# UNDERSTANDING DEPRESSION

## Taking Care of Your Physical Health

University of Saskatchewan

Student Counselling Services

- Insomnia
- Physical Activity
- Eating Well
- Drugs and Alcohol

# What is Insomnia?

Sleep serves a restorative function for the body and the brain. It is important to daily functioning, as it can influence health, moods, behavior, relationships, and work and school performance. There are large differences in the amount of sleep people require. A good night's sleep can range from several hours for some people, to more than ten hours for others (Hauri and Linde, 1996).

Insomnia occurs when individuals have difficulty falling or staying asleep, or do not feel refreshed by the amount of sleep they receive. It is associated with feelings of distress, fatigue and/or impaired daytime functioning (e.g. academic, social, occupational). Insomnia may be a short-term problem, or last for weeks and become chronic (American Psychiatric Association, 1994).

**Insomnia**
a symptom of depression - also interferes with efforts to resolve depression.

Take it seriously and use strategies to overcome it.

The most common sleep disturbance for those who are experiencing major depression is insomnia (typically middle or terminal insomnia). However, initial insomnia may also occur. Less frequently, individuals experiencing depression may oversleep or struggle with hypersomnia.

- **Initial insomnia** - difficulty falling asleep
- **Middle insomnia** - waking up in the night and having difficulty returning to sleep
- **Terminal insomnia** - waking up too early and having difficulty returning to sleep
- **Hypersomnia** - prolonged sleep episodes at night or increased daytime sleep.

# What Causes Insomnia?

MANY FACTORS CAN CONTRIBUTE TO THE DEVELOPMENT OF INSOMNIA, INCLUDING:

- **poor sleep habits (**e.g. not maintaining a regular sleep-wake schedule)
- **psychological problems** (e.g. anxiety, depression)
- **chronic stress** (e.g. relationship problems, on-going academic concerns)
- **medical problems** (e.g. allergies, chronic back pain, hormonal changes)
- **lifestyle** (e.g. poor diet, lack of exercise)
- **beliefs and attitudes about sleep** (e.g. believing that you cannot manage the negative consequences of disturbed sleep contribute to, or prolong, sleep problems) (Hauri and Linde, 1996).

Remember that it is normal to experience short-term problems with sleep during times of excitement, when feeling stressed or worried (e.g. when you have an upcoming exam), during an illness (e.g. bronchitis), at high altitudes (e.g. while on a ski trip), or when you have jet lag (i.e. traveled across time zones).

American Psychiatric Association (1994). Diagnostic and Statistical Manual of Mental Disorders.
Hauri, P. & Linde, S. (1996). No More Sleepless Nights: A Proven Program to Conquer Insomnia. New York:
John Wiley and Sons. (4th ed.). Washington, DC: Author.

# Getting the ZZZs You Need

- **Consult your family doctor or a physician** at the Student Health Services if your sleep difficulties are persistent and interfere with your daily life. It is important to rule out a sleep disorder or a physiological cause for your insomnia. Also, ask your doctor about any prescription medication you may be taking to ensure that it is not aggravating your sleep problems.
- **Establish a regular sleep-wake schedule** (i.e. a regular time to go to bed and get up in the morning), particularly a regular time to rise in the morning. Make this schedule as consistent as possible.
- **Maintain a comfortable sleep environment.** Many people find that a dark, cool, quiet bedroom is conducive to good sleep. Use a comfortable bed (e.g. not too lumpy, big enough, etc.).
- **Try to minimize sleep interruptions** (e.g. put your cat outside).
- **Avoid using your bedroom as a place to work, study, eat, or socialize with friends.** Over time, you may begin to associate your room with these activities, instead of sleep.
- **Wind down before bed.** Stop working or studying at least 30 minutes prior to going to bed.
- **Try to avoid large, heavy dinners late in the evening**, and snacks that may give you heartburn or indigestion (e.g. spicy, fatty, or garlic-flavored foods).
- **Practice diverting your thoughts from your worry about insomnia** (e.g. imagine yourself engaging in a pleasant activity). Fear of not being able to fall asleep, or return to sleep after awakening can prolong sleep problems. The more you are concerned about not sleeping, the more difficult it will be to sleep. In addition, you may find it useful to cover your alarm clock.
- **Practice deep breathing**; it promotes relaxation and can make it easier to fall asleep.
- **Count random numbers** (e.g., "1, 27, 67, 14…"). This distracts from worries, but is not demanding enough to keep you awake.
- **Get up and do something quiet** If you can't sleep after 15 minutes, (e.g., read a book); when tired, go back to bed; repeat as many times as necessary.
- **Get up at your alarm and don't nap the next day.**
- **Don't stay in bed too long**. The longer you stay in bed beyond your average sleep time (~seven to eight hours for most adults), the worse you may sleep. Over time, your sleep can become shallower and less restorative as you try to "catch up" by spreading your sleep over a longer period. Hence, extending the time you spend in bed will not likely help you overcome insomnia.
- **Exercise**. Twenty to thirty minutes of exercise, several times per week may help promote sleep.
- **Try to eat nutritious meals.** People who lack proper nutrients can have problems with insomnia.
- **Avoid excessive use of caffeine.** As little as two cups of coffee or two cola drinks consumed in a day can interfere with sleep.
- **Do not use alcohol as a sleeping aid.** Some believe that a "night cap" will help them to fall asleep. However, even a single drink before bed can cause fragmented sleep. Moreover, there is a danger of slipping into alcohol dependency.
- **There are times when sleeping medication may be of benefit** (e.g. periods of intense grief). This medication is intended for short-term use, as there is a risk of drug dependence.

