

# In the Mood



A Newsletter for the Friends of the Fuqua Center for Late-Life Depression  
Wesley Woods Center of Emory University

Volume 1, Issue 2  
Autumn 2002

THE HOLIDAY SEASON IS RIGHT AROUND THE CORNER! For many of us, this time of year is characterized by feelings of warmth and happiness. For others, however, events such as family gatherings, religious traditions and celebrations are overshadowed by feelings of loneliness, despair, anxiety and stress. Different from major depression, which lasts longer and usually requires treatment, the “holiday blues” tend to be temporary and seasonal.

While there may be many reasons for feeling down during the holidays, the Mayo Clinic splits the contributing factors into three main categories:

**Psychological** For those who have lost important people in their lives, the holidays serve as a reminder of those losses. For others, the gathering of family may be a cause of conflict and, consequently, stress or anxiety.

**Financial** Some may not have as much money as they would like to spend on gifts or feel pressured to spend more than they can afford, creating a financial burden.

**Physical** The physical demands of shopping or hosting and attending social events can cause fatigue. Many may over-indulge in food, drink, and alcohol on holidays, which can lead to weight gain, headaches, or other physical ailments.

When the “holiday blues” recur for three consecutive winters, it may be something more than

just feeling down. Seasonal Affective Disorder (SAD) is a winter depression that results from a decrease in sunlight as the days grow shorter. Symptoms include a desire to oversleep or difficulty staying awake; feelings of fatigue and inability to carry out a normal routine; craving or overeating carbohydrates and sweets; feelings of hopelessness or despair; irritability and desire to avoid social contact; decreased libido. Because the symptoms of SAD are similar to other illnesses, those who feel they may have it should make an appointment for evaluation with a doctor.

For more information on the “holiday blues” and Seasonal Affective Disorder, contact the National Mental Health Association at 1-800-969-6642 or [www.nmha.org](http://www.nmha.org) or the SAD Association at [www.sada.org.uk](http://www.sada.org.uk).

It is not uncommon to feel stressed or overwhelmed during the holiday season, but there are ways to help prevent or alleviate the “holiday blues”:

Establish realistic goals, keep expectations manageable and avoid overextending yourself.

Determine and stick to a reasonable spending limit.

Enjoy free activities such as window shopping, driving around to look at holiday decorations, or making crafts.

Spend time with supportive and caring people.

Acknowledge that it is okay to feel stressed, tired, or down. Express your feelings to those who care about you.





## Fuqua Center for Late-Life Depression Director's Note

### Who to call



To make an appointment at the Fuqua Center for Late-Life Depression, contact Shannan Hambrick at (404) 728-6302.

For more information on ECT at Wesley Woods, contact Jocelyn Porquez, FNP at (404) 728-6469.

For more information on the Fuqua Center or community education activities, contact Laura Britan, MPH toll-free at (877) 498-0096.

For more information on telemedicine, contact Eve Byrd, FNP, MPH at (404) 728-4981.

For more information on community clinical services, call (404) 728-6302.

For newsletter comments or inquiries, contact Shannon Tuohy at (404) 728-4558.

MANY OLDER ADULTS BELIEVE THEIR DEPRESSIVE SYMPTOMS ARE A NATURAL PART OF GETTING OLDER. In fact, depression in the elderly is an illness and treatment can make a rapid and dramatic difference in an individual's quality of life. Although people aged 65 years and older include only 13% of the population, older adults account for 20% of all persons who take their life by suicide. The need to educate and work closely with general physicians in recognizing depression is

illustrated by the fact that about half of all suicide victims saw their primary care doctor within two weeks of committing suicide. Thus, there is a chance to intervene, and that is why we have targeted many of our efforts toward working with primary care providers.

Once diagnosed, depression typically responds to treatment. In fact, more than 80% of all people with depression can be treated successfully through medication, psychotherapy, or a combination of the two. Today's

medications are non-addictive and safe to use even in older, medically ill patients. When these first line therapies fail, alternative treatments include electroconvulsive therapy (ECT) and investigational treatments such as transcranial magnetic stimulation (TMS). ECT is probably the most misunderstood therapy in medicine and modern ECT is not only safe but also very effective.

