

Dealing With Depression

*For people with lupus, this condition may be tough to recognize —
but it's important to get it treated.*

By: Laura Williamson

Marilyn Morris knew she was in pain—it seemed like every joint in her body was on fire. She knew that climbing stairs took far more effort than it should. But, then again, so did everything in her life: getting out of bed, going to work, even planning a visit with her beloved grandchildren. Lethargy and feelings of hopelessness were daily occurrences.

“Nothing sounded right, nothing tasted right,” says the 65-year-old Morris, of Fort Worth, Texas. “But I didn’t think I could do anything about it.”

Morris discovered the source of her joint pain: lupus was attacking her body. What she didn’t know—until her friends convinced her to seek professional help—was that she also was clinically depressed. She also learned she was not alone; not surprisingly, many people with lupus also suffer from depression.

Researchers estimate as many as 60 percent of people who suffer from chronic diseases also experience clinical depression. And, like Morris, they may live with their depression for years before it is diagnosed.

“Depression is one of the least recognized conditions—not only in people with lupus but in many people,” says Howard S. Shapiro, M.D., of Cedars Sinai Medical Center in Los Angeles, California, who has treated people with lupus and depression. But in people with lupus, depression can go untreated because the symptoms may erroneously be attributed to lupus itself.

Two Conditions, Similar Symptoms

Lethargy, insomnia, pain intensification and diminished sexual interest or performance can result from both depression and lupus. Determining which of the two illnesses is causing these symptoms can be difficult.

“It’s kind of like a puzzle. When you evaluate someone who has lupus and depression, it’s hard to know what’s the chicken and what’s the egg,” says Al Herzog, M.D., a psychiatrist and vice president of medical affairs at Hartford Hospital in Hartford, Connecticut.

According to Herzog, there are three main reasons why people with lupus become depressed:

- Some medications used to treat lupus, such as steroids, can cause depression.
- Living with a chronic illness that limits an individual’s freedom and causes frequent pain can lead to depression.
- A person may have a genetic predisposition for depression, which many experts attribute to an imbalance of chemicals in the brain.

So for some people, depression is not directly connected to lupus at all. For others, lupus and other life stresses lead to—or exacerbate—a person’s depressive symptoms.

Multiple Stressors

Depression can be particularly overwhelming if it hits during an already stressful time of life. For example, lupus occurs most often among women in their childbearing years, says Joan T. Merrill, M.D., medical director of the Lupus Foundation of America.

Women who may be struggling to hold a job, raise children, manage chronic pain and handle financial concerns—often including health insurance problems—can easily become overwhelmed, explains Merrill. She says this scenario is common among the people she treats as member and head of the Clinical Pharmacology Research Program at the Oklahoma Medical Research Foundation, Oklahoma City, Oklahoma.

Of course, lupus and depression occur in both men and women of all ages—and every person needs individual advice on how to solve problems and cope with life issues. But there is one thing Merrill gives to all her lupus patients: an indication of what to expect from their disease.

“Once they can exercise some power over their situation, they don’t feel so despondent,” she says. “I tell them, you can’t make lupus go away, but you can have an idea of what’s coming down the highway. Then, at least, you’ll be able to steer.”

Sharing information with family members can help, too. “We all know that lupus doesn’t affect just the individual,” says Herzog, who schedules educational sessions with his patients’ families to help them understand what to expect and how they can work around it.

Treatment for Depression

Problem solving and psychotherapy are important components of treating a person who has both lupus and depression. Health professionals advise people who suffer both chronic pain and depression to include avenues such as relaxation therapy, cognitive therapy, biofeedback, group therapy, self-hypnosis and physical exercise as part of their treatment program to help both their bodies and their minds heal.

Regardless of whether the depressive symptoms are caused by the disease, the situation or a person’s family history, anti-depressants are often recommended. But finding the right medication and the right dose for each person can take time. Shapiro emphasizes the need for patience during this process, because different drugs react differently in different people. “It often requires trial and error,” he says. “But about 85 percent of people with depression do respond to anti-depressant therapy.”

It’s also important for people taking medications to treat both the lupus and their depression to stay in frequent contact with their physicians, said Herzog. He follows up with patients by phone, e-mail or in person to make sure they are getting the proper dose, that they are not suffering side effects or having problems with drug interactions, and that the medication is working appropriately. When necessary, he also stays in touch with the patients’ other medical doctors to discuss possible drug interactions.

Morris, a facilitator for a lupus support group in Fort Worth, said her road to recovery has included medication, although she had to try different anti-depressants at various doses before she found the one that works best for her.

“It doesn’t have the stigma it used to,” she says. “Better living through chemistry—I highly recommend it!”

But it’s important to note that anti-depressants are not “happy pills” and cannot “cure” depression. It can take a few weeks to feel their effects. And they come with their own set of possible side effects, from nausea to decreased libido. Tracking your symptoms—and sharing them with your doctor or psychiatrist—is the best way to find the medication (or combination of medications) that provides the most benefits and fewest side effects for you.

Finally, anti-depressants are often most effective when used as part of a well-rounded treatment program. For Morris, that has included therapy, talking with peers and positive life changes, like quitting a job that made her feel trapped and inadequate.

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Sidebar:

Are You Depressed?

Everyone feels “blue” from time to time. If any or all of these feelings persist for more than two weeks, you may be clinically depressed:

- Feeling helpless or hopeless
- Sense of failure
- Loss of interest in social activities
- Loss of interest in sex
- Sense of self-punishment
- Suicidal thoughts
- Dissatisfaction
- Indecision
- Crying
- Trouble sleeping—or sleeping too much
- Loss of appetite—or eating too much

But there’s no reason to handle these issues alone. Talk to your doctor, a psychologist or a psychiatrist. Getting help is not only brave—it may be the key to improving your overall well-being.