How Does Depression Develop?

Is There a Pill for That?

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Introduction:

Case Presentation:

Definition: a [mood disorder](https://www.merriam-webster.com/dictionary/mood%20disorder) marked especially by sadness, inactivity, difficulty in thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of [dejection](https://www.merriam-webster.com/dictionary/dejection) and hopelessness, and sometimes suicidal tendencies (Webster’s).

Importance:

* Lifetime prevalence of unipolar depressive disorders is 12 percent.
* World Health Organization ranks unipolar major depression as the 11th greatest cause of disability and mortality in the world.
* In the United States, major depression ranks second among all diseases and injuries as a cause of disability, and persistent depressive disorder (dysthymia) ranks 20th.

Prevalence:

Medical Model of Depression:

-DSM-V is used to describe the manifestations of Major Depression.

* DSM-V does not have a blood test for depression.
* The criteria are dependent on the practitioner who uses the criteria.
* The criteria are descriptors, but do not explain the behavior, the heart.

Example of DSM-V criteria for depression:

* Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
* Note: Do not include symptoms that are clearly attributable to another medical condition.
* Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others.
* Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
* Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
* Insomnia or hypersomnia nearly every day.
* Psychomotor agitation or retardation nearly every day
* Fatigue or loss of energy nearly every day.
* Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
* Diminished ability to think or concentrate, or indecisiveness, nearly every day.
* Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Secular treatment of depression:

* Counseling
* Medication
* Wholistic therapies
* Exercise
* Transcranial magnetic stimulation or Deep brain stimulation
* Vagus nerve stimulation
* Electroconvulsive treatment
* Overall success- about 30%

Goal: Help you the Biblical Counselor to have a God-glorifying approach to the depressed counselee. (I Corinthians 10:31)

Presenting Problem: “I am depressed”

A. Who told you that you are depressed?

* Doctor, Nurse Practitioner, Psychologist, Social Worker?

B. What were you thinking or doing that made them give you that diagnosis?

C. Did they explain why you are depressed?

* Genetics?
* Chemical Imbalance?
* Situational?

D. What was their treatment plan/advice?

* Medication?
* Counseling, CBT, etc.?

E. What have you tried so far?

* What has worked?
* What has not worked?
* Why do you think that is?

F. What do you think I can do for you?

G. What are you experiencing right now?

* Feelings?
* Thoughts?
* Actions?

God’s Diagnosis:

A. ‘Depression’ is not in the Bible

* Biblical terms: sadness, downcast, despairing, disturbed, disquieted soul.

B. Disordered Sadness- Charles Hodges, “Good Mood Bad Mood”

* 90% are sad
* 5% have a medical problem
* 5% have disordered sadness (Depression)

C. Causes of depression-

Wayne Mack “Out of the Blues”

1. Refusing to Deal with Sin and Guilt

Examples:

* Cain- “Why are you angry? Why has your countenance fallen? If you do well will your countenance not be lifted up? Gen 4:7
* David-“when I kept silent about my sin, My body wasted away through my groaning all day long” Psalm 32: 3

2. Mishandling a Difficult Event

The unpleasant event is not the cause of depression, the response of the counselee to the event is what makes them depressed.

Examples:

* Moses in Numbers 11: 14-15 says, “I am not able to carry all this people alone; the burden is too heavy for me. If you will treat me like this, kill me at once, if I find favor in your sight, that I may not see my wretchedness.”
* Elijah in 1Kings 19:2-3 “Then Jezebel sent a messenger to Elijah, saying, “So may the gods do to me and more also, if I do not make your life as the life of one of them by this time tomorrow.” Then he was afraid, and he arose and ran for his life and came to Beersheba, which belongs to Judah, and left his servant there.”

3. Having Unbiblical Standards

Examples:

* Asaph in Psalm 73:2-3 says, “But as for me, my feet had almost stumbled, my steps had nearly slipped. For I was envious of the arrogant when I saw the prosperity of the wicked.”
* A young woman who judges her beauty by worldly standards other than 1 Peter 3:4 “but let your adorning be the hidden person of the heart with the imperishable beauty of a gentle and quiet spirit, which in God’s sight is very precious.”

4. Combination of all three

Example: See our case presentation.

* Refusing to deal with sin and guilt?
* Mishandling a difficult event?
* Having unbiblical standards?

5. Medical Illnesses:

Some estimate that 5% of depression comes from a medical problem.