The goal of the Fuqua Center is to eliminate the stigma of depression and understand depression for what it is - a treatable medical illness.

William M. McDonald, M.D.  
*Director, Fuqua Center for Late-Life Depression*

## Depression Is Not A Choice

**Have you ever felt so weary that you did not want to do anything but sit in your favorite chair all day? I have.** What I did not know was that it was because I was clinically depressed, and not because I was just getting old. In hindsight the symptoms were apparent for many months prior to my diagnosis of major depression. They ranged from internal feelings of being weighed down by a dark cloud and feeling useless to physical symptoms of significant weight loss, forgetfulness, lack of appetite, reversal of sleep habit, poor elimination, and lack of energy. I felt no joy within myself for family, friends or activities that once delighted me. At times, my anxiety level was so high that I had to constantly be walking or riding in the car. Primarily, however, I retreated into solitude. I even questioned whether life

was worth living. My family asked, "Why are you depressed?" No one realized that depression is not a choice.

I was referred to Dr. William McDonald at the Fuqua Center for Late-Life Depression. Dr. McDonald explained the various treatment options: electroconvulsive therapy (ECT) or antidepressant drug therapy. I chose ECT to be followed by antidepressant drug therapy.

**Because of this course of treatment, I am now active again. Golf, travel, church, friends and grandchildren fill my calendar and joy—yes, JOY—has replaced the depression.** Thank you to all who made my recovery possible. I share this very personal experience because no person should feel the kind of pain that I did. It is time this illness carries no stigma.

*This testimonial is the generous contribution of Mrs. Virginia Allen.*

### SYMPTOMS OF DEPRESSION

- :-( Feeling sad or numb
- :-( No interest or pleasure in things you used to enjoy
- :-( Crying easily or for no reason
- :-( Feeling slowed down or feeling restless and irritable
- :-( Feeling worthless or guilty
- :-( Change in appetite; unintended change in weight
- :-( Trouble recalling things, concentrating or making decisions
- :-( Headaches, backaches or digestive problems
- :-( Problems sleeping, or wanting to sleep all of the time
- :-( Feeling tired all of the time
- :-( Thoughts about death or suicide



“For many elders who did not grow up in the generation of modern medications, the words to describe depression do not come easily... Society has traditionally judged depressed individuals harshly... Tragically, this only further limits people from seeking medical attention.”

Excerpt from J.B. Fuqua's book *Fuqua: How I Made My Fortune Using Other People's Money* © 2001

## Treatment Options

Rising costs of prescription medication are causing more and more people to turn to herbal or over-the-counter (OTC) dietary supplements to help or prevent symptoms of illness. In 1998, forty percent of adults reported using some kind of alternative therapy in the past year (Meltzer-Brody, CNS Report Oct. 2001).

The most popular supplements used to improve depressed mood are St. John's wort (SJW) and S-adenosylmethionine (SAME). Studies have shown that SJW may be as effective as some typical antidepressants in mild to moderate depression.

SAME is a substance naturally produced by the body to make neurotransmitters in the brain. Early research is encouraging; studies suggest that SAME, taken in therapeutic doses, can have a positive effect on depressive symptoms in as short a time as a week (Cerrato and Rowell; RN 1999). More good news is that side effects are mild in most cases. Because SAME, like other supplements, is self-administered, overdosing is a serious concern.

Alternative remedies may seem harmless, but there are some concerns. They are not regulated by the FDA, so there is no standard of acceptability ensuring that supplements are prepared and distributed without contamination. In addition, because a doctor is not required to control the dosage of a supplement, side effects may be underestimated and/or ignored by the patient until they become serious. Possible long-term effects of alternative therapies are unknown at this time. Remember that while supplements may be fairly safe if used alone, they can have very serious interactions with other medications (prescribed or OTC), so it is extremely important to check with your doctor before starting a new medication or supplement.

