

A different shade of blue

When doctors diagnose a bad patch as clinical depression, there are serious human costs

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Nobody seems to know what depression is any more, least of all doctors. Last year, in Britain alone, 31m prescriptions were handed out for antidepressants, a 6% rise on 2004, suggesting that we're either collectively bending under the strain of modern life or doctors are far too freely handing out prescriptions. A new report published in the British Medical Journal, by Professor Gordon Parker, a psychiatrist at the University of New South Wales, argues it's the latter, that doctors are diagnosing depression at too low a threshold and, in doing so, putting an unnecessary and immense strain on the health system.

He has a point. As recently as the mid-90s, the majority of GPs were aggressively against prescribing antidepressants, many preferring instead to advocate taking up vigorous exercise, a new hobby or making significant life changes (career, job, home). Although I know people who were reduced to weeping and begging for help in doctor's offices because their GPs didn't like them saying "I know I'm depressed", the old-fashioned approach did for the most part filter out genuine cases of clinical depression from cases in which patients were simply having a transient and inherently human bad patch in life.

The BMJ report is born out of a study led by Professor Parker that tracked 242 teachers over 15 years. At the end of the study, he found that 75% of them presented, at one time or other, symptoms that in the present medical climate would match the criteria for a diagnosis of depression. Based on these findings, he argues that "feeling sad, blue or down in the dumps" is a natural part of the human experience and that doctors, over the past 30 years, have too generally stretched "formal definitions for defining clinical depression" so that everyday episodes of low mood are being "pathologised." His conclusion is that patients who turn up in doctor's offices in a temporary blue slump should not be automatically diagnosed as suffering from mild clinical depression.

Of course, what's going on is that during the past decade, depression has gone from being a taboo illness to being standard celebrity gossip mag fodder, and along the way millions have been misled into thinking that depression is a lingering lousy mood. On top of that, in today's quick-fix, no-attention-span, time-poor culture we are constantly taking our own pulses, self-medicating moods and minor aches and pains with super-foods, vitamins, new exercise fads or the latest self-help book. Out of this impatient way of living, those feeling stressed, shaky

and weepy for more than a few weeks at a time go scurrying to the doctor asking for an instant solution. And doctors, overwhelmed by this new health-savvy, self-diagnosing generation, push prescriptions, and away the patients go, smiling.

Genuine clinical depression is most superficially characterised by a lack of serotonin production in the brain, and the danger with overdiagnosing a bad patch in life as clinical depression is that doctors are using medication to treat brains that fundamentally work the way they are supposed to. The problem in these cases is not brain chemistry, it's life. And in a healthcare system woefully short of talk therapy options, patients who need therapy or perhaps alternative medicine, not medication, will take pills. And with the pills come risks.

Having taken three different anti-depressants in my lifetime, I can vouch that they all emit uniformly grim side effects, including weight gain, perspiration, constipation, tremors, excessive hunger, a dry mouth, dizziness and alternating bouts of drowsiness and insomnia. Then, when you're ready to come off them, you get the nasty withdrawal symptoms, which are like an operatic version of giving up smoking.

What this means, in the end, is that if doctors continue to irresponsibly prescribe antidepressants to anybody who turns up citing a low mood, then there will be huge future problems for the health system, namely the cost of keeping all those millions of people serviced with prescriptions. And there's the human cost too: once you get used to the numbing unreality of antidepressants, reality can seem rather spiky when you come off them.

The answer, as Parker rightly points out, is this: doctors need to stop over-diagnosing soft cases of depression and begin courses of treatment only for those presenting with symptoms of mild clinical depression upwards. Everyone else should be steered towards counselling, hypnotherapy, psychotherapy, reiki, acupuncture, yoga, pilates, running, swimming, walking, homeopathy, Chinese medicine or tai chi - all of which can hand-hold a person through a blue patch in life better than any pill can.

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