

DEPRESSION -

Don't kick the dog when you're down!

I have suffered from mild depression all my life but never really knew what it was until recently. I was just "in a bad mood", "down", "blue", or as my Dad used to say *'that girl needs a tonic'*. I would do things I would never normally do, things that made me ashamed and then lay on my bed and cry for days, too exhausted to do any of the things I normally enjoyed. And the worst part was the dark thoughts - "no-one would miss me if I was gone", "no-one loves me because I'm so evil", "I don't deserve to live"... And even worse, before I knew about post polio and my leg started getting weaker, my thoughts would race from one stumble to "being in a wheelchair" or "bed ridden", "a burden on my family". Then luckily I would come out the other side and not have any idea how bad it had been.



They say each person has a *'relapse signature'* and if you or some one close to you can learn to recognise it, you can stop things before they get too bad. My *'signature'* is that some minor thing goes wrong, like the dog knocks the bowl out of my hand, and my reaction is way out of proportion and I whack the dog and shout 'Bad Dog!' and the poor thing cowers. Then I feel really ashamed and guilty for doing it and start crying, etc, etc, etc. Now I recognise that initial feeling and try to do something about it.

I now know that depression is characterised by extreme tiredness, bouts of despair and negative thinking. It ranges from feeling low or sad to a debilitating illness. It is important to recognise the early symptoms because the illness quickly escalates into a loss of insight and control and feelings of guilt and lack of self-worth.

Symptoms of depression are:

- low mood, negative thinking, hopelessness
- loss of interest in most things - even taste
- loss of pleasure
- poor appetite and weight loss
- insomnia, waking at 2am or 3am
- fatigue, bone chilling tiredness
- trouble thinking and making decisions
- slowing down physically
- irritability, anxiety, tension
- guilt, self-blame, life is not worth living
- thoughts of suicide



I realised recently that since I have been taking the B6 as well as carnitine and other things Tessa's list told me I needed, I haven't been troubled with depression. Except, when I ran out of B6 and left it some days before getting another bottle, I found it rearing its ugly head again. As soon as I got back on B6 I was right again.

The main thing is for you and your family to recognise your *'relapse signature'* and start taking or increase your dose to prevent the downward spiral into depression.

"Me?? Depressed??"

Depression is not generally considered a great problem in post polio. Is it because we are so busy proving we can keep up with everyone else or is it just something we don't talk about.

HOW DO I KNOW IF I AM DEPRESSED?

According to "The Physician's Handbook of Clinical Nutrition" by H Osiecki 1998

- **any 4** of the below symptoms occurring with moodiness **for more than 2 weeks** can be classed as depression.

SYMPTOMS

- * emotional instability, irritable, excessive anger
- * sleep disturbance
- * loss of energy or fatigue
- * lowered self esteem or lack of confidence
- * thoughts of guilt, dwelling on the past, suicide
- * loss of interest in ordinary pleasures & activities
- * crying, pessimism, despair
- * difficulty in performing tasks
- * loss of weight or appetite
- * difficulty concentrating or making decisions

Other sources paint the picture - silent, withdrawn, apathetic, anxious, fatigue, inactive, childishly helpless, feeling useless, discarded, uncared for, burdensome.

At this rate we could all fit the bill sometimes!

CAUSES OF DEPRESSION

- * tension & stress
- * headaches & pain
- * nutritional deficiencies
- * digestive disturbances
- * grain intolerance
- * poor diet (incl too much sugar)
- * allergies
- * thyroid disease/ diabetes
- * winter seasons (low UV light)
- * prescription and recreational drugs
- * physical disorders (including lack of exercise)

Disability can predispose to depression simply because it reduces our ability to exercise!

Reduction in physical activity can lead to -

- # reduced cardiovascular health
- # reduced muscle & skeletal health
- # obesity
- # depression
- # premature aging

EXERCISE

Exercise increases the production of endorphins in the body. Endorphins alleviate pain, give the runner's "high" and increase feelings of happiness. (laughter increases endorphin production too so having a good laugh helps to alleviate depression)

Exercise also increases catechalamine production. These are neurotransmitters which include dopamine, noradrenaline and serotonin needed to combat depression. (anti-depressant drugs raise levels of these in the body too)

BRAIN NEUROTRANSMITTERS

Dopamine and noradrenaline increase alertness and so perk us up. Protein foods, including red meat stimulates production of these brain neurotransmitters. Vitamin B6, magnesium, carnitine, vitamin C are essential for these too.

