



December. It's a busy time of the year for many. There are a number of holidays that can be celebrated, plans are being made for the new year, there are parties, get-togethers, cards to be mailed. Never-ending lists of things to do. So why talk about depression and suicide in December?

Interestingly enough a quick review of the literature states that attempted and completed suicide attempts are at their lowest just before Christmas. In an article titled *The Christmas Effect on Psychopathology* published in the *Innovations in Clinical Neuroscience* December 2011 edition, Dr. Randy Sansone and Dr. Lori Sansone reviewed the published peer literature and reviewed four studies that linked a decrease to suicide during the holidays. All four studies that were reviewed also show that there was a rebound effect or an increase in suicidal behavior immediately following Christmas. What does that mean for me?

Well, to a degree, it would suggest that Christmas is a protective factor against depression and suicide. Think about it. You are busy. Maybe too busy to have time for what is bothering you. But once Christmas is over and things start to slow down your depressed feelings and thoughts of suicide may return.

It is important to know what depression looks like in the event your depression worsens around the Christmas season. There is help available to you if are feeling any of the following symptoms of Major Depressive Disorder:

- ✓ Depressed mood most of the day, nearly every day
- ✓ Decreased ability to find pleasure or interest in usual activities
- ✓ Significant decrease or increase in appetite or weight
- ✓ Fatigue or loss of energy nearly every day
- ✓ Changes in sleep – insomnia or hypersomnia
- ✓ Restlessness or feeling physically slower
- ✓ Decreased ability to think, concentrate, and make decisions
- ✓ Feelings of guilt or worthlessness
- ✓ Recurrent thoughts of death or committing suicide

Sounds a lot like HD, right? So how do I know if I am depressed or my loved one is depressed? *Understanding Behavior in Huntington's Disease: A Guide for Professionals* states the following: depression is common among persons with HD. It can develop before symptoms of the disease (prodromal stage) or when the disease is in the manifest years. In the disease prodrome, symptoms of depression can develop many years before motor symptoms and the highest prevalence of depression during this period may be within one year of clinical diagnosis of HD. Once HD symptoms appear, earlier stages of the disease have the highest prevalence of depression. A person who is at-risk of the disease may self-report feeling depressed. However, as the disease progresses into the diagnosed

Help for Today, Hope for Tomorrow.

stages, it is often the observation of a family member or caregiver that alerts the person with HD's doctor to the presence of depression. Being alert to symptoms of depression is necessary because the incidence of suicide is elevated among people with HD.

There are many options to treat depression including medications and behavioral interventions. The following behavioral suggestions can be helpful in managing depression:

- ✓ Encourage the person with HD to talk to someone he or she knows and trusts about depression
- ✓ Seek out treatment from a mental health professional in your community
- ✓ Have a conversation about medications with the person who has HD
- ✓ Attend a support group to help address feelings of isolation and to help develop social connections
- ✓ Encourage the person who has HD to continue to participate in hobbies and in activities that interest them
- ✓ Reinforce maintenance of routines and schedules
- ✓ Monitor and report conversations about suicide and death

Because depression and suicide rates can go down around Christmas and then return or even spike after Christmas our conversation about depression and suicide will continue with our January newsletter.

Remember your chapter social worker is available by phone at 901-609-9127 or by email at mbradley@hdsa.org to help you find behavioral health resources in the community, talk about depression, and talk about suicide. Let someone know that you are struggling. I want to help. If you or your loved one is having a psychiatric emergency please call 9-1-1 or go to your nearest emergency room. Do let your inpatient (and outpatient) psychiatric team know about your HD social work services so social work can continue to support you.

Until next month,

Margo Bradley, LCSW