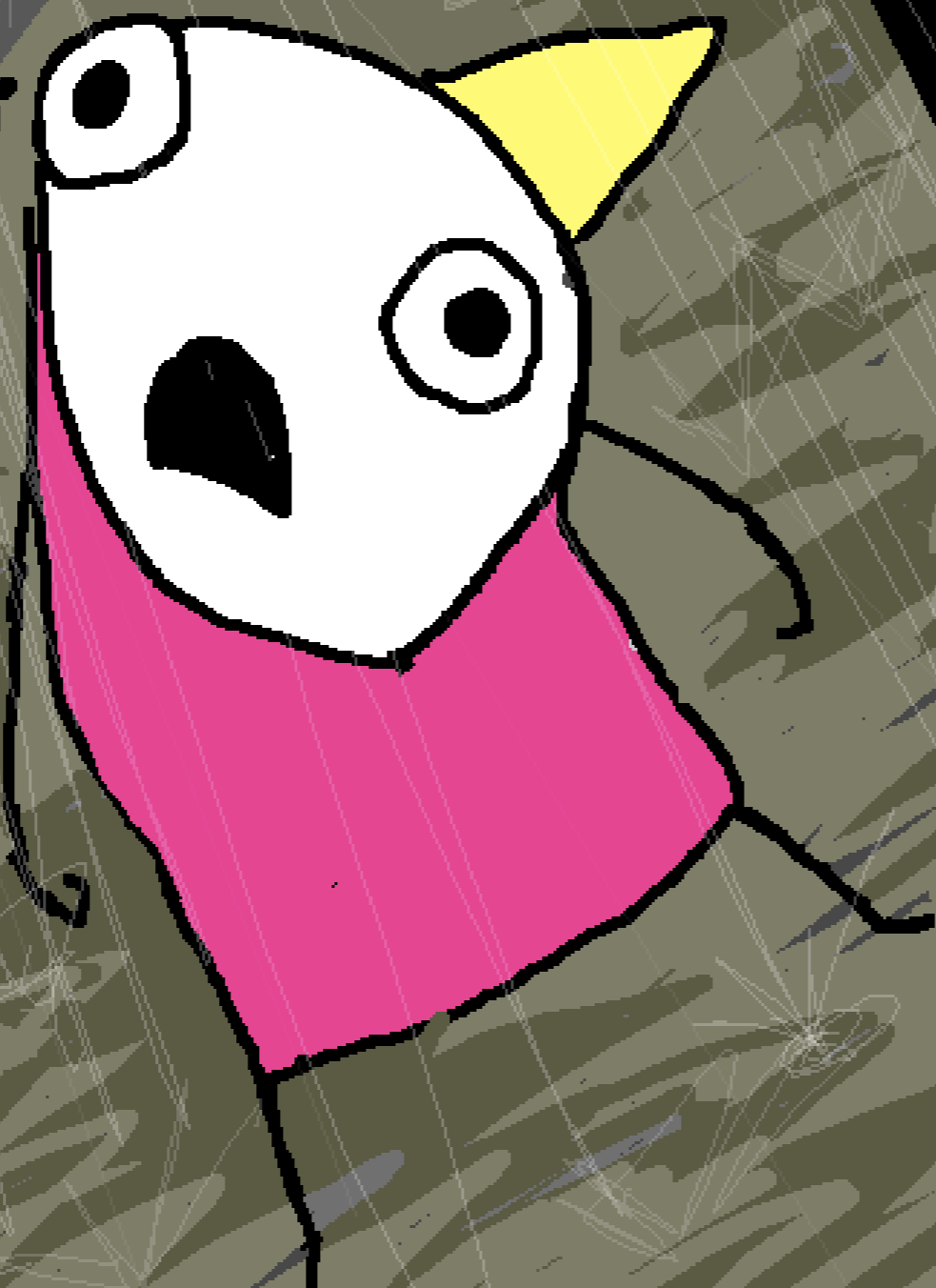


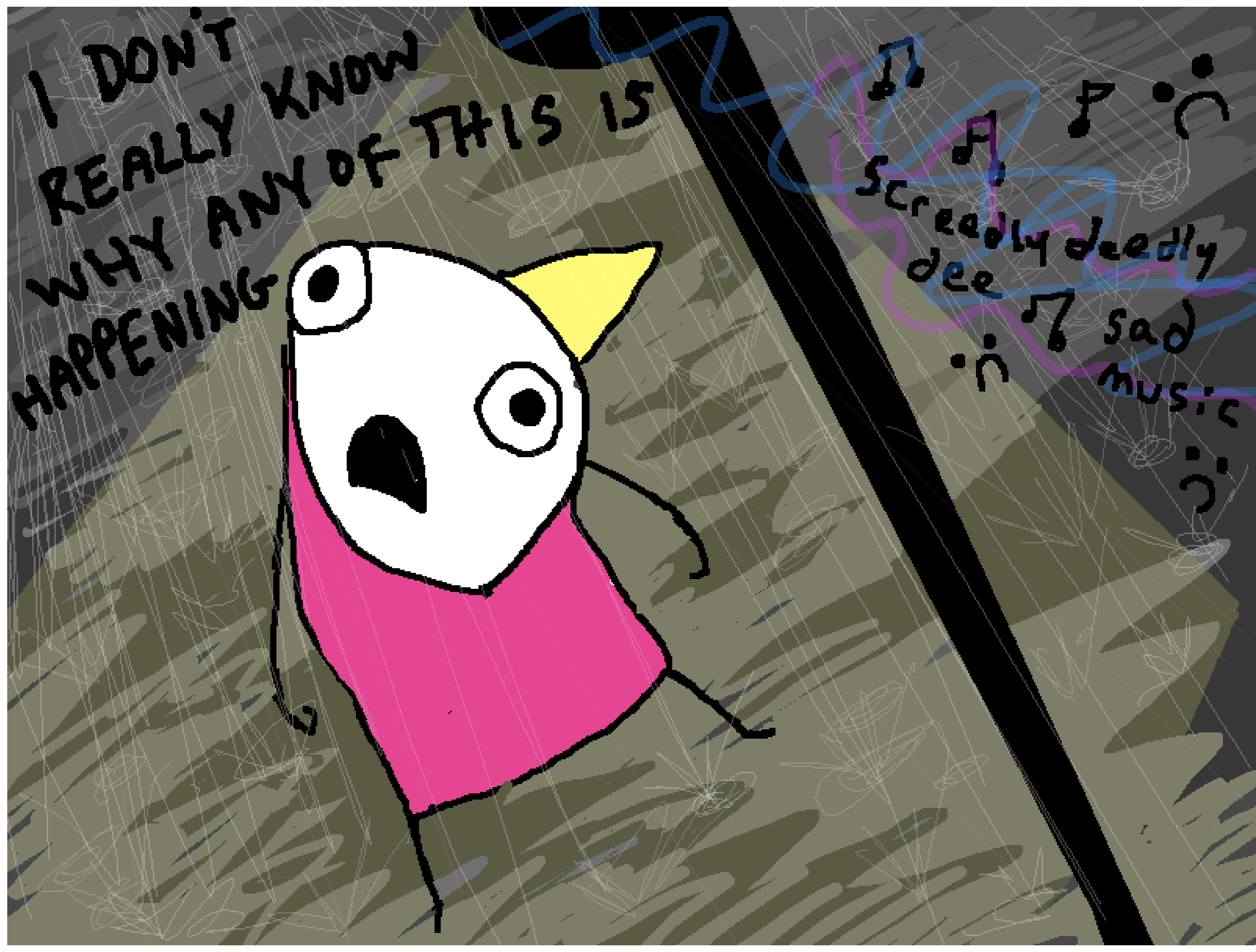
# Living with Depression

and Choosing Not To Cross The Line

