



# BALANCE

Employee Assistance Program Newsletter  
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The EAP is a professional and confidential counseling service available to you and your family to help resolve personal problems before they affect your health, family or job. There is no cost to you or members of your family for services provided by the EAP.

In those cases where referrals are necessary, they can often be made to prescreened professionals or community organizations whose charges may be covered within the allowances of your health insurance. Call **845-638-8880** to arrange an appointment with an EAP specialist.

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## From the Director

**Susan Mazzarella, LCSW, CEAP**

Depressive disorders are serious medical conditions that negatively affect how a person feels, the way they think and how they act. Depressive illness generally causes feelings of sadness and/or a loss of interest in activities once enjoyed. Depression may also cause irritability and/or emotional dysregulation. The exact cause of depression is unknown, but likely involves genetics, changes in brain functioning, altered neuroendocrine function and psychosocial factors.

Depression is a common mental health disorder and comes in many forms. More women are affected than men by depression and, as with all mental health conditions, there is a stigma associated with depression. Depression is the leading cause of disability worldwide, however the disorder is treatable and remission is possible. Symptoms can range from relatively minor to severe and from few to several. Generally, depression does not result from a single life event, but rather from a series of events and other contributing factors.

We're focusing this issue of BALANCE on two of the most common forms of depression, Major Depressive Disorder (MDD) and Persistent Depressive Disorder (PDD). We've also included articles specific to women and depressive illness including Premenstrual Dysphoric Disorder (PMDD) and Postpartum Depression, (PPD). We hope these articles shed light on these significant and concerning mental health conditions.

**Susan Mazzarella, LCSW, CEAP**

*"Depression is being colorblind and constantly told how colorful the world is."*

*Atticus Poetry, Love Her Wild*

# **Major Depressive Disorder – Diagnosis and Treatment**

**Susan Mazzarella, LCSW, CEAP**

Major Depressive Disorder, (MDD), is characterized by a persistent depressed mood, feelings of sadness and loss of interest in activities causing significant impairment in daily life. Major depression affects how you feel, think and behave and can lead to several emotional and physical difficulties. MDD is more than just “the blues” and isn’t a sign of weakness or character defect that one can simply “snap out” of. Causes include a combination of biological, psychological and situational sources of distress. Research suggests that several factors may in fact also cause changes in brain function and possibly alter certain neural pathways in the brain.

MDD is usually diagnosed when an individual has a low or depressed mood, disinterest in pleasurable activities, feelings of guilt or worthlessness, lack of energy, poor concentration, appetite and/or changes in sleep patterns, anxiety and/or agitation and may be associated with thoughts of suicide. Major depression ranges in seriousness from mild, temporary episodes of sadness to severe and pervasive anguish. MDD is a more severe form of depression and is diagnosed as *clinical depression*.

It is not known exactly what causes major depressive disorder but as with other mental health concerns a variety of factors may be involved, which include;

- Biological differences which involve physical changes in the brain.
- Brain chemistry including changes in the functioning and effects of neurotransmitters in the brain and how they interact with circuits in the brain involved in maintaining mood stability.
- Hormones including changes in the body’s balance of hormones. Changes can occur as a result of pregnancy, post-partum and from thyroid problems, menopause, or other conditions.
- Inherited traits, including blood relatives who have the illness, and several genes that researchers are trying to pinpoint as the cause of MDD.

Although major depression usually begins in the teens, 20’s or 30’s it can happen at any age. More women than men are diagnosed with major depression, however this may be in part because woman are more likely to seek treatment for depression. Some specific factors that seem to increase the risk of developing depression include:

- Personality traits, such as dependency, pessimism, self-criticism and low self-esteem.
- Traumatic or stressful events such as abuse, loss or death of a loved one, troubled relationships, extreme hardship or other adverse life events.
- Relatives with a history of depression, substance abuse or suicide.
- History of other mental health disorders, such as anxiety disorders, eating disorders or post-traumatic stress disorder.
- Serious or chronic illness, including cancer, stroke, chronic pain or heart disease.
- Certain medications such as some hypertensive medications or sleeping pills.

Depression often gets worse if left untreated resulting in emotional, behavioral and health problems that affect several key aspects of life. Complications associated with depression include:

- Excessive weight gain or obesity, leading to other medical complications like diabetes and heart disease.
- Physical pain which may include somatization.
- Substance abuse or addiction.
- Anxiety, panic disorder or social phobia.
- Family conflicts, relationship difficulties and work or school problems.

