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Chapter 1

Life Is Not a Psychiatric Disorder or Just Because You're Depressed, Doesn't Mean You Have Depression

It's Not Depression

For Carolyn* it began after the birth of her second child. With two babies only 16 months apart, she began to feel like her life was out of control. "Here I was trying to care for a two-month-old and an 18-month-old and every day felt like a struggle," she recalled. "I didn't feel depressed exactly. It was more like I was overwhelmed with too much on my plate. It all made me feel a bit stressed and anxious." (*Names have been changed to protect the privacy of the patients.)

After struggling to get through the next four months, she decided to tell her internist how she was feeling. He immediately recommended that she go on Prozac, telling her she had post-partum depression. "At first I resisted because of the stigma that is attached to this diagnosis, but after some thought, I realized I needed help and nothing else was being offered," she explained. So she decided to try the drug.

Carolyn felt better at first but she never got enough relief from the drug. So a few months later, after the holidays when her youngest was a year old, she decided to stop the drug cold turkey. "No one had been monitoring me or telling me that you need to wean yourself slowly from the drug," she said. "They never did any kind of follow up." But the symptoms became more pronounced, so she went back on the drug. When she saw her obstetrician a few months later, she told him about her symptoms. He recommended that she double the dose of Prozac from 10 mg. to 20 mg. in order to get more relief.

After eight months on the higher dose, she decided to get pregnant with her third baby so she went off the drug again. And again, not knowing the dangers, she did it cold turkey. When she was five months into her pregnancy, she told her obstetrician that she was concerned about a repeat of the post-partum depression. He recommended that she go back on the 20 mg. of Prozac at that point so that the drug would have more than the four to six weeks to build up in her system. She delivered and nursed her baby while taking the drug. From that point, Carolyn stayed on the drug for two years although occasionally trying to stop it saying that "the drug was not working very well." Even though the drug was less effective, she seemed to feel worse when she wasn't taking it.

When she told her obstetrician that she was not happy being on Prozac and that she had concerns about the stigma associated with it, the doctor tried to prescribe her something else. But it was just Prozac under a different name, Sarafem. When Carolyn told him she knew that the drug was Prozac, he admitted to trying to disguise it, telling her that she was smarter than the average patient.

He offered no other options. Consequently, the same cycle continued to repeat itself. Carolyn would take the drug for awhile, decide to go off it, but return to the prescription when the absence of the drug made her feel worse. Then a series of frightening and debilitating symptoms began to take control of her life. First, she began experiencing horrific joint pain. Her hip hurt the worst with the pain shooting down her entire leg. She couldn't sleep and could barely sit in a chair for more than a few minutes at a time. She saw an orthopedic specialist. Carolyn told the doctor that she was taking Prozac during her first appointment. The specialist did an MRI and x-rays but could find nothing wrong with her.

When she started experiencing chest pains, she rushed to the emergency room. After a frightening wait, the doctor reported that she had pleurisy not a cardiac-related problem. She was relieved. But the ER doctor was deeply concerned about the results of her blood test, which showed that her liver enzymes were elevated, often an indicator for some serious conditions. Carolyn was aware of the problem. Blood tests showing elevated enzymes began during her last pregnancy. Her obstetrician sent her to a specialist in diseases of the digestive tract. Carolyn told this specialist that she was taking the Prozac. He was concerned she had hepatitis but tests were negative. He recommended that she come back after the pregnancy to do some additional tests, which she did. He ran various tests including an MRI and sonograms of her liver. All tests had come back negative. The doctor wanted to do a liver biopsy but, because it is such an invasive procedure, he decided to watch her for a while first. She saw the doctor every six weeks. During that time her enzyme levels bounced from normal to elevated levels with each test. At the same time, Carolyn was going on and off Prozac trying to stop the drug. The doctor called her condition a mystery.

Carolyn suffered great fatigue and does not know how she managed to take care of her children. "I never felt good. I couldn't get out of bed. I had to take two to three naps a day. I literally couldn't stay awake," Carolyn said "If someone offered to pay me $1000 to stay awake for 15 minutes more, on some days, I just couldn't do it."

Then in the most insidious way, she began to experience problems with her vision. "I couldn't read signs that were far away like in the aisles at grocery stores." Because the problem occurred sporadically, she ignored it until the day she was driving alone to another city to pick up her children. "I started having trouble seeing and by the time I got to my destination, I couldn't see out of my right eye. It was all blurry and painful."