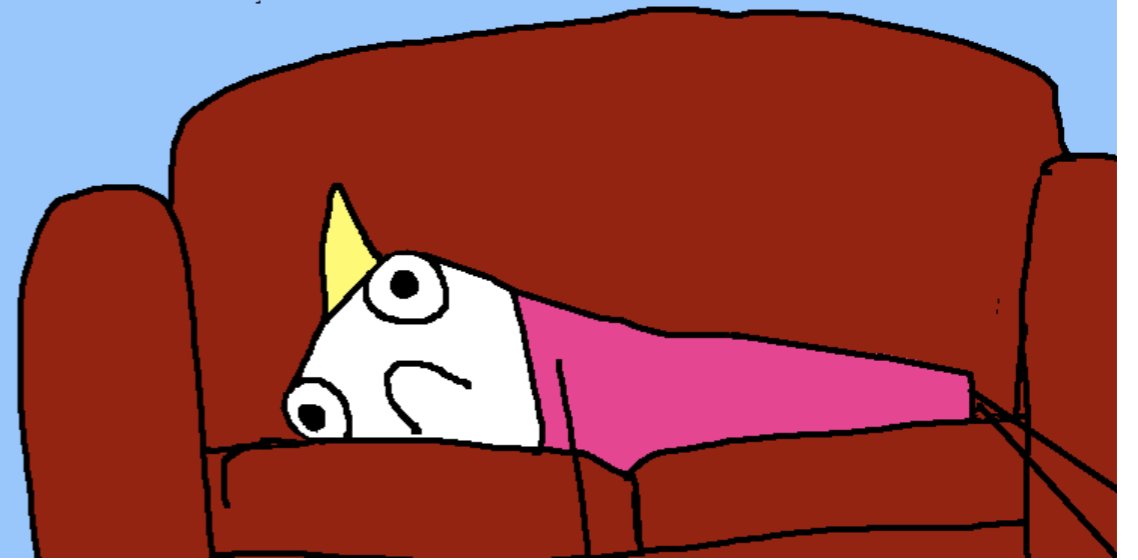
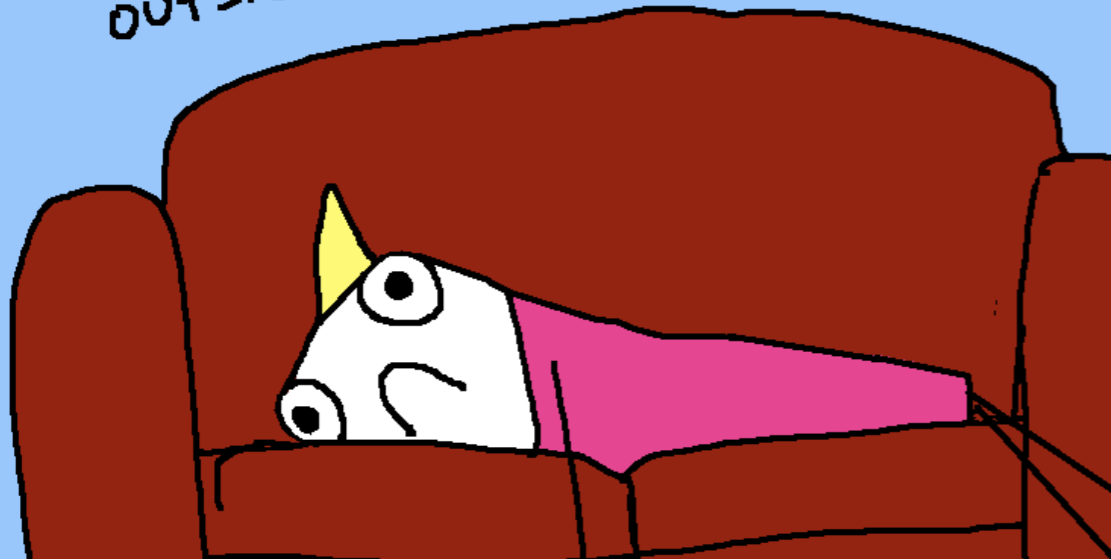
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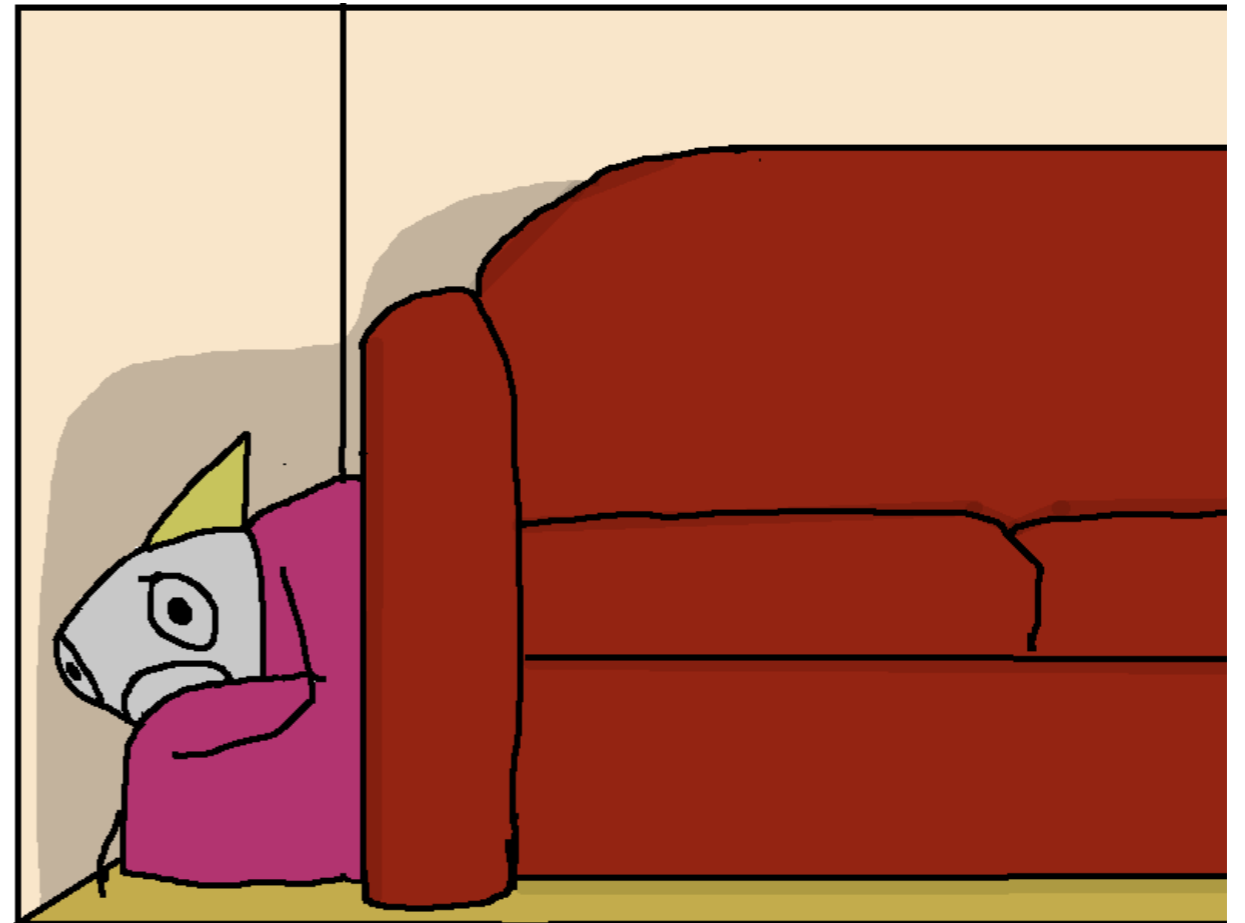
