

KPC MINDTRACK

DEPRESSION

Reprint Of Previous Part Of Depression

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Dear Friends,

DEPRESSION is fast emerging like a silent killer without any warning unlike physical ailments. Society is passing through a crisis. We have ceased to be traditional without becoming modern. Urbanisation and modernisation coupled with the mindless pursuit of career are not only robbing us of the finer sensitivities and qualities but also spoiling our peace and tranquility, our societal and familial harmony.

The symptoms of depression are all pervasive and manifest in road-rage, street brawls, ill temper, intemperate language, lack of civility and delinquent behaviour.

The cushioning effects of the joint family are no more there. There is a mismatch between aspiration and ability to achieve, leading to frustration and depression. The old world bonhomie of the neighbourhood and interpersonal interaction has also disappeared.

The very premise of development through material prosperity alone needs to be questioned. No wonder then that a small country like Bhutan has questioned the paradigm of development and coined the term 'gross domestic happiness' in place of gross domestic product as an index of development, honoured by the UN. Isn't it time we had a spiritual and ethical foundation to our material prosperity?

I have tried to present the topics related to Depression with a practical and current approach so that you find **KPC MINDTRACK** a useful news letter. Your feedback will definitely help us to provide more useful information in future issues.

**WISHING YOU ALL THE BEST
&
HAPPY READING**

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HOW DOES DEPRESSION DIFFER FROM OCCASIONAL SADNESS ?

Everyone feels sad or "blue" on occasion. It is also perfectly normal to grieve over upsetting life experiences, such as a major illness, a death in the family, a loss of a job, or a divorce. But, for most people, these feelings of grief and sadness tend to lessen with the passing of time. However, if a person's feelings of sadness last for 2 weeks or longer, and if they interfere with daily life activities, something more serious than "feeling blue" may be going on.

TYPES OF DEPRESSION

Major Depressive Disorder : This illness impairs a person's ability to work, sleep, eat, and function as he or she normally would. It keeps people from enjoying activities that were once pleasurable, and causes them to think about themselves and the world in negative ways. Major depression is often disabling and may occur several times in a person's lifetime

Dysthymic Disorder : A milder yet more enduring type of major depression. People with dysthymia may appear to be chronically mildly depressed to the point that it seems to be a part of their personality. When a person finally seeks treatment for dysthymia, it is not uncommon that he/she has struggled with this condition for a number of years.

Bipolar Disorder : Also known as manic-depression or manic-depressive disorder. This condition is characterized by mood that alternates between periods of depression and periods of elation and excitable behavior known as mania. For people who have bipolar disorder, the depressions can be severe and the mania can seriously impair one's normal judgment. When manic, a person is prone towards reckless and inappropriate behavior such as engaging in wild spending sprees or having promiscuous sex. He or she may not be able to realize the harm of his/her behavior and may even lose touch with reality.

Cyclothymic Disorder : A milder yet more enduring type of bipolar disorder. A person's mood alternates between a less severe mania (known as hypomania) and a less severe depression.

Mood Disorder Due to a General Medical Condition : Depression may be caused or precipitated by a known or unknown physical medical condition such as hypothyroidism.

Substance-Induced Mood Disorder : Depression may be caused or precipitated by the use or abuse of substances such as drugs, alcohol, medications, or toxins.

Seasonal Affective Disorder (SAD) : This condition affects people during specific times or seasons of the year. During the winter months individuals feel depressed and lethargic, but during other months their moods may be normal.

Postpartum Depression : A rare form of depression occurring in women within approximately one week to six months after giving birth to a child.

Premenstrual Dysphoric Disorder : This is an uncommon type of depression affecting a small percentage of menstruating women. It is a cyclical condition in which women may feel depressed and irritable for one or two weeks before their menstrual period each month.

HOW DEPRESSION AFFECTS A PERSON'S LIFE

Clinical depression affects all aspects of a person's life. It impairs our ability to sleep, eat, work, and get along with others. It damages our self-esteem, self-confidence, and our ability to accomplish everyday tasks. People who are depressed find daily tasks to be a significant struggle. They tire easily, yet cannot get a good night's sleep. They have no motivation and lose interest in activities that were once enjoyable.

Depression in Children and Teenagers : Only in the past two decades has depression in children been taken very seriously. The depressed child may pretend to be sick, refuse to go to school, cling to a parent, or worry that the parent may die. Older children may sulk, get into trouble at school, be negative, grouchy, and feel misunderstood. Sometimes the parents become worried about how the child's behavior has changed, or a teacher mentions that "your child doesn't seem to be himself." In such a case, if a visit to the child's pediatrician rules out physical symptoms, the doctor will probably suggest that the child be evaluated, preferably by a psychiatrist who specializes in the treatment of children.

Depression in Women : Women experience depression about twice as often as men. Many hormonal factors may contribute to the increased rate of depression in women—particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, pre-menopause, and menopause. Many women also face additional stresses such as responsibilities both at work and home, single parenthood, and caring for children and for aging parents. Many women are also particularly vulnerable after the birth of a baby. The hormonal and physical changes, as well as the added responsibility of a new life, can be factors that lead to postpartum depression in some women.

Depression in Men : Although men are less likely to suffer from depression than women & are less likely to admit to depression, and doctors are less likely to suspect it. The rate of suicide in men is four times that of women, though more women attempt it. In fact, after age 70, the rate of men's suicide rises, reaching a peak after age 85.

Men's depression is often masked by alcohol or drugs, or by the socially acceptable habit of working excessively long hours. Depression typically shows up in men not as feeling hopeless and helpless, but as being irritable, angry, and discouraged; hence, depression may be difficult to recognize as such in men. Even if a man realizes that he is depressed, he may be less willing than a woman to seek help.

Depression in the Elderly : Some people have the mistaken idea that it is normal for the elderly to feel depressed. On the contrary, older people feel satisfied with their lives.

Depression in the elderly, undiagnosed and untreated causes needless suffering for the family and for the individual who could otherwise live a fruitful life. When he or she does go to the doctor, the symptoms described are usually physical, for the older person is often reluctant to discuss feelings of hopelessness, sadness, loss of interest in normally pleasurable activities, or extremely prolonged grief after a loss. Improved recognition and treatment of depression in late life will make those years more enjoyable and fulfilling for the depressed elderly person, the family, and caretakers.