Their medical problem may be the difficult event they are mishandling.

Some medical diseases that can cause or look like depression: Parkinson's Disease, hypothyroid, low sodium, strokes, brain injuries, MS, epilepsy, AIDS, hepatitis, menopause.

Some medications will make people feel depressed: BP medications.

Your job: ask if they have had a physical exam or have seen their medical doctor lately?

6. The heart condition:

Your focus is on the heart and how God can change his heart.

You do not need to focus on his medication.

If he has an illness, you do not need to fully understand his illness.

With prayer and wisdom, God will show you His Diagnosis of your counselee’s heart condition.

V. God’s Treatment Plan:

A. Some words of advice:

* Counseling depressed people can be frustrating/discouraging.
* The counselor needs a long-term view of the process, in order to keep from getting off track. Randy Patten says, “Begin with the end in mind.”

B. Reconciliation to God:

* Counselees do not feel close to God and reconciliation is the only way to cure their depression.
* She may not be a believer, and need salvation before change will occur. (Eternity in hell-the most miserable condition)
* She may be a believer and need to deal with the heart issues. (Out of fellowship with Jesus-the second most miserable condition)
* What is the third most miserable condition? A physical problem or suffering.

C. Importance of Hope:

Despair= Grief without (-) Hope

* Many counselees are depressed because they have no hope.
* Do not put hope in medications working.
* Do not put hope in changing circumstances.
* Put hope in our unchanging God.
* Do not give up when they do not seem to respond to Biblical hope giving truth-YOUR hope is that God will change the counselee’s heart.
* Do not put your hope in a method for counseling depression.

Biblical Counseling for Those That Are Depressed:

Re-evaluation:

The Big Picture:

Example with my patients re: exercise.

All of these plans have an element where you start having your counselee begin doing the things that a believer does as an act of obedience, and not waiting for the feelings to motivate them. The feelings come later.

Goal: My focus is on glorifying God more than I want to breathe. Welch says to do things before you feel like it is not hypocrisy; it is heroism.

Suicide:

Is There A Pill for That?

Survey:

How Doctors Think

The Disease Model of Medicine:

Why is pathology important? Pathology=Disease

Disorders:

Making Lists

The Challenge of a disorder

The Science of Psychiatry:

Conclusion: Psychiatry is Squishy Science.

Understanding Medications:

Depression and Pills:

Synapses and nerves

Medication List

Antidepressants

SSRIs

Citalopram (A, OCD)

Escitalopram (A, OCD)

Fluoxetine (A, OCD)

Fluvoxamine (A, OCD)

Paroxetine (A, OCD)

Sertraline (A, OCD)

SNRIs

Desvenlafaxine

Duloxetine (A)

Levomilnacipran

Milnacipran

Venlafaxine (A, OCD)

Atypical Agents

Agomelatine

Bupropion (A)

Mirtazepine (A)

Serotonin Modulators

Nefazodone

Trazodone

Vilazodone

Vortioxetine

Tricyclics and Tetracyclics

Amitriptyline

Amoxapine

Clomipramine

Desipramine

Doxepin

Imipramine

Maprotiline

Nortriptyline

Protryptiline

Trimipramine

MAOIs

Isocarboxazid

Phenelzine

Selegeline Transdermal

Tranylcypromine

Anti- Anxiety Medications

Sedating Anxiety Medications

Buspirone

Gabapentin

Pregabalin

Benzodiazepines For Anxiety

Alprazolam

Bromazepam

Chlordiazepoxide

Clonazepam

Clorazepate

Diazepam

Lorazepam

Oxazepam

Prazepam

Others

Pregabalin

Mirtazepine

Quetiapine (A)

Hydroxyzine

Imipramine

Sleeping Medications

Benzodiazepines for Sleep

Estazolam

Flurazepam

Nitrazepam

Temazepam

Triazolam

Quazepam

Non-Benzodiazepine Sleep Agents

Eszoplicone

Zaleplon

Zolpidem

Zoplicone

Anti-Psychotic Medications

First Generation Anti-psychotic Medications

Chlorpromazine

Fluphenazine

Haloperidol (B)

Loxapine

Perphenazine

Pimozide

Thioridazine

Thiothixene

Trifluoperazine

Second Generation Agents

Aripiprazole (B)

Asenapine (B)

Brexpiprazole

Cariprazine (B)

Clozapine

Iloperidone

Lumateperone

Lurasidone

Olanzapine (B)

Paliperidone (B)

Pimavanserin

Quetiapine (A, B)

Risperidone (B)

Ziprasidone (B)

Bipolar Medications

Carbamazepine

Gabapentin

Lithium

Valproic acid

OCD Medications

Clomipramine

See Above List

Key

A=Anxiety

B= Bipolar

OCD=Obsessive Compulsive Disorder

Do the pills work?:

The study

-Medications,

-Counseling (CBT),

-Complementary (Acupuncture, meditation, Omega 3 fatty acids, SAM-e, St John’s Wort, and Yoga)

-Exercise treatments for the diagnosis of Major Depression.