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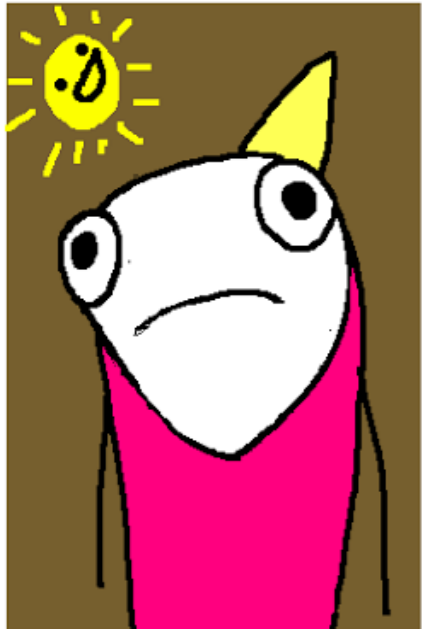
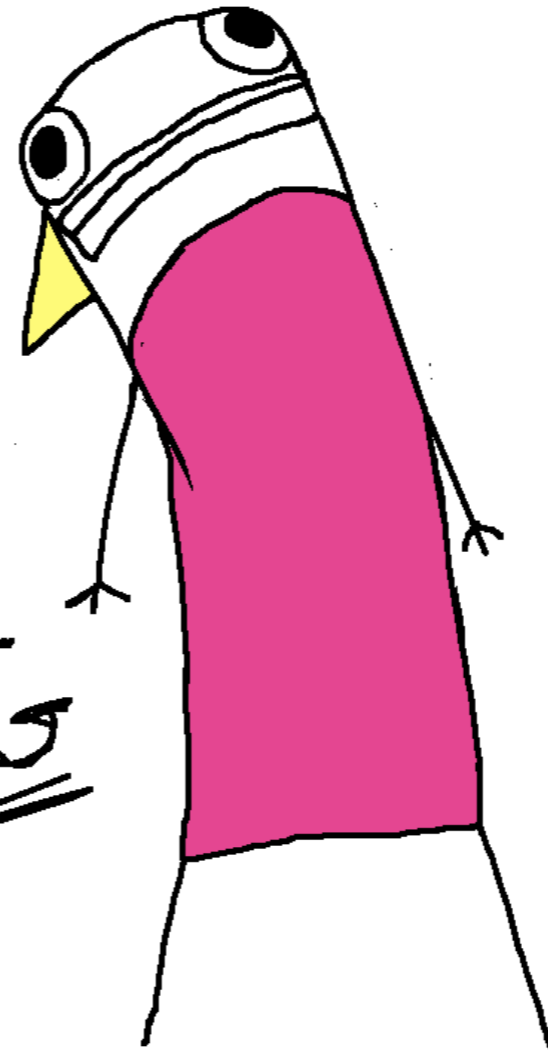
maybe I'll go  
outside today.