Carolyn was terrified. When she returned home late Friday afternoon, she saw an optometrist immediately, trying to get help before the weekend started. The optometrist told Carolyn that she had the worst dry eye syndrome she had ever diagnosed. The doctor told Carolyn that her corneas were so badly scarred that the light could not pass through them. Although the doctor did not know what was causing her eyes to become that dry, it was critical to get moisture back into them in an effort to repair the corneas. Without delay, Carolyn began putting drops in her eyes. Later she worked with an ophthalmologist who used a prescription medication to help stimulate the moisture in her eyes. Although helpful, her condition never completely resolved, leaving her with some sensitivity and damage. She told the ophthalmologist that she was taking Prozac.

While trying to get her eye problem under control, new symptoms emerged. She began to lose her sense of smell and taste. With so many problems ravaging her body at one time, her doctor ordered an ANA blood test (anti-nuclear antibody test) which is used to help diagnose such autoimmune diseases as systemic lupus, scleroderma, Sjögren's syndrome, Raynaud's disease, rheumatoid arthritis, and autoimmune hepatitis. The test came back positive. She was diagnosed with Sjögren's syndrome which is a chronic disease in which white blood cells attack the moisture-producing glands. She was sent to a rheumatologist for steroid treatment. The doctor did a salivary gland biopsy, a painful procedure in which a small piece of salivary gland is removed for examination. It was thought that the biopsy would confirm Sjögren's syndrome but the results were negative.

"I was frightened and frustrated. The doctors could only offer me more tests which gave us no answers and more drugs which did not help me feel better. I was still extremely fatigued and feeling terrible," Carolyn said.

Then Carolyn brought her daughter to see me at The Block Center. While listening to my explanation of how I would approach her child's health problems, Carolyn had what she called "an epiphany."

“I felt like Dr. Block would help me figure out what was really wrong with me instead of offering me more drugs. So I made an appointment to see her for me,” she said.

As she had done with all the other doctors, Carolyn told me about all of her symptoms and that she was taking the drug Prozac. I picked up the Physician Desk Reference (PDR), a large book which reports the effects and side-effects of drugs. When I showed Carolyn the list of symptoms that Prozac can cause, all of her mysterious symptoms were there. Rather than coming off the drug “cold turkey,” which can be dangerous, I helped Carolyn slowly stop using the Prozac. One of the dangers of dramatically stopping the medication is that the uncomfortable symptoms the sudden deprivation causes will make a dependent patient want to go back on the drug.

Once safely off the drug, Carolyn’s debilitating symptoms stopped. Here energy level improved and her back and joint pain resolved. Within four weeks her vision returned. Once she was stable, I turned my attention to the underlying problem that had caused Carolyn to go on Prozac in the first place. She had felt tired and overwhelmed. She was a new mother of two children less than two years of age at the time she was first prescribed Prozac.

I suspected that Carolyn’s problem was due to the extreme hormonal changes a woman goes through during and after pregnancy but most of her symptoms seemed to point to the thyroid. After running a comprehensive thyroid test, my suspicions were confirmed. Carolyn was hypothyroid, that is she had low thyroid levels which causes a slowing of the metabolism. This can lead to multiple symptoms including fatigue, depression, weight gain, insomnia, arthritis and rheumatic complaints, low sex drive, infertility, and skin problems.

Within three days of starting the thyroid replacement therapy, Carolyn was back to her old self. “I’ll never forget. I think it was Thursday I started taking the thyroid medicine and when I woke up Sunday morning, I had a new lease on life. I felt wonderful,” Carolyn said. “The fatigue lifted. I remember that Sunday was the first time I hadn’t taken a nap in probably a year. I was productive and able to get so much done. I really felt great.”

Carolyn recalled how during her final visit to the rheumatologist he had given her a prescription for sleeping pills saying that her fatigue was a result of not getting enough sleep at night. Carolyn had told him that she was sleeping all night as well as napping all day. Still he told her take the sleeping pills along with the Prozac and she would feel better.

“I want to speak out about what happened to me,” Carolyn said. “I wouldn’t want anyone to ever feel as bad as I did. I was not properly followed while on the drug and I didn’t know the risks and dangers of quitting cold turkey. I wouldn’t want any new mother to take a drug like Prozac during their pregnancy or while nursing when all they have is a hormone imbalance.” Carolyn said that no doctor had performed a thyroid test on her during her pregnancies.

The number of adults who have been misdiagnosed with depression and are taking psychiatric drugs who come into my practice shocks me. Many women are being misled into thinking they have a psychiatric problem when it is actually a hormone imbalance that can be treated with natural, bio-identical hormones. Women should not be subjected to prescription antidepressants that come with the risk of serious side effects such as suicidal tendencies, heart problems and even death when their problem is actually hormonal.

