

By Jena Lerch

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## Jena Lerch: Stigma impedes treatment for depression

A few weeks ago, I mentioned to one of my peers that I take medication for depression. Her response astounded me. Unfortunately, it reflects the stigma that often accompanies pharmacological treatment of depression in the United States.

She said, "Oh, I would never take an antidepressant. They're addicting and I wouldn't want to be an addict. Haven't you tried anything else?"

Not only was this comment offensive, but it also illustrates that she is grossly misinformed. Depression is a huge public health issue in America. The Centers for Disease Control and Prevention report that, in 2011, there were 836,000 emergency department visits related to self-injurious behavior. Depression is a medical condition, and when people seek treatment for this illness they should not be met with ignorance and judgment.

The stigma surrounding the use of antidepressants includes the belief that these psychoactive medications are addictive and patients who take them are weak. This stigma, based on a deficient understanding of the effectiveness of the medication, acts as a significant obstacle in the treatment of depression.

There are several possible biological mechanisms that may contribute to the underlying causes of clinical depression, but they are not completely understood. The fact that depression is caused by a molecular anomaly shows that individuals who seek to treat their depression with medication should not be judged for doing so.

When diabetics take insulin because their bodies are incapable of producing a sufficient supply, nobody questions them. However, when I take an SSRI (selective serotonin reuptake inhibitor) because my brain has trouble regulating its supply of serotonin, I am continuously questioned, often about whether I am worried I will become an addict. According to the Mayo Clinic, SSRIs are not addictive. It is important for practitioners to be aware of fears and misconceptions related to antidepressants in order to ensure adequate treatment of symptoms.

Depression can be very dangerous if left untreated. The suicide risk ranges from 2 percent to as high as 12 percent. Antidepressants have been shown to be more effective than a placebo in treating depressive symptoms. Each person responds differently to medications, so it may take time for patients to find an appropriate drug.

Some people may argue that therapy should be used instead of pharmacologic treatments; they might believe that those who cannot obtain relief with therapy are weak. However, many patients, including me, find it difficult to find relief from depression with therapy alone. When I was depressed, I lacked the motivation and energy required to actively participate in and benefit from cognitive behavioral therapy.

The stigma surrounding antidepressants definitely delayed my treatment. After months of suffering, I finally sought help. My nurse practitioner assured me that antidepressants have been used successfully for years, and that side effects are not guaranteed, because every person responds differently to medications.

She said something that resonated with me: "Why suffer?" She was right. After pharmacological therapy, I no longer feel like I am only existing without truly living. I no longer feel the debilitating weight of numbness and apathy. I no longer question why I should choose to live.

Next time you come across an individual who confides that he or she has sought treatment for their depression, think before you respond with judgment. A judgmental response could lead to dangerous noncompliance and symptom relapse or an unsafe delay in treatment. Instead of questioning the individual, commend this person for the accomplishment of seeking treatment in a society where stigma makes this an arduous task.

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