Nope.  
I hate myself too much.



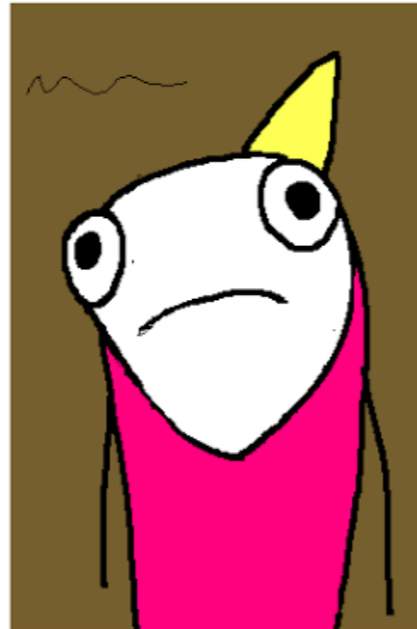
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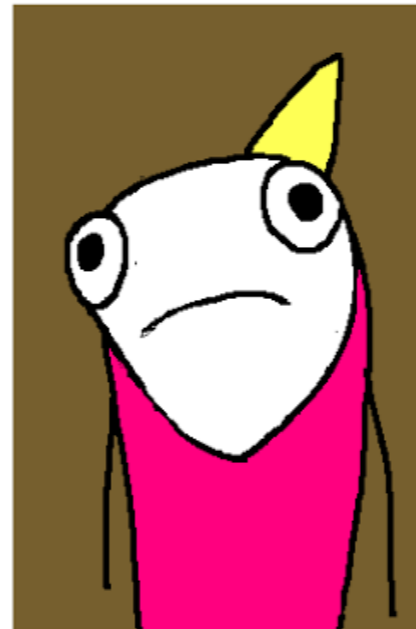
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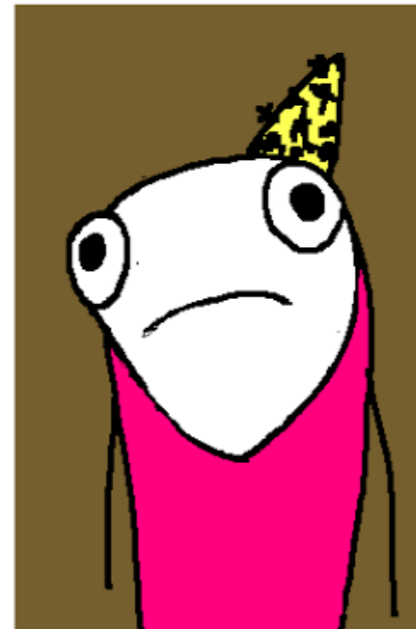
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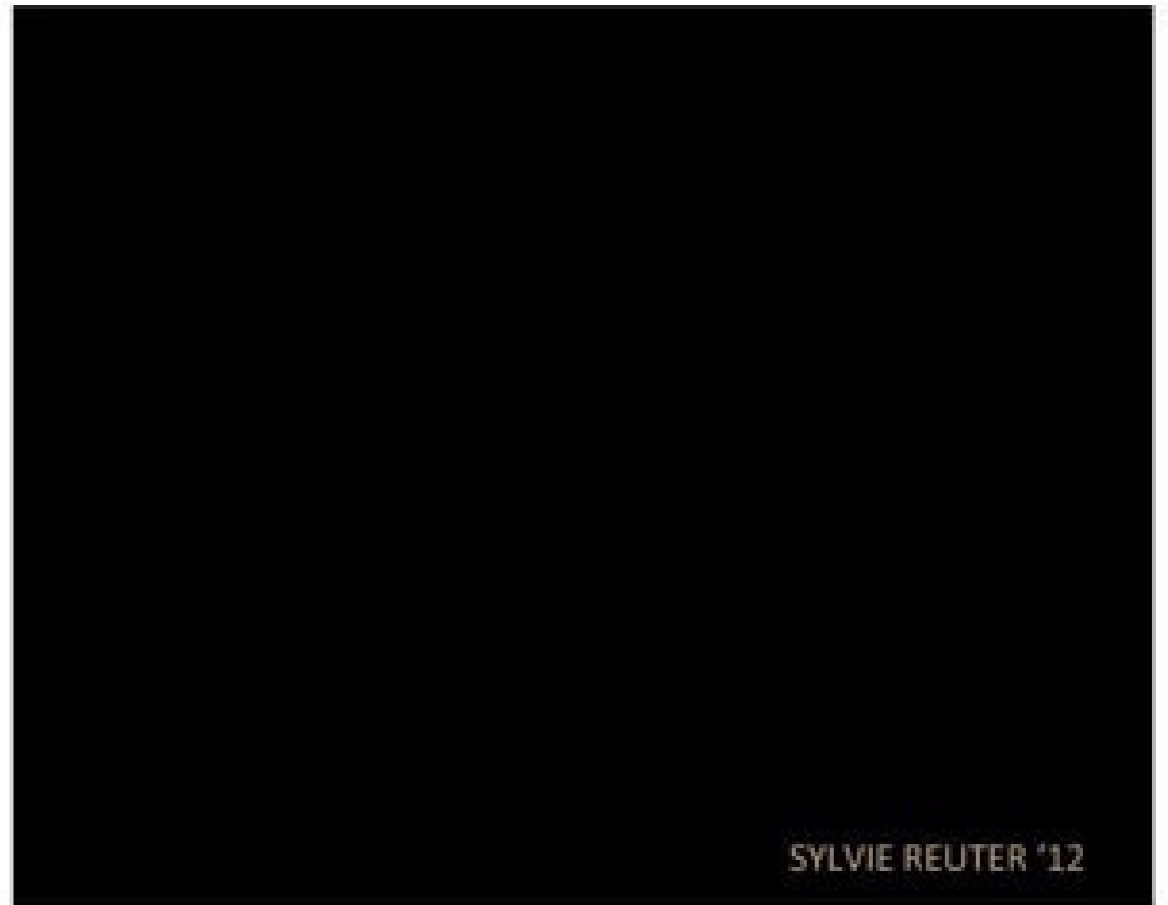
your hair  
is spiders



Everything  
is spiders

# DEPRESSION PARKOUR







NO. EVERYTHING HURTS AND I  
DON'T KNOW WHY. I WANT TO SCREAM!  
I NEED SOMEONE TO LEAN ON. I NEED  
A HUG. BUT I ALSO NEED TO BE  
ALONE, AWAY FROM EVERYTHING  
AND EVERYONE. I FEEL LIKE I'M  
ABOUT TO BREAK.



# Some Troubling Statistics:

- WHO estimates that 350 million people in the world suffer from depression. Less than half of these people receive the treatment that they need.
- There are only 700 psychiatrists for 100 million people in the Philippines. That's one psychiatrist for every 142,858 people.
- One in five Filipinos suffer from a mental health issue. Other studies say it's one in three.
- HMOs do not cover mental health.



# Lessons I Learned From Dealing With Depression

# The stigma exists.



The stigma exists.  
And we need to fight it.

Asking for help is not a sign of  
weakness.

Mental illness is not something to be  
ashamed of.

Depression lies.

Depression can make you selfish.

Depression doesn't always look the same.



You have many weapons against depression. Therapy and medication are just two of them.

# People will surprise you—in good ways and bad.

Saying Someone Can't be Sad  
Because Someone else may have it worse  
Is just like saying  
Someone Can't be happy  
Because Someone else may have it better



Shannon  
Sophia

Listen to your doctor.

# Talking makes a difference.

TUESDAY, APRIL 12, 2016

PHILIPPINE DAILY INQUIRER

## LIFESTYLE Wellness

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SOME days, depression will try to make you stay in bed all day.



THE AUTHOR after a Pilates session.

## Turning the bad into good—how I used depression as my personal trainer

By Pam Pastor

FOR WEEKS, people kept going up to me: "Wow, you've lost so much weight. What's your secret?"

I usually ended up stuttering, going through a list of random answers: "Um, swimming?" "Less food?" "I don't know." And my favorite: "Lipof!"

But the truth was always on the tip of my tongue: "You really want to know the secret? Mental illness."