Low thyroid levels and hormone imbalances are two of the most common causes of depressed feelings that are often overlooked. Only with a thorough history and a complete physical exam and lab tests can the true underlying medical causes of symptoms be diagnosed. Handing over a prescription after simply listening to the chief complaint is not sufficient. No patient should be treated that way yet I hear of experiences similar to Carolyn’s every day in my practice.

Another woman had been taking Zoloft for 5 years. No thyroid test had ever been performed even though she had been pregnant and nursing while taking the Zoloft. If the test had been done, the doctor would have found what I did when I did a thorough thyroid evaluation. Every single thyroid marker was extremely abnormal. Her TSH (Thyroid Stimulating Hormone) was 76.2. Normal range is 0.4-5.5. I have never seen anyone with that high of TSH. Going through a pregnancy with a low thyroid condition like this placed her baby in extreme danger of mental retardation. And of course, the mother in danger of severe depression.

Being Depressed Is Not an Antidepressant Deficiency.

According to the FDA, an estimated 157 million prescriptions for newer antidepressants were dispensed to patients of all ages in the U.S. in 2002. (Home News Tribune, 8 March 2004) In that year an estimated 10.8 million prescriptions for the most widely used antidepressants were dispensed for patients under 18 years of age. (Mathews, A., 2004) Researchers at Washington State University found the rate of antidepressant prescriptions for children and adolescents more than tripled in the U.S. from the early 1990s to 2001. (Mathews)

From my own clinical experience I believe this can be attributed to a failure to order appropriate medical evaluations. The majority of my female patients who have been diagnosed with depression, post-partum depression, anxiety or PMDD (Premenstrual Dysphoric Disorder) and who have been prescribed psychiatric drugs do not have a psychiatric disorder. Normal life experiences or underlying medical problems actually lie at the heart of their symptoms.

Some Research Indicates SSRI'S May Increase Your Cancer Risk

Women taking antidepressants, especially SSRI's, may have a 7-fold increase in breast cancer risk. (Cotterchio, Am. J. of Epididemiol).

One woman with whom I was talking was dying of cancer. She was taking an antidepressant. At the time of her diagnosis she had a one-year-old son. She had been fighting for her life for four years and she told me she had never shed a single tear. Thanks to the antidepressants she was not able to feel.

In a sense she could not grieve the loss of her own life or the loss of the opportunity to see her son grow. I believe at the same time the drug robbed her of this natural sadness it also deprived her of the strong emotional feelings she needed to fight her cancer.

When my mother was diagnosed with inoperable lung cancer and was given two months to live, I had her undergo a number of therapies along with radiation and chemotherapy. One component of her treatment was visualization, actively seeing herself fighting the cancer and driving it from her body. Had she taken antidepressants, I believe she would not have been able to wage an active war against her disease.

I also believe this ability to fight led to my mother's complete recovery. Four months after receiving a death sentence, she was pronounced free of cancer. She had no surgery. The disease, which originated in her lungs, had already spread. Her doctors believed that the treatment they offered to her would, at best, extend her life for a few more months.

No one believed that she would be cured. Now, sixteen years later, she has continued to be free of cancer. Then, had she been prescribed an antidepressant, I might not have known to stop her from taking it. I was a new doctor, out of medical training only six months. We cannot know if an antidepressant would have impeded her recovery but now, given my years of experience, I don't believe it would have helped.

Mental Illness, What Is It Anyway?

Mental: Pertaining to the mind
Illness: A condition marked by pronounced deviation from the normal, healthy state.
Mind: The psyche, the faculty or brain function, by which one is aware of his surroundings and by which one experiences feelings, emotions and desires, and is able to attend, reason and make decisions. (Dorland's Medical Dictionary, 23rd Edition)

Given the above definition "mental illness" would mean, "A condition of the mind (psyche, faculty or brain function) marked by deviation from the normal healthy state." Who is deciding what a normal state is? There is no lab test or x-

ray to prove a diagnosis of mental illness. I have a problem with the terminology and with the fact that people are being labeled with mental disorders in the absence of a proper medical work up.

Suffering people find a diagnosis and the prospect of a treatment for their problem comforting. They don't question the doctor, the diagnosis, or the resulting prescription. Without a complete physical exam and lab work a doctor simply cannot know what is wrong with an individual. When a new patient tells me they have been given a psychiatric diagnosis under these circumstances I cannot help but feel their previous doctor didn't know enough to find out what was wrong or was too lazy to try.

