Understanding and Managing Depression in Malaysia

A Handbook on Depression

by

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For people suffering from depression, carers and healthcare professionals.

Disclaimer: The content of this booklet is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition.

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He graduated with MBBS in 1988 from Manipal, India and did his Masters in Psychiatry in 1996 at Universiti Kebangsaan Malaysia. He completed a Certificate in Substance Abuse with the University of Melbourne in 2003. He has more than 30 publications in journals and chapters in books. His areas of interest are in, Ageing, Prevention of Substance Abuse, Managing Stress and Depression.

He is a committee member of the Addiction Medicine Association of Malaysia and Malaysian Healthy Ageing Society. He is a member of the Academy of Medicine, Malaysian Psychiatric Association and Malaysian Mental Health Association. He also has a Certificate of Completion in Mental Health Leadership from University of Melbourne, 2003 and a Diploma on Mood Disorders from the Lundbeck Institute, Denmark, 2010. He was also part of a Disaster Medical Relief Team in Nepal post-Earthquake in August, 2015.

Biography of authors

Dr. Vinodini Thiagarajan graduated with a Bachelor in Medicine, Bachelor in Surgery (MBBS) degree from International Medical University in 2018. During her clinical phase at Hospital Tuanku Jaafar, she developed a keen interest in psychiatry.

She completed her elective placement in the Emergency Department of St Vincent's Hospital, Melbourne and has previously volunteered in Dyslexia Association of Malaysia and Kiwanis Down Syndrome Malaysia. She was chosen to participate in McKinsey's Youth Leadership Academy where she raised awareness on Organ Donation in Malaysia. Recently, she completed a research article on "Awareness of Autism among Primary School Teachers", under the supervision of her mentor.

She is currently practicing in Hospital Universiti Kebangsaan Malaysia and is interested to pursue a career in child psychiatry.

FOREWORD

This is an excellent and timely publication on Depression. The dearth of resources in Malaysia on the clinical entity of Depression makes this book useful reading material not only for persons with Depression but also for their near and dear ones. In fact, anyone even with a faint interest in the subject will find reading this book a fulfilling exercise. This book is easy to comprehend with the subject matter made more interesting through the inclusion of patient testimonials.

The authors also elaborate on the connection between physical illness and Depression - a concept that is often overlooked. Readers may also find the section on how to maintain sleep hygiene particularly useful as sleep dysregulation is a common problem but which could also be a manifestation of underlying Depression.

The Malaysian Mental Health Association is proud to collaborate with the authors in the publication of this book, in their effort to mainstream issues concerning mental health and in particular, Depression in the Malaysian context.

This small but useful publication is yet another feather in the cap of Professor Dr Philip George who is a doyen in the field of psychiatry and mental health services in Malaysia. It is also very encouraging to note that the co-author, Dr Vinodini Thiagarajan, a recently graduated doctor, demonstrates such passion for psychiatry through her contribution to this book.

Prof (Adj) Dato' Dr Andrew Mohanraj
President , Malaysian Mental Health Association (MMHA)

Introduction

It is easy to find volumes of relevant information on the common medical illnesses like diabetes and hypertension. Such information is available in leaflets, newspapers and other media. However, in Malaysia it is difficult to find information regarding one of the most common illnesses and the fourth most disabling illness in the world: Depression.

This short and precise handbook hopes to fill a part of the void by providing simple information about Depression as an illness. It comprises information regarding how common the illness is, what causes it, what are its symptoms and what treatments can be of help. This handbook also incorporates patients' testimonials on their experiences and challenges in overcoming their depression.

This handbook is to be used by patients, their carers (family members, friends and working colleagues) as well as healthcare professionals. The information in this handbook is useful as a supplement to standard professional treatment of depression and cannot be used on its own. The information provided here is a summary of information obtained from sources believed to accurate and reliable. It is also a compilation of the authors own opinions and experience. The information here is not a substitute for the knowledge, skill and judgement of qualified mental health professionals.

Depression is an illness

Depression is a word that is used in so many confusing ways. For example in the 1997 to 1998 period, Malaysia saw an 'economic depression'. We sometimes describe Mondays, when we get back to work after the weekend, as a depressing day. Even fractures are described as depressed fractures sometimes. It's no wonder then that depression as an illness is hard to understand. It's easier to understand and eventually accept when a Doctor says your lungs are infected or your heart is enlarged.

The truth is depression is an illness, just like hypertension, diabetes and cancer. The suffering however, is not evident to the eye unlike in a fracture or a swelling. The suffering is largely internal. It is common then for patients with depression to wish an external injury rather than to suffer depression, as with an external injury the suffering will be evident to others.

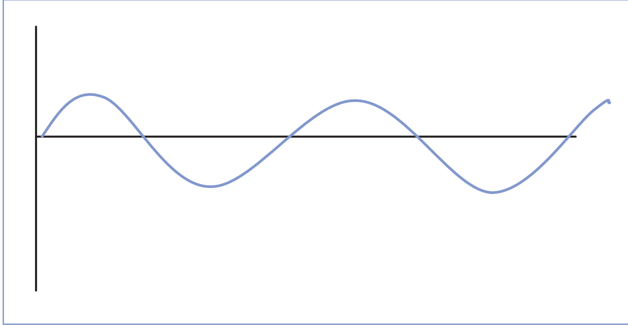
Depression is considered an illness because there are biological changes that occur in people suffering depression. These changes include a change in the neurochemicals in the brain, which work as important messengers in the areas for thought, emotion and feeling. There are also psychological and social changes as a result of the depression.