-It looked at benefits vs. harms of these treatments.

The results

-The benefit of anti-depressants and Cognitive Behavioral Therapy are similar, and are viable choices for initial treatment.

-There was no statistically significant difference in efficacy of antidepressants and other treatments.

-That means anti-depressants did not work better than the others. That means people have several viable options.

-Antidepressants had higher risks for adverse effects than most other

Why do doctors prescribe ant-depressant medications?:

How should we think about people if they are taking psychiatric medication?:

Dr. Dan’s Put Offs:

-Don’t judge them if they are on medication.

-Don’t make them feel like they have inferior faith if they are on medication.

-Don’t tell them that it is a sin to be on medication.

Dr. Dan’s “Put Ons”:

-Ask what was going on at the time they started meds and what they were hoping the meds would do?

-Ask why their doctor prescribed this medication and were there other medications that have been tried?

-Ask about side effects of the medication.

-Ask how well the medication has worked for them.

-Ask if you can go with them to their next doctor’s visit

-Ask if you can have permission to speak with their doctor(will need a signed release)

-Get to work talking about heart issues.

More thoughts:

What About Biblical Counseling?:

Final Exam:

Homework:

A. Bible Verses

1. For the counselor:

a. Know that Christ is sufficient (2 Peter 1:2-4)

b. Become like Christ (1 Cor. 10:31; 2 Cor. 5:9; Rom. 8:28-29)

c. Full of life, peace, all the fruits of the spirit (Gal. 5:22)

d. Comforting presence to your counselee (2 Corinthians 7:6)

e. Use Biblical examples of depression / despair

1. Elijah (1 Kings 19:4)

2. Jonah (4:3, 8)

3. Jeremiah (Lam. 3:17 ff...)

4. Sons of Korah (Ps 88:6)

5. Tamar (2 Sam 13:20)

6. Solomon (Eccl 2:17)

7. Cain (Gen 4:1-14)

8. Job (9:21)

2. For the counselee

A. Encourage them to turn to God

Express, pray, read & write Psalms of lament (6; 10; 13; 22; 31; 32; 38; 42- 43; 51; 69; 77; 86; 142)

B. Study 1 Cor. 10:13

* Your problem is not unique
* God is faithful
* The trial will not be too difficult
* God will provide the way to escape

C. Thought Journal

Amy Baker, Controlling Your Thoughts, Faith Biblical Counseling MP3

D. Quieting a Noisy Soul-Audio

Jim Berg, Taking Time To Quiet Your Soul, Workbook and Video Series

E. Milton Vincent, A Gospel Primer for Christians

31 Days of Gospel Meditation with supporting verses

F. Welch, Edward T., Depression: A Stubborn

Darkness. Chapters are written to be helpful to the counselee/counselor.

Excellent Depression Resources:

1. Hodges, Charles (2012) Good Mood, Bad Mood, Shepherd Press.

2. Mack, Wayne. (2006) Out of the Blues Focus Publishing.

3. Welch, Edward T. (2004). Depression: A Stubborn

Darkness. Greensboro, NC: New Growth Press.

4. Milton Vincent, (2008) A Gospel Primer for Christians, Focus Publishing.

5. Arthur W. Pink, (1975) The Attributes of God, Baker Books

6. Jim Berg, (2005), Taking Time to Quiet Your Soul, BJU Press

7. National Suicide Prevention Hotline, (24/7)800-273-8255

8. www.suicidepreventionlifeline.orb/gethelp/my3-app.aspx

Resources For Is There a Pill For That?

“Comparative Benefits and Harms of Antidepressants, Psychological, Complementary and Exercise Treatments for Major Depression: an Evidence Report for a Clinical Practice Guideline from the American College of Physicians.”

Annals of Internal Medicine, February 9, 2016

UpToDate, July 2021.