Invented Disorders

In his book, The Myth of Mental Illness, Psychiatrist, Dr. Thomas Szasz (2003) wrote:

> It is important to understand clearly that modern psychiatry—and the identification of new psychiatric diseases—began not by identifying such diseases by means of the established methods of pathology, but by creating a new criterion of what constitutes disease . . . whereas in modern medicine new diseases were discovered, in modern psychiatry they were invented. (p. 12)

By a show of hands, psychiatry votes on and establishes new rules to define "normal" and to diagnose "depression."

> According to the American Psychiatric Association, individuals who "have depression" must have their depressed symptoms for at least two weeks. The symptoms cannot be due to other physical conditions or illnesses nor can they occur as the result of unexpected side effects of medication or substance abuse. (APA, 2000, p. 349)

No one has made clear what criteria led to the determination of this short, two-week period. It seems to imply that the sadness resulting from a death in the family or from some other life crisis should pass in fourteen days. Given this expectation, anyone who doesn't shape up in two weeks gets the psychiatric label and the accompanying prescription for the antidepressant – without having enough time to get an evaluation of the overall physical condition (providing the diagnosing doctor even thinks to order such a work up).

Psychiatry Is Subjective

Psychiatry has no objective basis to evaluate mental "disorders." If a physical cause can be found for a psychiatric disorder, the disorder ceases to exist. Since the American Psychiatric Association (APA) states the symptoms cannot be due to other physical conditions or illness, shouldn't that imply that the diagnosing doctor actually evaluated the patient for these other physical conditions or illness? I find this rarely occurs. I don't think psychiatric labels should be used at all. At best they can only be employed as a diagnosis of exclusion, when every other possible medical condition has been evaluated and ruled out. That rarely occurs. More often than not when the tests are performed a physical cause can also be detected.

When you have a headache, you take an aspirin. If the headache goes away, you don't worry any more about it. If it doesn't go away, do you assume you have a mental illness? Of course not, you try to find out why you are having a headache. Am I under stress? Have I eaten today? Are my allergies acting up? Is it my hormones? Is it high-blood pressure or a tumor? No one assumes a headache is a mental illness. You go looking for the real cause of the pain to fix it, not to mask it.

Autism Is Not a Psychiatric Disorder

When doctors don't know or don't take the time to find out what's wrong with a patient they often say, "It's all in your head," resorting to an informal version of the mental illness diagnosis that addresses only symptoms not causes. The manner in which physicians have dealt with autism offers a good example of this kind of flawed medicine.

Doctors originally couldn't find a reason for the symptoms exhibited by "autistic" children and so resorted to labels. At first the condition was considered a result of "Cold Mother Syndrome," shifting the blame for the child's problems onto poor parenting. Once such labels are applied they are hard to remove. Even though physical and medical problems have subsequently been found as possible causes of autism, for the past sixty years doctors have persisted in considering the condition to be psychiatric in nature.

I believe the initial application of the psychiatric label has actually kept the medical community from delving more deeply into the true medical causes for the symptoms autistic children present. Only in the last ten years has that begun to change as doctors like me are looking for and treating possible medical causes thus allowing children to see improvement or in some cases to recover from their symptoms. Conditions like heavy metal toxicity, nutritional deficiencies, auditory and visual processing problems, allergies and gastrointestinal problems can be possible causes. In the absence of the autism label, these advances might have occurred earlier and many more lives would have been saved from the consequences of the psychiatric diagnosis.

ADHD Is Not a Psychiatric Disorder Either

A similar reaction by the medical community has been applied to the attention and behavior issues that psychiatry has lumped into the label Attention Deficit Hyperactivity Disorder (ADHD). In evaluating children labeled and subsequently medicated for ADHD I have found real medical and educational reasons underlying their problems. When you treat the real cause you eliminate the need for the psychiatric label or for inappropriate medications. I have written extensively on this subject. For more information see my book, No More ADHD. (Block, M. A., 2001)

TeenScreen

In 2004, President George W. Bush signed a law that would provide funding for mental health screenings and drug recommendations based on a program designed in Texas by drug companies. The program, TeenScreen, already active in 43 states, uses incentives like free movie passes to encourage students to participate. (*Fight for Your Health, Exposing the FDA's Betrayal of America*, Byron J. Richards, Wellness Resources Books, 2006 p. 34)

Under this program schools have the right to use "passive consent." If your child does not return a form bearing your signature specifically forbidding the testing, it can be conducted without your permission. Lured by the promise of the reward, the child may never give you the form. Before you even know what is happening, your child could receive a psychiatric diagnosis and a drug recommendation.(*Fight for Your Health*, p. 34)

Mental Health Parity

Psychiatry has attempted to equate both mental and medical illness with mental and medical treatment. Some current laws require insurance companies to pay for mental and medical illness equally, which concerns me. High blood pressure, cancer and diabetes all have objective criteria. Mental illnesses do not. To require insurance companies to pay for something subjective could incur considerable costs. Any psychiatrist could say that anyone has a mental illness for any duration of time and no one could prove otherwise.

