

F O C U S

*Best
Wishes
to the
Class of
2015
From
Your
Friends
at
Vista !!*

THE FACTS ABOUT MEN AND DEPRESSION

An estimated six million men in the United States have a depressive disorder—major depression, dysthymia (chronic, less severe depression), or bipolar disorder (manic-depressive illness)—every year. Although these illnesses are highly treatable, many men do not recognize, acknowledge, or seek help for their depression. **While both men and women may develop the standard symptoms of depression, they often experience depression differently and may have different ways of coping.** Men may be more willing to report fatigue, irritability, loss of interest in work or hobbies and sleep disturbances rather than feelings of sadness, worthlessness, and excessive guilt, which are commonly associated with depression in women. Also, tragically, four times as many men as women die of suicide, even though women make more suicide attempts during their lives. **The truth is, depression is a real and treatable illness. It**

can strike at any age, from childhood into late life. With proper diagnosis and treatment, the vast majority of men with depression can be helped. **Depression is a serious medical condition that involves the body, mood, and thoughts.** It affects how you sleep. It alters your self perception. It changes the way you think and feel. Men with a depressive illness can't just "snap out of it" or "pull themselves together," because their depression is not the same as a passing mood. Left untreated, depression may last for weeks, months, or years at a time. **Depressive illnesses can make routine tasks unbearably difficult.** Pleasures that make life worth living—watching a football game, playing with children, even making love—can be drained of joy. Depression brings pain and disruption not only to the person who has it, but also to his family and oth-

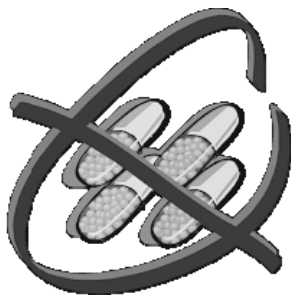
ers who care about him. **If you are experiencing some of the following symptoms, you may have a depressive illness.** Ask yourself if you are feeling: sad, or "empty"; irritable or angry; guilty or worthless; pessimistic or hopeless; tired or "slowed down"; restless or agitated; like no one cares about you; or like life is not worth living. You may also: sleep more or less than usual; eat more or less than usual; have persistent headaches, stomachaches or chronic pain; have trouble concentrating, remembering things or making decisions; lose interest in work or hobbies; or lose interest in sex. **If these symptoms are familiar, it's time to talk to your doctor.** Depression is a real, medical illness that can be successfully treated, most often with medication, psychotherapy ("talk therapy"), or a combination of both. Sup-

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“...men in particular may find it difficult to admit to depressive symptoms...”



“The combination of medication with counseling was not better than counseling alone.”

THE FACTS ABOUT MEN AND DEPRESSION (continued)

from family and friends plays an important role as well. **The feelings and behaviors that are part of depression can hinder a person’s ability to seek help.** In addition, men in particular may find it difficult to admit depressive symptoms and ask for help. It’s important to remember, however, that depression is a real, treatable illness and is nothing

to be ashamed about.

Thanks to years of research, a variety of effective treatments including medications and short-term psychotherapies are available for depressive disorders. Treatment choice will depend on the patient’s diagnosis, severity of symptoms, and preference. In general, severe depressive illnesses particularly those that are re-

current, will require a combination of treatments for the best outcome. **If you are feeling depressed, tell someone about your symptoms.** Speak with a doctor, nurse, psychologist, social worker, or employee assistance professional. Asking for help takes courage, but it can make all the difference. Source: National Institute of Mental Health.

COUNSELING BENEFITS ANXIETY OVER MEDICATION

Before using antidepressants to treat social anxiety, talking therapies provide increased benefits, according to new research appearing in *The Lancet Psychiatry*. Examination of more than 100 trials at Oxford University, University College of London and John Hopkins University revealed that people suffering from social anxiety to the extent it affected their day-to-day functioning did much better when they had access to counseling than when medication was administered to manage their symptoms. The study involved 13,164 participants with approximately 75 percent receiving medication or a pla-

