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## The Impact of Major Depressive Disorder

### Announcer:

You're listening to ReachMD. This medical industry feature, titled "The Impact of Major Depressive Disorder," is sponsored by Sage Therapeutics and Biogen. Here's your host, Dr. Cole Brown.

### Dr. Brown:

Hello and welcome to Changing The Conversation About Mental Health: Patient And Provider Perspectives, a podcast exploring issues related to mental health and ways in which healthcare providers and people living with mental health conditions can work together. This program is sponsored by Sage Therapeutics and Biogen and the participants are being compensated by both companies. The information you're about to hear is not intended to serve as medical advice or substitute for consultation with a healthcare professional. If you believe you are suffering from symptoms of depression, please contact your medical provider for additional information.

### Dr. Brown:

I'm your host, Dr. Cole Brown. And this is the second podcast episode in a series on major depressive disorder or MDD. Like our first episode, we asked a person living with MDD, Karl Prevost and Dr. Napoleon Higgins, a psychiatrist who specializes in treating mental health disorders, to share their experiences with the impact of major depressive disorder. So, welcome both and let's begin.

### Dr. Brown:

So Karl, how has MDD impacted key areas of your life, like work and home and your personal, social, relationships, even your finances?

### Karl Prevost:

How much time do we have today? Because that's a loaded question. That's a long answer, but I'll try to sum it up.

With regard to work, so I'm a school psychologist by trade, and anyone that works in the field knows that organization is key. And so, I actually am a very organized person just with regard to the environments that I inhabit. I have to have routines and systems in place and so those systems and routines started to fall apart rather quickly when it came to my work.

### Karl Prevost:

My organization skills definitely declined and as a result my productivity declined pretty quickly between my second and third years on the job. Now, regard to my home life, simple tasks like eating, tending to just the cleanliness of my home became the most tedious thing for me to do so as a result, you know I just would refrain from doing it.

It was actually... I think Dr. Higgins might have mentioned it last time we were together, that tasks can become painful to do, things that we once enjoyed or things that we have to do, become painful to do. And so, getting out of the bed was a task in and of itself. So, once I get through a work week, get to the weekend, I might not ever get out of the bed that weekend, maybe just to use the restroom, not even bathe.

So it's, it impacted my home living in a way that it didn't look like me. I didn't recognize myself. And when it came to my personal and social relationships, I became a hermit. Anyone that knows me, to know me is to love me. I'm a person who, you know, I'm introverted by nature, but I love people. I love seeing people do well. I love supporting the wellbeing of others, that kind of thing. So, me not initiating social interaction with others or seeking it out wasn't me. That's not like me as well.

And when it came to my finances... Impulsive buying became a way cope. I developed a love for traveling, but I wasn't using traveling in a healthy manner. It was more so like an escape. So it would be a way for me to avoid the reality that I was experiencing while living in Atlanta. So, I would go on these vacations and live lavishly and spend money on things that I really didn't need, but it made me feel good

in the moment. And I remember every time I'm flying back to, you know, my home in Atlanta, I'm dreading the trip because I'm going back to this day to day, I guess getting by, all the while just being in this sort of pain that I couldn't really explain to other people.

So yeah it definitely negatively impacted every area of my life. And with regard to my family, there were individuals in my immediate family where rifts started to develop and honestly, it was because I started asking questions related to mental health history. And it wasn't something that anybody wanted to talk about. It's just one of those taboo type subjects. So, it was pretty difficult to navigate in the beginning, but progress was definitely made over time.

**Dr Higgins:**

And that's something very important, Karl, to discuss is the issue of, so often individuals come in complaining of depression, but they're not realizing what all else the depression is actually impacting. The issue of the family and the finances and decision making and not being able to get up and go to work, things you love being stripped away from you, passions that you had being taken away, passions for people, passions for the job that you did, things that you've been trained to do your entire life. All of a sudden that lack of satisfaction and the pain of doing things you would typically enjoy doing, all of a sudden hits.

And that need to escape to get away to... And sadly, that can lead to spending excessively, getting high, drinking excessively, excessive sexual behavior, trying to do things that are quick in the moment to make you feel good when the actuality is that the pain is deep inside. And until we work on that depth of what you have done, until we get deep into it, we really won't see those lifestyle changes and that joy come back until we deal with those intense emotions. But so often we want to escape from those emotions versus the way through is to actually go in so that you can come back out on the other side.

**Karl Prevost:**

Absolutely, absolutely. I can remember as a journey with dealing with MDD, it became really difficult to kind of like get out of that cycle because you're absolutely right, as I was experiencing these things and noticing a decline in my productivity, a loss of interest in doing certain things, I would resort to unhealthy, you know, coping strategies. The impulsive buying was one thing, but there were other vices, things like pornography, drug use, you know, that sort of thing. So, it's again a vicious cycle because when I would indulge in any of those things, it would honestly just lead to a heavier feeling of being lonely, a heavier feeling of being sad, a lower level of interest in doing the things that I did enjoy. And so, you know, again, going back to the fact that I had to be challenged to be honest with myself and deal with the root cause.