What depression is not!

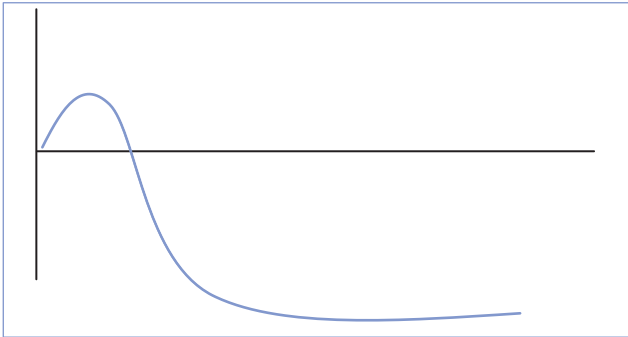
Depression is not a weakness. It is definitely not because of an evil spirit or some charm and is not due to committing sin. Strong and successful famous people suffered depression including Bruce Lee, Winston Churchill, Ronald Reagan, Leo Tolstoy and Vincent van Gough. Other famous movie stars and entertainers who have admitted to suffer depression are Ellen Degeneres, Jim Carey, Eminem, Johnny Depp, Anne Hathaway, Parveen Babi and Leslie Cheung. So essentially depression does not pick and choose who its sufferers are. Depression is definitely not something you can snap out off. You can't snap out of your cancer so you can't snap out of depression, as it is an illness just like cancer.

Normal sadness vs Depression

Everyone goes through periods of feeling sad and happy. These are normal fluctuations of the mood as seen in the graph below.

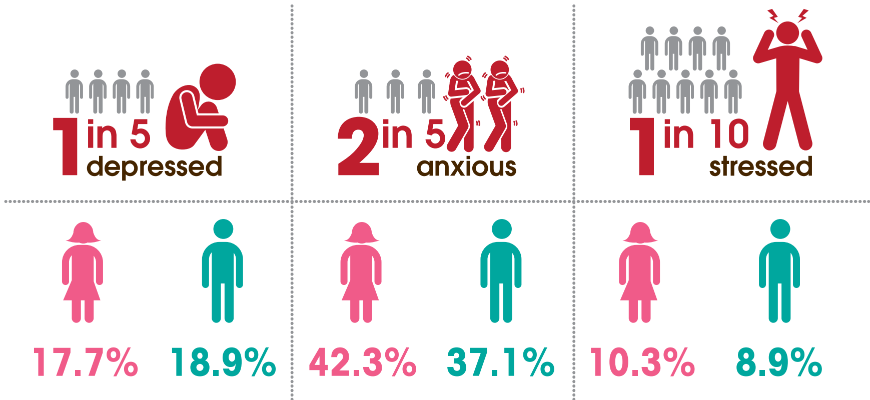


People with depression have a sustained period of feeling low and the sadness is deeper and more prolonged as seen in the graph below.



The pain and suffering from depression is real and can affect the individual's work, study or social relations. Left on its own, some people recover from their depression, but this can take up to 2 years. During this period they risk dying from suicide or from general lack of nutrition and self-care. They risk prolonged periods of decline in social and occupational functioning and a poor quality of life. Depression is also known to reduce immunity, making it easier for other illness as complicating current illnesses.

Research tells us that depression is the fourth most disabling illness in the world (WHO & Harvard, 1990) and is expected to be the second most disabling in 2020. Most patients with depression suffer considerably and sadly in Malaysia, they are unaware that this is a treatable condition.



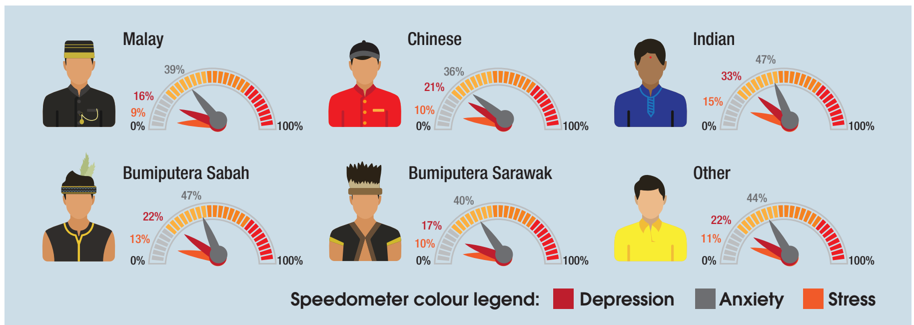


*image adapted from Berita Harian dated 01/09/2018

Types of Depression

There are 4 types of commonly occurring depression as listed below:

1. **Major Depression** – This is the most common form of depression. Major Depression is often falsely thought to mean a serious type of depression. The fact is Major Depression can be further divided depending on their intensity into;

   a. Mild Major Depression
   In Mild Major Depression the symptoms and impact are less intense. There may be more anxiety symptoms and lack of early morning awakening but more of initial insomnia.

   b. Moderate Major Depression
   In Moderate Major Depression there can be more negative symptoms such as uselessness, worthlessness and hopelessness. It usually affects daily life functioning. There may be suicidal ideas but no attempts or plans.

   c. Severe Major Depression
   Severe Major Depression can be divided into with and without psychoses. Here patients may experience hallucinations or delusions that are typically related to the low mood such as voices telling the person to take his or her life. There can also be serious symptoms of suicide with plans or attempts.

