

## **DEPRESSION**

Compiled by Charles (Chuck) Maack – Prostate Cancer Advocate/Mentor

Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

Depression is a side effect that is found too often accompanying the diagnosis as well as the subsequent treatment of Prostate Cancer. This effect can occur to both the patient as well as his caregiver/spouse/partner and must be recognized by both in order that with the signs of depression being observed/experienced, effective action is taken early on to control and improve the effects of this condition that can become very serious.

### **IT IS IMPORTANT TO DISTINGUISH BETWEEN NORMAL DEPRESSION AND CLINICAL DEPRESSION:**

This very important consideration from caregiver Deirdre Donovan, Psychiatric RN, commenting on what other caregivers are reporting as to the obvious depression of their husband/partner prostate cancer patient (and I'll add, or of themselves):

“About depression.....I think it is important here to distinguish between being depressed, which we all feel from time to time based upon the changing circumstances in our lives, and clinical depression, which is a psychiatric condition caused by an imbalance of neurotransmitters in the brain and central nervous system. They are not the same thing. When you start reading about men who have withdrawn from their relationships, who have no energy or pleasure in anything anymore, who maybe eat too much or too little, sleep whenever they can,

and have been acting like this for six months or more.....a complete personality change..... now you're talking about a medical condition that won't very likely resolve on its own without medication. Counseling helps, too. Because clinical depression is often a manifestation of long term anger and pain..... the medications help rebalance the neurotransmitters in the brain, but they don't make the anger and pain go away. All else, even ED and loss of libido, become secondary to the need to get help for clinical depression. As sad as it is to lose function and the desire for it, it is sadder still to lose yourself. Nothing can be addressed if you can't get yourself back.”

**Those very important words: “Nothing can be addressed if you can't get yourself back” apply to both the patient and the caregiver if either are experiencing signs of depression.**

**AND HERE IS AN ARTICLE THAT REFERS TO BOTH STRESS AND DEPRESSION:**

As an example of how your health is affected by 'what you think', consider the following extracts from findings by psychoanalyst Darian Leader and biological cybernetics researcher David Corfield:

"The concept of fighting spirit has also been much discussed in psychologically minded cancer research. Steven Greer and his colleagues of Kings College Hospital medical school in London found that patients with fighting spirit or denial were more likely to be alive and relapse-free five years after diagnosis with breast cancer than those patients who displayed helplessness or stoic acceptance."

"Results from a detailed study by Brenda Penninx and colleagues between depression and cancer showed; After carefully controlling for smoking habits - since it might seem obvious that depressed people will smoke more - they actually found that the chronically depressed non-smokers were more likely to develop cancer than smokers."

"As for innate immunity, a massive amount has been done on how natural killer (NK) cells involved in the immune system's surveillance of new tumours are affected during troubled periods in life. An NK cell's ability to kill - its cytotoxicity - is reduced during times of mental upheaval or intense pressure."

"Cancers have been described as 'wounds that do not heal'. Therefore, findings that

psychological difficulties impact on the speed with which a wound will heal may prove to be very significant. In one experiment, holes were punched in the roof of the mouths of a group of dental students, once during a vacation period and once just before exam time. A wound in the same individual took on average 40% longer to heal at around exam time. If this exam-time stress can have such an effect on wound healing, imagine the effects of long-term chronic human misery."

"Some studies have suggested that the stress hormone cortisol may encourage cancer growth, allowing tumour cells to better extract glucose from the blood by inhibiting its uptake in neighbouring cells. This mechanism suggests further potential ways for the mind to influence cancer growth through the control of blood flow."

These are powerful examples of how your thoughts determine your health.

**DEPRESSION and WEIGHT GAIN...**There is no doubt that men on androgen deprivation will gain weight unless they do something about it. We already recognize that ADT causes fatigue, and it is more likely this fatigue that results in our failure to keep in mind the importance of a regular exercise and workout routine as well as maintaining a more reasonable diet. And when we fail to exercise and maintain diet control and experience both the fatigue and weight gain, we are more likely to become depressed. So please keep in mind that YOU can do something about inhibiting both weight gain and depression by involving yourself in a daily exercise routine as well as developing a reasonable diet plan. I recognize that many people get depressed by the effects of many things...family, environment, work, inactivity, illness, and the list can likely go on and on. And here, again, it is my opinion that with determination to fight the onset of depression and immediately attacking the reason for the developing depression, either in discussion with close friends, with your family physician, or possibly better yet, a psychiatrist, you can combat this effect. So, does it happen with androgen deprivation? I'm sure for those I've just described it does.

Per Medical Oncologist Stephen Strum: "So, with weight gain you need to learn the importance of carbohydrate & caloric restriction & increased caloric utilization (exercise). Read *The Anti-inflammation Zone* by Barry Sears as a starter. Limit your caloric intake to 500 calories per meal. Get into more veggies & limit the amount of protein to the thickness & size of the palm of your hand (one hand only)."

**Karen L. Swartz, M.D., Assistant Professor of Psychiatry and Director of the Johns Hopkins Mood Disorders Center, provides six practical exercise tips to help you ease depression or anxiety with exercise.**

**Exercise tip 1: Exercise now...and again.** Research shows that a 10-minute walk can improve your mood for two hours. Another study demonstrates that 10 minutes of pedaling on a stationery bike is enough to make you feel better, at least temporarily. The key to sustaining mood benefits is to exercise regularly -- stop exercising, and the psychological lift will disappear. The converse is also true: If you're used to regular physical activity, your mood will suffer if you take an exercise vacation.

