

Attitude Is Everything

Treating depression helps ease the burden of neurologic symptoms.

Attitude is everything. Pick a good one.” A friend recently shared this with me. It was her mother’s favorite saying and good advice for almost any situation. But it’s hard to have a good attitude when you’re not feeling well. It’s nearly impossible if you are depressed.

According to the American Psychological Association, the signs of depression include an inability to experience pleasure, lack of interest in activities you used to enjoy, problems falling or staying asleep or sleeping too much, loss of appetite or weight gain, lack of energy, low self-esteem, trouble concentrating, and suicidal thoughts.

Depression is common in many neurologic conditions. For example, depression occurs in 20 to 45 percent of people with Parkinson’s disease (PD), 41 percent of people with multiple sclerosis (MS), and 10 to 34 percent of people with stroke.

Left untreated, depression can make neurologic symptoms worse. For this reason, it is vital to recognize the signs and symptoms of depression in anyone with a neurologic disease.

Fortunately, depression can be treated in a variety of ways, such as with medication, psychotherapy and behavioral therapy, and exercise. All of these treatments are discussed in our story in this issue of *Neurology Now* about depression in patients with PD (“Not Just Tremor,” page 22).

Depression can have many causes. Identifying the factors that contribute to an individual’s depression is very important, as some may be treated differently. Sometimes depression occurs seemingly out of the blue, not due to any life stressor. Sometimes the trigger is more obvious, such as the death of a loved one, a new or worsening health problem, or financial difficulties. Depression can also be caused by the same problems in the brain that cause neurologic conditions. The disease processes that lead to tremors in patients with PD or flares in people with MS can also cause depression.

Antidepressants may help ease depression, although they do not work for everyone. Sometimes, medications ease depression enough for the person affected to benefit from psychotherapy and develop better ways of coping.

For example, many forms of psychotherapy help the affected person learn to develop resilience. Psychologist Elizabeth Lombardo, Ph.D., defines resilience as “realistic optimism, hardiness, determination, and self-confidence.” The March/April 2010 issue of *Neurology Now* featured a story on this topic: “Depression and Resilience” (<http://bitly.com/cUHetD>). A key factor to becoming more resilient (and happier) is to learn how to interpret life events less negatively—in other words, how to pick a better attitude,

to borrow the phrase from my friend’s mother. Doing so may help prevent the recurrence of depression in the future.

Psychologist Andrew Shatté, Ph.D., also suggests learning how to break a problem down into parts and determine which aspects you can solve. The idea is to fix what you can, give yourself credit, and let the rest go. Denise Tye, who wrote the Speak Up essay in this issue (“Holiday Spirit,” page 40) offers great examples of how she puts this advice to work.

The important thing to remember is that depression is potentially very serious—even fatal if suicide is contemplated. If you or a family member has the symptoms of depression, talk to a doctor. You can also call the National Suicide Prevention Hotline (1-800-273-TALK (8255)) for help.

Treating depression successfully can not only improve the symptoms of depression, it can make the symptoms of many neurologic conditions better, too. If you have experienced the effects of depression on a neurologic condition and how that changed with treatment for depression, please let us know. Email us at neurologynow@lwwny.com. Sharing your experience could make a great difference for someone else.

Take good care,



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