

Dentistry and Depression

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Introduction

The fact that heart disease and cancer run in families is well understood. Heart disease is the biggest killer in the country, and like many, I have a strong family history. My grandfather, father, and brother all died of heart disease before they reached the age of 57. (As I write this, I am 57 - whew.) But I also have a strong history of depression in my family. My mother, son Eric, and nephew died of depression. Both my brother and sister and almost all of Eric's cousins on my side of the family have been treated (some hospitalized) for depression. I have suffered from depression on and off since I was eight years old. My son was treated for situational depression after surviving a car accident that killed two young teenagers when he was nine and after the suicide death of my nephew when he was 17. I wish he had sought help before his death, which occurred immediately after another difficult situation, a break-up with his girlfriend.

I am writing this article because I believe that there is still a stigma associated with those identified as suffering from depression and also a stigma associated with taking medication for the treatment of depression. On several occasions before Eric's death, and continuously since Eric's death, I have been taking an antidepressant, Cymbalta, and am so grateful that it exists. Cymbalta is also effective in treating the joint pain

associated with my arthritis. Two birds are killed with one stone, and I feel better and can move. What's not to love?

I also take lisinopril for my high blood pressure. When I was in practice, the only side effect from my medications that affected my patient care was an annoying cough (a nasty side effect of the lisinopril). The Cymbalta allowed me to get up from my chair and move from room to room without limping, and kept me from falling into the emotional pit caused by a lack of serotonin in my brain. Very few people would consider it a character flaw or emotional crutch for me to take a medication to control high blood pressure, but there are still many who would judge me negatively because I take an antidepressant. (My character flaws are many, but completely independent of my antidepressant use.)

My emotional stability not only affects me, it affects my family, my friends, my staff, and my patients. I believe that there are still many dental professionals who are suffering from depression but not seeking treatment for it because of the stigma attached. I would like them to understand that peace and joy are still attainable, with the associated positive impact on their home and practice lives, through proper treatment.

For those dentists who have never suffered from depression, I hope this article helps you to better understand the family, friends, staff, and patients in your life who do.

**My mother,
son Eric,
and nephew
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Current Wisdom

I graduated from dental school in 1981, and since that time I have heard it said, and said frequently, that dentists have the highest rate of suicide of any profession. Actually, a 2014 evaluation of NIOSH data reported in Business Insider reveals that among white males, dentistry ranks third when it comes to suicide. Marine engineers and physicians have higher rates. Interestingly, among white women, black men, and black women, dentistry does not make the top three.

Recently dental journals and continuing education seminars have paid more attention to health and wellness issues. It is not unusual to see articles focused on the importance of a healthy lifestyle, ergonomics in dentistry, and the management of dentists struggling with addictions. This is a wonderful trend and definitely overdue.

Surprisingly, even after the public discussion of suicide rates within our profession, I have not seen the corresponding attention paid in our dental journals to the topic of depression. According to the ADA's 2003 survey, dentists are more than twice as likely to suffer from depression than from either substance abuse or repetitive stress injury. So why aren't we talking about this? I don't know the answer, but I suspect that part of the problem is that, unlike the other two, depression doesn't typically affect our practices in a public way. It is hard to pick it out in

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Feature

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our colleagues, as there is no standard when it comes to mood. We all know that treating a patient with hands that are unreliable or after abusing drugs or alcohol is unethical and dangerous. Depression can, however, cloud our relationships with patients, staff, and family, and negatively affect our practices.

So — what is depression? According to the Mayo Clinic, “Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depression, major depressive disorder, or clinical depression, it affects how you feel, think, and behave, and can lead to a variety of emotional and physical problems”. Depression can make the day-to-day activities of life and a dental practice difficult. People who are depressed sometimes live with the fear that seeking treatment will classify them as being “weak willed”. Depression is not an illness that is easy to “snap out of”.

Some types of depression run in families, although many people with depression have no known family history of the disease. Research indicates that environmental factors in combination with genetic factors increase an individual’s risk for depression. Environmental factors include trauma, loss of a loved one, physical illness, a difficult relationship, or any stressful situation.¹

Depression is a disease of the brain. The brain MRIs of depressed patients look different in the areas involved with mood, thinking, sleep, appetite, and behavior.² Women are 70% more

likely to suffer from depression than are men, with an average age of onset at 32.³ Depression can also be affected by hormones, and is seen more often in women after giving birth and during menopause.

Men and women may experience depression differently. Women are more likely to feel sad and worthless, with episodes of excessive guilt. Men are more likely to experience irritability and frustration.⁴

Patients suffering from depression are also at higher risk for the development of heart disease, stroke, and dementia.⁵

Depression can also follow a major illness. Up to 33% of heart attack patients eventually develop depression.⁶

The good news is that depression can be successfully treated. As with any illness, the earlier treatment is initiated, the better the outcome. Treatment typically consists of medication and/or psychotherapy. Most antidepressants work on adjusting

the levels of neurotransmitters in the brain, particularly serotonin and norepinephrine.⁷

Unfortunately, when it comes to depression, admitting you have it can be difficult. We live in a society in which mental illness comes with a stigma. Numerous studies from around the world show a common belief that depression is a sign of personal weakness. Many employers would hesitate to hire a person suffering from a mental illness, and if you plan to run for public office, you can expect to lose some votes.

Let’s face it: For a dentist, admitting you have depression publicly would not exactly be a practice builder. But letting your physician know about your symptoms is critical. With treatment modalities improving and HIPAA laws protecting your medical records, the benefits far outweigh the risks.

It is of interest to note that in a 2006 study published in the *Journal of Nervous and Mental Disease*, 24% of the first 37 presidents of the United States suffered from depression.

John Adams, Thomas Jefferson, and Abraham Lincoln are included in this number. I don’t think we would classify any of these men as “weak willed”. According to writer Joshua Wolf, “Lincoln didn’t do great work because he solved the problem of his melancholy; the problem of his melancholy was all the more fuel for the fire of his great work”.⁸

It is time that dentistry brings the topic of depression out of the closet and encourages our colleagues who suffer from this disease to seek treatment. We need to make a conscious effort to move our profession out of the Top 10 in the suicide rankings. ■

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