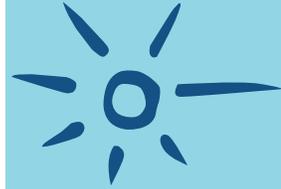


In the Mood



A Newsletter for the Friends of the Fuqua Center for Late-Life Depression
Wesley Woods Center of Emory University



Volume 2, Issue 1
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NATURAL DISASTERS, WARS, AND OTHER TRAUMATIC EVENTS CAN CAUSE UNDUE DISTRESS and worry for even the most calm and composed person. Reactions to disaster can begin directly after the event or many weeks later. Common responses to trauma include disbelief, anxiety about the future, sadness/depression, feeling powerless, crying easily, and difficulty concentrating.

These symptoms may occur after experiences like the terrorist attacks in 2001 or serving in World War II. In most cases, these feelings lessen over time and eventually subside. However, if they interfere with daily life and persist for more than six weeks, it could be time to seek professional care. Post-traumatic stress disorder (PTSD) is a psychiatric condition that occurs after experiencing or witnessing life-threatening events. According to the National Center for PTSD, the most frequently experienced traumas were witnessing someone badly injured or killed and being involved in a fire, natural disaster, life-threatening accident, or military combat. Symptoms of PTSD include reliving the trauma in nightmares and flashbacks, sleep problems, feeling isolated from others and feeling anxious or afraid when reminded of the trauma.

Treatment for PTSD includes educating trauma

survivors and their families about the disorder, exposing the patient to the event in a controlled environment to assess and overcome negative reactions and beliefs, examining and resolving feelings of guilt, shame or anger due to the trauma, and teaching coping skills. Several types of therapy can be used, such as cognitive-behavioral therapy (CBT), medications, group therapy and Eye Movement Desensitization and Reprocessing (EMDR). EMDR involves exposure therapy and CBT combined with other techniques that force the patient to stimulate the brain's information processing system.

Because PTSD commonly occurs with other disorders like depression, substance abuse, and anxiety disorders, the best results are obtained when coexisting disorders are treated at the same time. For more information, please call the Fuqua Center for Late-Life Depression at (877) 498-0096.

Helpful Coping Strategies for overcoming physical and emotional reactions to traumatic events

- :-) Reach out and interact with others, especially those who may have gone through similar trauma**
- :-) Talk about the experience**
- :-) Write about the experience, whether for yourself or others**
- :-) Exercise vigorously, like jogging or aerobics**
- :-) Do relaxation exercises like yoga or stretching**
- :-) Avoid over-use of stimulants like caffeine, sugar, or nicotine**
- :-) Participate in social activities you enjoy**
- :-) Involve yourself in music or the arts**





Fuqua Center for Late-Life Depression Director's Note

DEPRESSION COSTS THE UNITED STATES ROUGHLY 40 BILLION DOLLARS A YEAR IN HEALTHCARE COSTS AND LOST PRODUCTIVITY. ROUGHLY THE ESTIMATED COST OF A WAR WITH IRAQ.

The number of patients who die from suicide is approximately 30,000 per year or nearly 10 times the number who died in the World Trade Center tragedy. Despite these staggering figures, there still remains a stigma surrounding depression.

The Depression and Bipolar Support Alliance (DBSA) surveyed 12,000 adults and found a considerable gap between public perception of depression and

research indicating that treatment is safe, effective and can markedly improve an individual's long-term outcome. One in four people surveyed believed that individuals with mood disorders were dangerous, unable to form and maintain stable relationships, and should not hold positions of authority in fields like law enforcement or government. A majority of responders did not feel they needed more

information, but held such misperceptions as: 74% felt medications for treating mood disorders changed an individual's personality; 67% felt that the medications were habit forming; and 22% felt that taking medications for mood disorders is lazy. With those statistics, it's no wonder that less than 10% of older adults with depression receive adequate treatment. Education to address stigma should continue to be a priority in public health policy.

Call the DBSA for more information on this survey at (800) 826-3632.

William M. McDonald, M.D.

Director, Fuqua Center for Late-Life Depression

Who to call



To make an appointment at the Fuqua Center for Late-Life Depression, contact Shannan Hambrick at (404) 728-6302.

For more information on ECT at Wesley Woods, contact Jocelyn Porquez, FNP at (404) 728-6469.

For more information on the Fuqua Center or community education activities, contact Laura Britan, MPH toll-free at (877) 498-0096.

For more information on telemedicine, contact Eve Byrd, FNP, MPH at (404) 728-4981.

For more information on community clinical services, call (404) 728-6302.

For newsletter comments or inquiries, contact Shannon Tuohy at (404) 728-4558.

For more information about Senior Transitions, a day treatment program at Wesley Woods, please call Ed Lawrence at (404) 728-6975.

Medical Evaluation

DO YOU THINK that seeing a psychiatrist is just reclining on a couch in a darkened room while your doctor nods and encourages you to dig up past experiences? If you do, you're not alone.

However, psychiatry has changed significantly since the days of Freud. We now know that Major Depression is a medical illness caused by changes in brain chemistry. An evaluation for depression with a psychiatrist includes much more than just a psychological history.