**Exercise tip 2: Choose activities that are moderately intense.** Aerobic exercise, such as walking and swimming, undoubtedly has mental health benefits, but you don't need to sweat strenuously to see results.

**Exercise tip 3: Find exercises that are continuous and rhythmic (rather than intermittent).** Walking, swimming, dancing, stationery biking, and yoga are good choices.

**Exercise tip 4: Be wary of competitive sports.** Exercise that pits people head-to-head with opponents may be too stressful, leading to a bad mood in the face of defeat. If you're the type whose competitive spirit may get the better of you, choose a physical activity that you enjoy and that allows you to de-stress.

**Exercise tip 5: Add a mind-body element.** Activities such as yoga and tai chi rest your mind and pump up your energy. But if you don't want to do yoga or the like, you can add a meditative element to walking or swimming by repeating a mantra (a word or phrase) as you move.

**Exercise tip 6: Start slowly, and don't overdo it. More isn't better.** Athletes who overtrain find their moods drop rather than lift. You also risk injury and boredom if you push too hard, too fast, or too far.

Posted in [Depression and Anxiety](#) on August 15, 2007

AND

**More from Dr. Swartz as she explains why the transdermal Emsam patch offers new hope for patients with depression.**

In 2006 the Food and Drug Administration (FDA) approved Emsam (selegiline), the first skin (transdermal) patch for use in treating major depression. The once-a-day depression patch works by delivering selegiline, a monoamine oxidase (MAO) inhibitor, through the skin and directly into the bloodstream, without having to pass through the digestive tract first.

At its lowest strength, Emsam can be used without the dietary restrictions required for all oral MAO inhibitors, making it a far more attractive drug option for people whose depression responds best to MAO inhibitors.

MAO inhibitors, such as Nardil (phenelzine) and Parnate (tranylcypromine), increase brain levels of norepinephrine, serotonin, and dopamine by blocking the action of the enzyme MAO, which normally inactivates these three neurotransmitters. They are effective in many people with depression, especially those whose depression is accompanied by marked anxiety, panic attacks, heightened appetite, or excessive sleeping.

But, as a drug class, MAO inhibitors are typically a last choice for people with depression because of their safety risks. In the intestines, the enzyme MAO breaks down tyramine, a substance found in certain foods and beverages. Oral MAO inhibitors block the breakdown of tyramine in the intestine. This is dangerous because, if a large amount of tyramine is absorbed from the intestine, it can lead to a sudden and extreme elevation in blood pressure called “hypertensive crisis,” which is potentially life threatening and requires immediate medical treatment. Foods high in tyramine include aged cheese, aged or smoked meats, tap beer, and very ripe bananas. Nasal decongestants and cold and allergy medicines also contain tyramine.

Emsam represents a significant advance because the innovative transdermal delivery system allows the MAO inhibitor to bypass the digestive tract. At the lowest dose of the patch, which delivers 6 mg of selegiline over a 24-hour period, no dietary restrictions are necessary.

A patient who has been dealing with depression advises that those experiencing depression visit a psychiatrist for true, professional expertise in this area. He reasons that even the Medical Oncologist is inexperienced in the treatment of true

depression. He provided this comment: “When I went to see a psychiatrist about depression, he put me on Zoloft which was the most popular antidepressant at that time. It had a completely paradoxical effect on me. I stopped eating, stopped sleeping, and became totally paranoid. The psychiatrist was very calm about all of this, assured me that there were other drugs which would work and put me on the oldest of the tricyclic antidepressants - Tofranil. It worked like a charm for me. Very similar antidepressants can have very different effects on different people, and I don't believe this is within the expertise of an oncologist.” I believe this is important for all reading this to consider.

And here is even something more from Johns Hopkins to consider:

### **Pets really do improve our mental (and physical) health. Here's why.**

Pets are more than just furry friends and loyal companions. Yes, pets tug at our heartstrings, but they also improve our health, both mental and physical, helping us to live longer and happier lives. Studies over the past 25 years have shown that stroking a dog or cat can lower blood pressure and heart rate and boost levels of the mood-related brain chemicals serotonin and dopamine. Heart attack sufferers recover more quickly and survive longer when they have a pet at home, and children who are exposed to pets early in life may have a reduced risk of allergies and asthma.

For people with disabilities, pets can offer a lifeline to a more normal existence: guiding the blind, hearing for the deaf, and performing tasks for those who can't do for themselves. Dogs and cats, even a tankful of fish, calm frazzled nerves and ease anxiety and depression, according to research. In one study, pets seemed to temper some of the psychological stress of being a caregiver to someone who is ill or suffering from dementia.

Dogs also act as conversation starters among strangers, a common interest, and a shared purpose. By getting their owners out of the house, dogs can also be a great stimulus for exercise and a tool for weight loss. In a 2005 study, researchers at the University of Missouri-Columbia found that people who walked a dog for 10 minutes three times a week, eventually working up to 20 minutes five times a week over the course of a year, lost an average of 14 lbs, without changing their diets.

Why do pets make us feel better? One reason is that pets alter our behavior. When they are near, we tend to calm down and speak more slowly and softly. All types of pets offer distractions from the worries of the day, because we naturally shift our attention to them when they are around. Pets also provide an opportunity to touch

and stroke another living thing, which has been shown to be of value to our mental and physical health.

A website that may help to recognize and address stress/distress/depression issues:

<http://www.nccn.com/life-after-cancer/133-dfci-nccn-survivorship-depression-anxiety.html>