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Depression: Lessons learned about the patient-physician relationship

Kelsey Cameron

“Character cannot be developed in ease and quiet. Only through the experience of trial and suffering can the soul be strengthened, ambition inspired, and success achieved.” – Helen Keller.

I would have rather had my family doctor punch me in the stomach. Thirteen years of karate training would have prepared me for that. Nothing could have prepared me for him saying,

“Kelsey, you're suffering from a major depressive episode. Your health is the number one priority, and I don't know if you getting better is compatible with finishing your second year of medical school.”

Those words just hung in the air.

I didn't understand what he was talking about. I was only in his office to get a note to defer writing an exam. I knew that if I could just

postpone writing this exam, then I'd be okay.

...Unfortunately, putting off dealing with things had become my coping strategy. I just kept pushing through life because I thought others were depending on me. My plan was to address my exhaustion and feeling overwhelmed once I knew everyone else was okay. But before one situation completely resolved, something else came up, so I never took time to care for me...

There I sat in my doctor's office. He hadn't just knocked the air from my lungs he had completely taken the wind from my sails.

That evening, I allowed myself to say aloud

how much of a relief it would be to take a break from school. Once I said it, I waited. The sky did not fall. I was not hit by lightning. Nothing bad happened. I was beginning to tell the world that I was going to take a break, and the world was telling me it was okay.

I began to see a psychologist. I told him how difficult the last year had been for me. All the situations that usually re-energized me were now draining. School was beyond difficult, my boyfriend had his own challenges, karate was now breaking my heart as opposed to recharging my spirit, and my Mom had health problems, so I was trying to support her and fulfill her responsibilities. As the psychologist asked questions about the things going wrong in each separate area of my life, I realized the one thing common to all these situations was me.

It was in that moment that I began to gain insight into my disease.

I took sick leave from school. Throughout that process, the support I received from the student advisor and administration at Dalhousie was more than I could have hoped for. I had no fight left in me so I could not have handled a difficult process. Since then, I have appreciated the Dalhousie staff keeping in touch with me.

The two years since that day in my doctor's office have been challenging and rewarding. The manner in which my doctor handled my diagnosis and treatment has magnified my respect for family medicine. The unwavering love and support I have from my friends and family has had a huge role in my recovery and ability to continue to manage depression. My psychologist has taught me the skills to regain my life and how to recognize when I'm 'heading down the slippery slope'.

However, I get frustrated with my limitations especially given that there is not actually something visible or quantifiable that limits me. I frequently need to remind myself that depression is like diabetes. In diabetes, one's pancreas does not make enough insulin and there are lifestyle factors that influence that disease. In depression, my brain just does not make enough

serotonin. There are many lifestyle factors that influence my experience. I use this analogy to guide the thoughts and expectations I have for myself or anyone else suffering with a 'physical illness.'

I am also taking my lemons and making lemonade. That is, reflecting on my experience here, may help physicians recognize, support, and comfort individuals with mental illness. These are the 10 things I learned about the patient physician relationship with regards to depression:

1) When asking tough screening questions, you need to sit quietly until the next voice speaking is that of the patient. When my doctor asked me tough questions, it took me a while to determine the answer, and then to gather the courage to say what he was asking me to share. I can only imagine how much practice it took for him to feel comfortable sitting silently.

2) Textbooks describe mental illnesses in different words than people experience it. The Diagnostic and Statistical Manual of Mental Disorders (DSM), the reference used by mental health professionals, describes the affective or mood symptoms of a major depressive disorder as a depressed mood and feelings of worthlessness or guilt. I would never have described my mood as "depressed". I never felt "guilty". I felt "overwhelmed", and was "worried about disappointing others", I needed my doctor to phrase his questions in a manner that enabled me to consider the range of emotions related to guilt and depressed moods.

3) "Fine" or "Normal" is not enough of an answer to any question for you to assume that something is actually fine or normal. Most of the time, I felt "nothing". I was "empty". So if asked how I was, I would have answered "fine".

4) Asking if something has changed in the patient's life is not enough of a screen.

If asked, I wouldn't have noticed a change in my sleep habits. The number of times I awoke through the night increased slowly and over such a long period that it unknowingly became my new "normal".

5) Attendance at work or school is not the only measure of someone's functioning. It's important to ask how things actually are, how productive someone's being, and how they feel about it. I never stopped attending school. I had just stopped listening, learning, doing, and studying.

6) You're either at the therapeutic dose or you're not. Each time I increased my dose, I was not sure if the medication was working because I did not know what changes and what magnitude of change to expect. My response to medical treatment was not proportional to the dose. In other words, a small dose did not correspond with a small improvement. For months, I was taking too small a dose. When I finally reached the right dose for me, it was as if a light switch was turned on and my mood improved. I felt like me again! I would have benefited from knowing what to expect if the medication was working, how long it should take to experience those benefits, and that I should make an appointment, if I was not improving, in order to increase my medication dose.

7) There is a difference between mental illness and cognition. When studying psychiatry in school, many of the patients we see have mental illnesses and have limited knowledge or limited ability to manipulate that knowledge. When medical students are exposed mostly to people that have problems in both areas, it's easy to unconsciously assume that mental illness and cognition difficulties go together. I think it is important for medical students and physicians to see someone such as me, who rivals them academically yet suffers from a mental illness.

8) When talking with someone who has a mental illness, challenge yourself not to only see how different you are from patients with mental illness, but also the similarities you share. When my classmates and I were on our psychiatry rotation, I noticed that some students would often focus on the ways in which they differed from the patient. I think this reassured them that they would not one day find themselves in the patient's situation. It's much more honest to recognize that by being human we are all susceptible to mental illnesses and, therefore, have much in common with our patients.

9) You don't have to wait until you have a major problem to ask for help. From now on, I'm not 'waiting until I have a problem' to get help. If I think my life could be healthier, more successful or more enjoyable in any area, then I will ask for help. I will never wait until things are as bad as they were before asking for help. To reinforce this, when I'm struggling, I ask myself, what would need to happen to justify asking for help? Many times I am shocked by just how severe I think a problem should be.

10) There are many reasons why we need the reminder "Physician, heal thyself..." My family doctor once told me that, in his opinion, the characteristics that help one gain admission to medical school, such as stoicism, hard-working, more comfortable in the role of care-giver, also puts these same individuals at risk for developing a mental illness. Physicians are less likely to ask for help when they need it. I now know to take care of myself and I hope others will heed my advice.

I try not to be discouraged by my diagnosis. Often I remind myself that I would not take piano lessons from someone who could not actually play. In other words, I will be a better doctor because I have been sick myself.