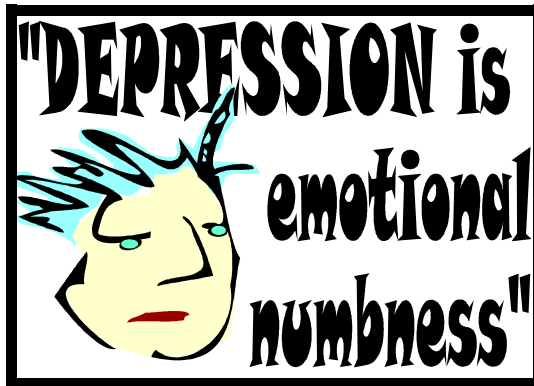
Serotonin has the opposite effect. It eases tension, calms the body and is derived from carbohydrate foods. (serotonin production needs B6 and magnesium too.) Serotonin is the precursor to melatonin production.

Again low **melatonin** leads to depression. The reason winter and dull days are more depressing is that melatonin production is lowered with insufficient sunlight (but needs dark at night to release it into blood stream.) So spending time in the morning sun helps to lift depression.

Acetylcholine is another neurotransmitter that can cause depression if low. Choline is a B vitamin needed for acetylcholine. This is often low in polios experiencing increasing muscle weakness

Glutamine is a neurotransmitter that elevates brain function and improves mood.

It increases mental alertness and is often low in post polio. Where muscle function is under stress, glutamine may be used to supplement energy production, leaving insufficient for healthy brain function.



BEATING DEPRESSION

New research presented by Dr David Horrobin from UK, at the Orthomolecular Medicine Conference held in Vancouver, Canada in April 2000 portends a dramatic non drug treatment for schizophrenia which will work for depression too.

FISH OILS

Four or five years ago I attended a lecture at Royal Perth Hospital, given by a colleague of Dr Horrobin. At this time research on fish oils as a treatment for ADD was presented. Now this same research centre shows that again fish oils are very important in maintaining normal brain function.

60% of the brain is composed of fatty acids. 80% of the myelin sheath (the outer insulation of nerve fibres) is fatty acids or phospholipid. Fish oils (EPA & DHA) are principal components and they attract the oxygen necessary for the chemical activities of these nerves and improve blood circulation in the brain. These omega 3 essential fatty acids are found primarily in cold water fish.

Most of us grew up on cod liver oil. We may not have liked it but, in fact, it kept us healthy in many ways, including a healthy brain. Dr Horrobin's research shows that EPA in particular is important. He advocates 2 grams daily (best as salmon oil). Fish for our diet high in EPA and DHA include herring, salmon, sardines and mackerel but will not be as effective as the salmon oil.

Five trials (incl double blind) conducted by Dr Horrobin (Peet, Glen & Horrobin 1999) using a particular fish oil high in EPA and low in competing substances show greater improvement than those achieved by standard anti-psychotic drugs, offering a new safe approach to management of mental illness. His book, "Phospholipid Spectrum Disorder in Psychiatry" 1999, Marius Press UK can be ordered at book shops or from Marius Press PO Box 15 Carnforth, Lancashire, LA6 1HW UK

VITAMIN B6

Other research shows that of people with depression, 79% are low in Vitamin B6. B6 and serotonin are both found to be low in people who are suicidal, have a low pain threshold, mood swings or are depressed.

B6 is essential for the conversion of many brain neurotransmitters. Low B6 affects the enzymes for nerve chemicals including serotonin and dopamine - can also lead to accumulation of toxic nerve chemicals that imitate nerves. Remember adequate carnitine levels are needed for B6 to work. Magnesium is needed too.

Check for other deficiencies like other B vitamins, zinc, manganese, potassium, amino acids and Vitamin C.

Blood pressure tablets - beta blockers and ACE inhibitors can cause depression. Ask your doctor to try a different sort of anti-hypertensive.

Depressed people often turn to food for comfort but certain foods increase depression. Sweet foods may lift the mood

temporarily but returns with a vengeance when effects wear off. Eliminating sugar and coffee will take 3 weeks to improve mood. There is a tendency to eat carbohydrate snacks. Vegetarians are more prone to depression due to low carnitine & B6.

REFERENCES

The Physician's Handbook of Clinical Nutrition, *Osiecki* 1998
Phospholipid Spectrum Disorder in Psychiatry *Horrobin* 1999
Modern Nutrition in Health & Disease *Shils et al* 1999
Nutritional Influences on Illness *Werbach* 1998
Hyperhealth CD ROM (Published Research info) 1998

Overcoming Depression

Take salmon oil

Take Vitamin B6

Take carnitine

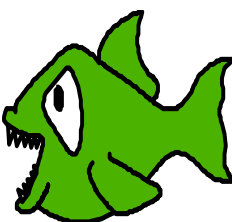
Avoid sugar, coffee, wheat

Take magnesium

Take glutamine

Exercise daily

Laugh a lot!



The greatest threat to life and health is having nothing to live for.