2. **Dysthymia** – This is the term used for a chronic long-standing low intensity depression that may not affect the occupational and social functioning of an individual.

3. **Depression of Bipolar Mood Disorder** – In Bipolar Mood Disorder, there is a swinging of mood between two extremes. In the manic phase of the illness, the mood is elated and high and in the depressed phase it is low.

4. **Post-partum Depression** – (PPD) occurs a few days or even months after childbirth. It can happen after the birth of any child and not just the first child. Postpartum Depression can occur in 10 to 20% of mothers after delivery and it often keeps a woman from doing the things she needs to do every day. Post-partum Depression is very different from Post-Partum Blues which is much more common but is a mild and self-limiting condition.

Patient's story 1

I had always been an active, outgoing and sporting person but all this took a turn for the worse after the birth of my first child. My problem started during my pregnancy. I started feeling increasingly moody during this period. One moment I would be extremely happy and the other moment I would be feeling totally miserable. My husband noticed these emotional drawbacks but we took it as a normal behavior during that time.

Soon, the baby arrived. Instead of feeling happy, I felt very burdened by the birth of my child. This gave me an intense feeling of guilt but I did not know why I could not accept the baby with joy and happiness. My relationship with my husband became increasingly tense. We were constantly in argument and never met eye to eye. I had extremely high expectations and this was usually very hard to fulfill. However, I was adamant that he should do things the way I wanted. At work, I was suffering with the workload and found it hard to juggle between home, work and the baby (I was pretty much alone and had very little assistance). I rarely got to sleep well and my blood pressure was low.

As time passed, my attitude began to get worse. I would get angry very fast and I would scream at people around me. When things got out of control, I would grab whatever was near me and throw it. To make things worse, I started getting suicidal thoughts. I attempted suicide a few times but always failed to execute it as I would be troubled by fear. After one such attempt and outrage, I knew that something was very wrong. I begged my husband to help me get help. He asked for professional help and finally 5 months after my childbirth I went to see a psychiatrist. This was when I began to see some light.

My doctor diagnosed me to have post-partum depression. He said that I would have to be on a course of medication in order to get better. After that, he met my husband and explained my condition to him as well. I was told to take a break from work and concentrate on my recovery. All my life I have known depression to be a sense of feeling. It is what I normally thought I felt when things were very wrong and I was feeling more than just sad but suddenly, I was told that depression was an illness and needed medication. At first, I was in a state of denial. I told myself that I had attitude problem and I could solve it by thinking positively. But after much coaxing, cajoling and assurance from my doctor and my husband, I decided to give it a try.

My doctor started me at the lowest dosage possible. This made it easier to cope with. Initially, I had some side effects but all this disappeared after some time. I could see a lot of improvement after a few weeks. There were times when I felt I could not cope. My doctor then increased the dosage of medication and suggested I go for occupational therapy. This helped me even further. Through the therapy, I learnt techniques of relaxation and this helped me to relax and sleep better. My doctor also gave me a lot of encouragement and advice and my relationships with my husband and my other family members improved tremendously. What nearly ended in a divorce is now a strong relationship. I began to enjoy motherhood. My baby has brought me so much of joy.

It is now over a year since my medication and recovery. I am now a changed person. I have resumed work and can cope with the workload more effectively. I am also more optimistic in everything I do. My relationships are much better. I am no longer a shy person and I'm beginning to be more open with my friends and family.

My doctor says that I'm on my way to full recovery. Soon I would not need any medication and will be free of depression. I can't wait to have more children to enjoy life more and I know that things will get better. I'm glad I did not end my life, as I would have missed all these wonderful experiences. I really thank my doctor and family for their assistance and encouragement that has helped me recover.

How common is depression?

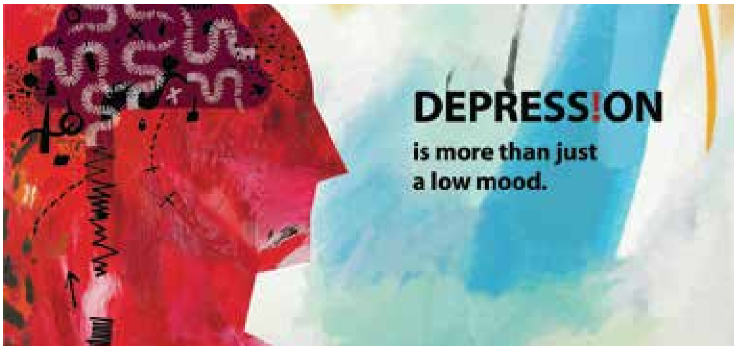
Surprisingly, depression is more common than hypertension or diabetes. It occurs in roughly 10% of the population. According to the National Institute of Mental Health (NIMH) 2016, 6.7% of adults (18 years and above) in US are diagnosed with depression and 12.8% of adolescents (12-17 years) in US are diagnosed with depression. This is true not only among westerners but even in Malaysia. According to the National Health and Morbidity Survey (NHMS) 2015, 29.2% of adults in Malaysia (16 years and above) are diagnosed with mental health disorders and 12.1% of children in Malaysia are diagnosed with mental health disorders (www.iku.gov.my—nhmsreport2015vol2.pdf).