Who's Making the Money?

If a drug exists to mask symptoms of so-called mental illnesses, financial incentives exist to keep its use the status quo and to insure a market for its continued use. If medical causes for "mental" symptoms were found, the use of psychiatric drugs would be inappropriate. For that matter such findings would also invalidate the need for the psychiatrists themselves.

Both autism and ADHD, labeled as psychiatric disorders, have real medical and educational issues underlying the symptoms. The same is true of depression and calls into question the widespread use of antidepressant drugs to treat a psychiatric label rather than the true causes of a patient's suffering.

Fix It, Don't Label It

As a physician my job is to find the reasons for symptoms and if possible to fix them. Perhaps some people are content to have their symptoms only covered up with prescription drugs, but I think most would prefer to have the underlying cause accurately identified and remedied. At best psychiatric drugs only mask the problems, but there are cases in which the drugs can make the problems worse or cause new and potentially more serious issues.

Recently, I saw a young woman in my office who had been diagnosed with ADHD when she was younger and then later labeled as autistic. No lab work had been performed. She initially received a prescription for Ritalin and then an antidepressant for compulsive-like symptoms.

Ritalin, a substance akin to "speed," may have caused the compulsive symptoms but rather than discontinue the first drug and monitor her progress, the doctor added an antidepressant, which made the woman so groggy she could hardly stay awake during the day. Although a typical side effect of the antidepressant, the doctor administered a third drug for the extreme drowsiness. The three drugs he selected have never been tested together and each causes many of the same potential side effects including possible heart damage. Three drugs mean three times the risk.

No one listened to her heart. No one performed an EKG before the prescription was issued. No one evaluated and monitored her while she was taking the drugs. And no one ever looked to see what the true medical cause of her symptoms could be before exposing her to all those potential risks.

What's Your Doctor's Specialty?

As a patient, before you decide if a treatment is right for you, consider the specialty of your doctor. You can take the same symptom to five different specialists and come away with five differing opinions. Take a child with an ear infection to a pediatrician and you will probably get an antibiotic. An ear/nose/throat (ENT) doctor, who is a surgeon, might recommend surgery, placing tubes in the ear canal. An allergist might recommend an antihistamine and allergy testing.

A psychiatrist who sees an irritable child with problems focusing and who doesn't perform a physical exam to look for an ear infection might diagnose the child as ADHD. If I see the child and find the ear infection, I would recommend removing dairy products from the diet and instruct the parents in the performance of gentle, osteopathic manipulation to help drain middle ear fluids.

Even with the differing approaches to combat the problem, each of the doctors, me included, would have all done a physical exam. The psychiatrist usually does not. His diagnosis would be based on subjective symptoms alone.

"Psychiatrists Don't Do Physical Exams"

While I was a guest on *The Montel Williams Show*, another guest, a psychiatrist, told the American public plainly, "Psychiatrists don't do physical exams." Based on what my patients tell me, this would seem to be the common practice. Psychiatrists went to medical school. They are licensed physicians. Surely they learned to do a physical exam. It was a prerequisite for everyone in my medical school class. And yet psychiatrists routinely do not look for physical underlying causes for the symptoms with which they are presented. The only conclusion I can draw from this information is that psychiatrists must assume that if patients come to them they do so because they are mentally ill. The assumption guarantees the resulting diagnosis.

Not Just Psychiatrists

Unfortunately, psychiatrists aren't the only ones practicing this passive form of medicine. Far too many internists, gynecologists, pediatricians, neurologists and family practitioners simply listen to a set of symptoms and hand over a prescription. All too often the prescription is for a psychiatric drug.

No one would settle for this kind of care for his or her automobile. When we take a car to a mechanic we expect him to pop the hood and look at the engine. We don't put oil in the car without checking to see if the level is low. And yet we trust a psychiatrist who does not perform a thorough evaluation – no physical exam, no lab work – to hand us a

drug, which we take with complete faith, most often in complete ignorance of its effects and potential side effects. Why would someone take better care of their car than they do of their body?