ABOUT SPECIFIC SYMPTOMS

Depressed Mood : At least one of two essential features of clinical depression must be present in order to suspect a diagnosis of major depressive disorder. One of these is depressed mood, and the other is a loss of interest or pleasure in activities. A person may simply state that he or she has been feeling sad, depressed, blue, empty, "down in the dumps," hopeless, etc. Children and adolescents may display mood that is cranky or irritable rather than mood that appears sad or despondent. This, of course, would be different than "spoiled child" behaviors. For the symptom to meet the criteria towards a diagnosis of major depression, a person must have had a depressed mood for most of the day, nearly every day for a two-week period of time.

Feelings of Hopelessness, Helplessness : Feelings of hopeless and/or helplessness are common in those who are clinically depressed. A sense of hopelessness reflects a negative view of the *future*. This includes expectations of personal dissatisfaction, failure, and a continuation of pain and difficulty-- a belief that nothing will get better. Feelings of helplessness reflect a negative view of the *self*. Depressed individuals view themselves more negatively, their self-esteem suffers, and they have little or no self-confidence. They may have an urge to give up and think, "what's the use?" Research has also indicated that severe hopelessness may be a predictor of suicide. This is a common symptom of clinical depression. It tells us, that depressed individuals who struggle with strong feelings of hopelessness may be at a higher risk for self-harm.

Loss of Interest or Pleasure : At least one of two essential features of clinical depression must be present in order to suspect a diagnosis of major depressive disorder. One of these is loss of interest or pleasure, and the other is depressed mood. People who are depressed may say such things as, "I just don't care anymore," or "nothing matters anymore." Friends and family of the depressed person may notice that he/she has withdrawn from friends, or has neglected or quit doing activities that were once a source of enjoyment.

This loss of interest or pleasure in activities includes a loss of interest in sex. It may even be hard to remember why sex was ever enjoyable at all. Attempts to have sex may only result in problems with achieving an erection or orgasm. Negative thoughts about oneself can also feed into a lack of interest in sex. Depressed people tend to have problems with self-esteem and may believe that no one, not even a spouse or partner, find them attractive.

Appetite and Weight Changes : People who develop clinical depression often have changes in their appetite. On the one hand, some people never feel very hungry. They can go long periods of time without wanting to eat anything. They may forget to eat, or if they do eat just a few bites may fill them up. They may even feel that they have to force themselves to eat. In such cases, a depressed person may lose a significant amount of weight. A reduction in weight is often associated with a type of depression.

On the other hand, some people who become depressed tend to have an increase in their appetite and may gain significant amounts of weight. They may even find that they crave certain types of food such as sweets or carbohydrates.

People with seasonal affective disorder (SAD) often crave foods that are high in carbohydrates. Weight gain is often associated with an type of depression.

Sleeping Problems : Not being able to get enough sleep at night is the most common type of sleep disturbance for people who are clinically depressed. Sometimes people will wake up during the middle of the night and then find it difficult to fall asleep (called "middle insomnia"). Others might wake up too early in the morning and cannot fall back asleep (known as "terminal insomnia"). And still others might have general difficulty falling asleep at night (insomnia). These types of sleeping problems are often associated with a type of depression.

Alternatively, a less common sleeping problem is when a person tends to oversleep (called "hypersomnia"). This may be in the form of sleeping for prolonged periods of time at night or increased sleeping during the daytime. People with seasonal affective disorder (SAD) may sleep longer during the winter months. Hypersomnia is often associated with an type of depression.

Feeling Agitated or Slowed Down : People who are depressed may appear to be either quite agitated, or alternatively, very slowed down in their mannerisms and behavior. If a person is agitated (also known as psychomotor agitation), he or she may find it difficult to sit still. Older people with depression are more likely to appear restless and agitated than those who are younger. On the other hand, someone who is slowed down in his or her behavior (also known as psychomotor retardation) will tend to have movements that are very sluggish. A person may move across a room very slowly, avert his/her eyes, and sit slumped in a chair. When speaking, he or she will do so slowly, say few words, and may pause before responding to questions.

Decreased Energy : Decreased energy and feeling tired and fatigued are very common symptoms for those who are clinically depressed. Simple day-to-day tasks are no longer simple. When a person is able to do things around the house or at work, he or she may become very exhausted or tire quickly. As a result of feeling fatigued, people often find that their work at home, school, or job suffers. Towards making a diagnosis, this is not a symptom that is necessarily observable by others. Instead the person reports that he or she is experiencing a loss of energy or feeling more fatigued than usual.

Feeling Worthless or Guilty : People who are depressed may become preoccupied with past "failures," personalize trivial events, or believe that minor mistakes are proof of their inadequacy. They also may have an unrealistic sense of personal responsibility and see many things as being their own fault. Sometimes this belief of personal responsibility can become delusional. Self-loathing is common in clinical depression. The more things do not get done at home or work, the worse a person feels about him or herself. In reality, the person has problems at home and work because of the effects of a depressive illness, not because he or she is a "bad person."

Thinking Problems : Thoughts and emotions are powerfully affected by clinical depression. A person's

thoughts are frequently very negative and pessimistic. This problem can be especially pronounced and cause great difficulty in functioning for those who are involved in intellectually demanding activities such as professors, computer programmers, and doctors.

For children and teenagers, an unusual drop in school grades can indicate a problem with thinking and concentration. For those who are elderly, the initial complaint may be with problems in memory and can be misdiagnosed as being some early signs of dementia. For some elderly individuals, after the clinical depression is treated their problems with memory often disappear. For others, major depression may be a precursor to inevitable dementia.

Suicidal Thoughts, Plans, or Attempts : The motivation for a person to want to kill him- or herself may not be for the desire to actually die. It may be due to the wish to give up in the face of what seems for the person to be overwhelming obstacles, or the desire to end the emotional pain that seems to have no end.

Those who are severely depressed are at a lower risk for suicide since they lack the energy or motivation to carry it out. However, the risk can increase when a depression begins to lift and their energy begins to return. Those who "have a reason to live" such as the need to raise children may be at a lower risk for attempting suicide. At high risk are those individuals who have made plans to kill themselves and who seem to have a brighter mood after deciding to do so. People who think and behave this way must often be hospitalized to keep them from harming themselves.

