

## Mental Health Series: Depression

### Featuring:

Patrick B. McGrath, PhD

### TRANSCRIPT

**Bice:** In general, about one out of every six adults will have depression at some time in their life. Depression affects about 16 million American adults every year. Anyone can get depressed, and depression can happen at any age and in any type of person.

Welcome to the Abbott Nutrition Health Institute's Power of Nutrition podcast. My name is Bice Dolciato, and I'm with the Abbott Nutrition Health Institute, and I'm excited to bring you another episode of our mental health podcast series. And today's topic is Depression and Anxiety.

We are so privileged to have Dr. Patrick McGrath with us today. He is the Chief Clinical Officer at NOCD, an app-based platform for the treatment of OCD. He leads their teletherapy services across the world, and has authored two books titled Don't Try Harder; Try Different and the OCD Answer Book. So, welcome back, Dr. McGrath.

**Patrick:** Well, thanks. It's great to be here again.

**Bice:** And before we get started, I just want to make sure our listeners know that I am in a recording studio, while Dr. McGrath is dialing in from Wisconsin, so you may notice a small difference in the sound quality of our respective microphones.

Dr. McGrath, would you mind just taking a quick moment to just tell everyone a little bit about yourself and your background?

**Patrick:** Sure, and our telephone lines in Wisconsin are made of cheese, so that's why the transmission might not sound so great to everybody. But, I have been a psychologist for over 20 years and have specialized in the treatment of anxiety disorders. Those are things like phobias and panic and OCD and trauma, but along with those also, very often, come mood issues, as well, too. So, feelings of being down, blue, depressed – those types of things – so that has been a natural aspect of the work that I've done as well, too. And the treatments that I use in those areas are cognitive behavioral therapy, which is a very helpful tool for people who are feeling depressed, and also exposure and response prevention therapy, which is a great tool for anxiety disorders where we have people face their fears and learn how they can handle them. And then, there's also even a tool called behavioral activation where, normally, we see people who have some kind of depression going on, likely would predict when they're about to go do something – that it won't turn out well, and that it won't be very fun. But, after they do it, often, say, it actually was better than I thought. So, one of the things we like to do for mood is really get people out

and moving and doing things, and not just trusting what their mind is telling them – that this isn't going to work or be any good at all -- but, actually testing that out to see what actually happens.

**Bice:** Thank you so much for sharing that with me. So, let's just work with some foundational questions for my learning, and of course, for the audience's learning. Could you define depression and anxiety and why do you often see the two together? Can you explain?

**Patrick:** So, often, we're thinking about depression – there's two main things you're looking at in depression: you're either feeling depressed or you've really lost interest or pleasure in things that you once enjoyed. And, for anxiety, you've got that over-activation of that fight, flight, or freeze response going on, and you're reading into things as being more awful, terrible, frightening than maybe other people would in a certain type of situation. Why might you see the two together? And I describe it very often like this: if I'm now too anxious to do something that I once enjoyed, I don't do it anymore. And if we look at the definition of depression, which I've now lost interest or pleasure from doing things that I once enjoyed, you could see that the anxiety leading you to not do something has taken away your ability to do that and get the pleasure from it that you once did, and, therefore, now your mood is down as well, too, because you no longer get the pleasure from that. And, after a while, that, in and of itself, could carry itself through, and you could see depression developing, and why you might also get diagnosed with a major depressive disorder, or if it's longer than that, it could be a persistent depressive disorder – what we've also called dysthymia of a two-year or more feeling of being down and blue.

**Bice:** The depressive disorder – the different classifications – I was not aware of that, so let's build on that. Are there exact causes of depression? What triggers that?

**Patrick:** Well, there's lots of discussion about that out there. There are neurotransmitter discussions, and why we look at anti-depressant medications as one way of treating people. There is also changes in perception of the way that you look at the world or you experience certain things. There could be stressors that people have that lead them to kind of isolate or pull away from others. There could be adverse experiences that happen that lead people to have a lot of guilt or feelings of worthlessness. There's even a lot of stressors that can lead to thoughts about harming oneself or suicide, as well, too. And with all of that, you might see other behavioral changes where sleep is affected. Some people with depression might sleep way more than they would normally do, and some people have kind of an agitated sleep and don't really sleep at all. And we know that a loss of sleep can have major impacts on mental health. And then you might even see it with eating as well, too. Some people just don't have the energy to eat, and some people go for a lot of food, and one of the things we know is that if you're going for like a quick carb food, you will get a rush of serotonin, and that could make people feel a bit better for the moment, but there's a crash off of that – that, not only do they go back to where they were when they started eating, they even dip below that, and then that below dip they have, they might want more quick carbs to bring themselves back up. So now you have yourself on a cycle of eating that is trying to regulate your mood, but it is not actually getting regulated because of the massive up and down dips that

you're having from the rise of serotonin from those quick carbs to the dips that you have when you've exhausted them.

