

BY ROBERT S. MAYER, Ph.d.

Depression and Multiple Chemical Sensitivity

In the United States, 18.8 million American adults suffer from depression. Suicide linked to depression is the third leading cause of death among young adults.

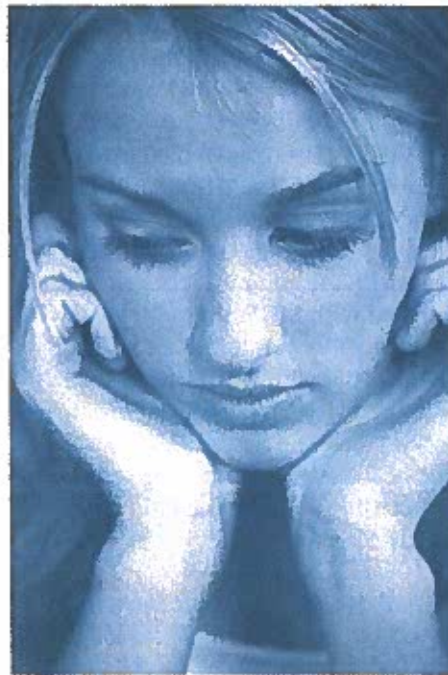
There is widespread disagreement over the cause and cure for this condition, but a majority of professionals simply believe that depression is caused by a number of different factors. The degree of disability and severity of the depression varies by a person's biology, character structure, and history.

The good news is that 80 percent of individuals with depression, no matter what the cause, can be successfully treated by a combination of medications that change the brain's chemistry.¹ The less good news is that this treatment may not be tolerable for some people with multiple chemical sensitivity (MCS). However, there are other treatments, including self-help, that can be used when drugs are not an option.

WHAT IS DEPRESSION?

Depression, or melancholia² as it used to be called, is a condition characterized by a change in mood that affects a person's well-being. Psychiatrists classify three different forms of depression.

Major depression is the most serious type because the risk for suicide is greatest. A person diagnosed with major depression finds it difficult to work, study, sleep, eat, and enjoy once pleasurable activities. This condition can occur once or many times in a



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person's lifetime. Episodes can last for varying periods of time.

Dysthymia is a chronic depression that does not disable the individual, but keeps the person from functioning well or feeling good. This is the most difficult form of depression to treat, and

a dysthymic individual may or may not respond to medication or talk therapy.

Bipolar depression, or manic-depressive illness, is characterized by rapid or gradual extreme mood swings. The bipolar individual cycles back and forth between good and bad moods, which can have varying degrees of severity.

DEPRESSION AND MCS

Depression can be caused by a physiological illness. It is estimated that up to one-third of individuals with a serious or chronic medical condition experiences symptoms of depression. "Depression and illness may occur together because the physical changes associated with the illness trigger the depression, the individual has a psychological reaction to the hardships posed by the illness, or simply as a coincidence," according to the article "Chronic Illness and Depression" from WebMD.³

Unfortunately the problem of depression is magnified in individuals who have MCS. MCS is a chronic condition that limits one's lifestyle. At present there is no "cure." All one can do is manage the illness. In addition, the normal methods of treating depression with a chemical are often counterproductive for people who are chemically sensitive.

Depressive symptoms, in fact, can be indicators of chemical sensitivity. But, if a chemically sensitive person

(Continued on next page)

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these medications may contain fillers, preservatives, and coloring agents that also may make the drugs unsuitable for the sensitive. Sometimes the dangers of a negative reaction to the additives can be avoided by having the medication compounded with the active ingredient and a non-(bio)absorbable filler, such as methylcellulose. But, this can be done only if the medication's patent has expired and a generic equivalent is available.

Some chemically sensitive individuals can tolerate the medication, specially compounded or not, and feel better. Yet, many cannot. In fact, due to the alteration in the brain's chemistry caused by the chemical poisoning associated with MCS, they get worse. The physician unaware of MCS, hearing that his "magic bullet" did not work, will generally either increase the dose or try a different medication, reasoning that he has not yet found the right one, and causing additional untold misery for the MCS patient.