Delusions and/or Hallucinations : Psychotic features that may accompany depressive, manic, or mixed episodes include the presence of delusions and/or hallucinations. Delusions are firmly held beliefs that persist despite strong evidence to the contrary. Hallucinations are sensory experiences that appear real to the person experiencing them, but there is no actual physical stimulus for the perception. Most commonly hallucinations include a person hearing voices or seeing things that are not there.

Psychoses may develop in about 15% of those with major depressive disorder. The presence of delusions and hallucinations often interfere with a person's ability to make sound judgments about consequences of their actions and this may put them at risk for harming themselves. Psychotic symptoms are serious and a person in this condition needs immediate medical attention and possibly hospitalization.

Physical Aches and Pains : It often happens that people who are depressed first seek help from their family doctors with complaints of physical symptoms rather than depressed mood. The physical symptoms people feel are real, but they are caused by the illness of clinical depression rather than by another physical illness.

CAUSES OF DEPRESSION

Genetic Factors : There is a risk for developing depression when there is a family history of the illness; however, not everybody with a family history develops the illness. In addition, major depression can occur in people who have had no family members with the illness. This suggests that additional factors, possibly biochemistry, environmental

stressors, and other psychosocial factors, are involved in the onset of depression.

Biochemical Factors : Evidence indicates that brain biochemistry is a significant factor in depressive disorders. It is known, for example, that individuals with major depressive illness typically have dysregulation of certain brain chemicals, called neurotransmitters. Depression can be induced or alleviated with certain medications, and some hormones have mood-altering properties. What is not yet known is whether the "biochemical disturbances" of depression are of genetic origin, or are secondary to stress, trauma, physical illness, or some other environmental condition.

Environmental and Other Stressors : Significant loss, a difficult relationship, financial problems, or a major change in life pattern have all been cited as contributors to depressive illness. Sometimes the onset of depression is associated with acute or chronic physical illness. In addition, some form of substance abuse disorder occurs in about one-third of people with any type of depressive disorder.

Other Psychological and Social Factors : Persons with certain characteristics-pessimistic thinking, low self-esteem, a sense of having little control over life events, and a tendency to worry excessively-are more likely to develop depression. Upbringing or sex role expectations may contribute to the development of these traits. It appears that negative thinking patterns typically develop in childhood or adolescence.

Women are at greater risk for Depression than Men
Major depression and *dysthymia* affect twice as many women as men. This two-to-one ratio exists regardless of racial and ethnic background or economic status. Men and women have about the same rate of *bipolar disorder* (manic-depression), though its course in women typically has more depressive and fewer manic episodes. Also, a greater number of women have the rapid cycling form of bipolar disorder, which may be more resistant to standard treatments. A variety of factors unique to women's lives are suspected to play a role in developing depression. Research is focused on understanding these, including: reproductive, hormonal, genetic or other biological factors; abuse and oppression; interpersonal factors; and certain psychological and personality characteristics. And yet, the specific causes of depression in women remain unclear; many women exposed to these factors do not develop depression.

The many dimensions of Depression in Women

Investigators are focusing on the following areas in their study of depression in women:

The Issues of Adolescence

Before adolescence, there is little difference in the rate of depression in boys and girls. But between the ages of 11 and 13 there is a precipitous rise in depression rates for girls. By the age of 15, females are twice as likely to have experienced a major depressive episode as males. This comes at a time in adolescence when roles and expectations change dramatically. The stresses of adolescence include forming an identity, emerging sexuality, separating from parents, and making decisions for the first time, along with other

physical, intellectual, and hormonal changes. These stresses are generally different for boys and girls.

Adulthood: Relationships and Work Roles : Stress in general can contribute to depression in persons biologically vulnerable to the illness. These stresses include major responsibilities at home and work, single parenthood, and caring for children and aging parents.

For both women and men, rates of major depression are highest among the separated and divorced, and lowest among the married, while remaining always higher for women than for men. Lack of an intimate, confiding relationship, as well as overt marital disputes, have been shown to be related to depression in women. In fact, rates of depression were shown to be highest among unhappily married women.

Reproductive Events : Many women experience certain behavioral and physical changes associated with phases of their menstrual cycles. In some women, these changes are severe, occur regularly, and include depressed feelings, irritability, and other emotional and physical changes. Called *premenstrual syndrome* (PMS) or *premenstrual dysphoric disorder* (PMDD), the changes typically begin after ovulation and become gradually worse until menstruation starts.

Postpartum mood changes can range from transient "blues" immediately following childbirth to an episode of major depression to severe, incapacitating, psychotic depression. Studies suggest that women who experience major depression after childbirth very often have had prior depressive episodes even though they may not have been diagnosed and treated.

Pregnancy seldom contributes to depression, and having an abortion does not appear to lead to a higher incidence of depression. In addition, motherhood may be a time of heightened risk for depression because of the stress and demands it imposes.

Menopause, in general, is not associated with an increased risk of depression. In fact, while once considered a unique disorder, research has shown that depressive illness at menopause is no different than at other ages. The women more vulnerable to change-of-life depression are those with a history of past depressive episodes.

Specific Cultural Considerations : As for depression in general, the prevalence rate of depression in women remains about twice that of men. There is some indication, however, that major depression and dysthymia may be diagnosed less frequently in African and slightly more frequently in Hispanic than in Caucasian women.

Asians & Africans are more likely to report somatic symptoms, such as appetite change and body aches and pains. In addition, people from various cultural backgrounds may view depressive symptoms in different ways.

Victimization : Studies show that women molested as children are more likely to have clinical depression at some time in their lives than those with no such history. In addition, several studies show a higher incidence of depression among women who have been raped as adolescents or adults. Since far more women than men were sexually abused as children, these findings are relevant. At

present, more research is needed to understand whether victimization is connected specifically to depression.

Poverty : Low economic status brings with it many stresses, including isolation, uncertainty, frequent negative events, and poor access to helpful resources. Sadness and low morale are more common among persons with low incomes and those lacking social supports. But research has not yet established whether depressive illnesses are more prevalent among those facing environmental stressors such as these.