**Bice:** Wow, there's so much that goes into that thinking – from medication, from signs, and down to even nutrition and how it can impact one's mental state – as we talk about depression. So, let's think about our healthcare professionals. They face a lot, day in and day out. Is there something common among them when we think about depression and anxiety?

**Patrick:** One of the hardest things, especially for, say, hospital workers is that we know that a lot of people who come in to hospitals aren't going to leave the hospital in the way they came in, right? They may pass away, or they may have to go in to some really long-term care facility, and not every surgery turns out excellent and well, and not everybody gets the results that they want, and there's families who are sad and upset, and there's crying and emotions, and you have to be on top all of the time, and it takes a lot of energy to be able to do that. I was so impressed last year -- my wife passed away last year from cancer – and we were in hospice several times. I think that not enough people take advantage, by the way, of hospice and what it really does. It isn't just for the last few hours of your life. She got four months of hospice, and what an amazing kind of care those nurses, those chaplains, and everybody else kind of provided for her, and the techs and everybody's great job – but, that they deal with death all of the time and can be positive and supportive around people while they're surrounded by people dying all the time. Now I really appreciated the fact that they were able to do that and you could tell that they were used to it. It was, uh, kind of a norm for them, and they were able to really approach that from a safe distance away from it – they weren't being overwhelmed every time a patient died in the hospice center. I don't want to sound crass, but it really was their job – right – to be with people and to help them on the last leg of their journey of life, and to be supportive of the family too. But, they knew how to approach it in a way that was healthy for them, as well. And so, for some folks, that can be so very, very difficult, and especially around the pandemic when more people were dying than we've ever had to deal with before, maybe, in our health care lives – we were shocked, and awed, and surprised by all of the death that was happening, and having to see people potentially die alone because their family wasn't allowed to visit them, and having now the guilt of do I leave this patient who's dying to go work with somebody else, but I don't want this person to die alone – and all of the things that we take on as health care providers, then, in that type of situation, and it's overwhelming. Right? So, you can understand why people were depressed; you can understand why people were anxious; and, sometimes when you go home, and your family isn't in health care, they don't get it – they're not there. They don't understand the level of stuff that people had to go through. So, maybe there was some isolation factors there, as well, too, because you had to carry all of this burden yourself, without being able to really share it with anybody else.

**Bice:** Yeah. Dr. McGrath, most importantly, I'm really sorry to hear about your wife's passing. But, I'm also glad to hear that your hospice experience was a good one. And, if I think about the health care professionals that you spoke about, I absolutely agree with you. I mean, they endured a lot and took on a big burden, and so, as we think about our colleagues, what are some ways to approach them if we suspect that they are potentially showing those signs of depression and anxiety?

**Patrick:** Oh, I think that we ought to make sure in our break rooms that there are resources. There are places to call. There are plenty of things, from the EAPs all the way down to the suicide hotline number that are prominent and available so that people know that there is help out there. And, I think that it's important in our grand rounds and our discussions that we have when we're talking about patients, we take a few moments and add either one of those to make sure that we're also taking care of ourselves, as well, too, because if we truly want to take care of the patients that we have the privilege of working with on a daily basis, to be at our tip top shape, we must take care of ourselves. So, I would encourage anybody running a grand rounds or a part of one is listening to this, to include a bit of self-care every day in that, as well, too, and make sure you and your colleagues are taking care of yourselves and each other.

**Bice:** I hope our audience heard loud and clear. I think that's a brilliant idea to find a way to implement some level of self-care, especially in our grand rounds, so thank you so much for that. What are the available management options for depression and anxiety? Does it always require treatment?

**Patrick:** There are many great self-help books that are out there, as well, for people that they can utilize, and our book stores are full of them, and our libraries have them, as well, too, even if people might not be able to afford all of the books. There's excellent online resources that are available for people. There's EAPs that are available through most jobs, where you can reach out and even get free sessions, likely six – eight sessions sometimes that people are able to utilize for people that we're talking to today who might also still be in graduate school or working on higher level degrees, I'm going to bet your university has a counseling center that you could also go to, and it would likely be free or very low cost to be able to talk to someone, as well, too. So, use what's available to you – take advantage of it. Your companies, your schools are paying for these things to be there. Allow yourself to take advantage of those things. We don't have to be the one who has to be strong by ourselves and go through this on our own and not get any help. Getting help is not a sign of weakness. Getting help, to me, is a sign of strength. Right? I would rather call a plumber to my house when my pipes are broken than try to do it myself, because I will make it worse, right? And, I know what my limits are in plumbing. But we all have limits in everything – in fixing our cars, and in how we handle our mental health, as well, too. And, there may come a point where the things that we're doing just aren't working and we have to be able to say, "I need something else." I want everyone to think about this: if you love sports, the people that you love who play sports, even though they're professional athletes, still have coaches, and if it's okay for them to be coached, it's okay for you to be coached too.

