

Depression and anxiety: Can I have both?

Depression and anxiety often occur at the same time. Fortunately, their treatments are similar.

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Q: Is it possible to have depression and anxiety at the same time?

Although anxiety and depression are regarded as two distinct disorders by psychiatrists, it is quite common to have both at the same time.

Anxiety disorders can take many different forms — including panic attacks, specific phobias, generalized anxiety and obsessive-compulsive disorder — each with its own distinct set of symptoms.

However, depression is generally categorized by a core set of symptoms, including pervasive sadness, fatigue, irritability, sleep difficulties, decreased interest in usually enjoyable activities and sometimes suicidal thoughts. Some of these same symptoms may be seen with anxiety disorders — with the main feature of anxiety disorders being unreasonable fear and worry.

An anxiety disorder may predispose you to developing depression and vice versa. Fortunately, treatments for depression may provide relief for anxiety as well.

How to Address Depression and Anxiety

Most people with major depression also suffer an anxiety disorder.

Q: What is the best way to deal with depression and anxiety?

A: Quickly and definitively. Whatever kicks them off, depression and anxiety both are maintained by styles of thinking that magnify the initial insult and alter the workings of the brain in such a way that the longer an episode exists, the less it takes to set off future episodes.

Anxiety and depression are probably two faces of the same coin. Surveys have long shown that 60 percent to 70 percent of people with major depression also have an anxiety disorder, and half of those suffering anxiety also exhibit clinical depression symptoms.

The stress response system is overactive in both disorders. Excess activity of the stress response system sends emotional centers of the brain into overdrive so that negative events make a disproportionate impact and hijack rational response systems. You literally can't think straight. You ruminate over and over about the difficulties and disappointments you encounter until that's all you can focus on.

Researchers believe that some people react with anxiety to stressful life events, seeing danger lurking ahead everywhere—in applying for a job, asking for a favor, asking for a date. And some go beyond anxiety to become depressed, a kind of shutdown in response to anticipated danger.

People who have either condition typically overestimate the risk in a situation and underestimate their own resources for coping. Rather than developing the skills to handle situations that make them uncomfortable, sufferers merely avoid what they fear. Often enough, a lack of social skills is at the root. Some types of anxiety—panic disorder, obsessive-compulsive disorder, and social phobia—are particularly associated with depression.

The fact that anxiety usually precedes the development of depression presents a huge opportunity for the prevention of depression. Young people especially are not likely to outgrow anxiety on their own; they need to be taught specific mental skills.

Cognitive-behavioral therapy (CBT) gets at response patterns central to both conditions. And the drugs most commonly used against depression have also been proven effective against an array of anxiety disorders.

Although medication and CBT are equally effective in reducing anxiety/depression, CBT is better at preventing return of the disorder. Patients like it better, too, because it allows them to feel responsible for their own success. What's more, the active coping that CBT encourages creates new brain circuits that circumvent the dysfunctional response pathways.

Cognitive-behavioral therapy teaches people to monitor the environment for the troubling emotional landmines that seem to set them off. That actually changes metabolic activity in the cortex, the thinking brain, to modulate mood states. It works from the top down. Drugs, by contrast, work from the bottom up, modulating neurotransmitters in the brainstem, which drive basic emotional behaviors.

Treatment with CBT averages 12 to 15 weeks, and patients can expect to see significant improvement by six weeks. Drug therapy is typically recommended for months, if not years.

Exercise is an important adjunct to any therapy. Exercise directly alters levels of neurohormones involved in circuits of emotion. It calms the hyperactivity of the nervous system and improves function of the brain's emotion-sensing network. It also improves the ability of the body to tolerate stress. What's more, it reduces negative thinking and changes people's perception of themselves, providing a sense of personal mastery and positive self-regard.

However, just telling a distressed person to exercise is futile, as depression destroys initiative. The best thing a loved one can do is to simply announce: "Let's go for a walk." Then accompany the person out the door.

If you have symptoms of either or both of these problems, it's important to consult with a mental health provider who can assist you in sorting out these conditions and what treatments may be most helpful for you.