UNIT NO. 6

COPING WITH STRESS AND DEPRESSION

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Introduction

Stress is a state of extreme pressure or strain with negative effects on physical and mental health. Acute stress is intense but time-limited, with physiologic reactions often referred to as the "fight or flight" response. Chronic stress is persistent, with negative emotional states (including irritability, nervousness, and depressed mood). The most common psychiatric disorders associated with stress are depression and anxiety disorders.

Treatment Strategies

Acute stress and associated anxiety may require pharmacological interventions, e.g. diazepam or alprazolam. However, medication is not the only intervention for stress.

Table 1. Stressors, Stress Responses, and Coping Strategies

Stressors	Stress response	Coping strategies
1. Frustration	Mental and emotional signs (lack of concentration, anxiety, fear, panic, anger)	Cognitive strategies (developing awareness, detachment, anger management)
2. Conflict	Behavioural signs (smoking, drinking, overeating, social withdrawal)	Behavioural strategies (assertiveness, social support)
3. Pressure (time pressure, emotional pressure)	Physiological signs (tense muscles, fatigue, palpitation, sweating, dry mouth, indigestion, depression)	Physiological strategies (breathing exercises, relaxation, meditation, biofeedback)

Table 2. Sources of Stress

1.	**Personal sources of stress**
	Daily work pressure
	Physical illness
	Psychiatric disorders
2.	**Social relationships**
	Lack of support
	Marital/family conflict
	Co-worker and supervisor conflict
3.	**Organisational changes**
	"Down-sizing"
	Job insecurity
	Work overload

Table 3. Nonpharmacologic interventions

Relaxation training
Effective time management
Exercise
Assertiveness training
Biofeedback and biofeedback-assisted relaxation

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Muscle Relaxation Therapy

Firstly, choose a quiet room. Pull down the shade, and sit on an armchair or lie on your bed. Now close your eyes and slowly take a deep breath, exhale slowly. Remember to push on your stomach as you inhale. Continue to breathe very easily.

Now focus your attention on your right hand. Clench your fist tightly, squeeze very hard, hold the tension. Be aware of what the tension feels like. Very slowly open up your hand and let the tension flow out. Your right arm feels very heavy and very soft.

Next focus your attention to your left arm. Clench your left hand tightly, squeeze very hard. Feel the tension in your left arm. Now begin to release it slowly.

Now we are going to work with the muscles of the shoulder. While keeping your arms relaxed, push your shoulders up to your ears. There is tension in the muscles of the shoulders. Shrug your shoulders hard, so hard that you can feel the tightness. Now slowly relax, allow your shoulders to gradually come down.

You will feel relaxed and loose in the shoulders and arms. Breathe in and out slowly.

Now press you head back. Press very hard. Feel the tight dull ache in the neck. Slowly release the tension. Your neck muscles become very soft.

Let's go to the facial muscles. I want you to bite slightly, not so hard that you hurt your teeth. But just hard enough to produce some tension in the jaw. Slowly release the tension. Now gradually open your mouth, relax your jaw and let it hang loosely.

Let's concentrate on the eye muscles. Squeeze your eyes very tightly. You can feel the tension in your eyes. Now slowly relax them. Allow the tension to flow out as your eye muscles become very relaxed.

We are finally to the legs. Point your toes towards you, tense all the muscles in your legs. And now slowly release the tension, let it flow out. The tension has dissolved away.

Take a deep breath again slowly, and exhale slowly. The muscles of your body are deeply relaxed now. Do not dwell on any troublesome thoughts. If you decide to get up, stretch your arms and legs, and open your eyes. You will feel very fresh.

Depressive Disorder

Depression is a common experience. Failure, disappointment, loss (of objects, persons or relationship) or conflict (within our own mind or with other people) may bring feelings of depression. Fortunately, these feelings dissipate or become less intense with time. Depressive disorder is more pervasive,

affecting not only the mood, but also our cognition, volition and daily routine. Reduced work productivity, increased sickness absenteeism and an overall poorer quality of life exact a high personal and societal cost. There is evidence that depressed individuals are heavy utilizers of general medical resources.

Table 4. Causes of Depressive Disorder

1.	Genetic predisposition
2.	Biological factors, e.g. some medications for treatment of hypertension, menopause
3.	Recent changes in life, e.g. job change, childbirth
4.	Loss of relationships, valued objects or persons

The National Mental Health Survey of Singapore was carried out in 1996 by the Department of Psychological Medicine of the National University of Singapore. Differences were observed in the prevalence of depressive disorder among the ethnic groups: Chinese 4%, Indian 3% and Malay 2%.

For prevention and treatment, public education is important not only to provide information on what is depressive disorder and which agencies to seek help but also to debunk the myths that engulf the illness. Depressive disorder is not due to a weakness of character and can be treated by antidepressants and psychotherapy. The antidepressants prescribed by doctors are not addictive. In prevention, it is important to identify people at risk, e.g. during pregnancy, retirement, bereavement or retrenchment, who may need psychological or social support to cope during the crisis.

