



# Physicians and Depression: The Depressing Facts

Teresa W. Randolph, M.A.,LPC, Director of Counseling Services

Now that the holidays are over, and spring is in the air, it's time to talk about . . . **depression**

I've been reading an article, titled, *Confronting Depression and Suicide in Physicians*, in *JAMA*, June 18, 2003. The article was written by a group of physicians whose hope is to encourage the treatment of depression and prevention of suicide in physicians, residents and medical students by calling for a shift in professional attitudes and institutional policies to support physicians seeking help. Here are excerpts from the article . . .

## The Depressing Facts

"Compared with white, male professionals, the mortality ratio of white male physicians for suicide is higher than all other leading causes of death."

"In the general population, the male suicide rate is more than 4 times higher than that in females. But, in physicians, the female rate is as high as the male rate. Female physicians also have a much higher rate of completed suicide than the general female population."

"Cross-sectional rates of depression (15%-30%) are higher in medical students and residents than in the general population."

The major risk factors for suicide are mood disorders (depression) and substance use disorders.

## Signs, Symptoms and Causes of Depression

Depression is caused by biological, psychological and social factors. Frequently, the underlying causes of depression stem from unresolved childhood issues, coupled with a genetic predisposition, and are exacerbated by stress.

A major depressive episode can occur once in a person's life, on multiple occasions, or settle into a permanent state. Depression is characterized by the presence of five or more of the following symptoms during the same 2-week period:

- Depressed mood most of the day, nearly every day
- Markedly diminished interest or pleasure in all or almost all activities
- Significant weight loss when not dieting or weight gain, or decrease or increase in appetite.
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate or indecisiveness
- Recurrent thoughts of death (not just fear of dying) or suicide

## To Seek or Not to Seek Help

The *JAMA* article states:

"Medical students have low rates of seeking help, with only 22% of those who had screened positive for depression using mental health services. For depressed students with suicidal ideation, only 42% received treatment. The most cited barriers to care included lack of time (48%), lack of confidentiality (37%), stigma (30%), cost (28%), and fear of documentation on academic records (24%)."

Here are the realities to each of these objections:

Lack of time: Counseling for depression usually takes one hour per week and lasts for 10-20 weeks. Appointments with ATSU Counseling Services are available during the day or in the evening, according to need.

Lack of confidentiality: ATSU Counseling Services is required by law to abide by state-mandated rules of confidentiality. Everything discussed in therapy is kept absolutely confidential.



**Stigma:** The JAMA article addresses this issue by stating that, “35% of physicians do not have a regular source of health care, supporting the observation that the medical profession does not encourage physicians to admit health vulnerabilities or seek help.” In other words, get over it! Everybody has problems and the sooner we admit to it, the sooner we all become human beings.

**Cost:** ATSU counseling is free, Free, FREE!

**Fear of Documentation on Academic Records:** No member of the ATSU faculty, staff, or student body will be informed that you are receiving services nor have access to your files without your explicit written consent. Confidentiality applies even if the student has been mandated for counseling.

### To Help or Not to Help

The most important thing to remember when someone is in the throes of depression: it is frequently very hard to help oneself. Students frequently come to me asking how they can help a friend or classmate about whom they are concerned. Choose to take the risk of helping that person. Take all talk of suicide seriously, no matter how lightly it might be mentioned.

### Treatment

Treatment of depression is multi-dimensional, usually involving a psychiatrist for anti-depressant medication and psychologist or counselor to treat the cognitive and emotional issues causing the depression (some psychiatrists, such as Dr. Lovie, here at KCOM, offer counseling services as well as medication, but many do not). Research has shown that the use of both medication and psychotherapy, rather than one or the other separately, is the most

effective treatment for depression. Other important aspects of effective treatment include adequate exercise, fresh air, good nutrition, lots of water, and sufficient sleep. When in doubt, turn off the TV and go for a walk.

### “Physician, Heal thyself!”

Effective treatment of depression not only significantly decreases a physician’s or medical student’s risk of suicide, it also has a strong and lasting effect upon their effectiveness as physicians.

“Treatment of mood disorders can lead to better physician mental health and productivity, fewer suicides, and better physical health.”

Physicians’ own health habits and attitudes toward seeking treatment for depression strongly affect the manner in which they counsel others about health and prevention. Therefore, attention to their own depression and suicidality may improve their mentoring and training of young physicians which, in turn, may improve the mental health care of patients. Conversely, as physicians become more skillful at caring for their patients’ depression and suicidality, they are more likely to get care for themselves.

ATSU Counseling Services provides free counseling for all KCOM students, their spouses/partners and immediate families. Counseling Services is located in the Office of Student Resources, on the third floor of the Gutensohn Osteopathic Health and Wellness Clinic. We are open Monday through Friday, 8 a.m. to 5 p.m., and evenings by appointment. You may contact Counseling Services at (660) 626-2424 or [trandolph@atsu.edu](mailto:trandolph@atsu.edu).

The American Foundation for Suicide Prevention has formed a website to inform physicians about diagnosing depression in themselves and their legal rights.

**Instructions:** This questionnaire consists of several statements. Read each statement carefully, then circle the number that best describes the way you have been feeling during the past two weeks, including today. See the Table below for interpreting your score.

Over the last **2 weeks** how often have you been bothered by any of the following problems?

**0** - Not at all      **1** - Several days      **2** - More than half the days      **3** - Nearly everyday

Little interest or pleasure in doing things

0    1    2    3

Feeling down or depressed

0    1    2    3

Trouble falling or staying asleep, or sleeping too much

0    1    2    3

Feeling tired or having little energy

0    1    2    3

Poor appetite or overeating

0    1    2    3

Feeling bad about yourself — or that you are a failure or have let yourself or your family down

0    1    2    3

Trouble concentrating on things, such as reading the newspaper or watching television

0    1    2    3

Moving or speaking so slowly that other people could have noticed?

Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual

0    1    2    3

Thoughts that you would be better off dead or of hurting yourself in some way

0    1    2    3

**Total Score** \_\_\_\_\_

**Interpreting PDQ-9 Scores:**

This questionnaire estimates the overall severity of depression experienced by the patient according to the categories shown in the table below. If you scored in the 10-14 range, you should probably seek treatment. If you scored a 15 or higher, seeking treatment is strongly recommended.

**Raw score – Range of severity**

- 0-5    Not Present
- 5-9    Minimal symptoms of depression reported
- 10-14    Moderate symptoms of depression reported
- 15-19    Moderately Severe symptoms of depression reported
- 20-27 ..... Severe symptoms of depression reported

Source: American Foundation for Suicide Prevention