

## The Blues

I have been diagnosing and treating depression for over 35 years and it continues to increasingly fascinate me. It is one of the more common problems with which patients of all ages present in family practice. In our northern climate the chance of having winter blues is higher the farther north you live and less hours of daylight we have. This is a significant issue this time of year and I was happy to see recently at 5 PM in the Adirondacks it was still not yet dark. Medically, we call this seasonal affective disorder abbreviated as S. A.D. This is simply a form of recurring depression that typically starts in the fall and is due to light deprivation. Overall 5-40% of the population has serious clinical depression, some milder than others. Winter blues follows a seasonal pattern with onset usually in the fall or early winter and may be not easy to recognize.

The common symptoms of all forms of depression might include abnormal sleep, abnormal appetite, increased weight, irritability, low energy and often low self-esteem. Depression can be a chameleon presenting differently in women, men, children and the elderly. Suicide can be a serious consequence. For winter blues an effective treatment can be light therapy in patients who are not suicidal and would not benefit equally or more from depression medication such as Prozac. The treatment involves a special light box that might cost \$200 or more used 30 minutes once or twice a day with improvement often seen within 2-4 days. When medication is used, counseling is also of benefit. Even daily walks outside or increasing the amount of indoor lighting can be helpful. In cases of severe (major) depression both medication and psychotherapy are indicated. Many physicians don't spend enough time digging deeper when patients present with unusual or confusing complaints to discover the real cause which can sometimes be depression.

Women are more often treated for depression but this is due to the increased difficulty of diagnosing and recognizing depression in men and the adolescent -teenage population. 6 million American men will be diagnosed with depression this year but millions more are either unaware that their problem has a name or are unwilling to seek treatment. Instead of talking about their feelings men often mask the symptoms of depression with alcohol, drug abuse, becoming a workaholic or even gambling. This creates a hidden epidemic of despair that can destroy marriages, ruin successful careers and certainly burden society with unnecessary healthcare costs and lost productivity. The good news is that the stigma surrounding male depression is diminishing. Even Winston Churchill had it and called depression his "black dog". In men irritability is usually seen as a personality problem and not as a sign of depression which it well could be. Men with depression and heart disease are much more likely to die than the men who have heart disease but are not depressed. The suicide rate for men of all ages is 4 times greater than for women. The doctor who is in a hurry to see the next patient cannot genuinely determine a patient's emotional state particularly when they might come in with vague complaints and unable or unwilling to talk about feelings. Making the diagnosis can really be very simple if we ask the

patient "over the last 2 weeks have you been bothered by either less interest in pleasure or doing things or feeling down, depressed or hopeless?" An answer of yes has a high likelihood of leading to a diagnosis of clinical depression. The combination of counseling and medication will easily benefit 2 out of every 3 depressed patients. Financial success in life does not grant immunity. The combination of light deprivation and a proud male personality makes depression more common and more difficult to diagnose. Other issues are involved when adolescents and teenagers suffer from depression. An experienced primary care physician can come to the rescue.

Happy trails to you.

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