Hauri, P. & Linde, S. (1996). No More Sleepless Nights: A Proven Program to Conquer Insomnia. N.Y: John Wiley and Sons.

# Physical Activity

## What are the Benefits of Regular Physical Activity?

Regular exercise also lowers the risk of developing chronic diseases (e.g., heart disease, some types of cancer, Type II diabetes). Regular activity can also increase muscle, decrease body fat and help to maintain a healthy weight.

## What are the Guidelines for Aerobic Physical Activity

It is recommended that healthy adults do 30 minutes or more of moderate activity on 5 or more days of the week or, 20 minutes of vigorous activity on 3 or more days a week. This exercise can be done all at once, or broken into blocks of 10 minutes or more to add up to your daily total.

**Regular aerobic activity**

**IMPROVES PHYSICAL FITNESS, DECREASES STRESS, INCREASES THE ABILITY TO COPE WITH LIFE'S DEMANDS AND IMPROVE MOOD.**

**A moderate pace equals:**

- fast walk (5-6.5 km/hr) or 3-4 mph (15-20 minute mile)
- slightly increased breathing, but can still carry on a conversation
- feeling warm, possibly some perspiration

**A vigorous pace equals:**

- race walking, jogging or running
- more rapid breathing; difficult to carry on a conversation
- quite warm, significant perspiration

### What Happens When I Exercise, But Don't Eat Enough?

Many of the benefits of physical activity are reversed if you workout without eating enough.

Many people exercise to burn body fat and build muscle. Surprisingly, this only works if you are eating enough. And enough is between 1,800-2,500 kcal/day (depending on height, build and genetics) for a moderately active woman. If you exercise when your food intake is low (i.e., less than 1500 kcal/day) your body cannot use fat (either stored in your body or that you eat) for energy and will break down muscle tissue instead. And, if you have less muscle, the amount of energy you need for basic body functions will decrease, meaning your body will burn fewer calories/day.

### What Happens When I Diet But Don't Exercise

You will lose some fat, but will also lose muscle, which means your body needs fewer calories/day.

### Fit at Any Weight

What you weigh is largely influenced by your genetic makeup. A small percentage of people are naturally thin, another small percentage are naturally heavy and the majority fall somewhere in between. While we can diet our way to a weight below what is natural for our bodies, this weight will be difficult to maintain.

Our bodies will always be looking for opportunities to return us to somewhere within our natural weight range. To maintain a weight that is lower than our natural weight we have to undereat.

While many people express concern about the health risks of a higher weight, many studies show that people who are heavier and fit have lower risk of many chronic diseases that people who are thin and unfit. People can be fit and benefit from exercise at a range of weights!

# Eating Well

EATING WELL IS AN IMPORTANT WAY TO MAINTAIN YOUR PHYSICAL AND EMOTIONAL HEALTH.

## Eat Regular Balanced Meals

**MOOD MAY BE AFFECTED BY EVEN MODEST FOOD RESTRICTION.**

Below are some helpful tips for eating well.

- **Take a look at the Canada Food Guide** online at www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/food_guide_rainbow_e.html
- **Eat regularly** (don't go longer than 4-6 hours between meals) (Whitney and Rolfes, 2002).
- **Include foods from at least three of the four food groups at each meal**. This will help meet the body's nutritional needs and keep you feeling full/satisfied (Whitney and Rolfes, 2002)**.** Have mixed meals that include:
  - protein
  - carbohydrates
  - fat
- **Avoid dieting**
  - More and more evidence emerges showing that dieting has predictable, health-compromising consequences: low mood, irritability, preoccupation with food with food, overeating, and weight gain across time. (Bacon, 2008) Focus instead, on eating well and getting enough of the foods your body needs each day.
- **Limit caffeine**
- **Seek help if you are struggling** with poor body image or eating difficulties.

Whitney, E. & Rolfes, S. (2002). Understanding Nutrition (9th ed.). Belmont, California: Wadsworth/Thompson Learning
Bacon, L. (2008). Health at Every Size. The surprising truth about your weight. Dallas, TX: BenBella Books Inc..

# Coffee and Smokes

WHAT YOU CONSUME HAS A DIRECT AND SIGNIFICANT IMPACT ON YOUR INTERNAL BIOLOGY.