Last December, after the strangest three or four weeks of my life, I was diagnosed with clinical depression and anxiety disorder. I was thrown for a loop. I didn't see it coming.

I thought, depression is not something that happens to a happy girl who hates being sad, not to the grade school kid who called herself an eternal optimist, not to a person who shuns drama, not to a writer who likes turning problems into punchlines.

I was so ignorant. And I was so, so wrong.

But I was determined to fight it. In the first few weeks of my depression, even before I was diagnosed, I had lost 10 pounds.

I just didn't have the desire to eat. Even when I was finally able to force myself to sit down for a meal, I often stopped eating midbite. My body just refused food.

And when I started taking antidepressants, my medication killed what little appetite I had left. The pounds kept dropping.

When I was still trying to figure out what was happening to me, I read somewhere that you should do the opposite of what your depression tells you to do. And so, even before seeing a psychiatrist, that's what I did.

On days when depression told me to stay in bed all day, I forced myself to get up and go out. It was harder on some days than others. But I persisted. I kept working. I went to the pool to swim. I had started swimming a few months before and I refused to let depression stop me.

As the days went on, that's what I kept doing. I did not give in to the whims of depression and stubbornly kept moving. It was a

On days when depression told me to stay in bed all day, I forced myself to get up and go out

## Turning the bad into good—how I used depression as my personal trainer

From page C1

double-edged sword—not only was I defying depression, exercise is also really good for the mind.

**Runner's knee**  
 When my Tito Ovie first heard about my depression, he told me how important exercise could be: "Run on a treadmill. Theendorphins will help."

I did start running, but not on a treadmill—at Asociacion, around my neighborhood, and now, my favorite place for mid-night runs, the UP Diliman campus.

Even on the busiest days, I would squeeze in a swim or a run between interviews, events and appointments. And because I am me, and I tend to overdo things, I overdid the running. I developed runner's knee in just one week.

"That must be a record," my coworker and friend Anne said, laughing. "Finals no pi mga negro-marathon sa Delta no magka-runner's knee."

I thought resting it would be enough, but soon, my knee was so painful that I had to drag myself to the doctor. And I mean literally drag, because I was in so much pain that I could no longer walk normally.

The girl who used to refuse to work out actually had to go to a sports doctor for exercising too much. My friends couldn't believe it. Neither could I.

The doctor gave me a long lecture on the importance of stretching and not overexercising myself and telling those close

temped to keep up with them. "Oh no, that's the bad thing," I told him. "I was alone."

And he told me not to run for at least two weeks. I groaned. "But I don't want you to stop exercising. Don't lose your momentum," he said. "Keep stretching. Try yoga. Or Pilates."

**Exercises in bed**  
 For years, whenever people would tell me that working out can be adding and that your body would look for exercise once you started, I rolled my eyes at them. Who in their right mind would get booked on sweating when you can binge-watch "The Office" instead? But they were not lying.

Because when I was stuck in bed using my knee, my body felt desperate for movement. And so I grabbed my phone and typed this into the search bar: "exercises you can do."

I wasn't done typing yet when Google auto-completed it to "exercises you can do in bed." I was pleasantly surprised. That meant I wasn't the only crazy person who wanted to work out while propped up on pillows!

And I was even more pleasantly surprised that there are actually a lot of exercises you can do while comfortably horizontal.

I also went back to swimming as soon as my tarso-tendinopathy cholorine bath was over.

As soon as my knee healed, I hit the oval again and started walking as first and then running.

On days when I couldn't make it to the oval, I walked around the neighborhood

we had dinner. It's just important for me to stay active.

**Pilates**  
 Depression wanted to keep me glued to the floor? OK, hell, no. I was going to turn it into my personal trainer.

I started Pilates classes, too, something I never thought I would do. I went to Nivian Zapanta's studio in BGC where my Pilates teacher Nina has been unbelievably patient. Sometimes Pilates felt more like an IQ test than a workout—no IQ test that my stubborn shoulders of would fail and that I flubbed up with my confused breathing. But I like how it has been helping me get to know my body more and discover (and stretch) parts of it that I didn't even know existed.

Exercise was one part of it. When I started to suspect that I was depressed, one of the first things I researched was what changes I could make to help myself. I soon learned that diet makes an impact on your mental state. And so, whenever I could manage to eat, I tried to eat fish rich in omega-3 like tuna and salmon. I also started avoiding coffee. It's a good thing. I've never been a big coffee drinker.

A few weeks after I started taking my antidepressants and anti-anxiety medication, I started eating more regularly. Still not as much as before, but at least I could actually feel hunger. My Lola Lydia played a huge part in that, cooking healthy dishes and packing vegetables and fruits for me to eat in the car when I'm in a rush.

ing that I no longer craved the kind of food I liked eating before my diagnosis. I posted a photo of the surprisingly healthy contents of my grocery cart one day and joked, "The mind-abduction continues." Because it's true. Sometimes, the big changes in my life have felt like an alien abduction.

Except for the two times that I turned vegetarian (once for almost a year and once for just 30 days), I never made a conscious effort to eat healthy. I liked fried food. I loved peanut chips. I could never say no to a burger, but that has changed.

I asked my psychiatrist Dr. D. "Doc, it's weird. I used to like junk food, fast food, unhealthy food. But now, just the thought of eating fries makes me queasy."