A Chemical Imbalance Is Not a Psychiatric Disorder

Psychiatry refers to many disorders as a "chemical imbalance." Both they and the pharmaceutical companies seem to imply that chemical imbalances validate the existence of psychiatric disorders. The chemicals to which they are referring, neurotransmitters, function in the body to communicate information nerve to nerve. Their levels normally fluctuate. We change the balance of our neurotransmitters every time we smile or frown. They are different when we are angry, frustrated, sad or happy.

If we do have too much of one neurotransmitter or too little of another, it does not mean we have a psychiatric disorder. These chemicals can become imbalanced as a result of thyroid or adrenal problems, nutritional deficiencies, allergies, low blood sugar, pain or any other medical problem or from a medicine side effect.

Feeling Sad or Depressed Is Not A Psychiatric Disorder

The reasons a person can become depressed are too numerous to list. Sometimes specific situations such as the loss of a loved one or some other tragic event trigger the depression. Some times people feel depressed because their bodies don't work properly. Depression is a normal response to death or loss, not a psychiatric disorder warranting medication.

The painful feelings represent the depth of our love for the person lost. To dampen those feelings does a disservice to the loved one and to the person who suffered the loss and needs to grieve. My grandmother died more than 30 years ago. She and I were close and her death was extremely painful to me. It still is. It took me a long time to stop crying every day. Even now as I write of her my eyes fill with tears. I don't cry because I am depressed but because I loved her and miss her dearly. My tears symbolize the strength of those feelings and the extent to which I treasure the time we had together.

Studies have found that crying can be healthy for us and not crying can be harmful. When I think of my grandmother now I don't feel depression but a mixture of pleasurable memories and painful loss, and with that the tears come. They are a more complex response than what the term "depression" can explain away. I would never want to lose those strong feelings and I would not want to take a pill that would not allow me to feel either love or loss.

Dr. Dear Abby

Everyone seems to be getting into the act of labeling people with psychiatric disorders. Even *Dear Abby* seems to push people to see psychiatrists and to take psychiatric drugs.

In one letter to *Dear Abby* that I recall reading, a young woman wrote that she was "tired all the time . . . I am overweight . . . completely burned out . . .. Maybe I should just lie down and die." In her reply, Jeanne Phillips said the young woman was exhibiting signs of depression and should seek treatment (Phillips, J., July 5, 2003, p. 2F). This woman's symptoms could have been from low thyroid, adrenal fatigue, hormone imbalance, nutritional deficiency or even a brain tumor. Instead of zeroing in on depression as an easy answer, Phillips could have given her more sound advice: see a competent physician for a thorough evaluation to find out the real cause of the symptoms.

In another *Dear Abby* letter, a mother wrote that an uncle, a diagnosed schizophrenic, told her that her son had symptoms of mental illness. The mother wanted to tell the uncle to mind his own business. Phillips responded to the woman saying, ". . . mental illness can be genetic" and advised her to have her son evaluated (Phillips, J., Nov. 26, 2001, p. 4D). I believe she did the child a disservice by not suggesting a full medical exam but instead skipping straight to the psychiatric route.

The subjective nature of so-called psychiatric disorders also makes it impossible to objectively prove that they are genetic. Many of the medical problems that cause someone to feel depressed are genetic but it does not follow that mental illness is genetic.

In all fairness, however, Phillips' advice may be improving. I recently read a column in which she told a woman that it sounded as if she suffered from "postpartum depression," a condition caused from a hormone imbalance. Though Phillips still applied the label "postpartum depression" to a condition more accurately diagnosed directly as "hormone imbalance," she did at least link the two.

Depression Is Not Genetic

Often a patient tells me they are being treated for depression, that their mother had the same problem, or that depression "runs in the family." Somewhere along the way some doctor told them depression is genetic. It's more likely that the whole family suffered from "genetically" deficient medical treatment, the kind we've been discussing, that is characterized by insufficient evaluation and testing. As a result, generations of women lived and live with the belief that their genes predetermine their "mental" state.

The text of the *Diagnostic and Statistical Manual* supports this position by saying "a family history of depression would suggest a diagnosis of Major Depressive Disorder rather than a Mood Disorder Due to a General Medical Condition." (APA, 2000, p. 184) The tone of the phrasing in the DSM would indicate that the family history clinches the diagnosis, no need to look any farther or to consider possible medical factors.

When I think about family genetics as predicative of medical outcomes I remember one of my professors, Kim Korr. Both his father and grandfather died in their forties of heart disease and he expected the same fate. Instead of waiting to die, however, he began to exercise and to eat healthy and lived to be over 100.

