
Family Practice Forum

Christmas and Depression

Daniel J. David, USAF, MC
Carswell AFB, Texas

Annually, for approximately 30 years, the lay press and medical publications have offered various opinions on the effect of Christmas on mental health and well-being. Within the last decade 14 percent of all articles on depression in the lay and popular press have dealt with the Christmas or holiday depression syndrome.¹ The general position of these articles has been that there is an increased incidence of depression and perhaps other psychoemotional distress during the holiday season.

The professional literature provides two general types of articles dealing with holiday depression, each reaching a different conclusion.

Case reports present many examples of patients experiencing the onset or exacerbation of psychoemotional problems during the holiday season.² These reports stem from case examples of patients undergoing psychoanalysis or psychotherapy. Therefore, many psychodynamic explanations of this phenomenon have been offered.³

Statistical studies have also been done in an effort to document the seasonal incidence of psychoemotional problems. This approach has studied the holiday depression phenomenon by tracking the incidence of (1) visits and contacts with facilities and organizations providing outpatient mental health care or counseling services, (2) psychiatric hospitalizations, and (3) suicide.² Analysis of these data has generally shown low utilization of outpatient, community-service resources in December, and decreased psychiatric admissions and a decline in suicides from November through January.

These findings seem to hold true especially on and immediately preceding major holidays.

How then can such a divergence of opinion be explained? Several possibilities as well as theoretical weaknesses exist for each method of investigation and reporting.

The percentage of the general population undergoing psychoanalysis or psychotherapy, while meaningful, probably does not provide a representative random sampling of the population, thus making the general application of conclusions from these observations somewhat difficult.

Statistical analysis of suicide incidence, psychiatric hospitalizations, and utilization of outpatient support resources may more closely approximate a random sampling. Even then, however, there may be an unrecognized self-selection bias of patients who would enter into these settings.

Other potentially complicating variables that may have an impact on such studies include the usual changes in available personnel and changes in hospital admission criteria which often occur during holidays.

The differing opinions and conclusions most likely stem from differences in the level at which the problem has been defined and examined. Analysis of overt decompensation as in suicide or hospitalization is considerably different from the study of the subtle, perhaps subconscious, influence that Christmas has on emotions and behavior, the latter being more amenable to the introspective nature of psychoanalysis or psychotherapy.

No one is immune to or completely protected from the potential stressors of the holiday season. These have been categorized into three general areas.^{1,2}

Socioeconomic stresses result from (1) unemployment or low income, (2) added financial

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From the Department of Family Practice, USAF Regional Hospital Carswell, Carswell Air Force Base, Texas. The opinions and conclusions presented herein are those of the authors and do not necessarily represent the views of the Air Force medical facility, the Department of the Air Force, or any governmental agency. Requests for reprints should be addressed to Captain Daniel J. David, USAF, MC, USAF Regional Hospital Carswell/SGHF, Carswell AFB, TX 76127.

Motrin® Tablets (ibuprofen)

Contraindications: Anaphylactoid reactions have occurred in individuals hypersensitive to Motrin Tablets or with the syndrome of nasal polyps, angioedema and bronchospastic reactivity to aspirin, iodides, or other nonsteroidal anti-inflammatory agents.

Warnings: Peptic ulceration and GI bleeding, sometimes severe, have been reported. Ulceration, perforation and bleeding may end fatally. An association has not been established. Use Motrin Tablets under close supervision in patients with a history of upper gastrointestinal tract disease, after consulting ADVERSE REACTIONS. In patients with active peptic ulcer and active rheumatoid arthritis, try nonulcerogenic drugs, such as gold. If Motrin Tablets are used, observe the patient closely for signs of ulcer perforation or GI bleeding.

Chronic studies in rats and monkeys have shown mild renal toxicity with papillary edema and necrosis. Renal papillary necrosis has rarely been shown in humans treated with Motrin Tablets.

Precautions: Blurred and/or diminished vision, scotomata, and/or changes in color vision have been reported. If these develop, discontinue Motrin Tablets and the patient should have an ophthalmologic examination, including central visual fields and color vision testing.

Fluid retention and edema have been associated with Motrin Tablets; use with caution in patients with a history of cardiac decompensation or hypertension. In patients with renal impairment, reduced dosage may be necessary. Prospective studies of Motrin Tablets safety in patients with chronic renal failure have not been done.

Motrin Tablets can inhibit platelet aggregation and prolong bleeding time. Use with caution in persons with intrinsic coagulation defects and on anticoagulant therapy. Patients should report signs or symptoms of gastrointestinal ulceration or bleeding, skin rash, weight gain, or edema.

Patients on prolonged corticosteroid therapy should have therapy tapered slowly when Motrin Tablets are added.

The antipyretic, anti-inflammatory activity of Motrin Tablets may mask inflammation and fever.

As with other nonsteroidal anti-inflammatory drugs, borderline elevations of liver tests may occur in up to 15% of patients. These abnormalities may progress, may remain essentially unchanged, or may be transient with continued therapy. Meaningful elevations of SGPT or SGOT (AST) occurred in controlled clinical trials in less than 1% of patients. Severe hepatic reactions, including jaundice and cases of fatal hepatitis, have been reported with ibuprofen as with other nonsteroidal anti-inflammatory drugs. If liver disease develops or if systemic manifestations occur (e.g. eosinophilia, rash, etc.), Motrin should be discontinued.

Drug interactions: Aspirin: used concomitantly may decrease Motrin blood levels.

Coumarin: bleeding has been reported in patients taking Motrin and coumarin.

Pregnancy and nursing mothers: Motrin should not be taken during pregnancy or by nursing mothers.

