



# **ANXIETY & DEPRESSION**



## ANXIETY

trembling
rapid heart rate
palpitations
increased
breathing rate
sweating
muscle tension
feeling nervous
hypervigilance
agoraphobia
panic
sense of
impending danger

excessive
worry
somatic complaints\*
difficulty with thinking,
concentration or
decision-making
restlessness
agitation
appetite or
sleep disturbances
social withdrawal

#### DEPRESSION

fatigue
irritability
loss of interest
in activities
guilt
low self-esteem
worthlessness
helplessness
hopelessness
prolonged grief
persistent sadness
suicidal thoughts

- Q. What are some common symptoms of anxiety?
- A. Patients who suffer from anxiety often live in fear and experience excessive worry whether necessary or not it is excessive. They also suffer from poor concentration and focus, fatigue, difficulty sleeping, irritability, muscle tension, headaches, grinding of their teeth and are also easily aroused or frightened from noises or situations, and panic attacks.

Anxiety can come in many forms – including phobias of going to new places, meeting new people and basic tasks of everyday life. Anxiety is very primitive and reflects the "flight fight reflex", something that kept us alive in more primitive times when it was more necessary than it is now and perhaps more commonly used. The difficulty is that when one is anxious, the midbrain uses this reflex frequently and becomes more predominant.

- Q. How can I stop having anxiety?
- A. The treatment of anxiety needs to be from multiple avenues. This is where a holistic treatment plan is effective but also needed. Besides the proper medication, treating anxiety through psychotherapy, exercise, meditation and proper nutrition are very effective. It is very important to put full effort into avoiding habit-forming medication as anxiety can be chronic and a longer habit-forming medication is used the more likely it is to cause dependency.
- Q. What is your treatment plan or philosophy for those suffering from anxiety?
- A. Similar to any treatment plan, we start with establishing a trusting relationship built on honesty, empathy and respect. A complete medical, psychiatric and family history as well as the patient's goals usually lead us to some medication choices that will have a positive effect on the patient's illness. When necessary somewhat faster acting medications can be used to provide the patient with some relief while the more long-term slow acting but stabilizing medications take effect. Assessment is made of what other resources the patient is using with recommendations to complete the treatment team.
- Q. Why are the symptoms of depression?
- A. When we talk about symptoms of depression there is commonly an overlay with anxiety. Patients who suffer from depression will complain of a low or sad mood, low energy and motivation, a lack of interest and/or pleasure in activities or interaction. Fatigue, lack of concentration, difficulty sleeping or excessive sleep, guilt or feeling of worthlessness, a lack of appetite and weight loss and what is referred to as psycho motor symptoms a general slowing of speech and activity but also can include considerable agitation. Unfortunately, and very concerning is associated suicidal ideation which can range from a lack of will live to an actual desire, intention and plan to end one's life.
- Q. How can I help someone who is depressed?
- A. I believe that the most important thing I can do for patients suffering from depression is provide hope and to do so by providing a thorough assessment of the patient's needs and goals, recommending treatment plan, a path, to those goals and supporting that process. Establishing trust and a therapeutic relation is the first and most important.
- Q. Why am I so depressed?
- A. Depression, like most psychiatric illnesses, is multifaceted. First, we look at nature and nurture. There are genetic markers for depression, genetic difficulties and how the brain processes the chemicals that affect mood and cognition. There is evidence that we can actually inherit the effects of trauma from our ancestors through our genes, epigenetics. Then there is nurture, the environment that we were raised in, educated in, worked and played in, what we experienced from our caregivers who may or may not have been depressed. There is of course the effect of significant

trauma or multiple micro-traumas. These thought processes and reactions become more and more automatic, the medical term autonomic, and more prevalent the more they are present and used.

## Q. How can I stop being depressed?

A. If depression is a multifaceted illness than the approach to treatment must be multifaceted as well. Medication helps the brain to use the natural neurotransmitters, which are forms of hormones in the brain, more extensively and so to have a positive effect on mood. If we suspect deficiencies in certain hormones, we can correct some of these imbalances with medication. Psychotherapy helps the patient to see other ways to live and to correct their emotions, feelings, behaviors, slowly but effectively with the long-term benefit of the confidence to be able to self-regulate one's mood. Meditation is a way to exercise the mind to clear and control one's thoughts. There are many nutritional supplements that can be used to help reduce inflammation in the brain, to provide the building blocks of the healthy hormones at the brain needs and to provide resiliency, the brain's ability to bounce back. This is somewhat related to supporting the body's innate intelligence.

### Q. What is the philosophy on treating depression at CCPW?

A. The philosophy on treating patients remains firmly ingrained in the holistic principles of supporting the brain's innate abilities, trying to remove the environmental things that are blocking the effectiveness of the innate intelligence in accomplishing this through a 5-point treatment plan of medication, therapy, meditation, exercise and nutrition. Getting the brain and the body moving in the right direction but at the same time can be a tremendous benefit. The challenge is to get the depressed patient active, focused, and continually motivated toward recovery. The treatment must be individualized to match the patient's goals, abilities, desires and change the plan to continually hit this moving target as the patient progresses.