

"DOCTOR AT SEA" a monthly Column in The Islander Magazine

Can yachties get depressed????

One of my first impressions on starting clinical practice here just over two years ago was the dramatic difference in the spectrum of illness presented by the yachting community. In British general practice we saw about sixteen to twenty patients each half day and at least 10% were either on antidepressant medication or were covertly depressed and presenting with secondary symptoms. It was a challenge both to professional integrity and also simple goodwill to pick up on the alternative agenda and open the can of worms and then try to deal with the real issues which lurked below the surface - the challenge was intensified by the ruthless ticking of the clock which only allowed ten minutes to explore why someone's life was falling apart.

Yachties, by comparison, are generally young and beautiful and the older ones graduate into mature good looks and also retain the upbeat positive outlook, which took them into a life of adventure and achievement in the first place. So why write about a depressing topic like depression in a yachting magazine??

In this month's online Dockwalk there is much correspondence following the suicide of a stewardess in the Caribbean. One contributor described it as a long-term solution to a short-term problem. Most correspondents are distraught and wish that someone had realised there was a problem.

That is why it is important to think about this depressing topic.

The financial crisis and decreased employment opportunities as well as increasing personal financial anxieties have changed the landscape over the past year or two. The stress of frequent charters and/or owners living aboard and increased multi-tasking amongst crewmembers have all been put forward as potential precipitating factors. Luxurious living conditions do not compensate for personal insecurity that can overtake an individual for whatever reason - relationships, often changing frequently, either personal or professional, work stress, career stress, money, maybe homesickness.

Depression may be concealed in the general population because there is still a stigma attached - how much more in the gung-ho yachting industry? This concealment prevents airing of the problem and a chance to regain a better perspective on a mental giant, which needs to be brought down to size.

Medically, depression is defined as lowered mood (feeling down, hopeless) for about two weeks combined with some of the following features - loss of pleasure in everyday things, difficulty falling asleep or then waking up early, tired all the time, poor appetite (or over-eating), sense of failure and letting down other people, poor concentration, generally slow lethargic movement, suicidal ideas or actions.

Two weeks lowered mood always does seem rather short for the definition so how low is low enough? - but better to be safe than sorry and better talk it over with a friend or track down a doctor.

Many patients still resist the use of antidepressant medication because of fears about addiction. These fears arise because of overuse of anti-anxiety medications e.g. Valium (diazepam) in the seventies - stopping medication like diazepam produced the symptoms of anxiety which it helped to calm - QED. These days doctors would not normally prescribe anti-anxiety medication for more than about ten days and so avoid the risk of dependency.

Antidepressant medication, on the other hand is different. Once started, it is advisable to continue on antidepressants for about six months after feeling back to normal and then gradually withdraw from medication.

Relapse is unlikely in these circumstances - it is analogous to getting a huge vessel to change course - the antidepressant medication gradually alters the levels of the (cheerful) neurotransmitters in the brain and once the new course is set, over a few months, it is less likely to slip back to the old ways. The other tack is cognitive behavioural therapy, or talking medicine, which seeks to restore sensible thought patterns in an individual trapped by negative reactions but, in my view, this works better when antidepressants have had a chance to make intelligent conversation more likely. Behavioural therapy needs a settled existence for a series of sessions with a trained counsellor but there are also online programmes available as an alternative for people on the move.

The suicide in the Caribbean is clearly an extreme example of the destructive effect of depression but the insidious attrition of low mood on everyday life can damage deeply over a long time and it is better to let the light and the fresh air in to bring the issues down to size.

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