Health & Wellness

October 6, 2019

"I'm Not Okay"

Depression and Anxiety Awareness

Many people have the habit of confusing depression with just being really sad. Others tend to think anxiety is a form of overreacting. I don't fault those who share these ideas. The bible states "My people are destroyed from lack of knowledge" (Hosea 4:6a), and this scripture applies to all areas of life. With that being said, let me give you the definitions of the two:

- <u>Depression</u>-a mood disorder that causes a persistent feeling of sadness and loss of interest; a mental condition characterized by feelings of severe despondency and dejection, typically also with feelings of inadequacy and guilt, often accompanied by lack of energy and disturbance of appetite and sleep.
- Anxiety-a nervous disorder characterized by a state of excessive uneasiness and apprehension, typically with compulsive behavior or panic attacks.

You can't easily recognize someone with depression or anxiety. Most of us find out when it's too late. How often have we heard someone say "I didn't know they were feeling that way" after hearing someone they knew committed suicide? Thankfully, there are things that you can do to help someone with depression/anxiety. There are also things that you should not do that could possibly make it worse. Let's discuss.

"It's not a big deal, you'll be fine"

Speaking from my personal experiences with these conditions, the number one thing you shouldn't do is brush it off. If someone comes to you to open up, don't make them feel as if it's not that serious. It may not be to you, but to them it's a tipping point. If they come to you, it's because you're important to them. It's because they value what you say. You doing this will cause them to think that their feelings aren't worth speaking about. Saying things such as "It's not that serious" or "You'll be fine" can easily be translated to "Stop overreacting" and "Suck it up and deal with it" in their mind. No, you didn't mean it that way, but that's how they see it nonetheless. Listen to them. Let them know that you're hearing them, and you're concerned. That they're *not* flawed. Explain to them that it's a medical condition and it's *not* a product of their character.

A Word from the Wise

According to Harvard Health Publishing at Harvard Medical School, there are six common forms, two of which are unique to women (*):

Major Depression

The classic depression type, major depression is a state where a dark mood is all-consuming and one loses interest in activities, even ones that are usually pleasurable. Symptoms of this type of depression include trouble sleeping, changes in appetite or weight, loss of energy, and feeling worthless.

Persistent Depressive Disorder

Formerly called "dysthymia," this type of depression refers to low mood that has lasted for at least two years but may not reach the intensity of major depression. Many people with this type of depression type are able to function day to day, but feel low or joyless much of the time. Other depressive symptoms may include appetite and sleep changes, low energy, low self-esteem, or hopelessness.

Symptoms to watch out for

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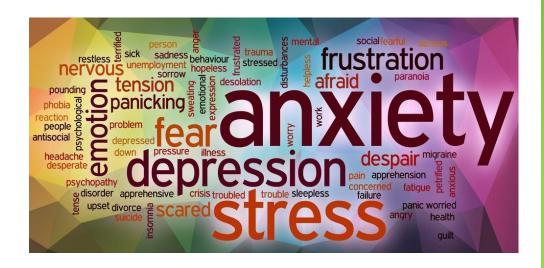
- A feeling of persistent sadness and/or anxiety
- Loss of interest in activities formerly enjoyed
- Feelings of hopelessness
- Insomnia
- Early-morning awakening
- Oversleeping

- Weight loss or weight gain
- Thoughts of death and suicide
- Suicide attempts
- Irritability
- Lack of mental focus
- Chronic physical symptoms that do not respond to treatment

"I got your back"

Offering help plays a tremendous role. The phrase "A little goes a long way" definitely applies here. Knowing that someone is willing to help them, or wants to find help *for* them, will let them know that they're not in this fight alone. The Mayo Clinic suggests that you offer to prepare a list of questions to ask their doctor. "Express your willingness to help by setting up appointments and going along to them..." (Mayo Clinic Staff).

If you notice their condition worsening, find out if they're in a safe environment. Stay alert for warning signs like statements such as "I wish I were never born" or "maybe it's better if I just disappear." Joking tone or not, these are serious indicators. Always remember to shower one another with the love that God gives you freely. You never know whose life you may have saved.



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Bipolar Disorder

People with bipolar disorder—once known as manic-depressive disease—have episodes of depression. But they also go through periods of unusually high energy or activity. Being manic can feel great, but it doesn't last long, can lead to self-destructive behavior, and is usually followed by a period of depression.

