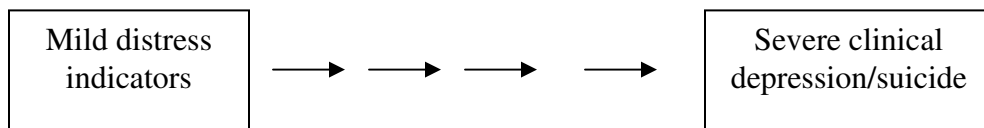


You and Yours: Preserving Your Good Health and Achieving Balance in Your Life
Depressive Conditions

Joy Albuquerque, MD, FRCP(C)
Associate Medical Director, Professionals Health Program, OMA

Introduction

Many of us have been touched at some point with feelings of sadness or anxiety about things in our lives. For about one-fifth of us, the experience will go beyond just feeling “stressed out” to a more debilitating state. The word *depression* covers a lot of ground, due at least in part to its widespread use in everyday conversation, in pop psychology, and in clinical settings. Keeping this in mind, the term *depression* can be divided into levels of psychological distress with the associated symptoms and behavior along a continuum, as depicted below.



While the specific relationship between mild distress and clinical depression is poorly understood, most mild symptoms do not progress to a clinical threshold. Loosely stated, all distress is not depression. It is conceivable that identifying and modifying things in your environment can relieve milder forms of psychological distress.

Is veterinary training stressful? Yes, it is. With such a steep learning curve comes the need for a lot of time for study and preparation. But not all stress causes distress—we can learn to manage lots of situations, and many stressors ameliorate with time and experience.

Stress

There is a complex relationship between stress, health, and illness. While it is clear that some stress is essential to living, prolonged, heightened, or abnormal stress in a vulnerable person can be damaging. Researchers consider the negative aspects of stress as “allostatic load.”¹ A terrific book, written by stress researcher Robert Sapolsky and titled, *Why Zebras Don't Get Ulcers*, gives a good and entertaining discussion on stress management.²

Often referred to as “burnout” in the literature, excess workplace stress has become part of our everyday language. Burnout tends to occur under conditions of prolonged work stress that leads to an imbalance between our sense of control and the demands of work. Burnout can lead to decreased sense of satisfaction in one's work, to emotional exhaustion, and to problems with coworkers.

The cornerstone in the treatment of distress or burnout is self-evaluation—being attentive to various elements of one's physical, emotional, social, and spiritual health. This reevaluation often illuminates disparities, which can then be resolved.

Depression

Clinical depression refers to a broad range of mental health problems characterized by key symptoms, such as low mood or a loss of interest and enjoyment in things that are normally associated with pleasure. The syndrome has a range of associated emotional, cognitive, physical, and behavioural symptoms. As illustrated in Table 1, distinguishing the mood changes of major depression and those occurring because of adverse experiences or stressful circumstances remains a challenge because of symptom overlap. Clinically, the persistence, severity, and the degree of functional and social impairment are used to sort these closely related phenomena.

Table 1 – Clinical Depression Versus Psychological Distress

Clinical Depression	Psychological Distress ³
<ul style="list-style-type: none"> • Depressed mood, sadness 	<ul style="list-style-type: none"> • Depressed mood
<ul style="list-style-type: none"> • Disinterest or anhedonia 	<ul style="list-style-type: none"> • Feeling overwhelmed
<ul style="list-style-type: none"> • Worthlessness 	<ul style="list-style-type: none"> • Anxiety / worrying
<ul style="list-style-type: none"> • Excessive guilt 	
<ul style="list-style-type: none"> • Problem with concentration / attention 	<ul style="list-style-type: none"> • Difficulty concentrating
<ul style="list-style-type: none"> • Difficulty making decisions 	
<ul style="list-style-type: none"> • Poor memory 	
<ul style="list-style-type: none"> • Sleep disturbances 	<ul style="list-style-type: none"> • Sleep disturbance
<ul style="list-style-type: none"> • Appetite change / weight change 	<ul style="list-style-type: none"> • Appetite change / possible weight change
<ul style="list-style-type: none"> • Fatigue / low energy 	<ul style="list-style-type: none"> • Fatigue / chronic tiredness
<ul style="list-style-type: none"> • Agitation or restlessness 	
<ul style="list-style-type: none"> • Poor motivation 	<ul style="list-style-type: none"> • Procrastination
<ul style="list-style-type: none"> • Suicidal thoughts or ideas 	
<ul style="list-style-type: none"> • Physical symptoms: headaches 	<ul style="list-style-type: none"> • Physical symptoms: headaches

Major Depressive Disorder

Major depressive disorder, as defined by the acronym DSM-IV, is associated with significant disability, chronicity, and relapses/recurrences. The incidence of depression in the general population from the Baltimore ECA (epidemiological catchment area) study was estimated at 3/1000 per year,⁴ with the lifetime prevalence of approximately 16%;⁵ the gap between incidence and prevalence reflects chronicity and recurrence.⁶ The World Health Organization (WHO) ranks the illness burden of this disorder as the fourth leading cause of disability (measured as the years lived with disability) worldwide, and this is expected to rise to the second leading cause by 2020 for all ages and both sexes.⁷

Many people who have suffered a clinical depression realize, in retrospect, that symptoms had been ongoing for some time before they sought help. The average age of the onset of depression tends to be in the mid-20s. It follows that if there can be early recognition of symptoms, effective treatment may reduce the course of the episode.

