

Chat: Gordon Parker

Thursday, October 21, 2010

Interviewer: 60 Minutes presents a live interview with Professor Gordon Parker of the Black Dog Institute:

Interviewer: Dr Parker, welcome to our online chat session tonight!

Gordon Parker: Welcome! The Charmaine Dragun story was very moving. It highlighted the need to screen for bipolar disorder. A concern that has been addressed by the Black Dog Institute having a brief test on their website which allows people to find out whether they may or may not have a bipolar disorder.

Interviewer: Lets get started with our questions for this evening.

JamDrop asks: How many types of depression is there?

Gordon Parker: There is a disease-like type called Melancholia, which can present with depressed episodes only or, where we call it bipolar disorder, with highs as well as. The remaining depressive conditions more reflect the impact of stressful life events on an individual's personality style.

Glenn asks: How is Depression treated?

Gordon Parker: Depends on the type of depression. If Melancholic, drugs are superior to all non-drug treatments. If due to stress, then the objective should be to assist the person to neutralise or come to terms with the stress. If due to a pre-disposing personality style, then the therapy should seek to modulate the at-risk personality characteristics.

Rick asks: How can I tell if a friend has Depression?

Gordon Parker: Everybody gets depressed. Clinical depression is usually suggested by the affected person becoming quite anti-social (not interacting socially, perhaps not replying to emails or phone messages), losing "the light in their eyes", not finding any pleasure in life and not being able to be cheered up, and viewing life as hopeless and themselves as helpless.

Nick asks: how can you detect the difference between a bipolar disorder and a depression?

Gordon Parker: The screening self test on the Black Dog Institute website should assist as a screening strategy. If in doubt, sophisticated assessment by an experienced professional would be required.

Nelly asks: Is there any support groups around to help people with depression?

Gordon Parker: Lots! Most non-government organisations run support groups for people with mood disorders or their relatives.

NotFreud asks: It was said in your interview that bipolar could be screened for. Surely this is a prolonged process to determine and not a yes/no test. Isn't bipolar more a description of the symptoms rather than a diagnosis?

Gordon Parker: Bipolar disorder is a diagnosis based on an individual describing or acknowledging a number of symptoms of "highs" and also describing a particular type of depression, again addressed by the Black Dog Institute screening measure. rebecca asks: I suffer from severe melancholic depression - and was diagnosed by Dr Mark Rowe and Professor Gordon Parker - I thank these two gentlemen for saving my life, without their help, and correct diagnosis, I would not be alive today. I now live a normal life, never free of the black dog, but have it under leash.

Gordon Parker: We appreciate the optimistic message sent.

natho asks: Hi, I am a depression sufferer and take medication which does help, is there anything else I can do to overcome my depression as I can feel very low

Gordon Parker: Depends on the type of depression. Go to the Black Dog Institute website (www.blackdoginstitute.org.au) and review the treatment options suggested there.

russellally asks: Just wondering what are the signs that differ from recognizing it from depression, what tools do you use

Gordon Parker: In bipolar disorder, in addition to depressive episodes, the person experiences states of elevated mood and extreme energy. During those states, they usually talk or, spend more money, need little sleep, say and do things that they may regret later, feel that they can "do anything" and have no concerns or anxieties. While mostly these highs are pleasurable, for a percentage there is also significant irritability and anger. Again, the Black Dog Institute screening measure may be of assistance with it having some 80% accuracy in suggesting or rejecting a bipolar disorder.

gu3st asks: how can I help someone battling with severe depression that refuses treatment of any kind?

Gordon Parker: Very difficult. The principal strategy would be to "be there" (listening to them and encouraging them to talk it through) at a later stage, then encouraging them to seek help and trying to ensure that who ever they go to see is competent and sophisticated.

heather asks: hi, I've just turned 18, I have constant headaches and get migraines, my doctor sent me to a neurologist, and the neurologist spoke to me for 15 minutes, and suggested that I go on a drug that has a low dose of an anti-depressant in it or one that has a low anti-convulsive, my mother is against an anti-depressant in any form as she believes that anti-depressants are handed out too readily, as yet I have not been back to my doctor, what do you think?

Gordon Parker: It's always risky to offer a view without knowing the individual's history and diagnosis. Never the less, of the many drugs used to treat migraines, the anti-depressants are helpful to a percentage that's not because the person is necessarily depressed, but because these drugs can benefit migraines in a percentage.

marg.parish asks: seeing this story has made me realise that 'normal' on the outside isn't necessarily 'normal' on the inside

Gordon Parker: Your observation highlights an important reality - that many people can mask depression very well. Nevertheless for most with a clinical mood disorder, they will be willing to open up at times to people close to them. The communities increasing awareness with such issues is likely to help many people with depression.

Aimi asks: How does someone know if their low mood is due to stress or something more?

Gordon Parker: For the individual, it may be impossible. They may need to have the possibilities reviewed by a sophisticated and well trained clinician - not all health professionals have been necessarily trained to the level of sophistication required for such a difficult task.

Toma asks: How available is therapy? Our mental health system seems to be Assess, Treat, Street..... and as quickly as possible.

Gordon Parker: Treatment availability, competence and sophistication varies considerably - as in other areas of health care. Any individual should seek advice about who to consult if they view previously experiences as unsatisfactory.

troy asks: Dear doctor, I am a concerned husband and this story seems similar to my wife's. We have tried many doctors and medications with varying success but always seem to end up in the same place. Is it possible that 6 different doctors could have it wrong?