TALK THERAPY

Talk therapy (psychotherapy), with or without medication, attempts to help individuals change their depressive thinking and resolve life conflicts. Many medical practitioners will recommend talk therapy along with prescribed medication. However, it is often impossible for an individual who is chemically sensitive to comply with this advice because conditions in which the treatment is obtained are not tolerated: the patient must travel to the office, and then sit at length in a room that may be odorous, with a therapist who may be wearing scented products poorly tolerated by the sensitive.

Few practicing psychotherapists have any knowledge of chemical sensitivity. Most will assume that the patient's depression stems from a current problem or an unresolved issue from one's childhood. If the actual problem is exposure-related, and the individual is attempting to solve it psychiatrically

in an office that makes him or her sicker, the patient will get worse. The professional may get frustrated, believe the patient is resisting treatment, and recommend additional therapy to "work through" the resistance.

EFFECTIVE ALTERNATIVES FOR PEOPLE WITH MCS

Because depression is a common, yet difficult-to-diagnose and -treat illness for people who are chemically sensitive, and because most healthcare providers cannot recognize chemical sensitivity or properly treat it, people with MCS who experience depression often must take control of their own treatment.

The first step a chemically sensitive patient who experiences symptoms of depression needs to take is to find, if possible, a health practitioner who is familiar with psychiatric problems *and* with MCS. This practitioner can very often, by taking a careful case history, differentiate a psychiatric problem from an environmental one, and suggest a proper course of treatment.

If unable to find such an individual, the patient should start keeping a careful diary of moods and exposures. Very often the diary will suggest a connection between depressed mood and previous exposures. Each offending substance can then be identified and eliminated, taking depression with it.

MCS, however, is not a simple illness. One can have a psychologically caused depression as well as a chemically induced one. Most people have unresolved issues from childhood, or in their current life situation, that can negatively affect their mood. In addition, some people may have a biological predisposition to depression. Then, too, having MCS alone is enough to make one depressed. After all, after MCS, a person's life and expectations for the future are altered drastically. Even if a person is fortunate enough to find a "clean" environment, without offending substances and odors, there

who has not been diagnosed presents symptoms of depression to a physician who is unfamiliar with MCS, there is a strong possibility that the condition will be misdiagnosed. The symptom list for depression can be any combination of the following: insomnia, overeating, under eating, sadness, lethargy, and a lack of interest in normal activities. Many of these symptoms occur in an individual, depressed or not, who has some combination of chemical sensitivity, fibromyalgia, or chronic fatigue syndrome. Unfortunately, there are no biological tests or markers for either depression or the above-mentioned illnesses. In addition, most physicians practicing today are unfamiliar with environmental illnesses such as MCS and do not include them as part of their diagnostic possibilities during the medical interview.

The theory underlying many current treatments for depression says that depression is characterized by an alteration in brain chemistry, particularly the neurotransmitters in the brain that regulate a person's moods. It concludes that depression can be treated by chemicals that help restore the normal balance. If it is true that a chemical change in the brain can cause depression, then it is certainly probable that a chemical exposure also can cause it. In such a case, the individual's problem can be treated simply by removing or avoiding the offending substance. But, many in the medical profession continue to deny that exposure to chemicals might cause depression, even though the mood-altering effects of common chemicals such as alcohol, cocaine, and nitrous oxide (laughing gas) are obvious. Instead, they rely on the use of antidepressant medications and conventional therapy. Conventional treatments for depression help many, but people with MCS should be aware of their pitfalls. Alternative modalities may work better for MCS patients.

MEDICATION AND MCS

Currently there are several types of antidepressant medications that can be effective in treating depression in many patients. However, in addition to the active pharmaceutical ingredient,

are still serious adjustments to make in living with a chronic illness and the loss it brings.