Adverse Reactions: The most frequent type of adverse reaction occurring with Motrin is gastrointestinal of which one or more occurred in 4% to 16% of the patients.

Incidence Greater than 1% (but less than 3%)—Probable Causal Relationship

Gastrointestinal: Nausea* epigastric pain,* heartburn* diarrhea, abdominal distress, nausea and vomiting, indigestion, constipation, abdominal cramps or pain, fullness of GI tract (bloating and flatulence); **Central Nervous System:** Dizziness* headache, nervousness; **Dermatologic:** Rash* (including maculopapular type), pruritus; **Special Senses:** Tinnitus; **Metabolic/Endocrine:** Decreased appetite; **Cardiovascular:** Edema, fluid retention (generally responds promptly to drug discontinuation; see PRECAUTIONS).

Incidence less than 1%—Probable Causal Relationship**

Gastrointestinal: Gastric or duodenal ulcer with bleeding and/or perforation, gastrointestinal hemorrhage, melena, gastritis, hepatitis, jaundice, abnormal liver function tests; **Central Nervous System:** Depression, insomnia, confusion, emotional lability, somnolence, aseptic meningitis with fever and coma; **Dermatologic:** Vesiculobullous eruptions, urticaria, erythema multiforme, Stevens-Johnson syndrome, alopecia; **Special Senses:** Hearing loss, amblyopia (blurred and/or diminished vision, scotomata, and/or changes in color vision) (see PRECAUTIONS); **Hematologic:** Neutropenia, agranulocytosis, aplastic anemia, hemolytic anemia (sometimes Coombs positive), thrombocytopenia with or without purpura, eosinophilia, decreases in hemoglobin and hematocrit; **Cardiovascular:** Congestive heart failure in patients with marginal cardiac function, elevated blood pressure, palpitations; **Allergic:** Syndrome of abdominal pain, fever, chills, nausea and vomiting; anaphylaxis; bronchospasm (see CONTRAINDICATIONS); **Renal:** Acute renal failure in patients with pre-existing significantly impaired renal function, decreased creatinine clearance, polyuria, azotemia, cystitis, hematuria; **Miscellaneous:** Dry eyes and mouth, gingival ulcer, rhinitis.

Incidence less than 1%—Causal Relationship Unknown**

Gastrointestinal: Pancreatitis; **Central Nervous System:** Paresthesias, hallucinations, dream abnormalities, pseudotumor cerebri; **Dermatologic:** Toxic epidermal necrolysis, photoallergic skin reactions; **Special Senses:** Conjunctivitis, diplopia, optic neuritis; **Hematologic:** Bleeding episodes (e.g., epistaxis, menorrhagia); **Metabolic/Endocrine:** Gynecomastia, hypoglycemic reaction; **Cardiovascular:** Arrhythmias (sinus tachycardia, sinus bradycardia); **Allergic:** Serum sickness, lupus erythematosus syndrome, Henoch-Schönlein vasculitis; **Renal:** Renal papillary necrosis.

*Reactions occurring in 3% to 9% of patients treated with Motrin. (Those reactions occurring in less than 3% of the patients are unmarked.)

**Reactions are classified under "Probable Causal Relationship (PCR)" if there has been one positive rechallenge or if three or more cases occur which might be causally related. Reactions are classified under "Causal Relationship Unknown" if seven or more events have been reported but the criteria for PCR have not been met.

Overdosage: In cases of acute overdosage, the stomach should be emptied. The drug is acidic and excreted in the urine so alkaline diuresis may be beneficial.

Dosage and Administration: Rheumatoid arthritis and osteoarthritis. Suggested dosage is 300, 400, or 600 mg t.i.d. or q.i.d. Do not exceed 2400 mg per day. Mild to moderate pain: 400 mg every 4 to 6 hours as necessary.

Caution: Federal law prohibits dispensing without prescription.

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burdens of the holidays in addition to the basic survival needs, or (3) the physical or emotional separation from (or perhaps increased proximity to) the family.

Psychological stresses are secondary to (1) renewed grief from the loss of friends or family and their associated memories, (2) increased awareness of one's own aging, and (3) intrapsychic conflicts in such areas as childbirth, sibling rivalry, magical wish fulfillment, and unresolved grief.

Biological stresses arise as a result of (1) altered patterns of eating, drinking, and sleeping, and (2) the physiological manifestations of stress and anxiety from any source.

Although the Christmas season may be potentially stressful or depressing, the benevolent, hope-filled "Christmas spirit" may help patients cope with problems during this time. Probably the single most important element in predicting and dealing with problems that arise during the holiday season is the family.

Family physicians need to remain aware of the dynamic nature of the family system. Attentiveness to the needs and concerns of families may allow early recognition and intervention in the following potentially high-risk settings: (1) pre-existing psychopathology, (2) socioeconomic instability, (3) terminal, chronic, or significant acute health problems within the family, (4) existing or perceived loss, and (5) geriatric patients with diminished support systems. Hillard and Buckman¹ offer several suggestions to practicing physicians for dealing with "worried patients at this time of the year":

1. Help patients distinguish between normal unhappiness and a major depression for which therapy may be indicated.
2. Emphasize good health practices throughout the year, and especially during the holidays.
3. Help patients avoid unrealistic expectations of solutions to problems just because it is Christmas.
4. Help patients emphasize the truly positive aspects of the season for themselves and their families.

References

1. Hillard JR, Buckman J: Christmas depression. JAMA 248:3175, 1982
2. Hillard JR, Holland JM, Raum D: Christmas and psychopathology. Arch Gen Psychiatry 38:1377, 1981
3. Breen HJ: Christmas and depression. Ariz Med 34: 823, 1977