Depression in Later Adulthood : At one time, it was commonly thought that women were particularly vulnerable to depression when their children left home and they were confronted with "empty nest syndrome" and experienced a profound loss of purpose and identity. However, studies show no increase in depressive illness among women at this stage of life. Lakhs of persons are widowed each year. Most of them are older, female, and experience varying degrees of depressive symptomatology. Most do not need formal treatment, but those who are moderately or severely sad appear to benefit from self-help groups or various psychosocial treatments. However, a third of widows/widowers do meet criteria for major depressive episode in the first month after the death, and half of these remain clinically depressed 1 year later. These depressions respond to standard antidepressant treatments.

DEPRESSION IS A TREATABLE ILLNESS

Even severe depression can be highly responsive to treatment. As with many illnesses, the earlier treatment begins, the more effective and the greater the likelihood of preventing serious recurrences. Of course, treatment will not eliminate life's inevitable stresses and ups and downs. But it can greatly enhance the ability to manage such challenges and lead to greater enjoyment of life. .

SEXUAL PROBLEMS AND DEPRESSION

How Does Depression Affect Sexuality?

The brain is the body's most sensitive "sex organ." Sexual desire starts in the brain and works its way down. Chemicals in the brain called neurotransmitters help brain cells communicate with each other in order to stimulate blood flow to the sex organs. In a person with depression, these chemicals are out of balance. As a result, sexual desire is low or nonexistent. In addition, low levels of some of these chemicals can dull pleasurable feelings. The strain that depression places on relationships can further interfere with sexual function and pleasure.

How Do Antidepressant Medicines Cause Sexual Problems?

Though antidepressant medicines are highly effective in helping you feel normal again, many of these drugs, such as SSRIs, have undesirable side effects, including causing sexual problems. For both men and women, this means being unable to initiate, participate fully in, or enjoy sex -- and that can lead to a crippling loss of self-confidence that can, in turn, undermine depression recovery. Antidepressant medicines work by restoring the normal balance of chemicals in the brain which, in turn, improves communication between brain cells, reducing depression symptoms. Unfortunately, altering these chemicals can also cause sexual problems.

What Can Be Done to Treat Sexual Problems?

There are ways to help manage the sexual side effects associated with many antidepressant medicines without compromising treatment. These include switching to drugs that have less effect on sexual function. Some newer antidepressant medicines cause fewer or no sexual side effects. In order to better cope with the debilitating effects of depression, as well as the sexual side effects of treatment, you should be open and honest with your doctor and your sexual partner. Most people choose to continue treatment once they realize that the sexual problems they are experiencing are associated with the medicines and can be overcome

SUICIDAL THOUGHTS IN PEOPLE TAKING QUIT-SMOKING DRUG CHAMPIX

Reports of suicidal thinking, aggressive and erratic behavior, and drowsiness in people taking the quit-smoking drug Champix (varenicline).

Here are the recommendations:

- * Health care workers should monitor patients taking Champix for behavior and mood changes.
- * Patients taking Champix should contact their doctors if they experience behavior or mood changes.
- * Patients should use caution when driving or operating machinery until they know how Champix may affect them.

TYPES OF TREATMENT FOR DEPRESSION

The most commonly used treatments for depression are antidepressant medication, psychotherapy, or a combination of the two. Which of these is the right treatment for any one individual depends on the nature and severity of the depression and, to some extent, on individual preference? In mild or moderate depression, one or both of these treatments may be useful, while in severe or incapacitating depression, medication is generally recommended as a first step in the treatment. In combined treatment, medication can relieve physical symptoms quickly, while psychotherapy allows the opportunity to learn more effective ways of handling problems.

Talk Therapy During Recovery from Depression

Talk therapy, or psychotherapy, is a key treatment for depression. You might get therapy along with medicine. Or you might use therapy alone. Some people keep getting therapy long after they recover, since it helps them stay well. While there are many types of therapy, here are some of the most common.

Cognitive Therapy, Behavioral Therapy, and Cognitive Behavioral Therapy all focus on your own thoughts and behaviors. Without realizing it, you may react to situations in ways that perpetuate your depression. Your therapist will help you change these automatic responses. The approach is practical. Your therapist will help you focus on concrete changes to your behavior. He or she may assign "homework," which will help you try out new techniques. People who had cognitive therapy were less likely to relapse than those who used medicines alone.

Interpersonal Therapy focuses on how your relationships with other people play a role in your depression. Like cognitive behavioral therapy, it's often

short-term. It focuses on practical issues. One small 2001 study showed that interpersonal therapy significantly reduced the risk of postpartum depression, or depression after giving birth.

Psychodynamic Therapy is an older, traditional form of therapy. You and your therapist might look for the causes of depression in earlier traumas, especially during childhood. It's harder to study the effects of psychodynamic therapy because it can last for years. But some small studies have shown that it helps

Group Therapy is not a specific type of therapy. It can use any of the above approaches. Group therapy is a way of getting help along with other people who are also recovering from depression. Unlike a support group, group therapy is led by a professional.

Finding the Therapy That's Right for You

The key is to find a therapist whom you trust. The specific type of therapy is less important. Besides, most therapists don't stick to a particular approach. Instead, they use a combination of different types.

Anyone can call himself a therapist. But most qualified therapists will be:

- Psychologists
- Psychiatrists
- Psychiatric Nurses
- Counselors

Many therapists -- psychologists, social workers, and counselors -- cannot prescribe medication. So if you take medicine, you will also need to see a doctor -- either your primary care doctor or a psychiatrist.

HOW DOES PSYCHOTHERAPY HELP PEOPLE RECOVER FROM DEPRESSION?

Several approaches to psychotherapy, including cognitive-behavioral, interpersonal, and psychodynamic, help depressed people recover. Psychotherapy offers people the opportunity to identify the factors that contribute to their depression and to deal effectively with the psychological, behavioral, interpersonal, and situational causes. Skilled therapists can work with depressed individuals to:

Pinpoint the life problems that contribute to their depression and help them understand which aspects of those problems they may be able to solve or improve.

A trained therapist can help depressed patients identify options for the future and set realistic goals that enable them to enhance their mental and emotional well-being. Therapists also help individuals identify how they have successfully dealt with similar feelings if they have been depressed in the past.

Identify negative or distorted thinking patterns that contribute to feelings of hopelessness and helplessness that accompany depression.