**Dr. Brown:**

Karl, I appreciate the story. Dr. Higgins, how do you help patients navigate that, right? The impacts that this has on their life.

**Dr Higgins:**

Well, it's important to give people a mirror so they can actually see what they're doing and see where they're at. And it's not an issue of trying to overexpose oneself to the issue of mental health, but the issue is many times we don't see the impact. And honestly, when dealing with men, so often those who are very hesitant to receive treatment and care, sometimes kind of showing them their life, but also how their life and the lack of control is impacting others' lives around them. So how is it impacting your future? How is it impacting your family, your kids, your spouse, your mom, all of that people take, don't pay attention to when they're coming in complaining of the issue of depression. So how does that impact everything else? And so just trying to show people that, letting them know that there's a better way and that you don't have to turn to those type of things, and you want to try to find joy and peace inside of yourself, inside of your goals, inside of the things that you want to do.

And making sure that a person knows that the path forward is getting through this so that we can get to the other side.

**Dr. Brown:**

Appreciate that Dr. Higgins, and Karl, as you hear that, are there ways that you kind of coped and navigated with this? You've described some of them – social isolation, your impact on, you know, taking travel and trips. What ways did maybe Dr. Higgins or other clinicians help you navigate that?

**Karl Prevost:**

The term mirror was a very good term to use, Dr. Higgins, because that's exactly what it was. It was a hard look in the mirror that needed to happen in order for me to properly address, you know, the real issue. Because a lot of times I think I would use school or work as a distraction from what it was I was feeling internally. So, I would allow work to consume me or allow school to consume me. But the problem came when work became a stressor itself. It's like, so what happens when the thing that I use to distract myself from really dealing with stuff becomes the biggest stressor? I don't have anywhere else to run. And so that's when traveling became a thing.

It literally just was a, like a domino effect. Because this wasn't serving me anymore, I would resort to something else. All of these things were just band-aids. And so, talking with Dr. Higgins, I think him being honest, regardless of me not being able to be honest with myself,

kind of like created a space for me to feel comfortable to be such. It empowered me to pretty much get to know myself, to learn to know my truth and then accept my truth and then become a better version of myself, because I can actually change these things. I actually can influence how I think. I actually can control my mind and not the other way around. That sort of thing. So, I just really appreciated that, that mirror.

**Dr. Brown:**

That's really helpful. And Dr. Higgins, as you hear Karl's story, I'm wondering if you could unpack for me how you, as a clinician in your conversations really uncover these impacts. So, in previous conversations we've talked about diagnosis, right? And I'm just trying to get a better understanding of how you really understand the impacts and maybe even how it impacts your approach to management.

**Dr Higgins:**

I would say that trying to pay close attention to what's going on with the individual and what their goals are. Because many times individual will let you know what needs to get better and showing them the ways in which to get back to that. Maybe through therapy, through treatment, understanding that you're losing while you're having this issue of depression and it does not have to be that particular way. So, when they're losing that functional ability, I can't think, I can't move, I can't decide, I can't, I can't push forward, I'm constantly falling back. Letting them see that and trying to be motivational in discussing it. And the idea of, some people would call it motivational interviewing, but as a person's telling you what the problems are, trying to let them see that for themselves and how they can be empowered to move forward past that.

So trying to help them identify what impact these behaviors are having so that they can get better is mostly what we're trying to do, to one, encourage treatment, you know, but also to helping them understand the impact, the functional impact that depression has on them in every aspect of their lives.

**Dr. Brown:**

As you said, fundamentally you can't manage a patient unless you're actually able to diagnose, and critical of that is understanding some of these impacts is what I'm hearing from you, Dr. Higgins. And just going back to you, Karl, and thinking about, you know, your journey and your story as a patient. Is there a period of your life where you thought of the impact that depression had in your life was maybe subsumed by racing thoughts or anything that maybe traditionally wouldn't be characterized as depression.

**Karl Prevost:**

Absolutely. I think back... this was around the time when the intense emotional outbursts was a thing when I was in grad school, so 2012, 2013. I had pretty much uprooted myself. So, I'm from New Orleans, Louisiana. And I moved to Atlanta, away from all of my family, all of my support systems. And I'm out here by myself and I'm figuring life out. And honestly, a lot of these things, I was the first one to encounter because you know I was the one to leave, and I was doing this alone. So there came a point where I would be afraid to leave my apartment for fear of being seen, like based on what was going on inside of me, like fear of someone seeing that. And so, I honestly developed a fear of going outside, like going outside my house.

So there would be days where I wouldn't leave my apartment. When I would be walking, it's constantly me looking over my shoulder or thinking somebody's going to do me something because granted there were other truths, you know, that I was living, and I was unapologetic and, you know, given my lifestyle and that sort, I think not everyone took so kindly to it. You know, so I would be worried that harm would come to me or that I would be put in a situation that I couldn't get myself out of. Like that was a constant thought. I always thought something bad was going to happen to me. And what am I going to do to be able to get out of it? Because I'm out here by myself.