- Social isolation.
- Suicidal thoughts, plans or attempts.
- Self-harming behavior.
- Premature death from other co-morbid medical conditions.

The good news is there are several treatment options available, all of which can improve one's symptoms, and minimize their impact on daily life. The most common types of treatment for MDD include psychotherapy and medication management. Other modalities of care include electroconvulsive treatment, (ECT), and transcranial magnetic stimulation, (TMS). Relaxation, meditation and mindfulness all improve symptoms of MDD as well. Increasing research suggests that these treatments may normalize brain changes associated with MDD.

If you or a loved one is struggling with symptoms of major depressive disorder please contact the EAP for confidential direction and support at **845-638-8880** or e-mail us at [EAP@montefiorenyack.org](mailto:EAP@montefiorenyack.org).

**References:**

[www.psycom.net](http://www.psycom.net)  
[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

## **Depression Symptom Checklist**

Knowing the signs and symptoms of depression can greatly improve your or your loved one's prognosis and prevent years of suffering due to an undiagnosed illness. During episodes of depression symptoms occur most of the day, nearly every day. Depressive symptoms include, but are not limited to,

- Restlessness, agitation, irritability, easy to anger.
- Unrelenting sadness.
- Excessive fatigue or lethargy.
- Irregular sleeping or eating patterns – either too much or not enough.
- Considerable changes in weight – either gain or loss.
- Feelings of needless guilt, worthlessness or low self-esteem, self-neglect.
- Feelings of emptiness and hopelessness.
- Loss of interest in hobbies, friends, family or leisure activities.
- Withdrawal or isolation from others.
- Difficulty concentrating or making decisions, forgetfulness, distractibility.
- Physical symptoms including digestive problems, headaches, backache, aches and pains that do not get better, chest pains, dizziness.
- Thinking of death or “wanting to be gone”, thoughts of suicide.

If you or a loved one are experiencing any of these symptoms contact the EAP at **845-638-8880** or e-mail us at [EAP@montefiorenyack.org](mailto:EAP@montefiorenyack.org).

# **When the Blues Won't Go Away**

## **Yandira Melon, LCSW, CEAP**

We all have times when we may feel sad and hopeless, these feelings are common and usually pass with time. However, when these feelings linger for months or years, are persistently affecting our self-esteem and/or interfering in our relationships and daily activities, then it may be ***persistent depressive disorder*** (PDD). Specific causes of PPD are not known, however family history, brain chemistry, chronic illnesses (i.e. diabetes, heart disease), major life stressors/traumas, and/or medications can all be contributing factors.

The symptoms of PPD can mirror those of MDD (Major Depressive Disorder) however the symptoms of PPD are most often not as intense but last longer. For adults, symptoms have occurred most days for at least 2 or more years. For children, depressed mood or irritability occurs most of the day for at least one year.

### **Symptoms may cause impairment and can include:**

- Loss of interest or pleasure in hobbies/activities.
- Trouble concentrating and trouble making decisions.
- Decreased activity, effectiveness and productivity.
- Persistent sadness or depressed mood most of the day or almost every day.
- Avoidance of social activities.
- Feelings of guilt and worry over the past.
- Insomnia or excessive sleep.
- Tiredness and lack of energy.
- Poor appetite or overeating.

Because symptoms are persistent you may feel this is part of your life causing you to think *things will never change*. If you are feeling this way talk to a healthcare provider. Talking to a professional about your symptoms and their timeframe is an important first step.

### **Neglecting care can lead to additional difficulties including:**

- Work and school problems and decreased productivity.
- Relationship difficulties and family conflicts.
- Substance abuse.
- Major depression, anxiety disorders and other mood disorders.
- Diminished quality of life.
- Suicidal thoughts or behavior.

### **Treatment**

PDD, like other chronic illness can be treated. When treated earlier, and with professional help, it may reduce the intensity and duration of symptoms resulting in improvement of quality of life. Treatment usually includes talk therapy and may include medication.

In talk therapy (psychotherapy) the focus is on learning more about PDD and developing coping skills for daily use and challenging events. There may be times when family members will be asked to join individual sessions or to engage in family therapy.

