Down But Not Out

Stephen Gendin enters the valley of depression and starts the climb back. By Bill Auerbach, as told to Lark Lands.

March 1, 2000 By Lark Lands, PhD and Bill Auerbach

This month, Bill Auerbach, PhD, a psychologist in private practice and an adjunct faculty member at New York University Medical School and New York Medical College, discusses his diagnosis of depression in POZ Contributing Editor Stephen Gendin.

Although Stephen had been seeing me for psychotherapy since May 1996, it wasn't until June 1999 that he began exhibiting symptoms that could point to a diagnosis of depression. Each of us has a baseline mood—a typical state of energy and well-being. Stephen's had always been upbeat and energetic. He enjoyed challenges at work and led a busy social and activist life.

But last June, several life events came together to overwhelm him. He felt that his lover, whom he loved deeply, was pulling away and preparing to leave him. He'd been diagnosed with a large precancerous area in his rectum, as well as with chronic hepatitis. He was bothered by physical changes in his appearance that he felt made him look ill. And he had lost considerable weight and become pessimistic about his chances for survival.

As a result, Stephen began to experience anxiety and feelings of sadness and hopelessness for much of each day. He became remorseful about past events and lost interest in being around people, spending less time with friends. He lost his appetite, and had to force himself to eat even small amounts of food. These are classic signs of depression, and anyone experiencing signals such as these should see a professional for evaluation (see "You're Sad. But Are You Depressed?" this page).

Acute or short-term depression, the type Stephen has, may last from two months to about a year and is often triggered by major negative events such as the loss of a loved one or of health, attractiveness or wealth. Situations that create feelings of helplessness or hopelessness—in Stephen's case, having serious problems that he felt unable to solve—could also set off this type of depression.

Other people experience chronic depression—more likely to have a biological basis—which lasts at least a year, or in some cases a lifetime. Either type can be mild, moderate or severe. Stephen's depression was initially mild but went on to become moderate to severe.

It is estimated that half of all HIVers will experience depression at some point, but it can usually be resolved. Once diagnosed, it should always be treated aggressively. The longer it is untreated, the more likely it is to become chronic and to lead to serious problems, including nonadherence to medical regimens, social isolation, increased drug and alcohol use and—in the most extreme cases—suicide. The sooner you get treated, the faster you will recover.

Those experiencing troubling symptoms might choose to consult their AIDS doctor or a licensed psychologist, social worker or psychiatrist (see “Shopping for a Shrink,”). Any of these professionals can recommend psychotherapy, but only psychiatrists or other physicians can prescribe medication. Research shows that each approach can cure or lessen depression, but the two work differently. Medication is useful in more severe cases, but does not address psychological and environmental causes, so using it alone carries a greater risk of relapse when the drug is stopped. Thus, the combination of medication and psychotherapy is often best.

Because Stephen’s depression-induced appetite loss was worsening his wasting, I recommended aggressive use of anti-depressants—initially SAMe, an over-the-counter amino acid derivative. When Stephen didn’t respond to this within two months, I referred him to a psychiatrist, who prescribed the antidepressant Remeron (a common side effect of which is weight increase). After four weeks on the drug, Stephen’s mood improved—he sometimes smiles and laughs—and he regained 10 pounds. His depression is not gone but has clearly lessened. And it’s reasonable to anticipate its alleviation within two to four months.

YOU’RE SAD. BUT ARE YOU DEPRESSED?

Question Your State Of Mind:

1. Have you felt sad or apathetic for at least half of the day over the past four weeks?
2. Are you very frequently tearful, irritable and/or nervous?
3. Do activities that once gave you pleasure no longer do so?
4. Have you experienced changes in appetite—either a decrease that may result in weight loss or an increase that leads to weight gain?
5. Are you experiencing sleep problems such as abnormally early awakening with an inability to return to sleep or abnormally lengthy sleeping?
6. Do you feel hopeless, or have suicidal thoughts or feelings that you no longer care whether you live or die? Or have you made a plan to kill yourself? (If so, consult a professional immediately.)

If you answered yes to question 1, you may be suffering from depression. If, in addition, you answered yes to one or more items from questions 2 through 6, you may have a depression of moderate to severe intensity. Either way, get help (see “Shopping for a Shrink”).

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