In a survey done in Kelantan among people coming to a primary care clinic, 10.3% had symptoms of depression. Depression happens to be two times more common in females than in males. This may be due to hormonal differences and the different stresses that women have to face as well as the fact that men may self-medicate their depression with alcohol or drugs. Although depression is so common, people know more about hypertension, diabetes, heart disease than they know about depression.

Signs and Symptoms of Major Depression

The two core features of depression include a **low mood** and a **lack of pleasure** from pleasurable activities. People often report not being able or motivated to do the things that they enjoyed doing before. The other common symptom among Malaysian patients is tiredness and lethargy. This tiredness lasts the whole day and prevents most people from doing what they need to do. Other symptoms of depression include:

- Significant change in appetite or weight
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation
- Fatigue or loss of energy nearly every day
- Feeling of uselessness, hopelessness or inappropriate guilt
- Decreased ability to think, concentrate or to make decisions nearly everyday
- Recurrent thoughts of death or suicidal ideas or suicidal plans or attempts



To make a diagnosis of Major Depression an individual requires a minimum of five of these symptoms for at least two weeks duration. Other conditions such as medical illnesses that cause depression (eg: hypothyroidism or Parkinson's Disease) or drug use leading to depression need to be ruled out. The depression must have caused significant impairment in the social and occupational functioning of the individual. A common characteristic among people with depression is negative thoughts. These thoughts are caused by the neurochemical change that occurs in depression and are often unshakeable. These thoughts may push a person to feel that life is worthless and that it's better that they were dead.

Physical symptoms of depression

In Malaysia, people with depression often complain of physical symptoms of depression. These symptoms can include

- Tiredness
- Memory difficulties
- Heart symptoms
- Sensation of hot and cold
- Muscle aches and pain
- Dizziness
- Stomach ache
- Nausea

These symptoms often lead patients to undergo numerous investigations and examinations including ECG's and angiograms that essentially end up being normal.

Suicide

Fifty percent of people with depression have suicidal ideas. About 15% to 20% of people with depression will die from suicide. Some of the factors that increase the risk of suicide include being male, substance abuse and recurring episodes of depression. We now know that in the Asia Pacific region, there are more people who die from suicide than from Tuberculosis. In fact suicide is the second most common cause of death among teenagers and young adults in this region after motor vehicle accidents. Treating depression reduces suicide.

Depression and Physical Illnesses

People with serious physical illnesses are more prone to develop depression. The depression can then worsen the outcomes of the illness and increase complications. On the other hand people with depression have higher risk of developing physical illnesses. Recent research has found depression a risk factor to developing heart disease. Some common illnesses and their link with depression are discussed below.

- **Heart Disease**

  Patients who have a heart attack have a 20 to 30% risk of developing depression. The depression can prolong and complicate the course of the illness. Treating the depression helps you to recover more easily and avoids further heart problems. In Malaysia, 48.7% of patients in treatment at a local heart center scored high on a Depression rating scale.

- **Stroke**

  Stroke is the third most common cause for death in developed countries. Early treatment and rehabilitation help people survive stroke. About 40 to 50% of stroke victims develop depression. Without treating the depression, chances of rehabilitation is less and patients function less well physically and socially.

- **Cancer**

  About 25 to 35% of patients with cancer develop depression. Suffering from both a physical and psychological illness make patients more ill and disabled. Treating depression has shown to improve life expectancy and increase quality of life.

- ### Parkinson's Disease

  Parkinson's disease is a disease of the brain that causes tremors, slow and unsteady gait. Studies suggest that up to 70% of people with Parkinson's disease may develop depression.

- ### Dementia

  Dementia affects the elderly more commonly. Patients have decreased memory, problems with language and poor orientation. In the early phase of dementia, patients may present with depression.

- ### Chronic Low Back Pain

  In a recent study looking at chronic low back pain sufferers in an Orthopaedic clinic in Malaysia, 40% had moderate to severe depressive symptoms. The link between chronic pain and depression can be bidirectional. People with chronic pain are three times more likely to develop symptoms of depression or anxiety, and people with depression are three times as likely to develop chronic pain.

Depression in the Elderly

Elderly people are at higher risk of developing depression. Depression in the elderly often occurs along with other medical illness and tends to last longer. There are many factors for this such as advanced age, increased loneliness (empty nest syndrome – when the children leave home), death of spouse or peers, loss of social support, decreased activity, increase in physical illnesses and side effects of their treatment. Often in the elderly, tiredness, anxiety, giving up on life and irritability are more common than low mood and sadness. Depression in the elderly causes poor attention and concentration leading to poor memory that can sometimes be mistaken for dementia. This is often termed, pseudodementia. Treating the depression improves the pseudodementia as well.

Depression in Children

In most children, depression is often undiagnosed or untreated as it is passed off as a normal emotion; especially when they tend to act out their depressed mood as tantrums. A child being sad does not mean that he or she has depression, but if the sadness is

persistent and if it starts affecting the child's daily activities, schoolwork and social behaviour, it may indicate that the child may have depressive illness. It is important for parents to note such behavioural changes in their children and to understand that depression is not a passing mood that can be dismissed. Without proper treatment, it will not resolve.

Depression in Substance Abuse

Depression is a mental illness that often co-occurs with substance abuse. The relationship between these two disorders can be bi-directional; people who abuse substance may suffer from depression and vice versa. One in four adults with mental illness also have a substance abuse disorder. Depression is commonly known to be a gateway into drug and alcohol use. Those who are often in a depressed mood tend to escape their negative emotions with alcohol and drugs. Truth is that, these are just temporary reliefs. Those who are clinically depressed will not get better without seeking treatment.