Apart from the personal suffering, depression significantly impacts a person's physical health and their social and occupational functioning. Furthermore, the stigma associated with mental illnesses and the worry of being considered "unbalanced" or "weak" is a major deterrent, especially for professionals. This forms a serious barrier to obtaining the necessary help and effective treatment. But we must remember that there is room for optimism. The majority of those who seek help for depression have successful outcomes.

Predisposing Factors

As defined in Table 2, predisposing factors may be divided into “non-modifiable” (uncontrollable) and “modifiable” (controllable) factors.

Table 2 – Non-modifiable and Modifiable Factors in Depression

	Non-modifiable Factors	Modifiable Factors
Biological	<ul style="list-style-type: none"> • Positive family history of psychiatric disorder, substance use disorder, or suicide • Gender: women are more likely to suffer from a mood disorder • Other psychiatric diagnoses, such as anxiety disorders 	<ul style="list-style-type: none"> • Physical illnesses associated with depression, such as thyroid disease • Treatment of underlying psychiatric conditions • Good sleep routine • Good nutrition and weight control • Regular exercise
Psychological and Social	<ul style="list-style-type: none"> • Adverse childhood experiences, chaotic upbringing • History of trauma 	<ul style="list-style-type: none"> • Modifying maladaptive traits, such as a need for perfection, a marked sense of responsibility,

Psychological and Social (continued)	• Low socioeconomic status	controlling behaviour, chronic low self-esteem or negative view of self
	• Stressful living circumstances	
	• Unemployment	• Having at least one good friend or person you can depend on
	• Being single	• Varied coping mechanisms to deal with life stressors
		• Minimizing unhealthy behaviours, such as excessive substance use
		• Improving healthy habits

Treatment

Treatment of depressive disorders can be loosely divided into pharmacological and psychotherapeutic interventions. For mild to moderate depression, the individual's treatment preference is one of the best guides in treatment choice; a previous successful treatment is also a reasonable choice in recurrent depressive episodes. Pharmacologic treatments for depression usually involve antidepressant medications, and there are a number of antidepressants available with relatively tolerable side effects.

Though there are a number of psychotherapies used to treat depression, cognitive-behavioural therapy (CBT) and interpersonal therapy (IPT) are time-limited and manual approaches. CBT focuses on negative thoughts and behaviours and develops countering techniques to reduce psychological distress. IPT concentrates on social factors and interpersonal problems to alleviate symptoms. Often a combination of medication and psychotherapy is appropriate. Other treatments might include light therapy for a seasonal component.

Barriers to seeking help are particularly important in the case of professionals (Table 3). A colleague may improve the odds of a depressed person receiving help by voicing their concerns. Institutions can reduce barriers to obtaining help by creating an environment that recognizes the importance of mental health and supports those in distress getting treatment.

Table 3 – Barriers to Seeking Help for Depression

Barriers to Seeking Help
• Denial or lack of insight
• Worry about confidentiality
• Belief that livelihood will be lost
• Fear
• Shame
• Stigma
• Minimizing or rationalizing situation
• Absence of hope
• Insurance worries

Specific Relevance to Veterinary Practice

The literature on mental health issues among professionals is in its nascency. At least two studies have examined suicide risk in veterinarians, with the rates for suicide both in men and women exceeding those of the general population. One study showed that suicide rates among veterinarians are higher than rates in medicine and dentistry. Similar to medical physicians, there appears to be a gender distinction, with suicide in men to be at least twice that of the general population. The rate for female veterinarians compared to the females in general is even higher.^{8,9}

A recent study, performed in 2000 by the American Veterinary Medical Association (AVMA), looked at wellness issues affecting veterinarians and identified several areas of interest, with the “impaired veterinarian” being a chief concern. Emerging areas of interest were mental health issues as underscored by the following article excerpt: *The Committee has broadened its scope to include emerging wellness issues such as depression, stress and burnout, and suicide, and is considering the development of a workshop in the near future that would address the changing face of wellness within the veterinary profession.*¹⁰

The AVMA wellness committee in 2003 found that an overwhelming 94% of veterinarians felt that wellness issues were important or very important.

Being in a respected profession with a fair degree of control over one’s life does not automatically confer immunity from depression. The study of veterinary medicine is exceedingly challenging and may have a negative effect on emotional development and maturity. Table 4 illustrates what can be stressful from students’ perspectives.

