

Editorial

Are Doctors Victims of Depression in Secret?

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Editor

Doctors get sad, like anyone else. So how do doctors cope when sad days turn into weeks, even months? Are there unique factors that lead to physician depression? Are doctors different from the general population in the way in which they respond to depression? What treatments do doctors seek or avoid?

Here's what many depressed doctors do: Nothing. Or they try things that don't help.

First let us take a look at what exactly describes depression in itself. Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable. Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

Depression symptoms can vary from mild to severe and can include:

- o Feeling sad or having a depressed mood
- o Loss of interest or pleasure in activities once enjoyed
- o Changes in appetite— weight loss or gain unrelated to dieting
- o Trouble sleeping or sleeping too much
- o Loss of energy or increased fatigue
- o Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- o Feeling worthless or guilty
- o Difficulty thinking, concentrating or making decisions
- o Thoughts of death or suicide

Symptoms must last at least two weeks for a diagnosis of depression.

Also, medical conditions (e.g., thyroid problems, a brain tumor or vitamin deficiency) can mimic symptoms of depression so it is important to rule out general medical causes.

Depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will experience depression at some time in their life. Depression can strike at any time, but on average, first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime.

Now let us go through a few of the most common risk factors for depression.

- 1) A failing marriage. A relationship on the rocks is destabilizing for anyone, yet physicians are more likely to lose marriages to spousal neglect. Doctors don't have predictable 40-hour work weeks. With erratic schedules requiring weekend and evening call, physicians routinely miss family events, kids' activities, and holidays.
- 2) Social isolation. Loneliness may lead to depression in anyone, and physicians are at high risk for social isolation. Frequent moves during training and working 80+ hour work weeks leave little time for friends or family. Even when not working, doctors are talking about medicine, thinking about patients, studying for board exams, or gathering continuing medical education credits.
- 3) Being a physician is an independent risk factor for social isolation in itself.
- 4) Death of a spouse. Physicians are uniquely affected by the loss of a life partner, because they have had less time to develop a support system than the general population. The death of a spouse can be a particularly devastating event for male physicians, who appear to be at higher risk for depression because they often rely on their marital partners

for emotional support and are more challenged to ask for help or be vulnerable with friends or colleagues compared with female physicians.

- 5) Financial distress. Although doctors have greater earning capacity than the general population, they often save less and spend more on student loans, cars, and homes, owing to family and cultural expectations. Many physicians are financially preyed upon by unethical employers, other professionals, even friends and family who believe that "all doctors are wealthy." Physicians can also make poor financial decisions, further exacerbating their inability to build a nest egg until much later in life than most. Some still have student loan debt into their 50s or 60s and have saved little for retirement.
- 6) Childhood trauma. Early sexual, emotional, and physical abuse increase the risk for depression for all.
- 7) Family history of depression. Both nonphysicians and physicians whose parents suffer from depression are at increased risk of developing depression.
- 8) Retirement. A major life event, such as retirement, can lead to depression in many people—yet when one's identity is wrapped so tightly around a career, as it is for a doctor, the depression may be far worse.

Now, when encountered with such an obstacle in life, What Do Depressed Doctors Do? Do they just go to the doctor? Most don't. Many doctors do nothing. Medical training teaches us to "suck it up," so help-seeking is not a well-honed skill among doctors. Many lack self-awareness that they are suffering from depression. And those who do take action rely on several Self-treatment Strategies

- 1) Self-distraction.
- 2) Self-soothing. Cooking and overeating may transiently ease depressive symptoms. Dark chocolate is favored, followed by other sugary snacks, such as donuts and pastries at nurses' stations and clinic break rooms.
- 3) Self-care. Some docs are chronically sleep-deprived, so sleeping in or relaxing on vacation is their go-to self-care strategy. Obsessive exercise is also extremely popular among doctors. Beware: Cross Fit, running marathons, or power lifting, although great for depression, may turn into an addiction and lead to injury.
- 4) Others read self-help books, pray, meditate, do yoga, sing, dance, listen to music, or play with kids/pets. Some docs keep a stash of thank-you cards from patients that they read when depressed. Remembering grateful patients is a form of self-affirmation that rebuilds confidence and self-esteem.
- 5) Taking up new Hobbies. Many physicians throw themselves into obsessive crafting to treat depression.
- 6) Emotional release. Physicians have disclosed crying under their desks between patients, closet crying, and crying themselves to sleep in the call room.
- 7) And finally Self-prescribing. Whereas some docs write their own prescriptions, others steal drug samples from their office or buy them on the Internet so that there's no record.

Sadly, many doctors continue to suffer with untreated or poorly treated depression, owing to fear of seeking treatment in a medical environment that stigmatizes and punishes physicians with mental health issues. In fact, many physicians experience occupationally induced depression, and those who have non-career-related risk factors for depression seem more likely to suffer from depression than the general population, owing to the tremendous self-sacrifice required of our doctors.