



## The Caregiver Resource Center



Concierge Case Management & Advocacy

## We're Living in Uncertain Times



Uncertainty can lead to feelings of anxiety, "the blues", and even depression.

### WHAT MAKES DEPRESSION DIFFERENT FROM "THE BLUES"?

If while reading this article you find some of the information seems to fit you, and you think you may be experiencing some depression, it's important to speak with your doctor or a licensed mental health professional as soon as possible. I will also provide some resources at the end of this article.

### THE BLUES

We all feel down at one time or another in our lives, but it usually passes in a few hours or few days.

Would it surprise you to know that 25% of Americans experience more than just the passing blues, and actually suffer from depression.

January 2018



### Don't Become a Statistic

Are you one of the 78% of Americans who are unprepared should a medical emergency strike?

According to the File of Life.org

- 116 million Americans are involved in an accident each year
- 50% of people suffer with chronic illnesses such as high blood pressure, diabetes or asthma
- 58% of all 911 calls involve a senior

## HOW DO I KNOW THE DIFFERENCE?

If you think you may be depressed, it's important that you call your doctor or other licensed mental health professional as soon as possible, to arrange for an evaluation.

Here are 4 key indicators to help you differentiate “the blues” from depression.

### 1. Duration

In order to establish a diagnosis of depression, a person will have had to experience their symptoms on an on-going basis for a minimum of two weeks.

### 2. Intensity

In addition to experiencing symptoms for a longer period, a true clinical depression is more intense than “the blues”. Unlike people who are feeling “the blues” who can carry out their daily activities, people with depression have difficulty with work, relationship, and daily activities. In more serious cases, depression may lead a person to feel hopeless, and even suicidal.

### 3. Symptoms

Experiencing “the blues” or feeling “down” are terms we use to describe sadness.

A person with a true depression will experience a range of symptoms such as insomnia or sleeping too much, loss of appetite or increase eating, fatigue, and loss of interest; to name a few.

### 4. Potential Causes

When a person is feeling “the blues”, they will often report feeling sad and discouraged; which can result from the breakup of a relationship, lost job, or a job change. Periodically feeling down and moody is “normal” and can be associated with a specific event, seasonal changes, or stress.

Depression can be the result of physical, genetic and psychological causes. Women are twice as likely as men to suffer the devastating effects of depression. Occasional blues or down times are a normal part of your life. Extended bouts of depression are debilitating and destructive.

## The Caregiver Resource Center

[Visit Our Website](#)

[Concierge Case Management & Advocacy Brochure](#)

[Successful Aging Brochure](#)

## Benefits of Our Services

- Well respected company serving the community since 1990
- All services are individually designed to meet your unique needs
- We are available 7 days a week by appointment and 24/7 for emergencies
- Professional support & guidance
- Our services are provided on-site in the home, ER, hospital, short term rehab, assisted living, and nursing home

## Menu of Our Services \*

- Advocacy
- Home Safety Audit
- Emergency Medical Advocacy while in

Depression can also be a symptom of Parkinson's disease, stroke, arthritis, thyroid problems and cancer. It can also be a side effect of some prescription drugs. In addition, it can be in response to a devastating life change such as the death of a loved one or a divorce.

## DEPRESSION

"Depression is a true and treatable medical condition, not a normal part of aging."

Source: Centers for Disease Control

### Did You Know?

- 1 in 10 U.S. adults report depression
- 11% of adolescents have a depressive disorder by age 18 according to the National Comorbidity Survey-Adolescent Supplement
- 80% of people experiencing depression are not currently receiving treatment
- The highest suicide rates in the U.S. are found in white men over age 85
- Depression is one of the most treatable illnesses, with 80-90% finding relief through treatment

Source: Centers for Disease Control

### According to the Mayo Clinic:

"Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depression, major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and depression may make you feel as if life isn't worth living."

