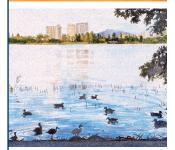
5 Depression and Anxiety















ACT Palliative Care Society Inc.





Department of Health and Ageing

Being diagnosed with a life-limiting disease and/or coming on to a palliative care program can be a sad and worrying time for most people. It is normal to be sad (depressed) and worried (anxious) some of the time. However, clinical depression and clinical levels of anxiety can be problems if/when they reduce your quality of life. The good news is that both depression and anxiety are treatable in several different ways. So don't assume that if you feel depressed or anxious that you have to put up with it.

Diagnosing clinical depression and anxiety can be complex. Depression is defined as a lowered mood in reaction to actual or perceived loss. Anxiety is defined as apprehension about perceived threat or danger.

Symptoms

Depression

Thoughts	Feelings	Physical Symptoms	Behaviour
Thoughts of ending your life Believing you are a burden Slowed thinking Lack of concentration Indecisiveness Not looking forward to anything pleasurable	Sad Miserable Hopelessness Excessive Guilt Helplessness	Early waking or Lots of sleeping No energy Low Libido Loss of appetite	Withdrawal Not looking forward to anything Low self-esteem

Anxiety

Thoughts	Feelings	Physical Symptoms	Behaviour
Persistent worrying Overgeneralising Catastrophising Dominating fear of death or dependency Recurrent unpleasant thoughts	Agitation Panic Fearfulness Sense of Foreboding Dread Helplessness Feeling trapped Overwhelmed	Breathlessness Tension Palpitations Tingling Nausea Sweating Shaking	Avoidance Longing for escape Withdrawal

- Depression and anxiety are diagnosed by looking at a cluster of symptoms.
 You do not have to have them all to be regarded as needing professional help.
- Depression and anxiety can add to physical symptoms (such as pain) and can therefore be hidden or disguised by physical symptoms. Treatment of depression and/or anxiety can therefore sometimes alleviate symptoms such as pain.
- Some sadness and worrying some of the time is normal and because of this you may not think to mention how you are feeling.
- Often a life limiting illness mimics the symptoms of depression e.g. fatigue.

- Often treatments cause symptoms of depression and anxiety e.g. nausea.
- · Some symptoms such as breathlessness cause anxiety.
- Depression and anxiety may go together. Many anxious people are also depressed.

Ways You Can Help Yourself – In General:

- Ask the palliative care team about anything that is concerning you and seek information from other sources as well.
- · Learn about your life limiting illness and its treatment.
- Talk to your doctor. Both depression and anxiety are physical conditions that can be treated with medication. Often a combination of medication, self-help and counselling can be very effective.
- Talk to a friend or your partner. Connecting with others can help.

Self Help For Depression:

- · Make a plan for each day and include some pleasurable activities
- Start with small steps and tell yourself you are moving towards your goals.
- · Remind yourself of your positive points
- See people you like and do things you enjoy
- · Reward yourself for your efforts, seek praise from your supporters
- Don't compare your depressed self with your non-depressed self. Recovery takes time and patience
- Break tasks down into smaller, more manageable parts.

Self Help For Anxiety:

- · Stay calm
- Practice relaxation and/or deep breathing
- Check your thinking with a friend, e.g. "am I worrying about something that is unlikely to happen? Has such a thing ever happened to me?"
- Look at what you are doing on the occasions when you can keep worrying at bay.
- Think about exactly what you are worried about. It might be, for example, being alone or being in pain, and find out what you can do about it, whether it is likely to happen and what others can do if it does happen.

Useful Website: www.beyondblue.org.au

Disclaimer

The information contained in this fact sheet is for general guidance only. Whilst every effort has been made to ensure that the information is correct and in keeping with accepted standards of practice at the time of publication, neither the authors nor the publisher can accept any legal responsibility for any errors or omissions. It is the responsibility of the reader before using any drug, technique or procedure to seek appropriate professional advice.