

Stress, Depression & HIV

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FEELING STRESSED? Stress occurs when you feel like you have to deal with more than you can handle (emotionally or physically) for an extended period of time. If stress continues, you could end up clinically depressed. Some of the best ways to deal with stress include good nutrition, exercise or meditation.

Depression is an actual disorder, not just a mood. You may say, "I feel depressed," but if the feeling is gone tomorrow, it's not depression. Depression can occur due to physical or psychological reasons.

Clinical depression is common in HIV+ people. But you might not even recognize if you're suffering from it because:

- Depression doesn't happen overnight. It creeps up on you slowly.
- You mistake symptoms of depression for symptoms of HIV or side effects of medications, such as lack of appetite, low sex drive, decreased energy or sleep problems.
- You lack information. You may not realize that increased irritability and a shorter temper are symptoms.
- Some signs of depression mimic HIV dementia, such as a shorter attention span and some memory problems.

A major sign is "anhedonia." Do things you used to enjoy just not seem as fun anymore? Have you given up on activities, not because you can't do them, but because they just seem "blah?" Red alert!

Depression is very treatable: consider therapy, medications and alternative treatments. Nutrition and exercise are beneficial, no matter which treatments you choose. Even ten minutes a day of mild exercise can help relieve depression. Also have your testosterone level checked. (You too, ladies!) Low testosterone can cause depression and can be treated easily.

Psychotherapy is very effective at treating depression. Ask your doctor or local AIDS service agency for a referral to a therapist who knows both HIV and depression.

Medications for depression include tricyclics, such as Elavil and Pamelor. Many of these interact with HIV drugs, so HIV doctors generally prefer SSRIs (serotonin-specific reuptake inhibitors) like Zoloft, Paxil and Celexa. Atypical antidepressants like Serzone can also be helpful.

If you get prescriptions from anyone other than your HIV physician, make sure the prescriber knows about all the medications you take! There are some potentially dangerous drug interactions, especially if you use Norvir or Kaletra.

Some alternative therapies are also used to treat depression, such as vitamin B12 or bright light therapy. But check with you doctor first, as there may be drug interactions here, too! For example, St. John's wort is an herbal antidepressant that should not be taken with protease inhibitors or NNRTIs.

You may have heard that people who go to "shrinks" or take medications for depression are "crazy" or weak. Try not to let these prejudices prevent you from getting the treatment you need and deserve.

Whatever treatment you choose, stick with it. It may take some time before you notice improvement. Once you do, you'll wonder why you didn't take action before! **RW**

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