Patient's story 2

I was 15 when my parents divorced and it was exam year for me. I had no support at home and was finding it hard to cope with my school work. Although I went on to Form 4, I was not keen in studies and found other friends who shared my disinterest. They introduced me to smoking and alcohol and later to heroin which seemed to take me away from all my problems completely. I was sure I was in control and could eventually stop my drug use but in the meantime it was increasing and becoming more important than anything else in my life. At home all I needed to do was to kick up a fuss and I believe because my parents were always feeling guilty, I managed to get money to feed my habit.

My Form 5 was a disaster and I was mostly away from school. I did very poorly in the exams and at the same time, my mother was diagnosed with breast cancer. I locked myself in my room one night and with a considerable amount of heroin and erimin 5 (benzodiazepine), decided my exit. I sent a message to a friend to say goodbye and that made him alert my mother who then with help from family broke my bedroom door and recovered me from my comatose state.

Months later after a period of inpatient treatment and outpatient therapy with a Psychiatrist and Clinical Psychologist, I became drug free and on an antidepressant. I attempted my exams again and did fairly well. While in University and after breaking up with my girlfriend, I dabbled with some heroin again but later I realised where it was leading and went back into therapy and treatment. I am now drug free and not depressed but on maintenance treatment which I know is essential to keeping me well. I am now embarking on a career and a new relationship and basically have my life back.

Causes of Depression

Depression is usually a multifactorial condition. It results from a combination of recent events and other longer-term or personal factors, rather than one immediate issue or event.

Life events and stress factors

Research suggests that continuing difficulties – long-term unemployment, living in an abusive or uncaring relationship, long-term isolation or loneliness, prolonged work stress – are more likely to cause depression than recent life stresses. However, recent events (such as a failed relationship) or a combination of events can trigger depression if you're already at risk because of previous experiences or personal factors.

Personal factors

Family history – Depression can run in families and some people will be at an increased genetic risk. However, having a parent or close relative with depression doesn't mean you'll automatically have the same experience. Life circumstances and other personal factors are still likely to have an important influence. Studies suggest that variations in many genes, each with a small effect, combine to increase the risk of developing depression.

Personality – Some people may be more at risk of depression because of their personality, particularly if they have a tendency to worry a lot, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical and negative thinkers.
Serious medical illness – The stress and worry of coping with a serious illness can lead to depression, especially if you're dealing with long-term management and/or chronic pain.

Inflammation

There has been new studies showing that mood changes can be directly affected by inflammation. In certain people, inflammation may play a vital role in the pathogenesis of depression. This was concluded when clinical trials show that about one third do not respond well to conventional antidepressant drugs. It is said that depression can facilitate inflammatory response and inflammatory response can promote depression. Sometimes stressors itself can cause an exaggerated or prolonged inflammatory response especially in the presence of predisposing factors. This frequent and prolonged

inflammatory response could cause a negative impact on one's mental and physical health. Recent studies have shown that depressive symptoms could be predicted in those with high pro-inflammatory IL-6 (cytokine) and C-Reactive Protein which is linked to inflammation.

Brain-derived Neurotrophic Factors (BDNF)

BDNF is a neurotropin (a type of growth factor) that is essential for the survival and growth of neurons involved in emotional and cognitive function. There is clinical evidence showing the involvement of BDNF in the pathophysiology of depression. Altered BDNF levels can increase the risk of developing depression and having suicidal behaviours. Chronic stress and depressive like symptoms are often associated with reduced BDNF synthesis and this may be the reason to why low levels of BDNF can increase the risk of developing depression. Antidepressants have shown to normalise BDNF levels besides improving depressive symptoms. There are studies showing that physical activities (exercise) can increase BDNF levels.

Managing depression

Depression is treatable! In fact, 85 to 90% of patients with depression can return to what they were feeling before the start of the illness. They can go back to the level of functioning that they had prior to their illness. Recovery depends on several factors including when treatment starts. We know that the sooner treatment begins the better the chances for the patient to recover fully. Before starting treatment, it is essential for a full psychological and physical examination. This often includes interviews with the sufferer, his or her family or loved ones, blood, urine and radiological examinations. Sometimes rating scales such as the Beck's Depression Inventory is used to assess the severity of the depression.

For severe depression

In severe cases of depression especially when associated with suicidal thoughts, refusal to eat or psychosis, hospital admission may be necessary. These patients respond well to a form of treatment called Electro-convulsive therapy or ECT. This treatment is given in a specialised setting and under anaesthesia.

Antidepressants and psychological treatments

The most important treatment for all forms of depression is antidepressants. This is often given in combination with psychotherapy. Psychotherapy or talk therapy alone may only be useful for mild types of depression. Many people find it hard to accept taking a medication to help change the way they think and feel. By accepting that depression is an illness and not the same as normal sadness, we find it easier to think of being on medication that is safe and effective.

The antidepressants can be broadly divided into the old tricyclic antidepressants (TCA's) and the newer ones such as the Selective Serotonin Reuptake Inhibitors (SSRI's) the dual action preparations and novel or atypical antidepressants. Talk to your Doctor in detail about these medications and it is essential to determine which one may be suitable for you. All preparations have side effects but most of these side effects disappear after taking them for a while.

Unlike most other illnesses, antidepressants take time to have their effect. In fact they take up to 4 to 6 weeks before an improvement can be seen. This can be trying as the negative thoughts challenge the patient to believe they will never get well and that this is not an illness.