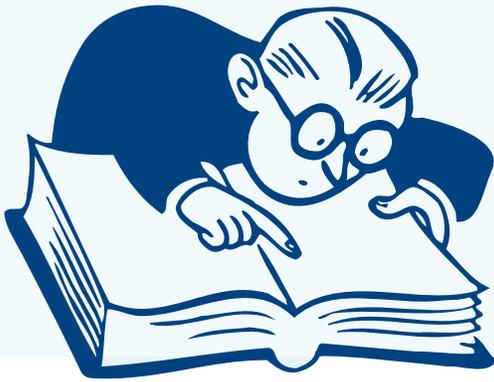
Many medical conditions can cause depressive symptoms, so it is important to check for illnesses such as anemia, vitamin deficiency and thyroid disease. In older patients, symptoms of dementia may be confused with depressive symptoms and medication interactions might also contribute to feelings of depression or confusion. Thus, a thorough assessment for Major Depression includes a full

medical history, drawing blood, and evaluation of memory and functional status. With proper evaluation and diagnosis, a patient's quality of life can be significantly improved.



SYMPTOMS OF DEPRESSION

- :-(Feeling sad or numb
- :-(No interest or pleasure in things you used to enjoy
- :-(Crying easily or for no reason
- :-(Feeling slowed down or feeling restless and irritable
- :-(Feeling worthless or guilty
- :-(Change in appetite; unintended change in weight
- :-(Trouble recalling things, concentrating or making decisions
- :-(Headaches, backaches or digestive problems
- :-(Problems sleeping, or wanting to sleep all of the time
- :-(Feeling tired all of the time
- :-(Thoughts about death or suicide



Community Education

Referral Network

In this issue, we highlight Elaine Gunter, RN, BSN, CCM, A-CCC, Fuqua Center Referral Network member since 2001. Ms. Gunter is a geriatric care manager with membership in the National Association of Professional Geriatric Care Managers. She has over twenty years of experience in healthcare, including hospital/home health care settings and office practices. Ms. Gunter is a Certified Case Manager and maintains an Advanced Certification in Continuity of Care. She is founder and president of Aging Resources, Inc. in Bogart, Georgia, which provides professional services to enhance quality of life for older adults and peace of mind for their families. To contact Ms. Elaine Gunter, call (770) 725-9064 or see the Referral Network on our website at <http://fuqua.emoryhealthcare.org>. You can find additional resources in the Athens area through the online Referral Network map!

Faith-Based Initiative

Over the past year, the Fuqua Center partnered with the Department of Pastoral Services at Wesley Woods, the North Georgia Conference of the United Methodist Church, Emory Clergy Care and Candler School of Theology at Emory University to develop the Faith-Based Initiative. This idea began in response to The 1999 Surgeon General's Report on Mental Health, which outlines ways to eliminate the stigma of mental illness and facilitate entry into mental health care and treatment. The Faith-Based Initiative sponsors educational workshops that offer insight on depression in older adults and ways to help those suffering needlessly. The Center will continue to offer workshops and develop a web version for the Fuqua On-Line Learning Center. To learn more or register for an upcoming workshop, call the Fuqua Information Center at (877) 498-0096.



**THANKS TO
the following
United Methodist
Churches for
hosting the Faith-
Based Initiative's
workshops!**

**Chamblee
First UMC**

Sugar Hill UMC

Bethel UMC

Tuckston UMC

Cliftondale UMC

Mount Bethel UMC

Briarcliff UMC

Sam Jones UMC

Treatment Options

In these turbulent times, it is understandable that one might occasionally feel negatively about human nature. When these feelings impact one's everyday behavior over time, a physician may diagnose a depressive disorder.

One treatment for depression that focuses on how a person perceives his or her surroundings and how those thoughts influence behavior is called cognitive-behavioral therapy (CBT).

CBT is unlike other psychotherapies in that it does not concentrate on a patient's unconscious or delve into the past to find reasons for present behavior. Instead, it focuses on a person's current thoughts and actions. CBT involves both the patient and therapist to identify problematic thought patterns and the negative behaviors that result, and then work to correct those behaviors through "unlearning" the ways of thinking that led to the unhealthy behavior.

CBT is considered an "active therapy," which means that a patient must consciously work to change thinking patterns and reduce unwanted behavior. Often the therapist will give the client "homework", personalized to individual needs, to complete and repeat between sessions. This practice will help the therapy work more quickly, generally in about a few weeks to a few months.

CBT has been thoroughly researched and in some cases can be as effective as antidepressants. To get more information on CBT, call the Fuqua Information Center at (877) 498-0096.

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receive this newsletter,
or stop receiving it,
please call (404)
728-4558 or e-mail
fuquacenter@emory.edu.
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Hot Topic: Geriatric Care Management

People over the age of 65 make up the fastest growing segment of the population, and about half may need some form of assisted living environment.

Because so many adult children live in different states or even across the country from their aging loved ones, long distance caregiving has become relatively widespread.

From a faraway location, adult children try to maintain a level of care that allows their loved one to remain in their home rather than move to a nursing home or assisted living facility. However, when an emergency arises, or even when a simple trip to the grocery store is needed, a long distance caregiver can offer little assistance.

To fill the need created by this problem, a new and growing field has emerged called “geriatric care management.” Geriatric care managers are trained to care for the complicated needs of older adults for long-term care management and have

knowledge of the cost, quality, and availability of services in their community. Care managers provide such basics as daily errands or friendly chats, but oftentimes the needs are not quite so elementary. Care managers evaluate the safety of a client’s living area, provide crisis intervention, and recommend other professionals such as lawyers, psychiatrists, and financial planners. Because they have frequent interaction with clients, care managers act as liaisons to keep family members well-informed of progress or problems.

For more information on this topic, please visit the website of the National Association of Professional Geriatric Care Managers at www.caregiver.org.

FACT!

According to the National Council on Aging, nearly seven million Americans are long distance caregivers for an older relative or friend.



EMORY HEALTHCARE

Fuqua Center for Late-Life Depression

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Facts about depression

Treatment options

How to learn more