For example, depressed individuals may tend to overgeneralize, that is, to think of circumstances in terms of "always" or "never." They may also take events personally. A trained and competent therapist can help nurture a more positive outlook on life.

Explore other learned thoughts and behaviors that create problems and contribute to depression.

For example, therapists can help depressed individuals

understand and improve patterns of interacting with other people that contribute to their depression.

Help people regain a sense of control and pleasure in life.

Psychotherapy helps people see choices as well as gradually incorporate enjoyable, fulfilling activities back into their lives. Having one episode of depression greatly increases the risk of having another episode. There is some evidence that ongoing psychotherapy may lessen the chance of future episodes or reduce their intensity. Through therapy, people can learn skills to avoid unnecessary suffering from later bouts of depression.

Problems with talking treatments

These treatments are usually very safe but they can have side-effects. Talking about things may bring up bad memories from the past, and this can make you low or distressed. Others have reported that therapy can change their outlook and the way they relate to friends and family. This can put strains on relationships. It is important to make sure that you can trust your therapist, and that they have the necessary training.

How Long Should Therapy Last?

In general, experts say that you should continue with therapy for at least a few months after you feel better. This lowers the risk of relapse. If you're at high risk of relapse, you might stick with therapy for even longer. This is called maintenance therapy. You might just make your appointments less frequent. For people recovering from depression, maintenance therapy has advantages. You and your therapist can watch for any signs of depression, so you can stop it early. You can work through troubling issues in your life before they cause bigger problems. You might also learn more about the patterns in your life that lead to depression.

Treating Recurrent Depression

Even when treatment is successful, depression may recur. Studies indicate that certain treatment strategies are very useful in this instance. Continuation of antidepressant medication at the same dose that successfully treated the acute episode can often prevent recurrence. Monthly interpersonal psychotherapy can lengthen the time between episodes in patients not taking medication.

GRIEF AND DEPRESSION

Dealing with grief and loss is something most people have to do sometime in their lives. Grief is a natural response to the loss of someone or something very dear to us. Losses that may lead to grief include the death or separation of a loved one, loss of a job, death or loss of a beloved pet, or any number of other changes in life such as divorce, becoming an "empty nester," or retirement. Anyone can experience grief and loss, but each person is unique in how he or she copes with these feelings.

Common Reactions to Grief or Loss

The stages of grief reflect a variety of reactions that may surface as an individual tries to make sense of how a loss affects him or her. An important part of the healing process is allowing oneself to experience and accept all feelings that are experienced. The following are the stages of grief: **Denial, numbness, and shock:** This stage serves to protect the individual from experiencing the intensity of the loss. It may be useful when the grieving person must take action (for example, making funeral arrangements). Numbness is a normal reaction to an immediate loss and should not be

confused with "lack of caring." As the individual slowly acknowledges the impact of the loss, denial and disbelief will diminish. **Bargaining:** This stage may involve persistent thoughts about what could have been done to prevent the loss. People can become preoccupied about ways that things could have been better. If this stage is not properly resolved, intense feelings of remorse or guilt may interfere with the healing process. **Depression:** This stage of grief occurs in some people after they realize the true extent of the loss. Signs of depression may include sleep and appetite disturbances, a lack of energy and concentration, and crying spells. **Anger:** This reaction usually occurs when an individual feels helpless and powerless. Anger can stem from a feeling of abandonment through a loved one's death. An individual may be angry at a higher power or toward life in general. **Acceptance:** In time, an individual may be able to come to terms with various feelings and accept the fact that the loss has occurred. Healing can begin once the loss becomes integrated into the individual's set of life experiences.

Remember, throughout a person's lifetime, he or she may return to some of the earlier stages of grief. There is no time limit to the grieving process. Each individual should define his or her own healing process.

Factors That May Hinder the Healing Process

These can include: Overworking oneself on the job, Medicating with drugs, alcohol or other substances, Compulsive behavior, Avoiding emotions, Minimizing feelings; etc.

Factors That May Help Resolve Grief

An individual can help to resolve grief by: Allowing time to experience thoughts and feelings openly to self, Expressing feelings openly or writing journal entries about them, Remembering that crying can provide a release, Confiding in a trusted person about the loss, Acknowledging and accepting both positive and negative feelings, Finding bereavement groups in which there are other people who have had similar losses, Seeking professional help if feelings become overwhelming.

THE PATH TO HEALING

Depressive illnesses make one feel exhausted, worthless, helpless, and hopeless. Such feelings make some people want to give up. It is important to realize that these negative feelings are part of the depression and will fade as treatment begins to take effect.

Along with professional treatment, there are other things you can do to help yourself get better. Some people find participating in support groups very helpful. It may also help to spend some time with other people and to participate in activities that make you feel better, such as mild exercise or yoga. Just don't expect too much right away. Feeling better takes time.

A DEPRESSION RECOVERY LIFESTYLE

Depression can make one feel powerless. But there are many things you can do for yourself to improve your mood, help your recovery, and stay healthy.

Don't be a passive patient. You don't have to leave your treatment entirely in the hands of your health care providers. Depression robs you of a feeling of control. Taking responsibility for your own health can give that feeling back.

HERE ARE SOME THINGS YOU CAN DO.

Exercise. Regular physical activity can help you feel better when you are recovering from depression. The type of physical activity really doesn't matter. Just choose something that you enjoy. Start slowly, perhaps with walks around the neighborhood. Sharing the activity with someone may help you stick to a new exercise regimen.

Get some sunlight. You might find that getting some sun can put you in a better mood. Some people have seasonal affective disorder (SAD), depression that typically recurs during the winter, when sunlight is scarce.

Get enough sleep -- but not too much. Depression, and sometimes the treatment for it, can interfere with your sleep. Some people with depression sleep too much. Others have insomnia -- they can't fall asleep at night or they wake up too early in the morning. Get into some good sleep habits. Stay on a regular schedule: go to bed and get up at the same time each day. Don't nap. Physical activity during the day may help you sleep, but don't exercise too close to bedtime. That is stimulating. Before getting into bed, unwind with a good book or soothing music. However, avoid reading or watching TV in bed. That will help you maintain good sleep habits.

Eat a healthy diet. Despite what you might read, there is no diet that will cure or prevent depression. But a common sense eating plan will provide the nutrients you need and keep you feeling healthy and energetic.

