Depression & Multiple Sclerosis

MANAGING SPECIFIC ISSUES

National Multiple Sclerosis Society

Aaron, diagnosed in 1995.

The words **depressed** and **depression** are used so casually in everyday conversation that their meaning has become murky. True depression is a disorder that will affect from 5 to 20 percent of Americans during their lifetime.

Depression is not a fleeting emotion. It is a persistent disturbance of mood with complex roots in an individual's physiology and psychology, and it has marked symptoms. People with MS experience depression more than the general population or people with other chronic illnesses.

When "depression" and "MS" are mentioned in the same breath, some people say, "Of course you'd be depressed if you'd been diagnosed with MS," or "How would you feel if your ability to walk just suffered a major setback?" Such reactions assume that depression is a psychological and emotional response to MS. That is one explanation, but researchers are finding increasing evidence that depression is a symptom of MS as well as a reaction to it.

The pull-up-your-socks syndrome

While researchers look at complex changes in the brain and the immune system that may contribute to depression, and measure the impact of antidepressant medication and psychotherapy, many people still believe severe depression can be overcome by will power. "There's a strange feeling in this country that depression is a character flaw. It is not. There is treatment for depression, and it is curable," said Dr. Randolph B. Schiffer, a neurologist and psychiatrist who has done research on the psychological aspects of MS.

Cause or effect?

When Dr. David Michelson was a staff psychiatrist in the neuroendocrinology branch of the National Institute of Mental Health, he studied the interactions among the body's hormone system, immune system, and central nervous system in people with both depression and MS.

"There is some evidence to suggest that the physiology of MS may predispose people to depression," said Dr. Michelson. "At the same time, people with MS carry the burden of changes in daily life and losses of function. But whether one becomes depressed in reaction to MS, or depression is a part of the biology of MS, the fact to remember is there are effective interventions."

The interferons

The beta-interferon medications carry warning labels stating that they should be used with caution by anyone who is depressed or has a history of depression. Although research has failed to show a strong link between depression and the beta-interferon drugs used to treat MS, these medications decrease levels of the chemical serotonin in the brain — and decreased serotonin can affect mood. So if you are taking any interferon medication and experience emotional ups and downs, talk to your doctor.

Is it sadness, grief, or true depression?

Grief and sadness, both of which are common in MS, lift a little when something pleasant happens. Depression stays in place. Things that would normally give pleasure have no effect.

Symptoms of clinical depression are listed on pages 5 and 6. They are quite specific. But recognizing depression is not always easy because some of the physical and mental symptoms are common to MS as well. The relationship of fatigue, cognitive problems, and depression can be confusing.

"Symptoms such as fatigue or difficulty concentrating, which are signs of depression, are also signs of MS," Dr. Schiffer said. "Sometimes patients, families, and doctors are slow to recognize depression because it may appear so gradually. One thing I'm sure of is that depressive symptoms tend to be at their worst when MS symptoms are exacerbated."

Once depression is acknowledged, specialists agree — don't wait; reach out for professional help. The quality-of-life issues are serious. Depression can add to feelings of fatigue and significantly worsen problems with thinking and memory, so getting treatment for depression may relieve other symptoms as well. And people who are seriously depressed are at greater risk of suicide, which is also more common in people with MS than in the general population.

Symptoms of Depression

The hallmark of these symptoms is their persistence. They linger. They are not the normal, transient "blues" that everyone experiences in response to a sad or distressing event. According to the American Psychiatric Association in its Diagnostic and Statistical Manual of Mental Disorders, the symptoms of a major depressive episode last at least 2 weeks. During that time, the person has 5 or more of the following 9 symptoms on a daily, almost round-the-clock basis.

- Feeling sad or empty or being irritable or tearful most of the day.
- Loss of interest or pleasure in most activities.
- Significant weight loss or gain or a decrease or increase in appetite.
- Sleeping too much or inability to sleep.
- Physical restlessness or slowed movement observed by others.
- Ongoing fatigue or loss of energy.
- Feeling personally worthless or guilty without appropriate cause.
- Diminished ability to concentrate or make decisions.
- Recurrent thoughts of death or suicide, or planning suicide.

The symptoms not only persist over time, but impair daily functioning. One (or both) of the first two symptoms is always present in a major depressive episode.

The manual notes that symptoms due to a medical condition such as MS, which might include fatigue or diminished ability to concentrate, should not be counted.

OK, I need help

To find help, Dr. Schiffer advises asking your neurologist or general medical doctor first.