**Bice:** Yeah. I hear you loud and clear. And, just a side bar, once you call that plumber for the pipes, hand that over to me, because my husband is in the same category as you, so thank you.

**Patrick:** No problem.

**Bice:** Here's what I will say too, and just building on this very question – oftentimes, when one is depressed, they're either going to go down, potentially, a route of medication, or potentially going to therapy, but there's just this stigma – it's like people don't want to share that openly. Like you

mentioned, it's just being brave and being able to open up and articulate that, because I think that's one of the many challenges that we all face is that we don't believe others are going through the same experiences. What would you recommend being a breakthrough for someone to be able to be open and comfortable with their depression or anxiety?

**Patrick:** You know, I'm privileged to work at NOCD, and one of our spokespeople is Howie Mandel, and he's out there doing some work for us right now, and he's talking about the idea that OCD is not a joke. So, here's a comedian who's made his living on telling jokes and being funny, but as a person with OCD, he's describing that it's not funny having OCD and not something that's trivialized as well, too. So, I like the fact that more and more people are coming out now and talking about their own experiences. That's helping us to normalize this and to get people to recognize that it is okay to have something going on in the mental health aspect. I can't control the way my brain works, and I also can't control the way my pancreas works too. I can do things to try to make both of them better. I can do certain exercises cognitively to make my brain stronger and maybe my thinking better and my intelligence, and I can eat in certain ways that really supports my insulin and everything like that. But, ultimately, if you're going to go into diabetes, your pancreas is going to fail – it's going to fail, and there's probably not everything that you can do to be 100 percent in control of it, just like you can't be 100 percent in control of your brain and the way it functions either.

**Bice:** Dr. McGrath, you shared a lot of great, valuable ways and how to pool resources, what would you suggest – and it's a two-fold question – as we think about the one that is displaying symptoms of depression or one that is depressed, what are some quick wins or a quick opportunity to get the help that's needed, because it's overwhelming?

**Patrick:** Very often, what I've seen happen for people who are feeling anxious or depressed is they feel like "I'm feeling this way now, and I have to do everything in order to be better," and I'm really working on encouraging people to take a baby step first. If it's so overwhelming to do everything, and that leads you to do nothing, then trying to do everything is not going to be successful. So, what we have to sometimes do is pick one thing and decide this is where we're going to start. Now, in your head, your brain might be screaming at you, "but that's not enough – there's so much more," and I understand that, and I get that; but, if you can't do everything, wouldn't it be better to do something? So, I try to really work with people on making a small change and building off of that. That is the snowball at the top of the hill that will, hopefully, become an avalanche at some point in time. And the other piece that I think is really important, too, is that there are potentially great helps out there that aren't just from the therapy point of view as you're talking, you're sitting with somebody, you're doing it over tele-therapy – there's medications that can be available for people as well. So, there's other aspects out there, and for people who are even more deeply in depression or of anxiety, there's new ways of looking at it. There's Transcranial Magnetic Stimulation ("TMS") that is now being used to help people who are depressed and anxious, and there's even more and more things on the surgical side if people get into an extreme level of, say, something like obsessive compulsive disorder, where there's deep brain stimulation even available for people too. So, we're always working on more and more for people. I think we'll see

amazing research coming out in the next decade on psychedelics and what effect that will have also on mental health too. Don't just think, if I can't do therapy or I'm not ready for therapy, then I'm done. I have nothing else available. There are other options out there, as well.

**Bice:** Yep. And I'm hearing you on that piece, as well, too. So, let's try to round this out and just summarize for our listeners. What would you say are the biggest key takeaways, based on our conversation today?

**Patrick:** Help is available. There are people out there who are ready to assist you. Sometimes, the biggest barrier in getting help is the person who needs the help, who is doubting and questioning if they're worthy of the help – if they're worthy of the time and energy. There are even people who are suffering because they think, "oh I wouldn't want to burden anybody else with this, and that would be awful and horrible," but I would say to health care workers who think that way, imagine if somebody didn't come to the hospital because they thought, "well, I wouldn't want to burden the nurses with having to care for me in the hospital," right? Well, if that was the case, you'd be out of jobs. You wouldn't have any income coming in. So, you're not a burden to anyone else, just like your patients aren't a burden to you.

**Bice:** Thank you so much for your insights, and for joining us on today's Power of Nutrition podcast. For our listeners, the 988 lifeline provides 24/7 confidential support for people in suicidal crisis or mental health related distress. By calling or texting 988, you'll connect to a mental health professional. ANHI is excited to provide a series of podcasts on a variety of mental health related topics. So, please join us for the next episode by visiting [ANHI.org/resources/podcasts](https://anhi.org/resources/podcasts). We will be adding new episodes often, so please check back throughout this year. Thank you for listening. Stay healthy and be safe.