False beliefs about antidepressants

Very often people worry about being addicted to an antidepressant or having to take it for the rest of their life. However the truth is,

- Antidepressants are not addictive
- Antidepressants do not make you aggressive or dangerous
- Antidepressants do not change your personality
- The duration of antidepressant use is dependent on the number of depressive episodes that you may have suffered.

Group therapy is helpful to understand the illness better and learn ways that others have used to get better.

Cognitive behavioural therapy

Cognitive therapy is known to be the most effective psychological treatment for depression. Cognitive therapy helps to analyse the link between the mind and body. This can then help patients to understand what is happening to them and then to react better in a critical situation. Cognitive therapy focuses on changing negative and destructive thoughts into more positive ones. It also includes problem solving and building self-worth. Behavioural therapy might involve helping the client plan more activities they actually enjoy doing, helping the client develop their social skills, or just generally having the client track their own emotions and activities.

Rest and support

As with every other illness, patients need some time of rest to help them recover and this may include medical leave for a short period and a gradual return to light and then normal duty. It is important that families understand the illness and their role in facilitating recovery. It is important to have a balanced diet with reduction in fatty and fried foods as well as avoidance of alcohol.

Stress relaxation techniques such as breathing exercises, progressive muscular relaxation or yoga complement the treatment. Peer support or talking to others who may have undergone the same illness helps to instill hope and understanding. Depression is a relapsing illness but you can prevent relapses by various techniques that your Doctor will be able to advise you.

TIPS TO HELP YOURSELF

What to eat

There's no specific diet that's been proven to relieve depression but your diet can make a big difference in how you feel. Some of the helpful things in diet are:

- Limiting your intake of fats, sweets, caffeine and alcohol
- A diet rich in protein, complex carbs and antioxidants
- Eating plenty of fresh fruits and vegetables
- Drinking lots of water
- Reducing salty snacks and soft drinks
- Avoiding high fatty and deep-fried foods
- Omega-3, Folic Acid and B-Complex supplements can also play a role in recovery

Exercise is essential

- Proper exercise does so many good things for your body. It can raise your energy level, reduce tension, and even relieve tiredness or fatigue.
- Going for a walk or a jog a few times a week can improve your health and your overall sense of wellbeing.
- Your body releases a substance called endorphins. One job of endorphins is to decrease the sensation of pain that your body may be feeling and increase a sense of feeling good. Exercise helps release endorphins.
- When you're focusing on the exercise activity, you may often forget your day-to-day worries. Taking your mind off these gives you a "mental break" that can make all the difference.

Talking to others

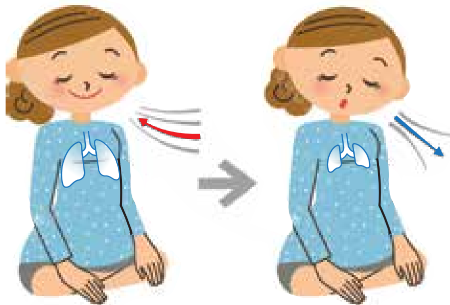
- The role of your family, friends, and religion is important in helping you to overcome your depression. Moreover, you need to know that there is someone you can talk to, openly and honestly.
- It is important that you remember that there are people who do care about what you're going through, and they want to know how you feel. This includes your healthcare provider.

Other useful interventions

- <u>Meditation</u>
  Find a quiet spot and sit upright comfortably. Find a suitable relaxed posture and close your eyes lightly. Slowly start focusing on your breathing; in and out. Start slow and repeat daily.

- <u>Mindfulness</u>
  Set a time daily. Sit upright as posture is important. Close your eyes and start focusing on your breathing. It is important to know your mind. Your mind will wander but slowly try to bring your attention back to your breathing. Reflect on your day and be appreciative. Pay attention to the basic happiness in life. Try to repeat according to scheduled time.

- <u>Deep breathing exercise</u>



Sit or lie flat and be comfortable. Place both hands on your belly just like in the picture above. Take in a quick breath through your nose with your eyes open and breathe out through your mouth (as though you are whistling) with your eyes closed. When breathing out, take out all the air from your lungs and make it 10 times longer than breathing in. Repeat about 10 times.

- <u>Relaxation music</u>
  Studies have shown that music can help in relaxation by making you feel happy and calm. Search for relaxation music with a slow beat or instrumental music, play it and slowly and try to relax. At the same time focus on taking deep breaths.

- <u>Soothing bath</u>
  Baths can be very therapeutic especially if you have a bathtub at home. Prepare for your bath; add scented candles and light music in the background. Soak yourself in warm water and try to relax.

- <u>Visualization</u>
  Set a clear goal that you are trying to achieve. Visualize it and try to make it as real as possible. Use your imagination of all your five senses. Predict the possible issues and imagine correcting them. Focus on what you want and not what you don't want. Be positive at all times.

- <u>Yoga</u>
  Yoga is a good form of relaxation. Try attending yoga classes or simply search for videos online and follow along.

