



written by Professor Gordon Parker

mind over matter

Depression and anxiety: the difference

A middle-aged woman seeks to overcome the incapacitating effects of anxiety.

HISTORY

Robyn, a 55-year-old accountant, presented requesting treatment for intractable 'depression'.

While she did describe a depressed mood and a lack of pleasure in life, there was no suicidal ideation, nor any clear vegetative features of depression.

She had presented at this time because of an increasing sense of sadness following the death of her cat, but doubted whether anything could be done.

Her history of psychological symptoms was distinctive. As a young child, she rarely got to school because of headaches or abdominal pain. These would settle when her mother let her stay home.

In early childhood she also developed social phobia, avoiding any social interaction or eating with anyone other than her parents. Agoraphobic features since adolescence prevented her from going to a supermarket or a cinema.

She finished school and an accountancy course by correspondence, and held down a job

"She totally avoided any interaction with other employees"

for two decades in a company that allowed her to work in a room by herself. She totally avoided any interaction with any other employees. When the firm changed to an open-office style, she resigned.

From the age of 16 she had been increasingly preoccupied with thoughts such as "we are all going to die" and "there is no point to anything". These thoughts were additional to her tendency to worry and experience anxiety about everything.

In her late 20s she had a brief

relationship with an older man but found it absolutely without any satisfaction or positive feature.

She had waited out her first and only attempt at sexual intercourse, finding it "quite ridiculous and far too intimate".

After her parents' death, she lived in their home and rarely ventured out. At times she had visited her GP and had been trialled on numerous anxiolytics and antidepressants, but without any benefit.

DIAGNOSES

Robyn met criteria for most of the formalised anxiety disorders, including generalised anxiety, panic attacks with agoraphobia, social phobia and also obsessive compulsive disorder (mild).

While she admitted to being somewhat depressed, it was not distinctive, and she appeared more apprehensive and nervous.

CONSIDERATIONS

There are a number of ways in which anxiety and depressive conditions are linked.

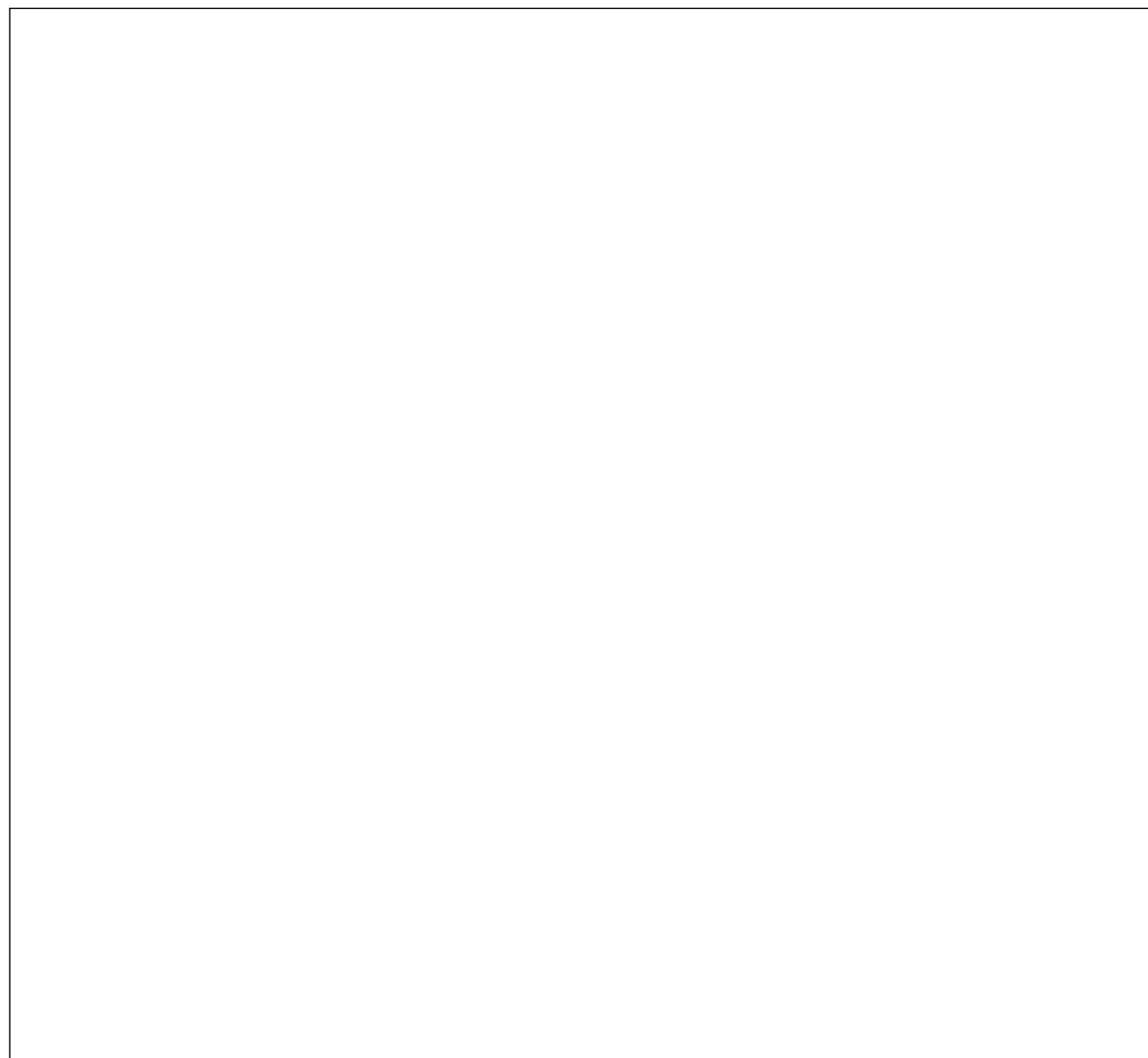
Because of their common occurrence, many argue that there is little point to distinguishing each.