When medication is recommended a consultation with your primary care doctor, psychiatrist or nurse practitioner will consist of an assessment paying attention to personal and family psychiatric history including one's medical history, and previous experience with medications. If medication is prescribed it may take several weeks to reach a therapeutic dosage and is often continued for several months. During this time you should be attending regular appointments with your prescribing medical professional to provide feedback regarding your medication. It is important not to stop taking your antidepressant without talking to your prescribing provider. Stopping medication or missing numerous doses may cause negative reactions including worsening of depressive symptoms.

### **Comprehensive treatment involves:**

- Involvement with psychotherapy and medication, if prescribed.
- Educating oneself on persistent depressive disorder.
- Incorporating basic health care: healthy eating, regular physical activity and proper sleep.
- Refrain from the use of alcohol or other drugs as they can interfere with medication and/or worsen depressive symptoms.

The following are suggestion from an article by The Mayo Clinic, on Persistent Depressive Disorder\*:

- **Focus on your goals.** Dealing with persistent depressive disorder is an ongoing process. Stay motivated by keeping your goals in mind. But give yourself permission to do less when you feel down.
- **Simplify your life.** Cut back on obligations when possible. Structure your time by planning your day.
- **Write in a journal.** Journaling as part of your treatment may improve mood by allowing you to express pain, anger, fear or other emotions.
- **Read reputable self-help books and websites.** Ask your doctor or therapist to recommend books or websites to read.
- **Stay connected.** Don't become isolated. Try to participate in social activities, and get together with family or friends regularly. Support groups for people with depression can help you connect with others facing similar challenges and shared experiences.
- **Learn ways to relax and manage your stress.** Examples include meditation, progressive muscle relaxation, yoga and tai chi.
- **Don't make important decisions when you're down.** Avoid decision-making when you're feeling depressed, since you may not be thinking clearly.

Whether you are experiencing these symptoms or are concerned about a loved one help is available. Contact the EAP at **845.638.8880** or email us at [eap@montefiroenyack.org](mailto:eap@montefiroenyack.org) for free and confidential services.

**References:**

<https://nami.org/Support-Education/Mental-Health-Education>

<https://www.psychologytoday.com/us/conditions/persistent-depressive-disorder-dysthymia>

<https://www.mayoclinic.org/diseases-conditions/persistent-depressive-disorder/diagnosis-treatment/drc-20350935>



# **Premenstrual Dysphoric Disorder (PMDD)**

**By Marisa Kuropatkin MS, LMHC**

Premenstrual Dysphoric Disorder (PMDD) is a much more severe form of premenstrual syndrome (PMS) that affects those who menstruate of childbearing years. While the exact cause is unknown, it is believed that, for some, the changes in hormones (specifically estrogen and progesterone) can cause a serotonin deficiency. Serotonin is a substance found naturally in the brain that affects mood and can cause physical symptoms.

While as many as 80% of those who menstruate report premenstrual emotional and physical symptoms, only between 3-8% of people meet the criteria for PMDD. Those who are at a greater risk of developing PMDD have a family history of PMS or PMDD, have a personal or family history of mood disorders, those who have a history of significant stress exposure as well as those who smoke cigarettes.

In order to be diagnosed with PMDD the following criteria must be met. In the majority of menstrual cycles, at least 5 symptoms must be present in the final week before the onset of menses, start to improve within a few days after the onset of menses, and become minimal or absent in the week post menses. One or more of the following symptoms must be present:

1. Intense mood swings, feeling suddenly sad or tearful, or increased sensitivity to rejection.
2. Marked irritability or anger or increased interpersonal conflicts.
3. Significant depressed mood, feelings of hopelessness, or self-deprecating thoughts.
4. Extreme anxiety, tension, and/or feelings of being keyed up or on edge.

One (or more) of the following symptoms must additionally be present to reach a total of 5 symptoms when combined with the above symptoms:

1. Decreased interest in usual activities.
2. Subjective difficulty in concentration.
3. Lethargy, fatigue, or marked lack of energy.
4. Significant changes in appetite; overeating or specific food cravings.
5. Hypersomnia or insomnia.
6. A sense of feeling overwhelmed or out of control.
7. Physical symptoms such as breast tenderness or swelling, joint or muscle pain, feeling “bloated” or weight gain.

PMDD is a chronic condition that can benefit from medical treatment. Treatment may include medications such as anti-depressants, vitamin supplements including B6, calcium and magnesium, anti-inflammatory medicines and birth control. There are a number of measures one can take to manage symptoms including:

- Increasing protein and complex carbs and decreasing sugar and salt intake.
- Minimizing alcohol use.
- Reducing caffeine intake.
- Regular exercise.
- Managing stress through yoga and meditation.
- Proper sleep.