"It's possible that your food self-medicates with comfort food before," Dr. D. said.

My Tita Marie, a clinical psychologist in Seattle, agreed. "It makes total sense to me that you aren't as drawn to high-carbohydrate food now that you're on medication. It means you are in better balance, and that as your psychiatrist observes, you probably were self-medicating."

She also wrote, "A lot of my work was with people with eating disorders and addictions. Often, people predisposed to binge-eating or drinking or drug use or gambling or sex-porn or excess are really responding to the body's craving for something to straighten out the chemistry. It really makes sense to pay attention to diet as a way of restoring the brain."



SUPPORT SYSTEM. The author's grandma packs fruit and vegetables for her to eat in the car.

promoting and enjoying eating. I actually was worried about what was going on for you health-wise."

**Moderation**  
 The girl who used to stuff her face without a care in the world is gone. Now, I eat mostly seafood and chicken, vegetables and fruits. I drink only water and fresh coconut juice with no sugar (I drink the juice and eat the meat of two fresh coconuts a day because coconut is really good for the brain. As seen in my green vegetables).

I allow myself to eat pork or beef and have dessert once in a while, but always in moderation. There are still a couple of things I can't resist though—like my Lola Lydia's lumpang shanghain and anyone's fish balls. I'm only human, after all.

If you told me just a few months ago that I would one day be diagnosed with clinical depression and anxiety disorder, I would have told you that you were crazy. But if you also told me just a few months ago that I would end up really enjoying working out and eating healthy food, I would also have told you that you were crazy.

Life can surprise us in terrible ways. The only thing we can do is spring our own surprises. Be realistic. Be kind to yourself.

TUESDAY, APRIL 12, 2016

DEPRESSION AND ANXIETY

## DON'T GO OFF YOUR MEDS—TRUST ME, I LEARNED THE HARD WAY

I was feeling great, happy. I felt like myself again. I didn't need my antidepressants anymore. I was so, so wrong

By Pam Pastor @pastroboobies

"Doc, I have a confession, I told my psychiatrist on a September afternoon.

"You stopped taking your meds?" she asked. Nine months before that, just before Christmas, Dr. D had diagnosed me with clinical depression and anxiety disorder and prescribed a daily dose of 60 mg of Cymbalta, an antidepressant, and 1/4 of a 2 mg tablet of Rivotril, an anti-seizure sedative used to treat anxiety.

I did not plan on being a pill popper. In fact, my plan was to resist taking medication because I was worried that they would change me and the way my mind worked, and that they would make me incapable of writing.

But when my doctor explained what the medicines could do for me, I didn't even argue.

"I just want to make sure they won't affect my work," I told her.

**Side effects**  
 I rode the waves of the initial side effects (nausea, dry mouth, constipation, restlessness, sleepiness, fatigue, loss of appetite, bruising) most of which disappeared after a few weeks. Soon I reaped the benefits of being on medication.

I started to feel better, except for one thing: the Rivotril made me really, really sleepy. And taking it at night didn't help either; I often ended up drowsy well into the next day. When I complained about it to my doctor, she lowered my dose to 1/8 of the already tiny tablet.

But it still made me really drowsy, so drowsy I could barely function on some days. Soon, I stopped taking Rivotril. I told Dr. D and she asked, "But you're able to sleep?"

"Yes," I told her. And I wasn't experiencing any panic attacks, either.

We agreed that I could stop taking Rivotril, keeping it on hand just in case I really needed it, and that I would continue to



Noncompliance (patients who stop taking their antidepressants before they're supposed to) is a global problem

take 60 mg of Cymbalta, which was the maximum dose. Here's the thing—Cymbalta isn't exactly cheap. Each capsule costs around P15, which

covered by health care providers—but that deserves its own story.

One day, Dr. D said, "I wanted to tell you about a new drug. It's a lot cheaper than Cymbalta."

Pymil had the same generic name as Cymbalta—duloxetine—but at a fraction of the price. A lot of Dr. D's patients had already made the switch, she said. But I resisted, worrying that it would cause a different set of side effects.

But months later, I decided to give it a try. I soon realized that Pymil made me a lot drowsier than Cymbalta did. And so in September, I found myself in my doctor's office, making my confession.

"No, I didn't stop taking it but I take it only every other day because I don't like how sleepy it makes me."

"But you're feeling fine?" I was. And so she decided to lower my dose to 40 mg of Pymil three months earlier than we had planned to discuss tapering my medication.

I went straight to the drug store and when it didn't have stocks of the 40-mg capsules of Pymil, I decided to stop taking my antidepressant altogether without consulting my doctor.

**Wrong**  
 I never liked being dependent on antidepressants. Before depression, the only medicine I used to take was Advil for period pain. Besides, I was feeling great. I reasoned with myself. Happy. I felt like myself again. I didn't need the meds anymore.

I was so, so wrong. I didn't know it then but there's a name for what I did—non-compliance.

"Non-adherence to depression treatment is a common clinical problem globally," wrote Sohini Banerjee and Ravi Prasad Varma in their study about unipolar depression in India.

And it's true. Research from around the world—from Thailand to the US—shows that many patients stop taking their medication long be-

PHILIPPINE DAILY INQUIRER LIFESTYLE Wellness

## Sadly, there is no Tinder for shrinks

By Pam Pastor

Here's a disturbing fact: There are only .05 psychiatrists for every 100,000 people in the Philippines. And trying to find a good shrink is a lot like dating

THE first step is recognizing that you need to see a psychiatrist. In some cases, it means finally being convinced by the people around you that you really need to see a shrink.