### Sampling of Warning Signs

- Loss of interest in home and work
- Crying
- Change in eating or sleeping habits
- Unexplained anxiety or irritability
- Poor self-image

the ER and hospital

- Screening, arranging for and monitoring Care Services
- Crisis Management
- Family Support & Counseling
- Insurance Claims Research & Assistance
- Research of Community Resources
- Referrals to Specialists (e.g. medical, legal, or financial professionals)
- Family Discussions and Issue Mediation
- Transitioning to an alternative living option (e.g. home to assisted living)

\* Fee for service

Connect With Us



Read Our  
BLOG

- Inability to express feelings
- Loss of pleasure
- Indecisiveness
- Poor concentration or forgetfulness
- Social isolation
- Increased physical problems
- Feelings of guilt
- Suicidal thoughts

## **TYPES OF DEPRESSION**

### **Situational or Transitional Depression**

Temporary sadness as a reaction to death, divorce or other major life change is normal and expected. Time and patience are necessary to get through these feelings. Spend time with friends or family who can be supportive of your emotional needs. Feelings of depression may go on for more than a few weeks or interfere with your home or work life. If this is the case, it might be time to seek some professional help. Ask your doctor for a checkup and a referral to an appropriate healthcare provider.

### **Moderate Depression**

Moderately depressed people often feel that their lives are shaky at best. Many moderately depressed people describe their lives as being as unstable as a house of cards. They can hold a job, but feel unsatisfied. It's also difficult for them to enjoy family and friends. If you're feeling moderately depressed, explore self-help skills and seek professional help.

### **Severe Depression**

Severely depressed people can't enjoy the people around them and have lost the will to seek pleasure in life. Too often, they have even lost the will to live. Depressed people see their lives as frustrating, their pasts as wasted and their futures as futile. They often view themselves as losers. The risk of suicide is high for severely depressed people. If you or a loved one experiences any of these feelings on a regular basis or have suicidal thoughts, seek professional help immediately.

## **DEPRESSION & SUBSTANCE ABUSE**

As a licensed mental health and substance abuse professional, I have routinely worked with clients who have a mental health illness such as depression, in combination with a substance abuse problem, which we refer to as co-occurring.

A person who is experiencing depression may look to self-medicate by using alcohol, over the counter medication, or illegal drugs (street drugs or prescription drugs without a prescription).

### **Self-Medicating with Alcohol**

Using alcohol in low doses may temporarily help a person with depression feel a bit better, but this is short lived. Since alcohol is a depressant, continued use of alcohol as a coping technique, may intensify the depression or in many cases may lead to alcohol abuse or dependency.

### **Self-Medicating with Drugs and Caffeine**

Some people who are suffering from depression will consume a large amount of caffeine putting an added strain on their heart and other body organs. Others may try psycho-stimulants also known as uppers, in an effort to feel “normal”. Some common psycho-stimulants that are often abused include cocaine, amphetamines, and Ritalin to name a few. Unfortunately, cocaine can also lead to depression, and the misuse of other prescriptions can lead to an assortment of medical complications.

## **DIAGNOSIS AND TREATMENT**

It's unfortunate, but due to the stigma of depression, many people still fail to seek help. A person who is experiencing depression may look to self-medicate by using alcohol, over the counter medication, or illegal drugs (street drugs or prescription drugs without a prescription). This can only makes things worse.

Through a combination of medication and psychotherapy, 60% to 80% of those suffering from depression can find relief with proper treatment.

### **Diagnosing Depression**

Even though depression is very common, it is frequently missed or misdiagnosed, and as a result goes untreated.

To diagnose depression, your health care provider will ask you questions about your symptoms and family history. You may be asked to fill out a questionnaire about your symptoms. You may be given medical tests to rule out other conditions that may be causing your symptoms, such as nutrient deficiencies, underactive thyroid, dementia, hormone levels, or reactions to drugs (either prescription or recreational) and/or alcohol.

## Areas to Explore

Making a diagnosis of any kind is like putting a jigsaw puzzle together. The more pieces of the puzzle a healthcare professional has to work with, the clearer the picture and the more accurate the diagnosis.

To follow are a few areas that a medical professional will explore.