If you or a loved one suffers with PMDD consider contacting the EAP for free confidential counseling and support at **(845) 638-8880** or [EAP@montefiorenyack.org](mailto:EAP@montefiorenyack.org).



# **Postpartum Depression (PPD)**

**By Marisa Kuropatkin MS, LMHC**

The birth of a baby is a powerful emotional experience. The intensity of these emotions are often felt in the form of excitement and joy as well as fear and anxiety. Some parents however may have a different experience than they had expected, specifically that of depression. Approximately one in seven women can develop postpartum depression which can begin during the pregnancy or up to one year after the birth.

It is estimated that 50% to 80% of new mothers experience “postpartum blues” after having a baby which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues are intermittent and usually begin within the first 2 to 3 days after delivery and may last for up to two weeks after delivery. However, some new moms experience a more severe, long-lasting form of depression. It is important to understand what distinguishes postpartum blues from postpartum depression: Mothers who experience postpartum blues generally have less severe symptoms that do not interfere with their ability to function or care for themselves or their babies.

Postpartum depression can have multiple causes and is often connected to the sudden hormonal changes a woman experiences just after giving birth. Hormone levels, specifically estrogen and progesterone, drop significantly after giving birth, which can trigger PPD in some women. Increased risk factors for developing postpartum depression include:

- Family history of depression.
- Pre-existing mental disorders (e.g., Depressive Disorder, Bipolar Disorder, PTSD, etc.).
- Traumatic birth experiences.
- Occurrence of PPD with previous birth(s).
- Stressful life events (e.g., loss of employment, death in the family, etc.).

Postpartum Depression is not just about feeling anxious or sad, but often includes physical as well as emotional symptoms. Postpartum depression symptoms may include:

- Depressed mood or severe mood swings.
- Frequent crying.
- Difficulty bonding with your baby.
- Withdrawing from family and friends.
- Loss of appetite or eating much more than usual.
- Inability to sleep or sleeping too much.
- Overwhelming fatigue or loss of energy.
- Loss of interest and pleasure in activities you used to enjoy.
- Intense irritability and anger.
- Worry that you're not a good mother.
- Hopelessness.
- Feelings of worthlessness, shame, guilt or inadequacy.
- Reduced ability to think clearly, concentrate or make decisions.
- Restlessness.
- Severe anxiety and/or panic attacks.
- Recurring thoughts of death or suicide.

It's important to call your healthcare provider as soon as possible if symptoms include any of these features:

- Difficulty or inability to care for your baby.
- Difficulty or inability completing everyday tasks.
- Thoughts of harming yourself or your baby.

Postpartum depression is often treated with talk therapy, medication or a combination of both. Therapies for postpartum depression include cognitive behavioral therapy as well as interpersonal therapy which can help you find ways to cope with your feelings as well as set realistic goals and respond to situations in a more positive way. Medication treatment often include antidepressants and/or anti-anxiety medication. In addition to professional treatment, you can also do things for yourself that build on your treatment plan and help speed recovery.

- Make healthy lifestyle choices. Include physical activity, such as a walk with your baby, and other forms of exercise in your daily routine. Try to get enough rest. Eat healthy foods and avoid alcohol.
- Set realistic expectations. Don't pressure yourself to do everything. Scale back your expectations for the perfect household. Do what you can and leave the rest.
- Make time for yourself. Take some time for yourself outside of the house. That may mean asking a partner to take care of the baby or arranging for a sitter. Do something you enjoy, such as a hobby or some form of entertainment. You might also schedule some time alone with your partner or friends.
- Avoid isolation. Talk with your partner, family and friends about how you're feeling. Ask other mothers about their experiences. Breaking the isolation helps you to feel more connected.
- Ask for help. Try to open up to the people close to you and let them know you need help.

If you or someone you know is struggling with postpartum depression please reach out to the EAP for confidential guidance and support at **845-638-8880** or [EAP@montefiorenyack.org](mailto:EAP@montefiorenyack.org).

#### References

Postpartum depression - Diagnosis and treatment - Mayo Clinic

Postpartum Depression - StatPearls - NCBI Bookshelf (nih.gov)

Postpartum Depression Treatment - Therapy, Medications, SSRI and More