The Society office nearest you can give you referrals to mental health professionals who understand MS. Call 1-800-344-4867.

Drug therapy

Many types of antidepressants are available, but none are magic bullets. Most work gradually. They may bring some improvement after several days, but the drug's full effect may not appear for several weeks. If there are no improvements after six weeks, the doctor may increase the dose, add another medication, or prescribe a different drug.

"It's very important to target selected symptoms and to follow them closely to see if the medication is helping," said Dr. Andrew H. Miller, a psychiatrist at Emory University School of Medicine in Atlanta, Georgia.

Side effects are no longer a major obstacle. The older antidepressants were notorious for causing dry mouth, urinary hesitancy, constipation, blurred vision, fatigue, drowsiness, weight gain, sexual dysfunction, and other unpleasant symptoms. They are now rarely used.

The newer agents are generally well tolerated and have fewer unwanted effects. However, all side effects should be discussed with your doctor. Often, the drug or the dosage can be altered to provide the best effect with the fewest problems.

Talk therapy

Very few physicians believe that medication alone cures depression. "Most combine drug therapy with some form of counseling," said Dr. Sarah L. Minden, a psychiatrist who treats people with MS at Brigham and Women's Hospital and Harvard Medical School.

Psychiatrists, who are MDs, can prescribe medication as well as provide counseling. Certified psychiatric nurse practitioners are also able to prescribe medications. Talk therapy can also be obtained from certified social workers, psychologists, psychiatric nurses, licensed professional counselors, or other qualified non-physicians, who will seek evaluations by a psychiatrist to guide the selection and monitoring of medication if it is indicated.

Talk therapy takes several forms. It may be time-limited and address a current crisis. It may be supportive and focus on finding ways to cope. Or, it may involve in-depth exploration with the goal of helping a person develop greater self-awareness. The form depends on the individual's needs, and these may change over time or with the stage of illness.

Therapy can be supplemented by participating in a self-help group, but keep in mind that support group participation, by itself, is not sufficient for treating depression. Ask your Society chapter about self-help group programs in your area for people with MS.

A good relationship

"No matter what form talk therapy takes, a good 'fit' between you and your therapist is essential. You should feel that you can bring up any topic," advised Dr. Michelson.

"Treatment is very relationship-sensitive," Dr. Schiffer explained. "What's important is that you see somebody who believes in what he or she is doing, someone with whom you can have a good relationship." This may mean a period of shopping around. Obviously, not every qualified therapist is right for everyone. "Don't give up on the concept of treatment just because you don't 'click' with the first therapist you meet," Dr. Schiffer said. "When a comfortable relationship is developed, it can help you understand your emotions and gain more control over your life."

Exercise and mood

The evidence is growing that exercise has a positive impact on mood as well as on a person's physical well-being. An exercise regimen that is tailored to a person's abilities and limitations can significantly improve mood and quality of life in people living with MS.

Disability and depression — a false link

"Some people who are profoundly disabled are not depressed — while others are very depressed but not physically disabled at all," Dr. Minden said. Research has shown no clear or consistent relationship between depression and an individual's degree of disability or length of time with MS. In fact, one large study showed that depressed mood was related to both a higher level of (self-reported) disability and a shorter time since diagnosis.

"What makes a person depressed seems to relate to a host of factors," Dr. Minden explained. "These include genetics, individual coping styles, past and present experiences, and the kinds of social supports a person has. But while we don't yet know how depression originates, we do know how to treat it." People should not hesitate to get help if they need it.

Notes

The National Multiple Sclerosis Society is proud to be a source of information about multiple sclerosis. Our comments are based on professional advice, published experience and expert opinion, but do not represent individual therapeutic recommendations or prescriptions. For specific information and advice, consult your physician.

Early and ongoing treatment with an FDA-approved therapy can make a difference for people with multiple sclerosis. Learn about your options by talking to your health care professional and contacting the National MS Society at nationalMSsociety.org or 1-800-344-4867.

The Society publishes many other pamphlets and articles about various aspects of MS. Visit nationalMSsociety.org/brochures to download them, or call your chapter at 1-800-344-4867 to have copies mailed to you.

Some of our popular pamphlets include:

- Multiple Sclerosis and Your Emotions
- Taming Stress in MS
- MS and the Mind

Also explore our educational videos at nationalMSsociety.org/mslearnonline, and look under "Symptom Management."

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For Information:
1 800 FIGHT MS (1 800 344 4867)

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