Steps for Sleep Hygiene

1) Set the time to sleep and wake everyday and no daytime naps that are longer than 45 minutes.
2) Sleep environment conducive
   - Bedroom for sleep/sex. No TV, computer or other activities in the bedroom
   - Temperature that is conducive
   - Noise – avoid all types of noise
   - Turn off all lighting – including blue light from charging gadgets
3) Light dinner at least three hours before sleep.
4) Avoid caffeine after 5pm (coffee, tea, Chinese tea, cola & dark chocolate)
5) Avoid alcohol / cigarettes before sleep
6) Exercise (aerobic) 5 hours before sleep.
7) Hot water bath 2 hours before sleep.
8) Hot milk-based drink before sleep.
9) Preparing for sleep – developing a ritual
   - Brush teeth
   - Activity that requires less concentration / effort
   - Change into sleep attire
   - Read a book or watch light TV programs
   - Cease screen time with gadgets 1 hour before sleep
10) If can't sleep, don't lie in bed. Move to another room and read / watch TV till you feel sleepy again. Associate your bed with sleep.

Patient's story 3

Personal Background & History

I am a male, age 63 years, and married with 3 children (2 sons and a daughter). I have served in the civil service for about 30 years and the private sector for 12 years until my final retirement at the age of 62. From childhood and during the period of working life, my general health status was satisfactory and disease-free except for the common cold.

As I was a family man, I was actively working and busy bringing up a family throughout my working life until retirement, without any time to seek the simplest pleasures of life or cultivate a hobby.

Signs & Symptoms of the Illness

I retired for the second time from the private sector in late 1998 at age 55 years. During the retirement year 1999, I began to feel very light and drifting when I walked about. I was always anxious and had palpitations. Sometimes, I experienced slight difficulty in breathing. This daily sensation progressed and became worse when all my children left the family either for career advancement elsewhere or for further education abroad. I began to feel the effects of the empty nest syndrome and very lonely day in and day out at home. I had no one to confide with when my wife was at work. I used to buy lunch and eat with my relatives in their homes. I can't go to busy and brightly-lit places, such as hypermarkets, banks and restaurants, as I was not stable and feared I may fall. It was tolerable in dark and quiet places. I can't look down to sweep the floor as I felt unstable. I can't look at wavy water like flood and sea water as well as water running from tap as the sight of it made me shaky. Every night before retiring to bed was a torture. I would sit before the TV until 1 - 2 a.m. and when almost asleep I would quickly jump into bed to sleep. Even so, it was not a sound sleep, sometimes tossing in bed and most of the time the brain was awake. Every evening, I would contact my children just to listen to their voices and when I don't I would go to their bedrooms to look at their beds and clothing to get a feeling that they are at home. I always felt restless at any place, unable to sit still for 5 minutes after which I would be up and about. Other minor activities which I couldn't do as it would make me feel unstable, dizzy, afraid or anxious are swinging my head from left to right, queuing for my turn, going to certain place alone, and waiting for someone to arrive.

Visit to the Doctors

From 1999 to 2004, I went to the Hospital to seek treatment from various doctors regarding my health complaints. I visited the Physician who was indeed very kind to me because he examined me, gave me drug treatment and extensive counseling over a period of 5 years. While seeking treatment, I was re-employed from 2000 – 2005, age 57 years – 62 years to keep myself busy. Every now and then, he tested my blood pressure, thyroid, heart beat, lung function, pulse rate and found them normal except my pulse rate was little fast. He could not treat me further but at each visit prescribed me with vitamins, folic acid, alprazolam and atenolol at very low dose. Over a period of time, he noticed a sad, cheerless and depressed countenance in me and found that there was fright and anxiety in my heart beat. While undergoing treatment with the Physician, I was also referred to 4 ENT specialist doctors who gave me extensive ENT tests but there was no abnormal finding. They prescribed me with ginkgo biloba, vitamins and Betaserc as well as counseling on how to adjust my physical movements to keep a stable balance at each visit. I had visited ENT clinics for 2 years and was finally discharged by a Taiwanese Specialist doctor who confirmed that I had no ENT problems. I was referred by the Physician to see the Ophthalmologist. After 2 visits to the Eye Clinic, I was again discharged as there was no adverse finding.

Referral to the Consultant Psychiatrist

Finally, the Physician coaxed me to seek treatment from the Consultant Psychiatrist as I had developed depression, anxiety and fright. I was, therefore, discharged from MOPD on 4-7-2004 and referred to the Consultant Psychiatrist on 22-10-2004. I have been under his care up to date. After history taking and assessment, the Psychiatrist prescribed me an antidepressant at half dose for one week and thereafter increased to a full dose to be taken orally once a day after dinner. This drug did not cause me any major side effects except loose stool on and off for about 2 weeks in the beginning. Apart from drug therapy, the Psychiatrist explained my depressive illness with anxiety symptoms and the benefits of the medicine, provided me with counseling and made available occupational therapy and relaxation exercise.

Present Health Status

After a few months on therapy, I am able to go out alone with the least fear. I am able to go to the hypermarkets, restaurants, banks, post-offices and other public places, which I feared to go previously. I am able to do the things which I would not

do at home. My dizziness and unstable feeling and floating sensations have been reduced to the minimum. Suffice to say that the treatment has brought me 85% to normality. As I have been told that no drugs can produce a 100% cure of a condition or illness, the remaining 15% depends on how I adapt myself by using various means. Therefore, I have developed a list of guidelines for my daily existence. I normally follow a combination of a few of these guidelines everyday and interchange the guidelines at each passing day. In general, I abstain myself from stress and overexcitement, unhappiness, idling and go for simple enjoyment, hobby and short vocations.

