

STANLEY L. GOODMAN, M.D.
Forensic, Child, Adolescent, and Adult Psychiatry

INDIVIDUAL, GROUP & FAMILY THERAPY/PSYCHOPHARMACOLOGIC TREATMENT OF:

- MOOD AND ANXIETY DISORDERS • OBSESSIVE-COMPULSIVE DISORDER
- PERVASIVE DEVELOPMENTAL DISORDERS • AUTISM
- ATTENTION DEFICIT DISORDER • MENTAL RETARDATION
- TRAUMATIC BRAIN INJURY • TOURETTE'S DISORDER

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MAIN OFFICE

5435 Balboa Blvd. / Suite 208 / Encino, CA 91316

Phone: 818-986-4273 Fax: 818-986-4275 / 818-986-0204 / 818-986-5522

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SUMMARY OF DEPRESSION

Stressful events -- such as physical injury or persistent stress caused by work-related and/or personal problems -- can cause a person to feel depressed and anxious.

Depression is like a medical illness, in that a person needs specific treatment to feel well again. In the case of depression, the treatment needed is medicine and psychotherapy. Thus, it is very important that a person experiencing depressive symptoms understand that it is not a sign of being weak or of being mentally ill, but that depression -- also called Mood and Affective Disorder -- is caused by a decrease in brain chemicals called neurotransmitters.

Neurotransmitters can be thought of as like a spark plug that allows nerve cells to work together. When there is not enough of these chemicals, or neurotransmitters, a person feels as if "the spark is gone." The person then experiences feelings of sadness; difficulty thinking, making decisions, and concentrating; sleep and appetite disturbance; fatigued; and may have feelings of wanting to hurt themselves.

While you read this, if you look at the enclosed color picture of the Positron Emission Tomography (PET) scan on the last page, this will help you understand the changes in the brain that occur in depression. When the brain cells are working -- the top of the color picture -- it is easy to see high levels of the color red. In contrast, in a depressed individual, these areas are mainly blue, indicating reduced or poor brain functioning.

The two main treatments of depression are:

1. Antidepressant Medications. Antidepressants increase levels of these necessary brain chemicals, or neurotransmitters, to a normal level which makes a person feel the way they did before becoming depressed.
2. Psychotherapy/"Talking Therapy": Therapy can help an individual understand what they are experiencing, which helps them to feel better.

This information was summarized from an excellent chapter from the most authoritative textbook in the world in the field of neuropsychiatry: The Textbook of Neuropsychiatry, edited by Stuart Yudofsky & Robert E. Hales, M.D. (American Psychiatric Assn. Press, June 1997). The chapter: "Neuropsychiatric Aspects of Mood and Affective Disorders" by Helen S. Mayberg, M.D., Roderick K. Mahurin, Ph.D. and Stephen K. Brannan, M.D.

PET SCAN ILLUSTRATION

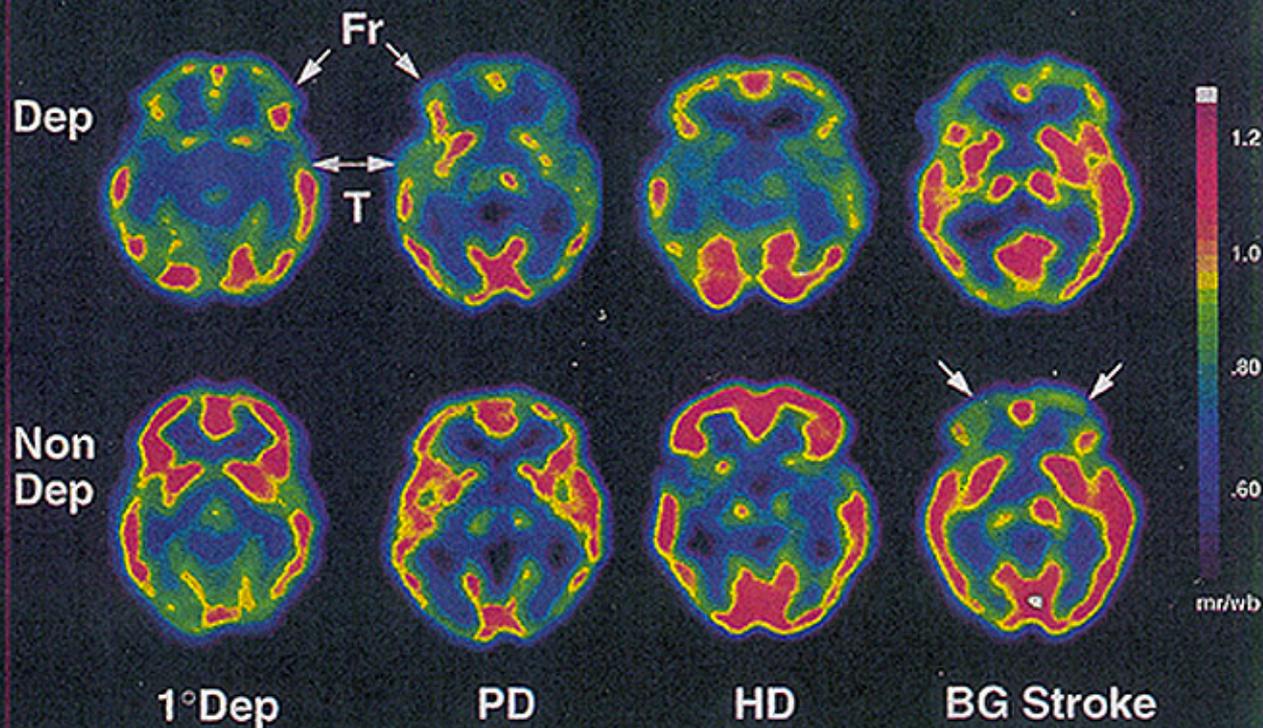


Figure 32-1. FDG-PET images in patients with primary and secondary depression. Symmetric, bilateral ventral frontal and anterior temporal hypometabolism is seen in depressed patients (Dep), independent of disease etiology (arrows, top row). Cortical metabolism is normal in nondepressed patients (Non Dep), except for the frontal cortex in patients with caudate strokes (arrows, bottom row). Scale is relative metabolic rate for glucose (region/whole brain). Abbreviations: Fr = frontal; T = temporal; 1°Dep = primary depressive disorder; PD = Parkinson's disease; HD = Huntington's disease; BG = basal ganglia; mr = metabolic rate; wb = whole brain.