### Caffeine

Research shows that caffeine intake typically increases when individuals are in their 20s. While there are individual differences in sensitivity to caffeine, it produces the same physiological arousal that is triggered when you are experiencing excessive anxiety. Too much caffeine can leave you feeling nervous and restless, and can contribute to insomnia, gastrointestinal disturbance, increased heart rate and muscle twitching.

If you choose to reduce your caffeine intake, do so gradually. An abrupt reduction can produce unpleasant withdrawal symptoms (e.g. fatigue, headaches). In order to reduce feelings of tension, experiment to find out what your own daily caffeine limit is. For many people, this is approximately 100 mg/day.

| | |
|---|---|
| Drip coffee | 146 mg per cup |
| Coca-Cola | 65 mg per cup |
| Tea bag (5 min. brew) | 46 mg per cup |
| Pepsi | 43 mg per cup |

Both caffeine and nicotine interfere with your ability to better manage depression.

### Nicotine

Nicotine is a strong stimulant that increases physiological arousal and stresses the cardiovascular system. Cigarette smoking causes an increase in blood pressure and raises your heart rate. While some smokers report that cigarettes help to calm them, research actually indicates that smokers tend to be more anxious than nonsmokers.

If you decide to quit smoking, speak to your family doctor about strategies to assist you in doing so.

Bourne, E. (1995). The Anxiety and Phobia Workbook. Oakland: New Harbinger Publications.

# Information About Drugs and Alcohol

### Alcohol

- Alcohol, a sedative and hypnotic, is rapidly absorbed into the bloodstream. Short-term effects include a sense of well-being, drowsiness and the loss of some coordination skills.
- 2 drinks/day and no more than 14 drinks/week is considered low-risk drinking.
- Binge drinking (i.e., 4-5 drinks in a row) occurs most frequently in social groups. Problems associated with binge drinking include hangovers, accidents, impaired driving and unprotected sex.
- Heavy drinking (i.e., repeatedly having more than 12 drinks per week) puts people at risk for health problems, including sexual problems, liver disease, brain damage and cancer.
- In Canada, 40% of fatal car accidents involve people who have been using alcohol.

### Marijuana

*(pot, dope, grass, weed, reefer, ganja)*

- Marijuana is an addictive hallucinogen that has a half-life of 72 hours to 7 days.
- Recreational users seek its effects (i.e., euphoria, relaxation, changes in perception).
- The effects of chronic use include an impaired immune system and damage to the respiratory system.
- With regular use, psychological and physical dependence can develop.

### Crystal Meth

*(speed, crank, crystal, glass, tweak, ice)*

- Crystal Meth is a stimulant that is swallowed, snorted, smoked or injected.
- Use of Crystal Meth can result in a dependence on the drug.
- Small doses result in alertness and feeling energetic.
- Long-term effects include damage to blood vessels, stroke, depression, violent behavior, vitamin and mineral deficiencies, lowered resistance to disease, organ damage, psychosis and the development of Parkinson's disease.

Problematic drug and alcohol use exacerbates depression, interferes with efforts to overcome mood problems and contributes to numerous other life difficulties.

### Cocaine

*(crack, coke, rock, C, snow, blow)*

- Cocaine is usually sniffed, but is sometimes injected. Cocaine that is smoked is called crack.
- Psychological consequences of cocaine use include depression, anxiety, memory problems, violent behaviour, paranoia and psychotic states.
- Physical consequences of long-term use include insomnia, respiratory problems, impotence, and malnutrition.

### Ecstasy

*(X, "E", Hug Drug, Happy Pill)*

- Ecstasy usually comes in the form of capsules or tablets, in any color or design. Less commonly, it is dissolved and injected.
- Negative effects include depression, severe anxiety, aggression, increased blood pressure, acne-like rash, poor concentration, paranoia, liver damage and brain damage.
- Some regular users experience flashbacks and psychosis.

Addiction Services information booklets (2003 and 2004). Cocaine, Crystal Meth, Marijuana, Alcohol.

# When Drugs And Alcohol Are A Problem

### Signs of a Problem

- Buying, using and/or selling an illicit substance
- Traffic violations or criminal charges as a result of using
- Driving while impaired
- Using to cope
- Inability to stop using when you try
- Academic problems as a result of using
- Relationship problems as a result of using
- Someone else is concerned about your use
- Feeling annoyed by people criticizing your use
- Needing to use first thing in the morning
- Feeling guilt about using
- Experiencing blackouts
- Needing to use more to experience the same effect
- Hiding your use

### How to Quit

- Identify and avoid trigger situations (i.e., situations in which you find yourself using).
- Find safe ways to have fun (i.e., ride a roller coaster, see a scary movie).
- Take care of your physical health by eating well, exercising and getting enough rest.
- Seek professional help from your family doctor, a counsellor at Student Counselling Services, or an addiction counsellor at Addiction Services (655-4100).

Addiction Services information booklets (2003 and 2004). Cocaine, Crystal Meth, Marijuana, Alcohol.