



## **MS Learn Online Feature Presentation**

### **Mood Changes and MS: Diagnosing and Treating Depression Featuring: Sarah Minden, MD; David Rintell, PhD; Rosalind Kalb, PhD**

---

**Cary:** I've been on and off antidepressants over the years and I have seen a psychiatrist on and off over the years. Did see a therapist on and off over the years.

**Cathy:** He was more a therapist. And I just wanted to bounce some ideas off of him.

**William:** Yes, I take an antidepressant and it helps. I mean, if I didn't have it I would be in bad shape.

**Tracey:** Depression in and of itself is a very serious condition for anyone. But for those of us with MS, it is particularly serious because it can interfere with our ability to cope with and treat our other MS symptoms.

**Tom:** The good news is that depression is treatable. But in order for it to be treated, it must be diagnosed. That's what we'll be exploring in this video: the diagnosis and treatment of depression.

**Tracey:** What we've learned from our experts is that diagnosing depression in people with MS can be tricky. That's because some of the symptoms of MS themselves can look like depression. One of the classic symptoms of MS is fatigue. But fatigue is also a symptom of depression. So it's sometimes hard to sort out.

**Tom:** That's why it's important to work closely with a trusted mental health professional to accurately diagnose and effectively treat depression.

**Dr. Sarah Minden:** One of the difficult things in diagnosing depression in MS is that some of the symptoms of MS themselves can look like depression, so that when people are fatigued from their MS, one of the hallmarks of depression is also fatigue. So, it's sometimes hard to sort out. One of the characteristics of depression is that people are slowed down. Well, if you have a motor disability, you are slowed down, and it can be very hard sometimes to know is it the MS? Is it the depression? The main way to figure that out is how do you feel inside? How do you feel about the loss of interest, about the irritable mood, about the feeling down and unhappy inside? But it can be confusing and it's not just confusing to people with MS and their families; it can be confusing to physicians, psychologists, social workers. It takes a process to figure these things out. It's not a quick and easy necessarily solution, although once the understanding is there but what's going on, it is very treatable.

**Dr. David Rintell:** Right. And treating depression sometimes has the benefit of helping some of those symptoms that are common of both depression and of MS to improve. For example, someone who is experiencing a lot of fatigue and has depression, some of that fatigue may be being caused by the depression, and when the depression is treated, the fatigue, there is some improvement in fatigue. Similarly, because depression can interfere with attention and concentration, that if the problems in attention and concentration were caused by depression, then when depression is treated and a person does better, then they may find an improvement in those areas of cognition.

**Dr. Sarah Minden:** And in MS that is so important because of the commonness of cognitive problems. There is actually a condition called pseudodementia of depression. It is kind of an old-fashioned word, but what it means is that it is really depression looking like what sometimes can be very significant cognitive changes that improve considerably with depression -- with treatment of the depression. And the kind of lack of interest can sometimes be related to the MS, but sometimes can be much improved with treatment of the depression.

**Dr. Rosalind Kalb:** So, it may be important to actually see a mental health professional to get help with this diagnosis, because it may take time to tease it out, and there may not be time when you're seeing your general medical doctor or your neurologist. So, that is when these mental health professionals that you mention can be so helpful.

**Dr. David Rintell:** I think we know that the majority of people with MS who are treated for depression are actually treated by their medical providers, their primary care physician, nurse practitioner, neurologist, and there are advantages to that, of course, because you don't have to make another appointment and wait to see a psychiatrist or a mental health provider. But it's often the case that because there is a lack of monitoring in the medical system, monitoring the effectiveness of the antidepressant medication that we -- a person may go for a long time with an incorrect dosage or a medication that isn't really working for them.

So, if your medical provider believes that you are depressed and thinks you could benefit from antidepressant medication, it really, also, is an indication of the need to see a mental health provider. And one of the things a mental health provider, beside talking to you about the difficulties of living with depression or living with MS and the activities that -- the non-medication things that you could do to help MS, can also help monitor whether the medication is effective for you. Often people really receive dosages that are too low or they are having side effects that cause them to stop taking the medication.

**Dr. Sarah Minden:** It takes a long time for a medication to work. I mean, antidepressants are very effective medications for treating depression, more than many other medications for treating other chronic conditions, which depression can be. And it can take six, nine, twelve weeks for it to work, and people need to give themselves permission to let that happen.

**Dr. David Rintell:** And let me just go on about a couple of things that help depression that are not medication or psychotherapy. So, exercise has been shown to be effective for both people with MS and the general population that has depression as an effective antidepressant, that is number one. Number two, socializing with people, something we call social support or social interaction has been shown in MS to be helpful against depression. And, lastly, helping other people is an antidepressant. There are very few side effects and it often offers an opportunity to make a connection when a friend isn't feeling well and you call them up and check in on them, or you drop by with some cookies or lasagna. That often helps all of us feel better, including those of us who are having depression.

So, there is a lot that we can do to improve our mood when we are experiencing depression, so that would include counseling, medication and these other activities or practices that are really worthwhile.

**Dr. Rosalind Kalb:** And I think we, at the National MS Society, we have many, many self-help groups that are available for people, and those are extremely valuable tools for doing the kind of socializing that you are talking about, getting support, working on problem-solving strategies with other people. But I think we would all agree that that is not sufficient treatment for a significant depression. Before you can take full advantage of those socializing and support opportunities, you may need to do some of that work upfront with medication and psychotherapy to get to the place where you can do that.

**Cathy:** But I try really hard to stay on the medication that the doctor gave me, stay on a regular schedule. Because when I tried to stop taking it, not only me but everybody else paid for it, and I thought how unfair.

**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](http://NationalMSSociety.org). I'm Tracey Kimball.

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