cebo pill, while 25 percent received counseling. According to NHS (National Health Service) guidelines, one in eight people have a form of social anxiety, and should receive counseling first, resorting to medication if patients either refuse therapy or no progress occurs. However, organizations who keep in touch with people having social anxiety disorders report those seeking help were not offered the option of counseling. “Social anxiety is more than just shyness. People with this disorder can experience severe impairment, from shunning friendships to turning down promotions at work that would require

increased social interaction. The good news from our study is that social anxiety is treatable. Now that we know what works best, we need to improve access to psychotherapy for those who are suffering,” says Evan Mayo-Wilson, study leader in the Dept. of Epidemiology at John Hopkins Bloomberg School of Public Health. The combination of medication with counseling was not better than counseling alone. While cognitive behavioral methods (focusing on thoughts, feelings, and behaviors) showed to be the most effective.

Source:
www.helpmeoutdoc.com

DISAGREEMENTS BETWEEN FRIENDS

Relationships are important to all of us. While we might enjoy having a little “alone time” every now and then, the reality is we all need interactions with other people on a regular basis. What’s important about our long-term relationships is not simply that we meet and talk with others, but that these are people we care about, with whom we share emotional ties, and to whom we turn for encouragement, support and advice. The relationships that we consider special are usually with people with whom we share a number of similarities and/or life experiences. These relationships can result from marriage, business relationships or social interactions, but they rest on common foundations and are important to us and our overall well-being. But even in the closest of relationships, whether romantic or be-

tween friends, there will still sometimes be areas of disagreement. An important element in establishing or maintaining a healthy, long-term relationship is how such disagreements are handled. There are basic qualities that allow us to disagree without destroying a relationship. Qualities of honesty, openness and trust play important roles. When disagreements occur, it’s essential to agree to be honest with one another and then to actually do just that. For a strong relationship to grow, both members of the relationship must commit to this goal. This is sometimes called the “ABC” method of sustaining a relationship. The “A” stands for affirming the value of the relationship. That means the two of you agree that the relationship itself is more important than either of your views on any particular

issue. The “B” stands for behavior, for letting the other person know that when there are disagreements, you won’t let them affect the basics of the relationship. It means that neither of you will set ultimatums or try to force your point of view on the other person. The “C” stands for clarifying issues when there is a disagreement. Rather than your “interpreting” the words and actions of the other person, you have to be open and honest with that person and let him or her explain and clarify the intent and meaning of what has been said. Long-term relationships are a vital part of a happy life. To make them last and grow takes work, and that means finding room within the relationship for the occasional disagreements that are naturally going to exist between any two people. Source: The American



“Long-term relationships are a vital part of a happy life.”

BREWING HEALTH BENEFITS

Decreased risk of depression. A study by the National Institutes of Health found those who drink 4 or more cups of coffee daily are 10% less likely to be

depressed. **Delayed onset of Alzheimer’s disease.** Researchers from the University of Miami found that people older than 65 who consumed higher levels of caf-

feine develop Alzheimer’s disease two to four years later than those with lower caffeine intake. **Reduced risk of cancer.** According to Harvard School of Public

Health, coffee drinkers are less likely to develop liver, breast, colon and rectal cancers. Source: *Affinity For You*, Affinity Medical Center



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IMPULSIVENESS

Gazing at images of the great outdoors has been linked with a range of benefits, including pain relief, stress recovery



and mood improvement. Now a study published in May 2014 in *PLOS ONE* adds impulse control to that list. Researchers at Utah State Univ. asked three groups of participants to complete a task that tests whether they could resist instant gratification for a better reward later on. Before and during the task, the nature group viewed images of mountains, whereas the other

groups looked at pictures of buildings or triangles. Participants who viewed natural scenes made less impulsive decisions than the other groups. Follow-up experiments revealed that seeing nature makes us think more about the future, says Meredith S. Berry, a psychologist now at the University of Montana. "When time is expanded, it is easier for people to imagine the future,

and this effect appears to lessen the draw of immediate temptations." These findings mean that even when you're stuck at the office until sundown, you can still reap some cognitive benefits by looking at images of natural landscapes on your computer screen—and it may keep you from raiding the office fridge. Source: Tori Rodriguez, *Scientific American Mind*, Jan./Feb. 2015, p9.