Gordon Parker: Unfortunately, yes.

reddog asks: Are there any 'classic' symptoms that may differentiate a person with diagnosed Depression and related illness (OCD, anxiety), such as in Charmaine's case that family or friends may see as a warning of misdiagnosis??

Gordon Parker: In my view, the clinical task is to decide what is the primary or most significant diagnostic issue. For example, bipolar disorder or not? Melancholia or not? Stressed-induced or not? Once the primary diagnosis is made, secondary diagnosis (e.g. anxiety) may or may not need therapeutic attention. However, the key aim of diagnostic assessment is to identify the primary diagnostic problem.

kamuzz asks: What happens when the experienced professionals don't agree on the diagnosis? Where do we go for help then?

Gordon Parker: Ask your general practitioner to have you reviewed by the most respected expert practitioner in your state.

mumbo asks: Can an 11 year old have bipolar, how would a parent know?

Gordon Parker: Rare, but certainly can occur. The commonest indicators are of intermediate mood swings or associated features (e.g. several nights of not sleeping and appearing energised and wired) as against alternative diagnosis, such as "normal, enthusiastic personality" or ADHD where there is a relatively constant pattern. In essence, bipolar disorder in children, like in adults is episodic.

Jasmin_04 asks: Is it now mandatory in every state in Australia for Doctors treating patients for depression or the like to test for bipolar?

Gordon Parker: No, not mandatory at all. However, the Sydney Coroner has recommended that health professionals should screen all those with clinical depression for a bipolar condition.

bluesky asks: How much research is going into serotonin levels in people with depression?

Gordon Parker: Less so these days as the Serotonin hypothesis is not as clear cut as was earlier thought.

Cass asks: Professor Parker, what are some of the most effective ways for non-medicated treatment of depression and can you recommend anyone in Sydney that deals with this?

Gordon Parker: Exercise, diet, meditation and positive thinking strategies. It would not be appropriate to recommend individual practitioners, however many of these strategies are overviewed on the Black Dog Institute website.

sarahkelly asks: My concern is about anti-depressants in general. I have been taking them for five years but feel although they have managed my depression, they have totally changed my day to day ability and performance. I am not nearly as organised as I used to be and although life is good and stable it is still a daily battle. Do anti-depressants lower capabilities?

Gordon Parker: Generally no. However some anti-depressants can be accessibly sedating. Some can turn off the "worrying" mechanism too much and cause people to concentrate less well than desired. Suggest review of your anti-depressant medications by an expert.

kalel asks: Is Charmaine's story, dying under one's professional care, an unspoken but common one in medical circles?

Gordon Parker: Unfortunately this is a common story. We believe that up to 6% of Australians have a bipolar disorder. Most will not get the diagnosis over their life time. For those who do, the average interval from bipolar onset to diagnosis, is about 15 years. The failure to recognise, screen for and detect bipolar has been a major public health concern until now. Charmaine's story should make health professionals and the public more aware of the possibilities of miss-diagnosis, and thus the importance of this story is that it has the potential to save lives.

Gong_Guy asks: Can we gain timely assistance through "Black Dog" ? If so, what is the best way to gain this support and what is the time frame ?

Gordon Parker: Black Dog can assist best via the information and screening tools on it's website. It does have a clinic, but this is only available to people in NSW at this stage.

kathy-001 asks: Its disturbing that so many people in Australia take their lives unnecessarily. What is the success rate of people seeking treatment early enough that they would reconsider suicide once diagnosed compared to untreated cases?

Gordon Parker: There is some good news. The suicide rate in young adult males has dropped by more than 100% percent in the last 5 years. Which is likely to reflect a number of factors, but particularity, greater community awareness, de- stigmatisation and people being more willing to seek help. So while there is still a high rate of suicide in Australia, and reflecting the conscience of a mood disorder for many, we need to also recognise some optimistic signals.

Aimi asks: Are there natural products one can take to help stabilise their mood?

Gordon Parker: Not really. Fish oil is an anti-depressant by, apart from fish oil there are few other 'natural products' that have been shown to be effective anti-depressants.

davomcn asks: Hello. I would like to hear your stance on the biological causes of depression in terms of diet, lifestyle and genes. I have been reading a book called 'The Ultramind Solution' by Dr. Mark Hyman. He believes that we are in an epidemic of broken brains and that one in ten Americans take an antidepressant. He looks at the reasons why people are depressed in the first place. He believes that many problems with the brain such as depression can be fixed with diet and lifestyle changes and not antidepressants. What is your view?

Gordon Parker: Depression is not a single condition. Just like people can be breathless for many reasons, (e.g. asthma, respiratory infection, embolus) there are multiple different causes for depression. For some people it is largely a genetic condition, for others response to stress and for others, reflecting a personality contribution. Just as a respiratory physician would work out, why an individual is breathless and what treatment they might need, a trained mental health professional should do the same. A 'one size fits all' model (be it genes, diet or whatever) is not the most appropriate model for managing people with mood disorders. Dietary issues therefore can be primary concomitants, secondary or irrelevant

Interviewer: Thanks very much for joining us tonight. Unfortunately we could not get through all the questions. Do you have any final words for those that have joined us?

Gordon Parker: I appreciate the rich set of questions, for more information on bipolar disorder see the Black Dog Institute website (www.blackdoginstitute.org.au) or Allen and Unwin's Book 'Mastering Bipolar Disorder'.