## Community Education

On September 16th, we launched the Fuqua On-Line Learning Center through our website <http://fuqua.emoryhealthcare.org>. The Fuqua On-Line Learning Center offers education and training on aging and depression through web-enhanced seminars, videoconferences and more! Our On-Line Learning Center provides an easy way for physicians and other professionals to gain Continuing Education credits. Patients, caregivers and family members of older adults can learn more about depression in the privacy of their own home through videos, patient testimonials and other web-enhanced seminars. Log on and register to be a part of the Fuqua On-Line Learning Center today!

### Find a health care provider in your area!

The Fuqua Center Referral Network provides an easy way to help individuals and family members find mental health resources within their own communities. The Referral Network is comprised of 17 AREAS. In this issue, we want to highlight AREA 4, which covers 12 counties surrounding metro-Atlanta, including DeKalb, Fulton, Fayette, Douglas, Cobb, Clayton, Spalding, Henry, Butts, Newton, Rockdale, and Gwinnett. Every county in AREA 4 has at least one mental health contact in our network including physicians, therapists, nurses, and even a pastoral counselor. You can easily access a list of providers in The Referral Network at <http://fuqua.emoryhealthcare.org/> or by calling toll free 1-877-498-0096 to get the help you and your family may need!



The Fuqua Center and the Center for Health in Aging invite you to join us for "A WALK IN THE WOODS" EVERY TUESDAY AT 9 A.M. The walking group will meet in front of the Wesley Woods Health Center, and walkers of all abilities are welcome. For more information, call Adrienne Lloyd at (404) 728-6666.

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 If you would like to receive this newsletter, or stop receiving it, please call (404) 728-4558 or e-mail [fuquacenter@emory.edu](mailto:fuquacenter@emory.edu).  
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**Kudos!**

*We are proud to announce that Ms. Charlee Lambert, Fuqua Center Advisory Committee member, is the 2002 honoree of the national Rosalie Wolf Memorial Elder Abuse Prevention Award. Congratulations!*

## Research

Dr. Patricia Clark, faculty at Emory University's School of Nursing, Dr. William McDonald, Director of the Fuqua Center, and Ms. Laura Britan, Education Coordinator for the Fuqua Center, were recently awarded funding through the School of Nursing's Center for Research on Symptoms, Symptom

Interaction and Health Outcomes. The research grant entitled "Feasibility of an Online Program for Psychosocial Issues in Stroke Recovery for Caregivers of Stroke Survivors" will take place over the next year. The study will examine the practicality of delivering a psycho-educational intervention online to caregivers.

The program will focus on the symptoms of depression for stroke survivors and their caregivers and cognitive changes that are sometimes associated with stroke. The pilot will include the development of the online program and its initial use with a small number of caregivers of stroke survivors.

## Hot Topic: Depression & Heart Disease

Depression often occurs with other illness such as stroke, diabetes and cancer. Depression is now linked to ischemic heart disease, and has been associated with hypertension. Studies show that depression strikes cardiac patients at a significantly higher rate. Among patients with coronary heart disease, depression occurs in 18-20 percent of those

who have not had a heart attack, and 40-65 percent of those with a history of a heart attack. Major depression also appears to increase disability in patients that have suffered a heart attack. Heart attack survivors with major depression have a 3-4 times greater risk of dying within six months than those who do not suffer from depression.

Depression can be overcome through recognition of symptoms and evaluation and treatment by a health care professional. Persons with heart disorders including hypertension, stroke or ischemic heart disease should be alert for the symptoms of depression and seek out an evaluation when needed.

(Information provided by the National Institute of Mental Health).



### EMORY HEALTHCARE

**Fuqua Center for Late-Life Depression**  
Wesley Woods Health Center, 4th Floor  
1841 Clifton Rd., NE  
Atlanta, GA 30329

Facts about depression

Treatment options

How to learn more