Stress & Excitement

I do not indulge in gambling in stocks, *empat ekor*, and alcohol consumption as these activities will trigger my heart beat and pulse rate faster and ultimately makes me physically unstable. I do not walk under the hot sun around the town area for long hours and I don't rush to complete any work.

Unhappiness

I abstain from anger, hatred, quarrels, arguments, sad memories. Normally, in such a state of mind, I would think of anything that would make me happy, e.g. my grandchildren and their jokes, pranks, behaviours, speech. An unhappy state of mind will create shortness of breath in me.

Idling

Idling will depress me. Usually, I perform housekeeping duties at home – mopping, sweeping, ironing, painting works, etc. I recite Buddhist mantra; go to the temple to do some voluntary work. I go out to settle my utility bills.

Simple Joys

I have tea session with friends and enjoy the happy interactions. Shopping or window shopping for garments and food and doing anything within the law that will create enjoyment.

Hobby

Read the daily newspapers, novels, Buddhist texts for relaxation. Grow and groom bonsai plants. General car maintenance work. Take up a Pitman shorthand course by self-study to activate the brain.

Short Vacation

Retreat to the rural areas to visit relatives. Pay occasional visits to my children and relatives in Penang and surrounding areas. If financial budget permits, go for a short vacation abroad.

Appreciation

This short report about my illness is written as a record of appreciation and respect for all the doctors who had taken care of me.

Resources for help

Your general practitioner can be a source of help and advice. All general hospitals, university hospitals and most district hospitals have psychiatric clinics that see patients by appointment or as urgent walk-in cases. Patients, however, need a referral letter from a doctor to make an appointment. Many private medical centers and hospitals also have available resident or visiting psychiatrists and psychologists. There are also private Psychiatrists and Clinical Psychologists who may be available in your area. Many of them are registered with the Malaysian Psychiatric Association and details of their location can be sourced from the association's webpage. The Malaysian Mental Health Association also has a Directory of Services that is accessible on their webpage. Make sure you seek help from a qualified and registered mental health specialist.

Resource List in Malaysia

1) Malaysian Mental Health Association
- 03-77825499 / 03-77835432
- Email: mmha@tm.net.my
- Website: www.mentalhealth.org.my

2) Befrienders phone counseling service (free)
- 03-79568144/45 (24 hours Kuala Lumpur)
- 05-5477933/55 (Ipoh)
- 06-2842500 (Melaka)
- 04-2815161/1108 (Penang)
- 06-7653588/589 (Seremban)
- Website: www.befrienders.org.my
- Email: sam@befrienders.org.my

3) Malaysian Psychiatric Association
- PO Box 12712, 50786 Kuala Lumpur, Malaysia
- http://www.psychiatry-malaysia.org

4) Pusat Telekaunseling DBKL (free)
- Counselling hotline: 1800-88-2600
- Website: www.dbkl.gov.my

5) Agape Counselling Centre Malaysia (not free)

- Counselling hotline: 03-77855955
- Whatsapp: 012-2421756
- Email: counselling.agape@gmail.com

6) Relate Malaysia

- Individual and group therapy
- https://relate.com.my
- https://www.facebook.com/relatemalaysia/

7) Lifeline Association Malaysia (free)

- Counselling hotline 03-4265 7995

Online Resources

1) Online Depression Chat room

- Website: www.7cups.com/depression-help-online/

2) The Help Talk

- Website: www.thehelptalk.com

3) MoodGYM

- Website: https://moodgym.com.au/

4) eCouch

- Website: https://ecouch.anu.edu.au/welcome

5) HeadSpace – mobile app (free trial)

- Website: https://www.headspace.com/

6) Daylio – mobile app to track moods

Screening Tool for Depression

Answer YES or NO to the following questions.
Think of the last two weeks in answering these questions.

1.	Have you been feeling sad… down in the dumps?	○ YES	○ NO
2.	Have you lost the interest and pleasure from activities you enjoy doing (your job, sports, hobbies)?	○ YES	○ NO
3.	Do you often feel tired?	○ YES	○ NO
4.	Do you have trouble sleeping or do you sleep too much?	○ YES	○ NO
5.	Have you been gaining or losing weight?	○ YES	○ NO
6.	Do you often feel down on yourself, or that everything is your fault?	○ YES	○ NO
7.	Do you have trouble making decisions or concentrating on your work?	○ YES	○ NO
8.	Do you often feel agitated or like you can barely move?	○ YES	○ NO
9.	Do you ever feel that life isn't worth living?	○ YES	○ NO

If you have 5 or more positive replies (one of which must include Question 1 or 2) you may be suffering from Depression. A further assessment by your Doctor, Psychologist or Psychiatrist is important.

If you would like to make a contribution

The Malaysian Mental Health Association (MMHA) is a non-profit voluntary organisation managed by an elected committee of interested persons and professionals in the community. MMHA was formed in 1967 by a group of mental health professionals and community leaders with the objective of;

- To promote mental health in the community.
- To help raise the standard of treatment, prevention and research in the field of mental health.
- To provide rehabilitative services for the mentally ill.
- To safeguard the interests and welfare of psychiatric patients.
- To support caregivers and family members of mentally ill persons.

Contributions to MMHA can be made in the form of cheque made out to **Malaysian Mental Health Association** and posted to

Malaysian Mental Health Association (MMHA)
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Taman Tun Dr. Ismail, 60000
Kuala Lumpur, Malaysia
Email: admin@mmha.org.my
Facebook: https://www.facebook.com/MMHAOfficial/

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