Do things you enjoy. When you're recovering from depression, you may not feel like getting out and having a good time. But you should push yourself a little. Set aside time to do things that you used to enjoy doing. Or return to a hobby that you used to pursue. Try expressing yourself creatively.

Avoid alcohol and drugs. Alcohol and many illicit drugs can contribute to depression and make it worse. If you think you have a substance abuse problem, you need to get help now. Addiction or abuse can prevent you from fully recovering from your depression.

SUPPORT GROUPS

Share experiences about depression, other mental conditions

Support groups can help you feel less alone, find new coping skills and motivate you to stick to treatment plans. They also can be a source of hope for recovery and a more enjoyable future. Here's a look at how support groups may help you and how to find one that suits your needs.

Understanding mental health support groups

A support group is a gathering of people who share a common condition or interest. Most mental health support groups focus on a specific condition, such as depression, substance abuse or eating disorders. Support groups are not the same as group psychotherapy sessions. Group therapy is a formal type of mental health treatment that brings together several people with similar conditions under the guidance of trained mental health providers. Support groups, on the other hand, may be formed by a lay person with depression or another condition or by someone interested in it, such as a family member. In some cases, support groups may be

formed by nonprofit organizations, mental health clinics or other groups, and they may be led by a facilitator or moderator.

Members of a support group share their personal journey with depression or other mental health conditions. They offer emotional comfort and moral support. And they may provide tips and advice based on their own experiences.

Support groups take place in a variety of formats, including:

- In person
- On the Internet
- By telephone

BENEFITS OF MENTAL HEALTH SUPPORT GROUPS

Healthy support groups offer a variety of benefits, from the emotional to the practical. The benefits of support groups include:

Making connections. Meeting others with depression or another mental health condition may make you feel less alone or isolated. A safe and welcoming environment, filled with compassion and understanding, can also reduce any stigma you may feel over having depression or another mental disorder.

Improving your coping skills. Support groups offer the chance to draw on collective experiences. Others who have "been there" may have tips or advice about coping with your condition that hasn't occurred to you. Brainstorming with others may inspire even more ideas. For instance, swapping information about antidepressants can help you see how others handle side effects.

Getting motivated. Support groups can encourage you to seek professional treatment if you haven't yet. They also may encourage you to take a more active role in your treatment or stick to your treatment plan when you feel like giving up.

Finding hope. Sharing experiences and making connections can make you feel better about life in general. Seeing others make strides against depression or another mental illness may give you hope about your own future. You may be nervous about sharing personal issues with people you don't know. So at first, you may reap benefits from a support group simply by listening. Over time, though, contributing your own ideas and experiences can help you get more out of a support group.

Sizing up mental health support groups Support groups come in many forms. Which one is best for you depends on your needs and wishes. Plan to attend a few support group meetings to see how you fit in. If the support group makes you uncomfortable or you don't find it useful, try another one.

Remember that even a support group you've come to cherish can change over time as participants come and go. Periodically evaluate the support group to make sure it continues to meet your needs.

Spotting red flags in mental health support groups Be wary of information you receive about treatment or medications if it doesn't come from medical professionals. If you have depression, for instance, don't be tempted to stop taking antidepressants without consulting your doctor simply because you may hear about a "natural" product to

take instead.

Here are some red flags that may indicate the support group isn't in your best interests:

- You feel pressure to try a certain kind of treatment
- Other members encourage you to stop traditional treatment
- Members insist that you reveal private information
- It charges unreasonable fees
- It requires you to buy certain products it endorses
- It demands your allegiance to a cult-like leader
- A few people dominate the discussions

Helping yourself with mental health support groups

Support groups for depression and other mental health conditions can offer a valuable addition to your medical care - not a substitute. They may teach you new coping skills and encourage you to follow through on treatment. They can also broaden your social horizons and make you feel less isolated. Although opening up to others can initially be difficult, you may get more out of a support group than you thought you could.

INSECURITY

What it is

- Belief that one is inadequate or incompetent to handle life's challenges.
- Fear or being discovered as inadequate, ill fitted, or unsuited to meet responsibilities at home, school, or on the job.
- Sense of not fitting in with one's peer group.
- Sense of always climbing up a mountain, never being able to reach the top.
- Sense of lacking support or reinforcement where you live, work, or play.
- A sense of being unaccepted, disapproved, or rejected.

Could lead to

- Self – pity
- Showing off
- Excessive perfectionism
- Becoming prone to stress and envy
- Frustration and depression
- Interpersonal problem with others, who perceive you as snobbish or defensive
- Becoming too aggressive and violent

What to do

- Accept and acknowledge the feeling
- Analyse which areas of life you are insecure in
- Talk to close friends and well – wishers to help you overcome the feeling
- See if the feeling has any basis in a particular sphere of life. If it does, work on it objectively
- View difficult situations and mistakes as temporary setbacks and nothing to do with you as a person

Can Depression Be Successfully Treated?

Yes, it can. A person's depression is highly treatable when he or she receives competent care. It is critical for people who suspect that they or a family member may be suffering from depression seek care from a licensed mental health professional who has training and experience in helping people recover from depression. Simply put, people with

depression who do not seek help suffer needlessly. Unexpressed feelings and concerns accompanied by a sense of isolation can worsen a depression; therefore, the importance of getting appropriate help cannot be overemphasized.

In Summary :

Depression can seriously impair a person's ability to function in everyday situations. But the prospects for recovery for depressed individuals who seek professional care are very good. By working with a qualified and experienced therapist, people suffering from depression can help regain control of their lives.

QUOTATIONS

- § Be content with your lot - never satisfied with your achievements.
- § If you are not happy with what you have, how could you be happier with more?
- § He who lives content with little possesses everything.
- § Contentment is not found in having everything - but in being satisfied with everything we have.
- § Cure for covetousness: think of something to give instead of something to get.
- § "Forgiveness is a funny thing. It warms the heart and cools the sting." - William A. Ward
- § "As long as you don't forgive, who and whatever it is will occupy rent-free space in your mind." – Isabelle Holland
- § "Always forgive your enemies; nothing annoys them so much."
- § Teachers open the door but you must walk through it yourself. -Chinese proverb
- § "Dying is easy. Living takes a real man. Living well takes a hero." Only the strongest of the strong can admit that they need help and have the courage and strength to get it.