Today, because of the human genomic project we have the capability to truly look at our genetic heritage. There are two things necessary for us to inherit and to manifest certain health problems, the genetic predisposition and an environmental insult. Certain genetic predispositions are controllable. If we know we are predisposed, we can take steps to prevent the problems from occurring.

It would appear that people who experience drug side effects have a genetic predisposition for the problem in question whether they know it before taking the drug or not. Considering the role of genetic predisposition in the overall medical assessment lessens the randomness of the risk of such side effects. Simple blood tests can now help doctors predict which of their patients should not be given certain drugs. An understanding of a patient's genetic history *contributes* to a diagnosis but it does not *suffice* as a diagnosis on its own.

Find Information For Yourself

Before allowing a doctor to make assumptions based on the criteria in the DSM for diagnosing depression or falling victim to the assumption that depression (or any other condition) is genetic, educate yourself via the Internet and through the resources available at your local library. Have enough independent information and understanding to evaluate what your doctor is or isn't telling you.

Drug companies are successful because their products can deliver quick results, but being truly healthy takes a lot of work. Lifestyle changes may be in order. Many people don't want to be bothered with those kinds of changes. It's easier to take a pill and just feel better. Unfortunately quick fixes usually last only in the short term. Long-term resolutions mean receiving real medical evaluations and developing a commitment to making necessary and recommended changes.

The Medical Journals

In the journal, Osteopathic Family Practice News, (2002) Dr. Gregory James asserted that all adults should be "screened" for depression or anxiety during their periodic physical exams. He wrote that a nurse or medical assistant

could do the screening. Such tell-tale signs as changes in hygiene, avoidance of eye contact, and responses to key questions were cited as potential indicators of depression. (James, 2002)

In fact, the article said that neither a physician nor a nurse was required to make the diagnosis. The patient himself could complete a questionnaire. The author referenced screening forms that could be used. These documents do not constitute a medical exam. They cannot be equated with lab tests or an MRI. They are only lists of symptoms to which the patient replies in the positive or negative. (James, 2002)

The article identified risk factors for depression present in various diseases, conditions, situations, environments and professions. The author contended that genetics play a role because certain personality types are more prone to depression. Other contributing factors could include cancer, chronic pain, weight loss or gain, disability, sexual dysfunction, gastrointestinal problems, heart diseases, vitamin deficiencies, hormonal imbalances, and alcohol or drug abuse. (James, 2002)

In addition the author identified certain drugs such as blood pressure and anti-Parkinson medications, tranquilizers and others as increasing the risk of depression. He then described what he believed to be common symptoms of depression: fatigue, headaches, pain, sexual dysfunction and gastrointestinal problems were included. The author first wrote that these were physical symptoms that place one at risk for being depressed then turned around and named them again as actual symptoms of depression. (James, 2002)

This circular reasoning presents a real problem. If the symptoms of a medical condition cause depression the physician would have to ignore that condition in opting to treat the depression with a psychiatric drug. That's simply bad medicine.

A nurse who works with the elderly population told me she felt there were not enough psychiatrists specializing in geriatrics. She went on to say that a man she knew began to have mental status changes. He was diagnosed with Dementia, a psychiatric diagnosis. The man was actually having a heart attack and was misdiagnosed with Dementia. This is why I am glad there are not more psychiatrists working with the elderly. The man needed a medical work-up, not a psychiatric label.

In "Understanding Depression in Women," Tanya Gregory (1999) wrote:

> Primary care physicians are becoming increasingly adept at identifying depression, although attributing a patient's symptoms to stress, anxiety or a physical illness when depression is the real cause is still a common mistake.

Gregory would seem to think finding and treating the actual physical problem to be a mistake. The article suggests that doctors not mention mental illness to their patient, but rather ask less confrontational questions first, "to show that you are actually listening to the patient and taking complaints seriously rather than leaping to the conclusion that she has no physical illness and the problem is all in her head." (Gregory, 1999)

Notice, she says to ask questions. She does not say to do a physical exam even though she implies earlier that there might be a physical illness causing the patient's symptoms. In fact, Gregory says that doctors are misdiagnosing by finding a physical illness and should diagnose depression instead. She appears to be telling doctors to pretend to be interested in their patients so the doctors will have more success in convincing the patient to take an antidepressant drug and that doctors should ignore physical signs and give their patients a diagnosis of depression.

This happened to my Mother when she saw a nurse practitioner in her doctor's office. When the nurse heard that my Dad had died recently, she immediately assumed my Mother was depressed. Though the nurse wanted to just prescribe an antidepressant, I insisted she do lab work on my Mother. My Mother had low potassium causing her symptoms. She did not have depression.

