



Depression and COPD

What is depression?

Objectives:

1. To become aware of the signs and symptoms of depression.
2. To understand how COPD and depression interact.
3. To understand causes of depression.
4. To learn what can be done to fight depression.

What are the signs and symptoms of depression?

- What does depression look like?

- What happens when someone becomes depressed?

- If you had to make yourself depressed, what would you do? How would you feel? What would you say to yourself?

On board:

Behaviors	Thoughts	Feelings
Poor sleep/appetite	"I feel guilty"	Sad
Less activity	"Life is hopeless"	Irritable
Social withdrawal	"I'm worthless"	Discouraged
No interest/motivation	"I can't do anything right"	Hopeless
Use of alcohol/drugs	"What's wrong with me"	Frustrated
Other:		

Definitions:

Depression = Behaviors + Thoughts + Feelings

Vicious cycle = Decreased activity → Negative thoughts → Decreased mood

The behavioral, cognitive and biological models can all be operating at the same time to cause depression.

How do COPD and depression interact?

- So, what does depression have to do with COPD?
- Which of the things we listed on the board applies to you when you are expecting an exacerbation with COPD?

People with COPD learn to avoid activities that are associated with shortness of breath. This results in less activity, less self-esteem, and decreased mood.

If this were true, you would expect there to be more depressed people among those with COPD than those who do not have COPD.

- Depression in general population: 5% (incidence)
- Depression in COPD populations: 35% (incidence)

What causes depression?

There are three models of depression, or in other words, three ways to explain why depression occurs.

Behavioral Model

The behavioral model says that depression is due to loss. The loss can be from death, disability or from almost anything that causes you to lose someone or something of value and importance to you. The reason this can lead to depression is that the loss of a person, object or activity results in the decrease in pleasurable interactions, events or activities – all things that provide us with positive feelings.

Cognitive Model

The cognitive model says that depression is due to distorted and negativistic thinking (“stinkin’ thinkin’”). These distorted and negative thoughts often encompass such views of the world around you, of yourself, and of your future.

- **World:** “Everything is awful.” “Life is so unfair.” “Everyone is against me.”
- **Yourself:** “I can’t do anything right.” “I am such a failure.” “I feel guilty for all the things I should have done.”
- **Future:** “Things will never get better.” “I have no future to look forward to.” “I am all alone now and no one cares what happens to me in the future.”

Biological Model

The biological model says that depression is due to neurochemical imbalances in the brain. The research shows that there is a genetic predisposition for major depression. In other words, it appears as though major depression tends to run in families. If you have a first degree relative (mother, father, brother, or sister) who has major depression, you are at a higher risk to develop major depression at some point in your life. There are a number of medications (anti-depressants) that re-balance certain chemicals in the brain that have shown to have a positive influence on mood.

What can be done to fight depression?

Fighting Depression from the Behavioral Model

The goal of fighting depression from the behavioral model is to reduce the losses in your life. Of course, there are some losses that cannot be replaced, such as the death of a loved one. However, in most cases, you can look for alternatives, replacements or accommodations.

The reason why the loss of activities is so significant is because activities give us two important things: a sense of pleasure and a sense of accomplishment.

What things have you had to give up because of your COPD?

The goal from the behavioral model is to build activities back in to your life that give you satisfaction and a sense of accomplishment (this is easier said than done).

- First, review your life and write down all of the things that currently give you a sense of pleasure.
- Then, write down all of the things that give you a sense of accomplishment in your life. It is easy to focus on our losses and not remember what we still have in our lives. The more you keep in mind what you still have, the better your mood.
- Next, brainstorm and make a list of activities that you can possibly build into your life. Then make an effort to do them. Keeping an activity diary can sometimes be helpful in holding yourself accountable for doing things that you say you will do.
- Keep in mind that the activities you choose to build into your life can be lavish and expensive, or simple and inexpensive. The key is to choose activities that you have control over and that are realistic.

Handouts: Pleasant Events Schedule and Activity Diary

Interventions or treatments based on each of these models have been proven to be effective in treating depression. Treating depression using a combination from all three models has been shown to be most effective.

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC Clinic staff are also available to help at any time.

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Fighting Depression from the Cognitive Model

The goal of fighting depression from the cognitive model is to attack the distorted, and often negative thoughts that run through your mind. However, most of us are not aware of the types of thoughts that run through our minds that cause problems. That is why the thoughts that run through our minds are often called “automatic” thoughts. They occur almost automatically, without our awareness.

The first step is to become aware of these distorted and negative thoughts. There are some common types of distorted thoughts that we tend to have – for example, catastrophizing, good/bad thinking, and personalization.

Handout: Examples of Distorted Thoughts

One way to become more aware of our cognitive thoughts is to keep a daily record of distorted thoughts.

On board/Handout: Daily Record of Distorted Thoughts

We are pretty good at attending to a strong negative emotion we might be feeling such as anger, frustration, sadness, or guilt. But, we are not always good at understanding what actually made us feel this way. So, we work backwards using this daily recording sheet to help guide us. Much of the time, it is not just the situation, event, or circumstance that causes us to feel a strong negative emotion, but it is also our interpretation of it that leads to our strong reactions.

Fighting Depression from the Biological Model

The goal of fighting depression from the biological model is to restore any chemical imbalance in the brain. There are two neurotransmitters that are thought to be linked to depression: serotonin and norepinephrine. Anti-depressant medications operate by altering the levels of these two neurotransmitters in the brain, thus helping to combat depression and improve mood.

It is also widely believed that aerobic exercise is helpful in combating depression. Exercise increases endorphin levels in the brain, and this has a positive effect on mood.

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