In the absence of professional help, the following are steps that persons feeling depressed can take to help themselves:

1. Accept that you have MCS and that at the moment there is no "cure." Acceptance is the first step in any psychological problem.
2. Set realistic goals for yourself and your life in light of your condition. Many things you once were able to do are now out of the question. Assume a reasonable amount of responsibility for making your situation as good as you can get it.
3. Break large tasks into small ones, and set priorities.
4. Try to maintain contact with understanding people and confide in them.
5. Participate in any activity that makes you feel better.
6. Exercise as much as your energy level allows.
7. Expect your mood to improve gradually, not immediately.
8. As mentioned above, keep a diary to eliminate the possibility that environmental chemicals are the cause of the depression.
9. Do not engage in negative thinking. As you think so shall you feel. Monitor your internal dialogue. Write it down if necessary; subject your thinking to critical analysis and correct it. The main word to watch for is "should" and any of its varieties. When you hear yourself saying something like, "I should be better," change your self-talk to eliminate the word "should." (For example, you can say, "It would be better. . .")
10. Do your best to resolve the "fairness" issue. Children expect life to be fair, and it isn't. Bad things do happen to good people. It is not what happened to you that is important, but how you deal with it. This is the only area in which you have control.
11. Eliminate negative, doubting, unsupportive individuals from your life, no matter who they are. You cannot

control other people, only your interactions with them.

12. If you observe that your depression is worse in the winter and on dark days than it is during the summer, you may be suffering from a condition called Seasonal Affective Disorder (SAD). If this is true for you, exposing yourself to artificial sunlight often alleviates the condition.
13. Try various relaxation, meditation, and self-hypnotic techniques to separate yourself from the problem, stimulate the parasympathetic nervous system,⁴ and give the body a chance to resolve various issues and generally heal.
14. Become as involved as possible in activities that take you out of your current problem. Fight for causes. It is difficult to be active and depressed at the same time. ■

ENDNOTES

¹ Dr. Ivan's Depression Central <<http://drivansdepressioncentral.com>>

² Melancholia is a more benign, less judgmental term than "depression," and is starting to come into greater use in the literature.

³ WebMD. "Chronic Illness and Depression." <<http://aolsvc.health.webmd.aol.com/content/article/45/166351215htm>>

⁴ This is the system opposite from the flight or fight one. Its activation allows the body to heal.

SOURCES

■ Dr. Ivan's Depression Central <www.psychom.net/depression.central>. This website has a great deal of information and a large bibliography.

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■ Stoop, David. *You Are What You Think*. Grand Rapids, MI: Baker Publishing Group, 2003.

Dr. Robert Mayer is a psychotherapist specializing in post traumatic stress

disorder and environmental illness who teaches at Kean University in Union, New Jersey. He is the author of seven books and has appeared on 60 Minutes, Donahue, and other news shows. Dr. Mayer's e-mail address is DrRMayer@aol.com.

Famous people with depression

[Note: Many people view depression as a personal failure or weakness; therefore, they are reluctant to share with others that they are or have been depressed. This is a mistake. There is no shame attached to depression. In fact, many famous individuals throughout history have suffered from this condition at some point in their lives. —RM]

A "short" list of famous people who have reported being depressed includes: John Adams, Hans Christian Anderson, Honore de Balzac, Ludwig von Beethoven, James Boswell, Winston Churchill, Samuel Clemens, Joseph Conrad, Charles Dickens, Ralph Waldo Emerson, William Faulkner, F. Scott Fitzgerald, Maxim Gorky, Graham Greene, Ernest Hemingway, Herman Hesse, Henrik Ibsen, William Inge, Henry James, William James, John Keats, Charles Lamb, Herman Melville, Eugene O'Neill, Francis Parkman, Theodore Roosevelt, John Ruskin, Mary Shelley, Robert Louis Stevenson, August Strindberg, Peter Illyich Tchaikovsky, Leo Tolstoy, Vincent van Gogh, Tennessee Williams, Virginia Woolf, Woodrow Wilson, Boris Yeltsin, and Emile Zola.

Source: <http://www.depression.com>