

# TREATMENT RESISTANT DEPRESSION

Being diagnosed with major depression as a student in 1996 was a relief after many years of struggle and not having a name for the 'black dog' I lived with. On top of the depression, I also had trichotillomania (compulsively pulling my hair out). Being a nursing student with depression was tough, but my university was supportive by providing psychiatric help.

On qualifying as a registered nurse I thrived in working in emergency medical situations. I was extremely active in the specialty and studied further to develop my skills. I volunteered in the emergency medical services and enjoyed the adrenaline-rush at the time. In the years that followed however, the depressive episodes persisted (and the volunteering reduced). I was prescribed various antidepressants – which I took with limited success.

2012 saw the first of many admissions to a psychiatric clinic as well as multiple suicide attempts through overdoses. After the first admission in 2012 and exhaustion of my Prescribed Minimum Benefits in that year, I was transferred to a government psychiatric facility for the first time. Again, because of lack of funds (exhaustion of benefits), I was admitted to the same government facility in subsequent years.

Several depressive episodes later, I'd been prescribed various antidepressants, antiepileptics, mood stabilisers and antipsychotics (augmentations). Unfortunately, my treating psychiatrists had to change for various reasons which didn't help the situation. I was fortunate though to be able to see a psychologist, (and pastoral counsellor in later years) who supported me through the difficult times.

2015 was an extremely difficult year. At that stage I was a nurse educator and had been placed on

extended sick leave after being referred to yet another psychiatrist and clinic for Electroconvulsive Therapy (ECT). Managing this difficult depression has been challenging over the years. Electroconvulsive therapy has helped me many times, but it has had some negative effects with resultant memory loss.

Eventually my treating psychiatrist identified the problem as "treatment resistant depression (TRD)". One definition of treatment resistant depression reads that it "typically refers to inadequate response to at least one antidepressant trial of adequate doses and duration." By the time this diagnosis was made, I had, in a period of 19 years been on so many medications, I'd lost count.

It's tough living with TRD – or, as some refer to it - "difficult to treat depression". The depression has caused me to isolate myself, feel anxious, extremely inadequate and made me want to die on multiple occasions. My family have suffered through multiple absences while I was hospitalised, as well as through several overdose attempts. Also living with a depressed mother, wife and daughter has not been easy on my family. The financial burden this has placed on our family is often something I feel very guilty about.

One extremely difficult aspect of living with TRD is that of funding treatment. Medical aid PMBs (Prescribed Minimum Benefits) are so limited that funding treatment is an extremely costly affair. The past few years have seen at least one (and two per year more recently) admissions to a psychiatric facility that depletes my psychiatric benefits for the year and so further admissions, ECTs, ketamine treatments, psychiatrists' and psychologists' visits are all paid for by myself. I am fortunate that most medications are funded, though.



By Jean Augustyn

Unfortunately, the major depression that I was living with during my professional years took its toll and eventually I was too ill to carry on working. It was then that I was declared unfit to work and I entered the world of workplace disability after a lengthy six months of assessment and processing. It was a major disappointment for myself – I was a professional woman, loved my work and specialised in an area where there was a dire shortage of nurses. I often still regret this course of events.

My depression has probably worsened since the termination of my working career. I have been hospitalised at least annually in the past few years (some years, twice) with episodes of TRD. I am blessed with both a caring psychiatrist and psychologist who have stood alongside me during very difficult times. My family have also

been extremely supportive during my illness. There have however, been many frustrating times and I sometimes feel as if I've used almost every psychiatric drug known for treating depression. I have also had a course of minimally successful TMS (Transcranial Magnetic Stimulation) and occasionally still need courses of ECT.

According to research, "Work can have a therapeutic effect without actually being therapy". As the authors describe in this article, at work I achieved a sense of "accomplishment and effectiveness" (which helps during feelings of "exhaustion and cynicism" experienced in depression). I still struggle with the question as to what the effect of staying at work (or moving to another, less stressful, position) would have done to my course of depression.

Being at home, although a privilege (especially regarding my family life), has been frustrating at times. Work gave me a "daily routine" and had a "stabilizing effect". It's also recognised that work that is stressful, demanding and uncontrollable or lacks social support, can add to the

development of depression. On the one hand work gave me a sense of purpose, although on the other hand it probably had added to my depression (through its demanding nature).

Professor Schoeman's recent article on 'Stigma & the Impaired Practitioner' so resonated with me. Being a nurse and being mentally ill, has not been easy. I've also experienced stigma, public stigma, self-stigma and institutional-stigma.

I am still wary about who I inform regarding my illness because of discrimination around mental illness. Institutional stigma I experience through my perception of poor medical aid benefits for mental illness. Physical illness' hospitalisation seems so much more available compared to the limited 21 days (per year) that one is allowed for in-patient psychiatric healthcare.

#### **Where do I find myself today?**

I still struggle with the depression and trichotillomania. I struggle to socialise and get out and about on my own. At the moment I feel as if I'm still "existing" but not "living". My treatment for the TRD is ongoing – but at great cost.

Currently I am having occasional ECTs, receive psychotherapy and use medication to try and control the major depression. I also attend a SADAG depression and anxiety support group which really provides meaningful support. Thank you to them, my family and treatment team for their continuous patience and support.

**References available on request. MHM**



*See Professor Schoeman's recent article on 'Stigma & the Impaired Practitioner'*

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