- A doctor notes symptoms and signs of depression during the history and physical examination.
- A psychological assessment is conducted, in which a patient is asked a series of questions about moods, thoughts, sleeping patterns and personal relationships.
- Symptoms of depression in the elderly are often confused with symptoms of other ailments (e.g. UTI). An assessment for an elderly person may also need to focus on memory issues, chronic pain and medical problems.
- Complicating a diagnosis of depression is the fact that depression itself is a common symptom of many chronic conditions, as well as a side effect of many drugs commonly prescribed for the elderly and for those with chronic conditions.

## HOW DEPRESSION IS TREATED

Through a combination of medication and psychotherapy, 60% to 80% of those with depression may find relief with proper treatment.

### Antidepressant Drugs

Medication or drug therapy focuses on a person's symptoms, which are thought to be caused by brain circuit abnormalities that are tasked with regulating our thinking, behavior, and mood. Keep in mind that it will take between 4 and 6 weeks for the drug therapy to begin to produce changes, although often people report some improvement of symptoms in as little as two weeks of being on the medication.

There are several types of antidepressant medications in use. Depending on the particular medication, it can take 4 to 12 weeks to achieve the desired effects.

- Tricyclic antidepressants are among the oldest antidepressants, with their effectiveness well

documented. However, they have numerous side effects, including dry mouth, blurred vision, weight gain, constipation, drowsiness and dizziness.

- Selective serotonin-reuptake inhibitors (SSRIs), such as Prozac, help to raise the level of serotonin in the brain. They have fewer side effects than other antidepressants.
- Monoamine oxidase inhibitors (MAOIs) may work when other antidepressants are ineffective. They have numerous side effects and can react dangerously with certain foods to cause severe high blood pressure.
- Lithium is normally used in the treatment of bipolar disorder (formerly called manic-depression), but may be effective in combination with other antidepressants for those who don't respond to antidepressants alone.
- Other medications can have antidepressant effects as well, depending on the medical situation.

### **Psychotherapy**

Psychotherapy is a generic term used to describe a process of helping a person who is struggling with stress, loss, change, or a psychological disorder. A wide variety of techniques and strategies may be used in psychotherapy, depending on the client's unique needs. In most cases however, the process focuses on developing a therapeutic relationship, exploring problem areas, introducing healthy skills and strategies, and working to address problematic thoughts, patterns, or behaviors.

A number of forms of therapy are available, some of them specifically designed for working with depression. Treatment of depression is known to be more effective when antidepressants and psychotherapy are combined.

### **Electroconvulsive Therapy (ECT)**

Commonly called shock therapy, this treatment is sometimes used when other methods have failed.

While the patient is under anesthesia, a small amount of electric current is sent to the brain, causing a generalized seizure that lasts for about 40 seconds.

Eight to 12 treatments may be given over a three week period.

Although this method was at one time abused, ECT is now done only with the patient's consent and only when other methods have been ineffective.

### **Personal Behavior Changes**

If you've been diagnosed with depression, there's much that you can do to contribute to your own recovery and help prevent relapses. Most of the behavior changes that help ease depression are also good for your general health:

- Take your medication and attend therapy as prescribed
- Get regular exercise. Exercise has been shown to decrease depression
- Join a support group. Isolation is an aggravating factor, or even the source of much depression
- Eat nutritious, well-balanced meals
- Participate in activities even when you have to push yourself to do so
- Express yourself and your feelings
- Pay attention to personal hygiene and good grooming, even if you don't feel you deserve it
- Keep a regular schedule and get a good night's sleep
- Light therapy can be used for SAD (seasonal Affective Disorder)
- Learn to be assertive about your needs
- Quit smoking
- Cut back on caffeine and alcohol
- Schedule activities that you enjoy
- Seek help if you are feeling suicidal

Source: Parlay International



## **MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT RESOURCES**

Remember that help is just a phone call away!

