



MS Learn Online Feature Presentation

Mood Changes and MS: Understanding Depression Featuring: Sarah Minden, MD; David Rintell, PhD; Rosalind Kalb, PhD

William: Sometimes I get depressed

Cathy: But when depression hits, it hits in waves and will stay for days.

Cary: When you are going through a period of unusual exacerbation activity, in fact, as I have over the last 15 months or so, that brings on waves of depression, suicidal thoughts, things like that.

Cathy: It's all pretty much dark and dreary, and I don't care if the lights are on or not.

Tracey: You've just heard some people describe one of the most serious mood changes that can occur in people with MS. Depression can impact daily activities and important relationships. It can affect cognition and interfere with a person's ability to take care of herself or make important treatment decisions. Ultimately, depression may lead to thoughts of suicide.

Tom: Exactly what is depression? And how do mental health professionals determine whether you or someone you love has clinical depression? That is the subject of this video, the first of two that will explore this serious disorder.

Tracey: For those of us living with MS, we need to be particularly knowledgeable about depression. That's because if you have MS, you are much more likely to have depression than the general population.

Tom: We continue our conversation about mood changes and MS with Dr. Sarah Minden, Dr. David Rintell and Dr. Rosalind Kalb.

Dr. Sarah Minden: Depression is very common among people with MS. All the research says that in someone's lifetime it will be much more common than in the general population. Where the general population is maybe 1 in 5 people will have a lifetime -- have a depression sometime in their lives, in MS it can be maybe twice that. It is not often so severe as some of the kinds of depressive disorders that people have, but it can still affect people's relationships, their ability to work, their ability to enjoy leisure time.

It can be a very disabling symptom of MS itself because it goes for a long time, and if it's not diagnosed and treated, which it can easily be treated, can continue for a very long time in people's lives.

Dr. Rosalind Kalb: So, why is it so much more common in MS than in the general population? And I believe it's also more common in MS than in other chronic illnesses. What do we think is the reason it's so common?

Dr. Sarah Minden: We don't really know, but it appears that besides reacting to the losses involved in MS and the impact that it has on daily life and relationships, that the changes that MS causes in brain chemicals will have -- make it much more likely that someone has a depressive episode.

Dr. Rosalind Kalb: So, it's almost like a symptom of MS as well as a reaction to having it.

Dr. Sarah Minden: People have seen it that way. It's different from a symptom of -- well, I suppose it's like other symptoms that can be treated with symptomatic agents, so that an antidepressant might be used to treat depression the way another medication would be used to treat bladder dysfunction. It is so common that to be able to talk about it and talk about it with family and friends, with doctors and other care providers is as common as talking about any of the other symptoms of MS. It's just as important to deal with that.

Dr. Rosalind Kalb: So, what does depression look like in MS? What are the symptoms that people would recognize that might let them know they were depressed?

Dr. Sarah Minden: Well, people are sad, blue, down in the dumps. They lose interest in things that they used to really enjoy. People have bad days, so it's more than just having a bad day or feeling down. The standard diagnostic criteria say that you need to be feeling down at least every day for two weeks for much of the day. And it also has to have an impact on your life. It has to be something that the person feels is really affecting how they function in life and want to get help for, because it's painful and distressing.

Dr. David Rintell: A person can have depression and feel, as Sarah said, down and blue and sad inside, but that might not be evident to the people with whom they live or family members. Sometimes we can't tell by looking at someone if they're depressed. And I think the most common outward sign of depression, however, is irritability, and that often people, when they do experience depression, become irritable, and that is very noticeable to family members.

Now, there are other sources of irritability in daily life, but that is one of the markers to look for in the people with whom you live and the people that you love, if they have really experienced a change and become much more irritable and grouchy.

Dr. Rosalind Kalb: I've often explained it to my patients as being like the experience of having black-and-blue marks all over your body, so that even the slightest touch or the slightest episode in your life causes a reaction. People are very over-reactive, and for me that is sometimes a hallmark of how depression looks in somebody.

Dr. Sarah Minden: And I've used a similar kind of example of having on dark glasses so that everything -- it's the opposite of rosy glasses. Everything is dark and uninteresting and discouraging. People may have trouble eating, trouble sleeping, sleeping too much, sleeping too little, eating too much, eating too little. People may feel helpless and hopeless.

One of the tough parts about depression is that for years people thought of it as something that someone wasn't trying hard enough, that they weren't pulling themselves up by their bootstraps, that they weren't just getting on with things. Why don't you just cheer up kind of thing. And because of the chemical disorder in the brain that is clearly a piece of depression, it's not anyone's fault. So, that people used to be too ashamed to talk about it, they used to be trying to hide it oftentimes with drinking to excess, both to make themselves feel better and to kind of try and cover up what was going on. And hopefully today we've learned so

much more about these conditions that people can feel comfortable talking about them.

Dr. David Rintell: If I -- I think your point, Sarah, about seeing things in the kind of dark glasses is very important, and people often will say, well, how do I know if I'm depressed? Because not everybody who is depressed feels that kind of experience of sadness. Often the experience is more that their thinking is negative, and so they may say, "I think I'll visit my friend Fred, but, oh no, I'm not going to go because I don't think I'll have a good time," or, "The bus ride is going to be too long," or, "It's probably going to rain, so I think I'll stay home." That it's almost like those glasses represent that one's thinking has become more negative.

Dr. Sarah Minden: Or that Fred might not want to see me.

Dr. David Rintell: Exactly.

Dr. Sarah Minden: Or we might not have anything to talk about.

Dr. David Rintell: And the other experience that people often have, and this is something to look for if you're wondering if you are depressed yourself is that you may do something that is ordinarily enjoyable to you. So, it may be a visit with a friend, watching a favorite TV show, going bowling, if that's your favorite activity, and you feel like you're just not really enjoying it, that the inability to experience enjoyment from activities that are usually fun is another way of knowing if you are experiencing depression.

Dr. Rosalind Kalb: Depression is depression and it needs to be properly diagnosed and it needs to be properly treated so that people can feel better and get on with their lives.

William: I used to have a lot of friends, but nowadays I stay to myself.

Jay: I can kind of tell when it is starting to happen. Well, when she starts becoming very lethargic, not accomplishing her tasks that she set out to do, she becomes very immobile.

Cathy: There doesn't have to be a situation for it to occur. I could just be standing there doing the dishes and I'll start to cry and go, now what?

Tracey: Remember, if you have MS, it doesn't mean that you have to live with these painful mood changes. These problems deserve to be diagnosed and treated so that you can get on with life.

Tom: Thank you for joining us for this special edition of MS Learn Online. Be sure to check out the other programs in this series on Mood Changes in MS.

Tracey: If you would like more information on mood changes, or other issues relating to MS, go to NationalMSSociety.org. I'm Tracey Kimball.

Tom: And I'm Tom Kimball. Thank you for joining us!