

## Module 3 Transcript

### Introduction to Anxiety and Depression

“Man is not worried by real problems so much as by his imagined anxieties about real problems”

-Epictetus

Experts around the globe--from the World Health Organization to the Pew research Center--all agree: we are in the midst of a mental health epidemic. Depression and anxiety represent the two most common and disabling mental disorders in the world, with over 58 million people in the United States alone affected each year and so many around the globe.

Today, almost 14 percent of adults in the United states take an antidepressant medication including 1 in 4 women over the age of 60. And while we understand more about depression and anxiety than ever before, and for many access to effective treatment is improving...the mental health epidemic threatens all of us.

Sixty seconds on the clock, let's name as many common cliches as we can about anxiety and depression:

*Try to be more positive. Calm down. Have you tried yoga? Taking a walk? Look on the brighter side. What about vision boarding? It's not that bad, think about how good you have it... be grateful. Just snap out of it. You should smile more. You don't SEEM sad. Have you ever heard of the law of attraction. Relax.*

Terms like “depression” and “anxiety” are used in a variety of ways in everyday conversations. You hear them talked about in books, movies, your favorite television shows. With both terms used so widely, it's not surprising that they often mean different things to different people, and everyone has an opinion about mental health diagnoses. My

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years as a clinician has taught me that everyone has their own understanding. And while the public discourse around mental health has thankfully grown over the past decade, we still see these same ideas bandied about. I want to break down some of the misconceptions about these two diagnoses. Where do they come from? And what can we do about it?

On a fundamental level, any valuable conversation has to start with definitions. What is anxiety? What is depression? And why are they inextricably linked in the public discourse?

I asked my colleague, Roger McIntyre, a physician and psychopharmacologist at the University of Toronto to describe anxiety. He said: “Anxiety is fear—fear of something, whether it’s a fear of spiders or a fear of social judgment.” It’s the brain’s reaction to a perceived threat. When in an anxious state, the brain produces feelings of stress. The mind begins to race. You feel a sense of panic. You experience trouble sleeping, changes in appetite. Your heartbeat may increase. And you notice your breathing is faster and more shallow.

Imagine your hunter-gatherer ancestors. For them, these reactions would have been helpful and advantageous. They would cause us to remain hypervigilant, wary of predators and threats. These heightened senses and responses would be the difference between life and death. Fast forward to today, of course, and the environment is vastly different. In our modern world, those same responses built for survival are at the center of an overactive stress response and are one contribution to the burden of anxiety and depression that we see today.

Depression is marked by feelings of low self-worth, a low mood, sadness, lethargy, irritability and often a “negative bias” that makes it challenging to put things into perspective.

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As a psychiatrist, I've met thousands of people at their lowest moment. It often feels like somebody just turned down the dial...as you likely know, or maybe you've experienced, people in the midst of a depressive episode think and speak more slowly, they look down and often don't experience as much joy, a pernicious symptom called anhedonia....imagine eating your favorite food or engaging in your favorite hobby...but not actually enjoying it all. While all the brain science gets complicated, the clinical diagnosis of depression is pretty straightforward. People are struggling with significant symptoms that impact their ability to function optimally and enjoy their lives.

Depression and anxiety often travel together. You may have noticed that many of the symptoms between the two are similar. And 61% percent of patients do experience both anxiety and depression.

You'll also notice that a lot of these symptoms are part of normal human psychology...we all feel anxious or sad at times. Think about the way our language deals with emotions, feelings, and mental health, and the words we choose. Everyone gets what "fear" is. Or "sadness." Most people know what a bad night's sleep feels like.

So what is the difference between clinical depression and feeling sad? I've had patients in my practice that don't meet full diagnostic criteria but still need help. I've also had patients that are able to function incredibly well but meet full diagnostic criteria.

That's why mental fitness is so important. When we've thought about anxiety and depression in the past, the focus has been treatment, but what's important is all of us having the skills we need to handle, manage, and alleviate these symptoms.

Because when we discuss depression and anxiety, we really are referring to symptoms that are abnormally long-lasting and recurring, that may be without a discernible cause. We

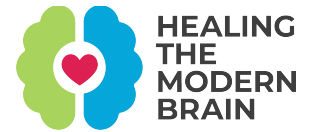
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tend to talk about depression as the experience of consistently feeling sad or hopeless, so in psychiatry and medicine, doctors try to differentiate whether those feelings are due to some kind of situation happening in your life, like a traumatic breakup, the death of a family member, or some sort of biological issue, that would lead to a diagnosis of a clinical depressive episode. Or some combination of both. In psychiatry we think about mental health in a bio-psycho-social model. At all times, our biology, psychology and social environment are affecting how we feel.

But where do depression and anxiety come from, and why are they so prevalent in the modern brain? And what does that last 20 years of science reveal to us about how to best heal anxiety and depression?

Over the past few decades, psychiatry and neuroscience have learned a great deal about the biological underpinnings of depression and anxiety. These studies have been instrumental in helping patients understand that these symptoms are not some sort of personal failing or inability to cope with life. Rather, these conditions are at least in part biological, not just situational. Genetic research has even traced a link between depression and a section of what we call chromosome 3, called 3p25 to be specific. In fact it is believed that half of all patients with depression share at least one genetic factor and experts believe that nearly 40% of depression has a genetic component. Knowing this can also make some patients feel a bit hopeless about finding relief. After all, if the brain is simply wired this way, what agency can a person possibly hope to have? But researchers are increasingly finding that the root causes of these symptoms are more complex than that – and for all of the associations between certain genes and depression and anxiety these aren't illnesses that are simply genetic. Once again, it's a bio-psycho-social model where environmental, nutritional, and behavioral factors all come into play along with our genetics and epigenetics.

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The issues surrounding depression, anxiety, and any mental health diagnosis are complex and any valuable answers about their causes lie at the crossroads of biology and environment. As modern science finds more and more answers about our brain health and mental health it allows us to ask the biggest question of all: How can we translate these findings into our everyday lives to best heal anxiety and depression, and to care for our wonderful, miraculous modern brains?