However, each has its own quintessential manifestation (depression as a drop in self-esteem, anxiety as insecurity or fear), and can contribute to the expression of the other.

For those with primary anxiety disorders, as the anxiety increases, they are likely to experience depression.

For those with a primary biological depression (melancholia), anxiety states (particularly panic attacks) can be precipitated, but disappear when the depression is adequately treated.

The varying interrelationships in the clinical presentations between anxiety (A) and depression (D) have encouraged multiple models, simplified in one system to AD, Ad, Da and ad, variably capturing useful sequencing and severity compo-



nents that can shape management priorities.

MANAGEMENT

While Robyn's lifestyle and history was a relatively common pattern decades ago, we see fewer such scenarios these days, and it is interesting to speculate on the possible reasons.

Firstly, there have been marked societal changes. While decades ago there were housebound anxious women who lived their lives in their bedroom and were looked after by a 'dutiful daughter', daughters are rarely prepared to be so dutiful these days, thus the secondary reinforcement to being housebound with anxiety is less.

Secondly, destigmatisation of mental illness has brought people forward at an earlier age and with an expectation that they should be able to be

assisted with their anxiety.

Thirdly, an increased range of psychological therapies and recognition of the anti-anxiety benefits of a number of antidepressant drugs have been progressively appreciated.

Nevertheless, there are some individuals who will continue to become anxiety invalids, with such anxiety infiltrating every moment of their day-to-day existence and preventing any capacity to relax or obtain enjoyment.

This small group joins that larger conglomerate of 'heart sink' patients. The therapeutic task is, nevertheless, to try to find some lever.

Rather than necessarily choosing from a theoretical smorgasbord, finding an ameliorating historical signal can be helpful. Robyn described two such signals.

Firstly, she'd had weekly therapy with a very gentle counsellor, who had clearly provided a surrogate relationship within secure, circumspect boundaries.

Secondly, she had a bumptious, histrionic cousin who would insist on taking her out for picnics with her own friends. While Robyn took no part in the conversation, she quite enjoyed sitting on the sideline and listening to the chatter and banter of those around her.

Though the prognosis was poor, such information suggested a framework for referral to a psychologist to develop a supportive counselling framework and a minimalistic behavioural program, including getting a new cat. **MO**

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