Seasonal Affective Disorder

This type of depression emerges as days get shorter in the fall and winter. The mood change may result from alterations in the body's natural daily rhythms, in the eyes' sensitivity to light, or in how chemical messengers like serotonin and melatonin function.

Perinatal Depression*

This type of depression includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery (also known as postpartum depression).

PMDD*

This type of depression is a severe form of premenstrual syndrome, or PMS. Symptoms of PMDD usually begin shortly after ovulation and end once menstruation starts.

The W's of Breast Cancer

As most of you may know, it's Breast Cancer Awareness month! So instead of monologuing like I usually do, I'm going to keep it simple. Below are some FAQs that are important to know in regard to breast cancer.

What is breast cancer? What are the symptoms?

Breast cancer is a cancer that forms in the cells of breast tissue. According to the American Cancer Society the most common types are ductal carcinoma in situ, invasive ductal carcinoma, and invasive lobular carcinoma. The type of breast cancer is determined by the specific cells in the breast that are affected. The Cancer Treatment Centers of America tells us the early warning signs of breast cancer include:

- Skin changes, such as swelling, redness, or other visible differences in one or both breasts
- An increase in size or change in shape of the breast(s)
- Changes in the appearance of one or both nipples
- Nipple discharge other than breast milk
- General pain in/on any part of the breast
- Lumps or nodes felt on or inside of the breast
- Irritated or itchy breasts
- Change in breast color
- Increase in breast size or shape (over a short period of time)
- Changes in touch (may feel hard, tender or warm)
- Peeling or flaking of the nipple skin
- A breast lump or thickening
- Redness or pitting of the breast skin (like the skin of an orange)

Who is at risk for breast cancer?

The Center for Disease Control (CDC) states that "The risk for breast cancer increases with age; most breast cancers are diagnosed after age 50 [in women with] inherited changes (mutations) to certain genes, such as BRCA1 and BRCA2. Women who have inherited these genetic changes are at higher risk of breast and ovarian cancer." In simpler terms, women who have a mother or daughter that have been diagnosed with breast cancer are at a greater risk than women do not.

DID YOU KNOW?

"Even though males do not develop milk producing breasts, a man's breast cells and tissue can still develop cancer.
Even so, male breast cancer is very rare.
Less than 1% of all breast cancer cases develop in men, and only one in a thousand men will ever be diagnosed with breast cancer."

-National Breast Cancer Foundation, Inc.



When is the best time to get an exam?

According to MedlinePlus Medical Encyclopedia "the best time to do a monthly self-breast exam is about 3 to 5 days after your period starts. Do it at the same time every month. Your breasts are not as tender or lumpy at this time in your monthly cycle. If you have gone through menopause, do your exam on the same day every month." The CDC also suggests that women 40 and above consult their doctor about when to begin screening and how often to do so. There are both risks and benefits of getting a mammogram before the age of 50 that should be taken into consideration.

What can I do to reduce the risk of breast cancer? What foods can I eat?

An article from to Medical News Today states No single food or diet can prevent or cause breast cancer, but a person's dietary choices can make a difference to their risk of developing breast cancer or their overall well-being while living with the condition. The following foods may help prevent the development or progression of breast cancer:

- A variety of fruits and vegetables, including salad
- Foods that are rich in fiber, such as whole grains, beans, and legumes
- Low fat milk and dairy products
- Soybean-based products
- Foods rich in vitamin D and other vitamins
- Foods, particularly spices, with anti-inflammatory properties
- Foods mainly plant based that contain antioxidants

Diets that cater to these foods specifically are a Mediterranean diet (emphasizing fresh fruits/vegetables and healthy oils, a southern diet that is high in cooked greens, legumes, and sweet potatoes, and also a Keto diet (consisting of low carbs and high [good] fats). A study of 91,779 women found that following a diet comprising mainly plants could cut the risk of developing breast cancer by 15%. Along with their other benefits, fruits and vegetables are rich in flavonoids and carotenoids, which appear to have various medical benefits. Studies have suggested that the following foods may help prevent breast cancer:

- Dark, green, leafy vegetables, such as kale and broccoli
- Fruits, especially berries and peaches
- Beans, pulses, fish, eggs, and some meat

FOR MORE INFORMATION

For more information about breast cancer you can visit the following websites:

- description descri
- breastcancer.org
- **u**cancer.org
- # pinkribbon.org
- nationalbreastcancer.org