Isn't depression just a form of weakness?

It can seem to other people that a person with depression has just 'given in', as if they have a choice in the matter. The fact is, there comes a point at which depression is much more like an illness than anything else. It can happen to the most determined of people, and calls for help, not criticism. It is not a sign of weakness – even powerful personalities can experience deep depression. Winston Churchill called it his 'black dog'.

What if depression is not treated?

Most people will get better, after weeks, months or even a year or two, but the shorter the depression lasts, the better. The simple steps outlined may be enough to help you feel well again. If the depression is very severe, it may lead to a person taking their life or becoming very ill through not eating and drinking enough.

What is the connection between depression and alcohol?

We know that there is a connection - self-harm and suicides are much more common in people with alcohol problems. It seems that it can work in two ways. If we drink too much, too regularly, we are more likely to become depressed. There is

evidence that alcohol changes the chemistry of the brain itself and that this increases the risk of depression. If you are depressed and lacking in energy, it can be tempting to use alcohol to help you keep going and cope with life. The problem is that it is easy to slip into drinking regularly, using it like a medication. The benefits soon wear off, the drinking becomes part of a routine, and you have to keep drinking more to get the same effect.

Warning signs

- § You regularly use alcohol as a way of coping with feelings of anger, frustration, anxiety or depression.
- § You regularly use alcohol to feel confident.
- § You get hangovers regularly.
- § Your drinking affects your relationships with other people.
- § Other people tell you that when you drink you become gloomy, embittered or aggressive.
- § You need to drink more and more to feel good.
- § You stop doing other things to spend more time drinking.
- § You start to feel shaky and anxious the morning after drinking the night before.
- § You drink to stop these feelings.
- § You start drinking earlier in the day.

Depression and stopping drinking

There is evidence that, although many heavy drinkers feel depressed when they are drinking, most will feel better within a few weeks of stopping. So, it is usually best to tackle the alcohol first, and then consider dealing with the depression if it has not lifted after a few weeks.

After a few alcohol-free weeks, you will probably feel fitter and less depressed. Friends and family may find you easier to get on with. If your feelings of depression lift, this strongly suggests that they were caused by the drinking.

Treatment for both alcohol problems and depression can be very successful.

Are antidepressants addictive?

Antidepressant drugs don't cause the addictions that you get with tranquillisers, alcohol or nicotine, in the sense that:

- § You don't need to keep increasing the dose to get the same effect
- § You won't find yourself craving them if you stop taking them

However, there is a debate about this. In spite of not having the symptoms of addiction described above, up to a third of people who stop SSRIs and SNRIs have withdrawal symptoms these include:

- § Stomach upsets
- § Flu like symptoms
- § Anxiety
- § Dizziness
- § Vivid dreams at night
- § Sensations in the body that feel like electric shocks (see references)

In most people these withdrawal effects are mild, but for a small number of people they can be quite severe. They seem to be most likely to happen with Paroxetine and Venlafaxine. It is generally best to taper off the dose of an antidepressant rather than stop it suddenly.

Some people have reported that, after taking an SSRI for several months, they have had difficulty managing once the drug has been stopped and so feel they are addicted to it. Most doctors would say that it is more likely that the original condition has returned.

'There is no clear evidence that the SSRIs and related antidepressants have a significant dependence liability or show development of a dependence syndrome according to internationally accepted criteria.'

Here are the depression myths that I've heard the most, and the truth behind these misconceptions:

1. Myth: Depression is not a real medical illness. Clinical depression is a serious medical condition that affects not only an individual's mood and thoughts, but also the individual's body. Research has shown that depression has genetic and biological causes. Individuals coping with depression have a higher level of stress hormones present in their bodies, and the brain scans of depression patients show decreased activity in some areas of the brain.

2. Myth: Even if depression is a medical illness, there's nothing that can be done about it. Depression is treatable, and more than 80 percent of individuals with depressive disorders improve with treatment. As new medications and treatments are discovered, the number should continue to rise. The first step to finding effective treatment is to get a physical examination by a doctor to rule out other causes for your symptoms, such as thyroid problems. Once you've been diagnosed with depression, you and your doctor will decide on a course of treatment, which will include medication, psychotherapy or a combination of both.

3. Myth: Depression is no different from getting the "blues" and this is just a normal part of life. Equating depression with the blues is like saying that a common cold is the same as pneumonia. Everyone gets the blues or blahs from time to time, usually in reaction to disappointment or an upsetting event, or sometimes in reaction to something as simple as a rainy day. But the blues only last a day or two. Depression, on the other hand, can last a lifetime, and the illness is much more pervasive and disabling. No one commits suicide because they have the blues.

4. Myth: People who think they have depression are just feeling sorry for themselves.

Some of the most prominent and well-known individuals who have suffered from a depressive disorder include Alexander the Great, Napoleon Bonaparte, Abraham Lincoln, Theodore Roosevelt, Winston Churchill, George Patton, abolitionist John Brown, Robert E. Lee, Florence Nightingale, Sir Isaac Newton, Stephen Hawking, Charles Darwin, J.P. Morgan, Barbara Bush, Ludwig von Beethoven and Michelangelo. Not exactly people who just sit around feeling sorry for themselves.

5. Myth: You can will depression away. If you can't, then you're weak.

Depression cannot be willed away any more than heart disease or diabetes can. It's caused by chemical changes in the body, which cannot be overcome simply by positive thinking and grim determination. Given how much stigma is still attached to mental illness, seeking help for depression is an act of courage and strength not weakness on your part.

6. Myth: Depression will go away by itself.

For extremely fortunate individuals, depression may go away by itself. But for the rest of us, depression can hang on for months, years or indefinitely. Depression can go away on its own, only to return in the future; once an individual has one episode of depression, they are predisposed to have more. Clinical depression is a potentially fatal disease – and suicide could be the end result of waiting for it to go away without any help.

7. Myth: Depression is a normal part of getting older.

Depression is not a normal part of aging, but seniors do generally experience more of the events that can trigger depression: loss of family and friends, ill health, isolation and financial worries. Furthermore, people over the age of 60 grew up in an era in which mental illness was not discussed, and they may feel more shame about asking for help than someone from a subsequent generation. The highest rate of suicide of any age group occurs in that of people 65 and older, with men being more vulnerable than women. It's imperative that seniors with depression seek help.