When I started telling my story, some people expressed surprise at my willingness to seek professional help.

"Who told you to go to a doctor?" I was asked many times. "No one," I would reply. "I felt like I had to."

When I read about people who have been suffering from depression for two or three or more years without getting help, my heart breaks. How do they survive? I was just two weeks in and I couldn't stand it.

The second step is finding a psychiatrist you can go to. I wish I could tell you that this part is easy, but I soon found myself wishing there was Tinder for shrinks. Or Grindr, because while I have zero Tinder experience, I usually flirt with my friends' Grindr, choosing cute guys for them to talk to.

**Facebook search**  
 I began my search for a shrink on Facebook. I wasn't ready to tell people about what I was going through, yet one of the many good things about being a journalist is being always assume you're doing research.

"Can anyone recommend a great (not just good) psychiatrist?" I posted on Nov. 30, 2015. My Facebook friends started sending me names of psychiatrists and psychologists they knew. When some of them asked why I was looking for one, I wasn't up for it.

"Be a friend," I told one, feeling guilty for lying. But I wasn't ready to be open yet.

I looked up "best psychiatrists in the Philippines." I searched for "psychiatrists in Manila." And I started jotting



names down. I noticed that some names kept appearing over and over again. I got those who were recommended by multiple people on top of my list. One name in particular stood out because she had been recommended by both strangers and people I knew.

The next day I called her clinic, eager to make an appointment. "New patient?" her secretary asked.

"Yes," I said. I could hear her flipping through pages of what I guessed was the doctor's appointment book.

"The earliest slot available is on Jan. 6, 2 p.m.," she said. January 6? That was over a month away! I didn't think I could make it through an entire month without knowing what I was doing. You shouldn't expect to find your right match on the first try. And so I kept looking.

I didn't know a clinic, but here's a disturbing fact: There are only .05 psychiatrists for every 100,000 people in the Philippines.

And, if you think not a lot of people need psychiatrists in this country, here's another fact: In 2011, according to the World Health Organization, the country had the highest number of people diagnosed with depression in Southeast Asia.

So, yes, the schedules of psychiatrists got really full. And you thought that trying to get a date was hard.

appointments. Do you have a pen? Here's her cell number." A psychiatrist who books her own appointments and gives out her cell number? I was intrigued. I tried to ask if I could book an appointment. She replied on Monday morning, telling me to call her in an hour.

The first time I heard her voice, I instantly liked her. Even over the phone, she was very comforting. She was apologetic when she told me that her schedule that week was full.

"Is it an emergency?" she asked. "No, ma'am, Doc," I said. And so we set my appointment for the following week, Dec. 16, nine days before Christmas.

**The first session**  
 "Oh no, I think I'm going to cry."

It was my first session with Dr. D.

The strangeness first hit me three weeks before, while I was in the United States, just about to return to Manila. This is the way I have explained it to friends: It was like my insides had been stripped out, leaving me hollow and empty. I felt like a human jack-o'-lantern.

Depression doesn't look or feel the same for everyone. For some people, it's a crippling debilitating sadness. For me, it was a scary numbness. I was incapable of feeling.

On the upside, I pretended everything was normal. I was working. I was productive. I was interviewing people, I was meeting deadlines. I was replying to messages and comments on Facebook and Instagram.

But inside, it felt like I couldn't relate to the people around me. I was constantly exhausted. I was barely eating. I was spent nights crashing on the

target and watching stand-up comics on YouTube. I slept too much. I remember having dinner with really close friends and not knowing how to talk to them. I was so alien, an alien pretending to be them.

And two days before I was scheduled to see Dr. D, an old enemy surfaced. I woke up having a panic attack. It felt like someone was sitting on my chest, my heart was beating so fast and my couldn't breathe. I sobbed and sobbed. It was a while before I calmed down.

TUESDAY, APRIL 12, 2016



going through as a major depressive episode. And because there was no trigger and I couldn't identify a reason for feeling the way I feel, she suspected that my condition was genetic and caused by a chemical imbalance in my brain.

**Blood test**  
 Dr. D diagnosed me with clinical depression and anxiety disorder. But to rule out other underlying conditions that might be causing depressive symptoms, she ordered a thorough blood test.

The following week, I was back with my test results and they were all clear. My thyroid was functioning properly so we usually stop eating in the middle of my meal. I'm always tired. I have lost interest in the things I used to like. I was obsessed with food. I had a constant feeling of doom. I feel numb, empty and hollow. Like I just don't care about anything. I've lost my enthusiasm. I can't cry. When I start, it's like a faucet that someone switches off instantly. The more I just stop. I can't recognize myself. I forget things. I can't concentrate. I don't know how to communicate.

Dr. D described what I was

And because it was just days before Christmas, that meant I would be going through the holidays all feeling all the strange things I was feeling.

Dr. D reached out and squeezed my arm gently. "I'm so sorry, anak. I feel for you."

Dr. D described what I was

Dr. D described what I was

It's okay not to be okay.

You are not alone.

Things will get better.

You can be depressed and still live a  
full life.



**It's an ongoing battle.**

It's an ongoing battle.  
And it's one you can win.