struggles of human existence - is the acquisition of a sense of complete control. So, I always laugh when people accuse other people of being control freaks. We're all control freaks.

Dr. Reiner:

I mean, who doesn't want to be in control? Think about it.

Gina:

But for a person with psoriasis, what do they do?

Dr. Reiner:

Well, that's a very good question. And there aren't any good answers to that. Fortunately, there are medicines, right now, that are effective [for psoriasis]. For the first time, we're seeing that. But, to a large extent topical medications were the only game in town, and it wasn't much people could do. [Medical editor's note: Recently the FDA has approved three new "biologic" medicines to treat psoriasis. These new biologics are highly targeted against specific causes of psoriasis. Talk to your doctor about whether they may be right for you.]

Now, what I always encourage people to do is to be proactive. By that I mean, if you pretend that you have a blind date, and you're having a flare, it's imperative that you talk about it in advance. You say, "You know, I just want to let you know that I've got this thing, I grow extra skin." You know, people will use their own style in terms of how they present it, but you don't want to be caught with someone kind of looking at you for the first time and they are thinking, "Why didn't you tell me?" or "What is this?" and "Can I catch it?" and all that. Be as proactive as you can. Gain as much control over the situation as you can, get the upper hand, if you can. And not necessarily to gain an advantage over somebody. More to give yourself a sense of peace of mind.

Step Six: Prepare for a Flare - Rehearse

Gina:

This brings us to the last point and that is what you've been saying about prepare for a flare and you suggest people rehearse. Briefly, what do you mean by that?

Dr. Reiner:

I'll have people visualize that they're in this situation, and they are having a flare and they are dealing with it. And that seems to have almost an inoculation-like effect. The inoculation model is to give yourself a small dose of the disease, and have your body ward it off, so when it actually comes you've had some prior

experience with defending against it. Same thing here. If you can take yourself through it in your imagination, allow yourself to respond to it. Then when it

actually happens, you're not hitting it for the first time. It's not that novel of a situation. So you've had some prior experience with warding off the nasties.

Gina:

At some point, though, dealing with the depression, are anti-depressants also important to take?

Dr. Reiner:

Without a doubt. Especially if you're talking about suicide.

That number - 25 percent - that's to be taken very seriously. And anti-depressant medications, in conjunction with cognitive behavior therapy and aerobic exercise, are the three best treatments for depression. [Medical editor's note: Anti-depressant medications must be prescribed by a physician. Psychologists cannot prescribe medications, although if they feel treatment is warranted, they will recommend a psychiatrist who can.]

Gina:

I'd like to ask you, Dr. Reiner, for a final take-home message.

Dr. Reiner:

Well, I think if there's one core theme that's been running through all of this, it's the acquisition of a sense of control. There's a broad continuum here. But, if I can offer any advice to the general public, it's learn to control the things that you can control. Aggressively go out. Take care of business with those things. One, it gives you a sense of momentum. It gives you a sense of accomplishing things, and you don't feel so overwhelmed. And, you can do that by making a list. But more importantly, then when the things that you cannot control hit you, you haven't really crossed that threshold yet where you'll lose it. So, it doesn't seem so overwhelming and really, it just doesn't hurt so much.

Gina:

Vincent Dupont, how about you? Any advice you'd like to give to other people with psoriasis who might be depressed and don't know what to do?

Vincent:

I guess just try to get the new medications. They are working well for me. And my self-esteem - it's boosted it quite a bit, and I definitely see a difference. So, don't give up.

Gina:

Well, I'm glad to hear that you're doing better. Vincent Dupont, psoriasis patient advocate from New York City, thank you so much. And Dr. Reiner, executive director of Behavioral Associates, thank you so much too, for being with us today.

Dr. Reiner:

Thanks for having me.

Gina:

And from all of us at HealthTalk, we wish you and your family the best of health!