



coordinated by Professor Gordon Parker

mind over matter

The depression she had to have

Depression characterised by 'anxious worrying' is particularly responsive to SSRIs.

HISTORY

LEONIE, a 45-year-old mother of two adolescent boys, presented with a melancholic, if not psychotic, depressive episode. She had previously experienced two similar episodes in the post-natal period.

DIAGNOSTIC INFORMATION

Leonie reported cardinal melancholic features for some six weeks, including an inability to get out of bed, impaired concentration, slowed speech and walking, appetite and weight loss, mood and energy being worse in the morning, guilt, and suicidal preoccupations.

She was obtaining no pleasure in life and could not be cheered up. When this was explored, she stated she was totally preoccupied with a profound sense of shame about having had two pregnancy terminations when a teenager.

She believed she had done something that was impervious to redemption, and that she deserved to be punished.

While non-reactive through most of the interview, she smiled wryly as she observed: "This is the depression I had to have."

She admitted to the same guilt preoccupation during her two previous episodes but confirmed that, following recovery, she would no longer ruminate endlessly about them.

Her two previous episodes had responded slowly but completely to a tricyclic antidepressant.

In the previous month, she

had tried multiple strategies to settle her sense of guilt, including hypnotherapy and even receiving expiation from her local minister.

MANAGEMENT

In light of the severity of her mood disorder and previous response, a broad-spectrum tricyclic antidepressant was commenced in conjunction with a low-dose antipsychotic drug.

This combination therapy assisted with the resolution of the episode over the next two weeks, when the antipsychotic drug was ceased.

At a three-month review, some guilt preoccupations had reoccurred, and it was decided to trial her on an SSRI antidepressant. At review three weeks later, she stated there had been no return of the depression and that her preoccupations about the previous terminations had disappeared.

However, she had started to remember some events in ado-

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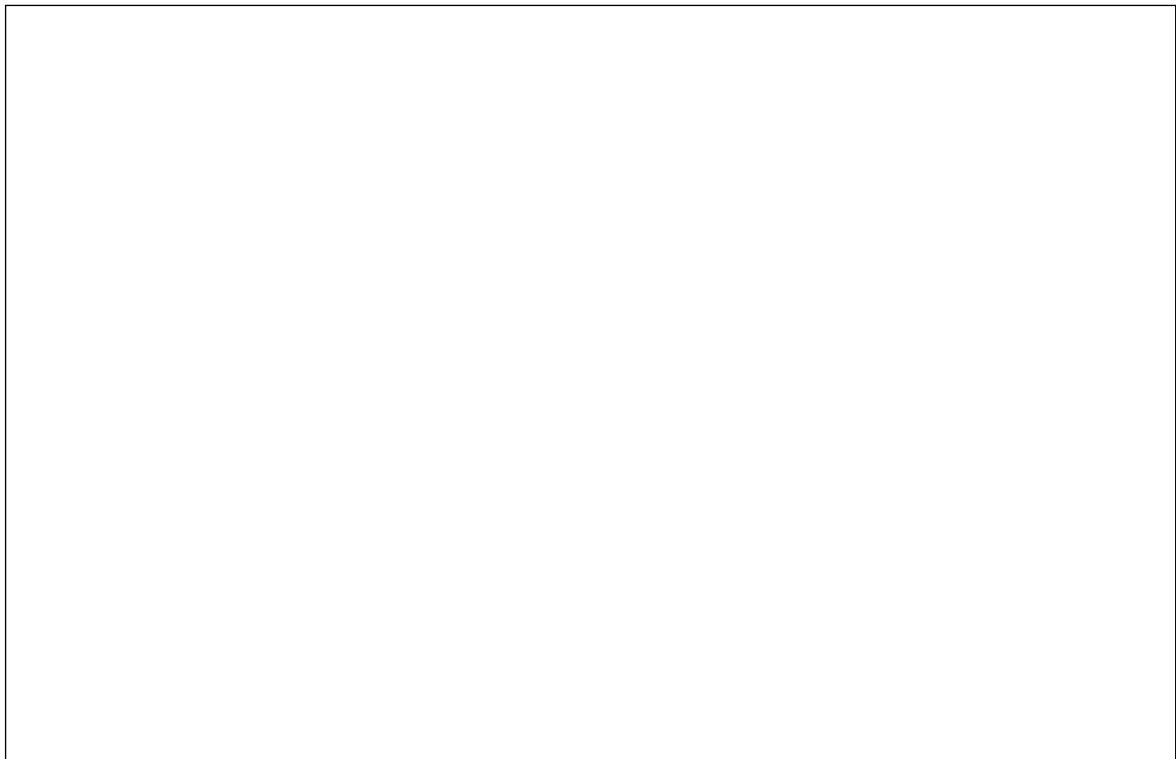
lescence that she had suppressed for more than 30 years.

She went on to describe having been sexually exploited and abused by her grandfather for three years.

She hesitated before going on to state that, while these events had been horrendous, there was something even more guilt inducing – she had actually enjoyed the sexual relationship.

SOME CONSIDERATIONS

The SSRIs are formally antidepressant drugs but they have another important and intriguing propensity to ameliorate



'anxious worrying'.

This can be a useful property during a depressive episode but is perhaps of even greater importance in preventing episodes in those with a tendency to worry excessively and into episodes.

Patients will commonly describe worrying and ruminative preoccupations as settling, ideally to a 'normal' level, after commencing on an SSRI.

In some individuals, the anti-worrying effect may go too far, and I have seen a musician – who would regularly practise for six hours a day – stop practising when commenced on an SSRI and operate to the principle that "it'll be alright on the night".

This potential adverse result of SSRI antidepressants in some patients is usually simply addressed by lowering the dose of the SSRI, so that the level of worrying is normal or optimal, rather than necessarily ceasing the SSRIs.

FINAL MESSAGES

Returning to Leonie, some speculations are allowed. For those with severe melancholic and psychotic depression, pathological guilt is a common feature, and its expression usually reflects the values of the individual's society.

These days it is just as common to have a man state that they should be jailed for having cheated on their tax as it is to have a woman report guilt about having had a termination of pregnancy.

Thus, indiscretions (minor or otherwise) of the past bubble to the surface during such depressive episodes.

In Leonie's case, we can assume several levels of latent guilt. The one that she was historically able to discuss concerned her terminations, but unconscious processes had presumably caused her to suppress the childhood sexual abuse issue even more deeply.

We can further assume the SSRI medication had further relaxed her censorious superego (or turned off the 'worrying' mechanism) and allowed suppressed events to be brought to the surface, not entirely dissimilar to more directly abreactive drugs.

Just as Leonie's account cannot be interpreted as justifying her grandfather's sexual boundary violations, no individual deserves to experience – or continue to experience – depression.

Using such logic, some patients will refrain from seeking help, involve themselves in ineffective therapies or even seek out 'punishing' therapies or therapists, and continue a victim role, generally for quite unconscious reasons. **MO**

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