You know, so, yeah I definitely thought it was an issue with just anxious thoughts, anxiety, the restlessness, and not being able to sleep at night, you know, because my mind is racing. I never thought that I was dealing with what I was dealing with.

**Dr. Brown:**

I appreciate you sharing your story. And I think what I'm hearing from you is there was a tremendous impact on your life, and being able to describe the full burden of depression, of MDD as a patient is helpful and could be helpful to the healthcare provider and helpful to clinicians because you're talking about just activities in your daily life became painful to do. You started traveling, it had such an impact on your life.

And being able to work with someone like Dr. Higgins, who was able to put up a mirror to you and really get a better understanding of how this was impacting your life really helped you not only internalize what depression really meant for you as a patient, but allowed, you know, Dr. Higgins, for you to manage Karl's symptoms in a way that helped him.

I'm just wondering if there are any other takeaways that either of you have from this conversation.

**Dr Higgins:**

Well, you know, I really appreciate Karl sharing the idea of the anxiety of leaving the house, and worrying around you. Realizing that depression anxiety so often go together. It's kind of like best friends. If you see one, you're probably about to see the other one. The other one's around somewhere and sooner or later, probably if they're not there, it's going to show up. So, the issue of this odd anxiety reaction, not knowing what's going on, why am I afraid to leave the house. Why am I afraid to engage? Why am I afraid to talk to people? Even sometimes you can even see a little bit of paranoia, do people see my depression? Do they see my mood? Am I exposing myself? And that going along with the depression is very common and too often is missed if you're not doing a thorough evaluation. So trying to look at those anxiety issues, realizing that the majority of that is treatable at the same time, but it's important to make sure we pay close attention to anxiety. And then also trauma, familial trauma, undiscussed, not talked about, trauma from your community, stepping out of the home for the first time

I remember during Katrina, when people left from New Orleans to come to Houston, and many people had never been out of their neighborhood. I'm talking about somebody, 30 something, 40 something years of age, who've never been outside of a certain block, and that's the same blocks their mother walked, that's the same blocks their grandmother walked, and that's the same blocks their great-grandmother walked. So that leaving out of the situation. And then also we're looking at the issue of depression, and there's a recent study that came out, depression in black men and successful black men, those who are uber professionals, they seem to have higher levels of depression than the general population. So, people would think that because you're doing well, because you're looking well, because you're physically well, because you're financially well, that you must be on top of everything. And the fact is that everything may be on top of you.

So that facade that we carry, that we're doing well, that we're strong. That, that obviously we're the ones that have made it out of our communities, realizing that the more you make it, the more that you see that there are different levels to the game that you do not have access to. And so, many times when you're stepping out, you're the first one to step out. You're the first one out of the community. So, you lose mentors and you lose friends and you lose people who can identify with you. And now you're suddenly out there by yourself and not knowing where to go.

**Karl Prevost:**

I don't know what to say. Oh my gosh. When you talked about maybe it's everything on top of you, I think about like the pressure I felt with even, like being the overachiever, you know, like having that history, but then setting out to do this thing. I'm going into this graduate program and everybody's looking at me and everybody's expecting this of me and that sort of thing. And if I let them know just how broke down I am out here, I felt shameful about that. So as a result, I dealt with it in secret. I pretty much suffered in silence for a really long time and it was, again, going back to that mirror, it was a hard look in the mirror that was needed. But honestly, I've come to know mental illness or mental ailments being tied to unmet needs, or prolonged unmet needs. Usually sad or disappointed when something didn't go the way that you wanted it to go or the way that you needed it to go.

When I think about childhood trauma, being displaced after Katrina, it was a lot of things that happened to me during my childhood into my adolescence, and even into my early adulthood that I just pushed through. I didn't deal with how it made me feel. I didn't deal with what it took from me. I wasn't honest about how it impacted me or how it affected me, whether it be me not having the space to talk about it or me not having the language to actually talk about it honestly. There were unmet needs that kept piling up on each other. And as a result, it was like a ticking time bomb, you know, I imploded. MDD has definitely impacted me in ways that I have trouble putting into words, but I'm able to put it into words enough to be treated and to make progress, you know, and to become a better version of myself, and I'm appreciative of that.

**Cole Brown:**

And I'm appreciative you being able to share your story. Thank you, Karl. And thank you, Dr. Higgins for joining me in the second episode of the podcast series on major depressive disorder. This has been an informative discussion, and I hope it empowers listeners to feel confident about their mental health related discussions. I hope you enjoyed the show today. Please subscribe to ensure you don't miss any of these engaging conversations. Please join us for our next and final discussion in this series on MDD, where we'll be exploring the way forward to wellness. If you or someone you know is experiencing depression or thoughts of suicide, please seek immediate treatment and/or call the National Suicide Prevention Lifeline at 1-800-273-8255. Please note the views of the participants discussed on this podcast may not be representative of the views of other providers or individuals living with MDD.

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