GET OVERIT



hen experiencing Depression, we frequently hear such comments as, "...Get over it...Pull yourself up by your bootstraps..." or similar clichés. Such actions will certainly help with temporary sad moods, for example, "...I gained another pound...I feel depressed..." or "...I need a manicure... my car has a flat...". However, in Clinical or Major Depressive Disorder, it's important to recognize the signs, symptoms and lingering factors and to seek help as soon as possible. While clinically depressive symptoms may abate on their own, over months, why suffer, when more immediate and proven help is readily available?

Some examples of depressive symptoms include a depressed or sad mood. increased anxiety/nervousness and worry, changes in sleep and/or appetite, experiencing more or less than usual patterns of sleep and appetite. Other symptoms may include feeling tired and low on energy, inability to enjoy usual fun activities, no motivation, decreased concentration and memory, crying spells or feeling like crying with inability to do so. In more severe cases, there may be thoughts of death and dying,

plans for suicide and/or homicide and development of psychotic symptoms, such as hearing voices commanding suicide and possibly seeing and/or hearing deceased relatives asking one to join them in death.

When several of these symptoms last for at least 2 weeks, Clinical or Major Depression is diagnosed. Of course, with thoughts of suicide, immediate action must be taken with a trip to the nearest Emergency Room. In less severe cases, some choose to engage in Pastoral Counseling while others seek a Licensed Clinical Social Worker, Licensed Counselor, Psychologist and/or Psychiatrist, should medication be considered. The most important action is to seek help and get better!

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Dr. Karen S. Cowan, who writes for Livinghope international magazine, is a medical doctor and psychiatrist. She completed her undergraduate degree, BA in Biology, at 3 institutions, Northwestern University, Spelman College and finally, University of Missouri, St. Louis, via Night School Program. Her MD degree was completed at the University of Missouri School of Medicine, followed by completion of Residency in Psychiatry at Washington University in St. Louis and finally, followed by a Post-Doctoral Fellowship from the National Institute of Mental Health in Psychiatric Epidemiology and Biostatistics. She earned a Master's Degree in Psychiatric Epidemiology. She has worked as Medical Director, Emergency Room Director and Staff Physician at multiple facilities for over a 34 year period.