Training general practitioners is vital as they are the first contact that most depressed patients have with the health service. They must be given adequate training to provide competent service at the primary health care level.

Table 5. Features of Depressive Disorder

Pervasive low mood
Loss of interest and enjoyment (anhedonia)
Reduced energy, diminished activity
Poor concentration and attention
Disturbed sleep
Diminished appetite
Poor self-esteem and self-confidence
Ideas of guilt and unworthiness
Bleak, pessimistic views of the future
Ideas or acts of self-harm or suicide

Assessment

The evaluation of the depressed patient should include the following:

1. Medical history and medications currently being used. Several medical conditions (e.g. hypothyroidism, stroke, rheumatoid arthritis, and Parkinson's disease) may be associated with the emergence of depressive symptoms, and the use of certain medications (e.g. propranolol, reserpine, and steroids) may trigger symptoms of depression.
2. The mental status examination of the patient with depressive disorder is often unremarkable. Patients typically present with depressed mood, accompanied by irritability and diminished interest or motivation. Suicidal ideation should be elicited.
3. The physical examination of the patient with depressive disorder is either unremarkable or nonspecific.
4. Laboratory tests should be obtained only when there is a specific concern about an underlying medical condition associated with depression. In particular, thyroid function tests and B_{12} and folate levels should be checked.

Treatment

Most depressed patients are successfully treated in primary care. The main reasons for referring depressed patients to a mental health team are that the condition is severe, failing to respond to treatment, complicated by other factors (such as personality disorder), suicidal risks, psychotic features or marked psychomotor retardation.

Table 6: High risk indication for suicide

Male
Age > 60 years
Unemployed
Socially isolated
Suicide note
Hopelessness, sees no future
Psychiatric illness (especially depression)

Table 7. Internet Resources on Depression

Organisation	Internet Access
Royal College of Psychiatrists	www.rcpsych.ac.uk
American Medical Association	www.ama-assn.org/consumer/specond.htm
World Psychiatric Association	www.wpanet.org
National Depression and Manic-Depressive Association	www.ndmda.org
National Foundation for Depressive Illness	www.depression.org
National Mental Health Association	www.nmba.org/ccd

Table 8: Antidepressants for use in Medical Out-patients

Category	Initial dose	Target dose
Tricyclics		
Amitriptyline	25mg at bedtime	100mg at bedtime
Imipramine	25mg at bedtime	100mg at bedtime
Serotonin reuptake inhibitors		
Citalopram	20mg daily	20mg daily
Fluoxetine	20mg every morning	20mg every morning
Sertraline	50mg every morning	50mg every morning

Psychological Therapy

To relieve psychological distress by psychological methods
Primacy of communication in healing relationship
Success depends on therapeutic relationship

Tips for Patient-therapist relationship

1. Be 'natural'
   - a stiff artificial therapist discourages communication
   - express concern, sorrow or even humour
2. Emphasize the positive
3. Attitude of respectful attention
4. Patient's non-verbal cues
   - tone of voice
   - facial expression
   - gesture
   - eye contact

Objectives

1. Facilitate expression of emotion
   Sometimes in grief, cultural, or personality factors may inhibit its expression and hence prevent its satisfactory resolution. Unexpressed anger, lingering in the patient often manifests by sulking or withdrawn behaviour. The therapist can facilitate expression of emotion by listening, encouraging the patient to talk about his feelings.
2. Encourage communication.
3. Facilitate problem-solving behaviour, identify and define the problem, identify alternative methods of coping with that problem, choose one alternative to follow, define the behavioural steps required to carry out that alternative, check the effects of this behaviour to ensure that the choice of alternative has been a suitable one, help the patient to define the problem appropriately and realistically, use patient's previous coping resources to remind him where his strengths and weaknesses lies so that he will see more clearly which alternative is likely to succeed, help the patient break down the chosen method of coping into small and manageable steps.
4. Show concern and empathy to bolster self-esteem.
5. Facilitate patient's understanding of both his problems and his feelings.

LEARNING POINTS

- Stress is a state of extreme pressure or strain with negative effects on physical and mental health
- The most common psychiatric disorders associated with stress are depression and anxiety disorders
- Consider using non-pharmacological intervention such as relaxation training, effective time management, exercise, assertiveness training and biofeedback-assisted relaxation for the management of stress related disorders
- Depressive disorder is pervasive, affecting not only the mood, but also our cognition, volition and daily routine
- The main reasons for referring depressed patients to a mental health team are that the condition is severe, failing to respond to treatment, complicated by other factors (such as personality disorder), suicidal risks, psychotic features or marked psychomotor retardation.

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