8. Myth: Depression only affects women.

Although women report being affected by depression twice as much as men, depression certainly affects men as well. Often, clinical depression is underreported in men, particularly in cultures that discourage them from asking for help or showing any weakness. Furthermore, men have a higher rate of successful suicide attempts than women, so it is crucial that men seek help for their symptoms.

9. Myth: Depression does not affect children or teenagers — their problems are just a part of growing up.

We'd like to believe that all children experience a happy, carefree childhood, but that's simply not the case. According to the National Institute of Mental Health, studies show that 1 in 33 children and 1 in 8 adolescents are depressed in any given year. Children are not as practiced at articulating their feelings as adults, so adults must take the initiative to look for and notice symptoms of depression in children.

10. Myth: If someone in your family suffers from depression, you will inherit it.

In the same way that you can be genetically predisposed to high blood pressure or diabetes, you can be genetically predisposed to depression. This does not mean, however, that if a family member has a history of depression, you are fated to suffer from it as well. Just be aware that your chances of having depression are higher than if you had no family history of the illness, and seek treatment if you start to develop symptoms.

Some interesting facts about mental health:

85% of the general public thinks that people with mental ill health have been the subject of discrimination for far too long. 90% agree that we need to adopt a far more tolerant attitude towards people with mental ill health.

The public are far more at risk from young men under the influence of alcohol than they are from people with a mental health problem.

In a survey by Mind 60% of mental health service users felt that media coverage was to blame for the discrimination they experienced.

In a survey by the Mental Health Foundation 47% of people with mental health problems said that they had experienced discrimination at work. Stress-related absences account for half of all sicknesses from work.

LIGHTER SIDE

FOOL AND THE KING

King: You have offended me and I condemn you to death!

Fool: Death?

King: Yes, but since you have been a good fool, I will let you choose your manner of death.

Fool: In that case, sire, I choose to die of old age.

MENTAL PATIENTS

Three patients in a mental institution prepare for an examination given by the head psychiatrist. If the patients pass the exam, they will be free to leave the hospital. However, if they fail, the institution will detain them for five years.

The doctor takes the three patients to the top of a diving board looking over an empty swimming pool, and asks the first patient to jump.

The first patient jumps head first into the pool and breaks both arms.

The second patient jumps and breaks both legs.

PASSING GAS

An elderly lady complains to the M.D. that she passes gas many times a day. "It's really more of a nuisance than a problem," she explains, "They're silent and they don't smell." The M.D. gives her a prescription and tells her to come back in a week.

She returns and says, "I don't know what it was you gave me, doc, but I still pass gas all the time, it is still silent, but it smells terribly!" The M.D. replies, "Now that we've cleared up your sinuses, we'll see what we can do for your hearing."

THE BEST WAY

An elderly couple went into a doctor. They told the doctor, "We're having some trouble with our sex life. Could you watch and offer some suggestions?"

The doctor replied, "I'm not a sex therapist. You should find someone else."

The couple said, "No, no, we trust you."

After watching them have sex, the doctor said, "You don't seem to be having any troubles. I wish my sex life was as good. I can't give you any suggestions."

This was repeated the next week and also the third week. After they had finished on the third week, the doctor said, "You aren't having any trouble. Is this your idea of kinky sex?"

The man replied, "No, actually the problem is if we have sex at my house, my wife will catch us. If we have sex at her house, her husband will catch us. The motel charges us \$50, and we can't afford that. You only charge \$35, and Medicare pays half of that."

DEPRESSION RECYCLED

Patient: I have a problem doctor. I feel depressed and worthless.

Doctor: You should cut down on your .

Patient: I don't drink and have never touched a drop in my life.

Doctor: You should cut down on your smoking.

Patient: I don't smoke either doctor.

Doctor: You should cut down on womanizing.

Patient: Good heavens!! Haven't touched a woman in my entire life.

Doctor: Your problem is you have no problems!! Get yourself a drink, learn to smoke, and find a couple of girlfriends and you will be alright.

Churchill's Black Dog

"Black Dog" was Churchill's name for his depression, and as is true with all metaphors, it speaks volumes. The nickname implies both familiarity and an attempt at mastery, because while that dog may sink his fangs into one's person every now and then, he's still, after all, only a dog, and he can be cajoled sometimes and locked up other times.

The man was in lustrous company - Goethe, Schumann, Luther, and Tolstoy to name but a few - all of them great men who suffered from recurrent depression. Who doesn't have at least a passing familiarity with the notion that depression sometimes acts as a spur to those of a certain temperament and native ability? Aware of how low they will sink at times, they propel themselves into activity and achievements the rest of us regard with awe.

Churchill's "depressive nature" and feeling unloved goes hand in hand, and that Churchill's thinking he was unloved was a reasonable supposition, given his parents' neglect and disinterest. Step Two in Churchill's journey to leadership was compensatory, i.e., "If I can't be loved, I'll find a way to be admired." Another name for this decision is ambition. Ambition of such proportions is laden with fantasy - which, oddly enough, may have been exactly what was needed in that particular time, place, and circumstances. "The kind of inspiration with which Churchill sustained the nation is not based on judgment, but on an irrational conviction independent of factual reality. Only a man convinced that he had a heroic mission, who believed that, in spite of all evidence to the contrary, he could yet triumph, and who could identify himself with a nation's destiny could have conveyed his inspiration to others."

Another bit of fall-out from being unloved is hostility, and in a brilliant and amusing argument, it is suggested that never has any depressive had such a wonderful opportunity for venting his aggressiveness as did Churchill. He had an enemy worthy of the word, an unambiguous tyrant whose destruction occupied him fully and invigorated him totally year in and year out. If all depressives could battle obvious and external wickedness in this way, they'd cease being depressed. To conclude: "...in 1940, his inner world of make-believe coincided with the facts of external reality in a way which very rarely happens... (he) became the hero that he had always dreamed of being. It was his finest hour. In that dark time, what England needed was not a shrewd, equable, balanced leader. She needed a prophet, a heroic visionary, a man who could dream, dreams of victory when all seemed lost. Winston Churchill was such a man; and his inspirational quality owed its dynamic force to the romantic world of fantasy in which he had his true being."

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