Gregory additionally suggests that if a woman does not wish to take a prescribed psychiatric drug such as an antidepressant, the doctor should try to convince her to take it by comparing the treatment to those for diabetes or hypertension. I have heard many doctors say, "If you had diabetes, you would take insulin, so taking an antidepressant for depression is the same thing." I strongly disagree. There is no valid comparison here. Diabetes and hypertension are real medical conditions that can be objectively diagnosed. Depression cannot. (Gregory, 1999, p. 32)

In Organic Psychiatry, The Psychological Consequences of Cerebral Disease, (Third Edition, 1978), William Alwyn Lishman wrote, "The more one suspects an organic basis for the patient's mental condition, the more important will be the physical examination." Lishman goes on to cite a 1989 study (Koran, et al) in which a thorough evaluation revealed that almost 40% of patients in the California mental health system suffered from an important physical disease. "Relevant conditions included organic brain syndrome, epilepsy, migraine, head injury, diabetes and thyroid and parathyroid disorders." (Lishman, 1978 p.95)

According to Lishman the causes of the organic reactions range from degenerative, space-occupying lesions (tumors) to trauma, infections, vascular conditions, epilepsy, metabolic or endocrine imbalances, toxic substances, heavy metal toxicity, oxygen deprivation, or vitamin deficiencies. (Lishman, 1978, p. 153) Some patients with purely depressive symptoms were found "to respond to thyroxin (thyroid medication) . . . [when] . . . other forms of treatment . . . failed." (Lishman, 1978, p. 154). Lishman also states "The correct appraisal of patients with organic psychiatric disorders is a test of both psychiatric and general medical skills." He specifically cites the importance of a detailed differential diagnosis. (Lishman, 1987, p. 176).

A Differential Diagnosis

The basic and fundamental way my professors taught me to practice medicine involved specific steps: thorough history, complete physical exam, differential diagnosis, and informed consent. A differential diagnosis refers to all the possible problems that might cause a set of symptoms. Informed consent means that the doctor must tell the patient of all possible causes and treatments for the symptoms and of any possible side effects of the recommended treatments. If a doctor does not have the time or does not know how to rule out various conditions the patient should be referred to someone who can do those things. Above all, however, the temptation to rely on a simple psychiatric diagnosis must be rejected.

An acquaintance of mine who was initially diagnosed with a psychiatric disorder and medicated accordingly became steadily worse during his "treatment." Finally he received the work-up that should have been done initially. An MRI showed the presence of a brain tumor. It was removed and his symptoms resolved. Had his doctor provided a differential diagnosis, a brain tumor, among other possibilities, would have been explored. The tumor would have been found earlier and the prognosis would have been better.

Hypothyroidism Often Overlooked

I believe hypothyroidism to be one of the most commonly overlooked medical problems. Women (and even a few men) come to me with a prior diagnosis of depression. They report having taken antidepressants, feeling better for a short while, and then experiencing all the same symptoms again with greater intensity.

A good case to illustrate my point involved a patient who had seen various doctors over a thirty-year period, had been prescribed various antidepressants, but continued to suffer from the same symptoms. I performed a thyroid test and found the real cause of the symptoms – with one test – after thirty years.

Some doctors will order tests, such as lab work for thyroid problems, and when the results are negative then assume the symptoms are "all in your head." I have found that the TSH, a single thyroid test does not constitute a thorough enough evaluation. (See Chapter 4)

In Organic Psychiatry, Lishman references many medical conditions that cause symptoms that look like psychiatric disorders. Unfortunately, having made those statements, the author follows a line of reasoning that contends that regardless of the medical conditions the symptoms are psychiatric. Never mind that once the physical condition is

treated the psychiatric “disorder” goes away, which clearly indicates the problem was medical all along. (Lishman, 1978, pp. 595-745)

Referencing work done by Michael and Gibbons in “Interrelationships Between the Endocrine System and Neuropsychiatry,” International Review of Neurobiology, (1963), Lishman lists potential underlying medical conditions including: hyperthyroidism, hypothyroidism, Cushing’s, Addison’s, diabetes, hypoglycemia, electrolyte disturbances, water depletion, sodium or potassium depletion, low calcium, low magnesium, low zinc, liver disorders, vitamin deficiencies, alcohol and drug (including prescription drugs) effects. (Lishman, 1978, pp. 5, 243-302, 514, 516, 519)

Conclusions

In the final analysis there is only one conclusion to draw. Just because you are depressed does not mean you have depression. Demand that your doctor perform the evaluations necessary to determine the true physical and medical conditions underlying your symptoms.