### **CT Department of Mental Health and Addictions**

Services

410 Capitol Avenue

Hartford, CT 06106

800-446-7348

TDD: 888-621-3551

[www.dmhas.state.ct.us](http://www.dmhas.state.ct.us)

### **F.S. DuBois Center**

(Operated by the State of CT)

780 Summer Street

Stamford, CT 06905

General information: 203-388-1600

Crisis services: 203-358-8500

## **MENTAL HEALTH RESOURCES**

Mental Health/Suicide Crisis Hotline (CT)

203-358-8500 24 hrs/7 days OR 911

Mental Health Department (NY)

914-995-2000

Mental Health Services (NJ Mental Health Cares)

866-202-4357

Mental Health America (National)

800-969-6642

### **Depression & Bipolar Support Alliance**

800- 826-3632

<http://www.dbsalliance.org/site/PageServer?pagename=home>

## **THINKING ABOUT SUICIDE?**

**There is help available.**

Suicide Crisis Hotline (Fairfield County, CT)

203-358-8500

Suicide/Crisis Hotline (NY)  
914-347-6400

Suicide Hotline (National - Veterans)  
800-273-8255 Press 1

Suicide Hotline (National - Spanish)  
800-273-8255 Press 2

Suicide Hotline for Gay Teens (National)  
866-488-7386 24 hrs./7 days

CT Info-line  
Dial 211  
<http://www.211ct.org>

Photo Above from Microsoft



### **THE CAREGIVER RESOURCE CENTER**

We are specialists who assist seniors, people with special needs and their families in implementing ways to allow for the greatest degree of health, safety, independence, and quality of life.

The Caregiver Resource Center is unique in that we are available for our clients whenever and wherever they need us.

#### ***Some Benefits of Our Services***

- Well respected company serving the community since 1990
- Assistance for seniors, people with special needs, and families; who are dealing with health and mental health challenges
- All services are individually designed to meet the unique needs of the client & their family

- We are available 7 days a week by appointment, and 24/7 for client emergencies
- Our services are provided onsite across the continuum of care whether in the home, doctor's office, ER, hospital, assisted living facility, or nursing home
- Professional Support & Guidance
- Family Discussions & Mediation

**For more information contact**

Linda Ziac at 203-861-9822

*The information in this article is provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes. This information is not intended to be patient education, does not create any patient provider relationship, and should not be used as a substitute for professional diagnosis and treatment.*

*Please consult your health care provider for an appointment, before making any healthcare decisions or for guidance about a specific medical condition.*

---

*Linda Ziac is the owner and founder of The Caregiver Resource Center. The Caregiver Resource Center is a division of Employee Assistance Professionals, Inc. which Linda founded in October 1990. The Caregiver Resource Center provides a spectrum of concierge case management and advocacy services for seniors, people with special needs and families.*

*Linda's professional career spans more than 40 years in the health and mental health field as a CT Licensed Professional Counselor, CT Licensed Alcohol and Drug Counselor, Board Certified Employee Assistance Professional, Board Certified Case Manager, and Board Certified Dementia Practitioner. In addition, Ms. Ziac has 15 years of experience coordinating care for her own parents.*

*Linda assists seniors, people with special needs and their families; in planning for and implementing ways to allow for the greatest degree of health, safety, independence, and quality of life. Linda meets with individuals and family members to assess their needs, and develop a Care Team, while working with members*

*of the Team to formulate a comprehensive Care Plan (a road map).*

*Once a plan is in place, Linda is available to serve as the point person to monitor and coordinate services, and revise the plan as needed. This role is similar to the conductor of an orchestra; ensuring that there is good communication, teamwork, and that everyone remains focused on the desired goal.*

**The Caregiver Resource Center • Greenwich, CT**

**[www.CaregiverResourceCenter.com](http://www.CaregiverResourceCenter.com) • 203-861-9833**

Copyright © 2016 - 2018. All Rights Reserved.

If you prefer not to receive future emails of this type, please [Click Here](#), and then press send. Your email address will be removed, and you will not receive any further emails from The Caregiver Resource Center.

Linda Ziac, LPC, LADC, BCPC, CEAP, CCM, CDP  
President  
The Caregiver Resource Center  
Greenwich, CT  
203-861-9833  
[www.CaregiverResourceCenter.com](http://www.CaregiverResourceCenter.com)  
[LindaZiac@CaregiverResourceCenter.com](mailto:LindaZiac@CaregiverResourceCenter.com)