Table 4 – Identified Stressors for Veterinary Students^{8,10,11}

Veterinary Student Stressors	Veterinary Practice Stressors
<ul style="list-style-type: none"> • Debt and financial difficulties 	<ul style="list-style-type: none"> • Perceived lack of control of workload
<ul style="list-style-type: none"> • Excessive workload 	<ul style="list-style-type: none"> • Long hours
<ul style="list-style-type: none"> • Unsatisfied personal or family relationships 	<ul style="list-style-type: none"> • Emergencies
<ul style="list-style-type: none"> • Lack of time for social and recreational activities 	<ul style="list-style-type: none"> • Unexpected deaths \ euthanasia
<ul style="list-style-type: none"> • Competition with peers 	<ul style="list-style-type: none"> • Treatment failures
<ul style="list-style-type: none"> • Poor personal health 	<ul style="list-style-type: none"> • Diagnostic mistakes
<ul style="list-style-type: none"> • Physical disabilities 	<ul style="list-style-type: none"> • Client grief
	<ul style="list-style-type: none"> • Difficult clients
	<ul style="list-style-type: none"> • Conflict with staff

There has been interest in identifying modifiable stressors in veterinary training. Developing programs to address stress-related problems as well as other mental health issues at the university level is one approach to addressing this complex matter. A program or identified person, within the university or institution, can work collaboratively with existing resources to reduce the impact of illness, impairment, and stigma. Easy access to information about any program or resources can be provided for students and staff. Finally, staff can play an active role in modeling effective coping strategies and being available to mentor trainees.^{3,12,13} Having an approach that takes into consideration the individual, the group, and the institution can reduce much of the morbidity from mental illness.

What Can You Do?

Learn about stress and take care of the “BASICS.” Stress refers to the situation, and the stress response is your body’s attempt to handle it. Nurturing the complex reward pathways of the brain, and having healthy hedonic tone, appears to be involved in increased resiliency.

Healthy resiliency requires the BASICS.

B stands for body. Take care of your body by eating well, sleeping well, and exercising regularly. If you are having problems with sleep, your gastrointestinal tract, weight, or pain, then make the time to get to a family doctor.

A stands for affect. Be aware of your feelings/emotions and how you react. Recognize when you are anxious, frustrated, or increasingly irritable; take a moment to remember your reasons for wanting to study veterinary medicine, your values, your ideals, and your goals.

S stands for social. How are you treating your friends, family, and coworkers? Are you taking time to socialize, or are you avoiding it and perhaps feeling excluded? What is your support network?

I stands for intellect. How is your thinking? Veterinary medicine is a challenge in reading, digesting, and remembering countless details. Are you coping well intellectually? Are you rigid? Do you harbour resentments? What is your attitude?

C stands for community. We form and inform our community. Young veterinarians are often the force that determines change.

S stands for spirituality. All of us struggle from time to time with “big questions.” Changes in our lives and too much stress can challenge our cherished views of the world and of ourselves, and our purpose in being. We need to take time to deliberate, to discuss, and discover our spiritual beliefs and essential humanity.

Veterinary training is time-consuming, and if there are times when you realize you cannot do the BASICS as you would like, remember that this sense of being out of control does not last. It is just as important to recall the BASICS when life becomes more manageable.

References

1. Charney DS. Psychobiological mechanisms of resilience and vulnerability: Implications for successful adaptation to extreme stress. *Am J Psych* 2004;161:195-216.
2. Sapolsky RM. *Why Zebras Don't Get Ulcers*. 3rd ed. New York: Henry Holt and Company, LLC; 2004.
3. Collins H, Foote D. Managing stress in veterinary students. *J Vet Med Ed* 2005;32(2):170-172.
4. Eaton WW, Anthony JC, Gallo J, *et al*. Natural history of Diagnostic Interview Schedule/DSM-IV depression. The Baltimore Epidemiological Catchment Area follow-up. *Arch Gen Psych* 1997;54:993-999.
5. Kessler RC, Berglund P, Chiu WT, *et al*. National Comorbidity Survey Replication. The epidemiology of major depression: results from the National Comorbidity Survey Replication (NCS-R). *J Am Med Assoc* 2003;289:3095-3105.
6. Hollon S, Shelton R, Wisniewski SR, *et al*. Presenting characteristics of depressed outpatients as a function of recurrence: Preliminary findings from the STAR*D clinical trial. *J Psych Res* 2006;40:59-69.
7. National Collaborating Center for Mental Health. *Depression: Management of depression in primary and secondary care*. National Institute for Clinical Excellence 2004.
8. Halliwell REW, Hoskin BD. Reducing the suicide rate among veterinary surgeons: how the profession can help. *Vet Rec* 2005;157:397-398.
9. Mellanby RJ. Incidence of suicide in the veterinary profession in England and Wales. *Vet Rec* 2005;157:415-417.
10. The Results of the Spring 2000 Questionnaire. *The Wellness Report: A newsletter of the AVMA Committee on Wellness* [fall] 2000:1-4. 2000.
11. Gardner GH, Hini D. Work related stress in the veterinary profession in New Zealand. *New Zealand Vet J* 2006;54:119-124.
12. Gelberg S, Gelberg H. Stress management interventions for veterinary students. *J Vet Med Ed* 2005;32:173-181.
13. Williams S, Arnold P, Mills J, Todd S, Wilson P, Wright C. Coping with stress: A survey of Murdoch University veterinary students. *J Vet Med Ed* 2005;32:201-212