



# Doctor Debug™

Ron Sterling, M.D.

Many similar questions have been arriving at my virtual doorstep. Does this mean I have to do the proper techie thing and create a FAQ (frequently asked questions) file? Probably, unless I want to look unsavvy, right?

## FAQ No. 1

“What is the difference between a psychiatrist and a psychologist?” (Do you feel some self-promotion is coming soon to a Doctor Debug column near you?) OK, I will try to be unbiased and factual.

## Shrink vs. Shrink!

Both psychologists and psychiatrists usually complete four years of college. Psychiatrists then do four years of medical, osteopathic or chiropractic school.

Pass the scalpel please! (Just kidding!) Add to that another four years of psychiatry education called “residency.” For me, this included medical school, psychiatry residency and a one-year fellowship in geriatric psychiatry.

Psychologists usually complete three years of graduate education in psychology. Their knowledge base is weighted toward developmental and programming issues and how to help clients by using psychological therapies.

Psychiatrists, on the other hand, often receive their knowledge in hospital settings. Their experience is geared toward more serious mental disorders that frequently require psychoactive medications for

effective treatment. And, no, Dr. Laura is not a psychiatrist! Her degree is in physiology (for godssake).

Don’t understand the difference between a serious disorder and a mild disorder? Check back next month for more on “What is *normal*, anyway?”

## Debugging Depression

Dear Doc,

I am a 32-year-old married female working in a high-pressure, management job. I don’t want to say much about that. I’ve pissed too many people off lately to risk complaining publicly about my employer. I am about to lose my job, which I have had since I was 24.

So far, I have taken two extended leaves from work. I participated in some anger-management counseling, but, in the long run, it didn’t work. The thing is, I wasn’t always an angry person. I’ve lost weight, which is fine with me. Believe me, I used to love food a little too much.

Besides the fear of losing my job, what bothers me most is I don’t sleep very well. I tried some over-the-counter sleeping pills, like Unisom, but since my problem was waking up too early in the morning, taking the Unisom at 3 a.m. made me feel groggy all day.

My employer wants me to see a psychologist or psychiatrist. Is that really necessary? Nobody in

my family has any mental problems. I hate seeing doctors. —Cranky in Kirkland

Dear Cranky,

Thanks for writing! I can relate to your not wanting to see doctors. Asking other people for help can be difficult for anyone.

The short answer to your question: It is important for you to get an appointment with a psychiatrist. Then—maybe—a psychologist.

The long answer to your concerns? Let’s talk about depression. Yep, depression.

I know, you didn’t even use the word “depression,” so why talk about it? Hmm... Stay tuned. Before this column ends, you will either understand or you will say to yourself “The Doc is coming up with some convoluted science to justify the use of medication.” Here goes.

The most confusing thing about the word “depression” is that it can stand for anything from having a bad-hair day to wanting to seriously end your life. That is why psychology folks decided to think in terms of at least three types: mild, moderate and severe. (Check [www.PsychEducation.org](http://www.PsychEducation.org) for almost the whole story on depression.)

The classic indications of moderate to severe depression are persistent loss of appetite, early-morning awakening, depressed mood, hopelessness,

irritability, and, often, fatigue. Many people resist getting help or feel that time will heal all wounds. Over-achiever types often push themselves right through the fatigue, deny it or take drugs to overcome it. They often minimize pain. Other symptoms show up. In your case, irritability is a huge sign.

Another name for stress-induced depression is "burnout." Little did we know that the term burnout could end up being so anatomically correct.

Here is some recent research, seriously simplified. Mild stress just causes *minor* chemical changes in brain and body. However, both chronic, "inescapable" stress and short, intense trauma produce high levels of a chemical called

corticotropin releasing factor (CRF). CRF starts a process that destroys parts of brain cells and reduces the manufacture of serotonin, especially in a structure called the hippocampus. The earlier in life the stress or trauma occurs, the more it impacts nerve cells.

As you may know, many recently developed antidepressants increase serotonin in the brain, but they don't fix depression very quickly. Apparently, their effectiveness is not just tied to increasing serotonin levels but also to stimulating brain cells to regrow and make more connections to neighboring brain cells.

Unless the current theories get shot full of holes, here is your Bug Equation: You have

experienced chronic stress. The stress has led to some nerve-cell burnout. Nerve-cell burnout leads to symptoms of depression. Your depression is moderate.

By writing to me, you may have started to debug your depression. I recommend a psychiatric evaluation. Whether you need medication will depend on that evaluation. Psychological work could be very helpful, since you seem prone to denial and over-achieving, a generally productive combination that can often lead to burnout. The good news is more than 80 percent of those who seek treatment get much better..

—*Doctor Debug*  
July 15, 2002

**Feeling bugged?** Write to Doctor Debug, a psychiatrist with 27 years of counseling experience. Ask him about mental wellness, or send questions regarding personal, social, relationship, medication or sexual concerns.

E-mail sent to Doctor Debug is read only by Ron Sterling, M.D. No identities, whatsoever, will be revealed in any published answers.

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