Part 2: The Face of Depression

— Dr R Kirkby

AJR was the quintessential English gentleman. Stiff upper lip and all that, with a drooping RAF moustache to boot. A retired Railway Engineer, he was 65 years old when first seen in November 1981. He was married but had never had any children. He had lived and worked on the East Rand for over 30 years but had retired to the small coastal village a few years ago. He had enjoyed an extremely interesting and challenging job which had taken him all over the world. His work had been his life and he had no interests or hobbies outside of his occupation.

The following history was extracted from my clinical notes in his patient file.

Nov 1981

He presented with the problem of not sleeping. Discussion revealed that he believed that he could not provide adequately for his wife as inflation was beginning to bite. He had purchased a large house and maintenance was becoming a problem. He was bored and also anxious that he could not satisfactorily discharge his duties as a local town councillor.

Clinical examination was unremarkable confirming only a healthy 65 year old.

Assessment was made of: tension– ? underlying depression consequent upon retirement adjustment.

Management
He was given Ativan (lorazepam) 1mg twice daily and Rohypnol (flunitrazepam) 1-2mg nocte and asked to return in 2 weeks for reassessment.

June 1982

He only returned 7 months later. His complaint was still that of insomnia. He had been taking 1/4 (0,5mg) Rohypnol at night which the pharmacist had supplied. It helped him to sleep but he was worried about drug addiction and becoming reliant on pills. He said he was coping better with his committee work and maintenance but the basic problem remained.

Management
He was given Rohypnol to use as necessary.

April 1983

He presented 10 months later with septic skin lesions. He looked unhappy and was still having problems sleeping. He stated that his body was cracking up (referring to his skin lesions). These lesions took some time to clear and led him to reiterate that he was cracking up and that his body was letting him down.

September 1983

AJR presented with the complaint that he was "feeling very down and would like to die." His wife volunteered that his financial worries had upset him. A few weeks prior to this he had also acted out of character in spending money frivolously and had even purchased a second car which they did not need. The couple were also concerned about his weight loss and an inguinal hernia he had developed.

Clinical and special investigations (X-rays and blood tests) excluded organic causes for his weight loss. He also had Prostatism and Prostatic hypertrophy in addition to his inguinal hernia.

Assessment was made of Reactive Depression due to his feelings of futility and uselessness after his involved and interesting career.

Surmontil (Trimipramine) 50mg for 1 week increasing to 75mg thereafter was prescribed. A long discussion on why he became depressed was conducted. He agreed to attempt to become more actively involved in the local Management Committee and not to make any major financial decisions until his mood had stabilised.

October 1983

He seemed to be coming right slowly and he was upset with himself at having needed this help. His wife reported that he was still doing a few odd things such as trying to scrimp and save even though financially they were well off. He was also worried about his hernia.

Management
Surmontil was prescribed for a further 6 weeks and follow up arranged.

He never returned for follow up.

27 December 1983

He presented with a conjunctivitis. In the interim his former employers had approached him to institute certain specialised courses. He had

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set up a workshop in the village where trainees from all over the country came to attend his courses. These were a great success for a while until he began to become depressed again and began to doubt his own competence to continue. He once again believed he "was cracking up" and that his finances were in a parlous state. He was unwilling to take any more anti-depressant tablets.

24 March 1984

His wife had contacted me about his severe depression. I visited him and convinced him to accept medication and let an accountant assess his financial affairs. He was extremely perturbed that his wife, who was partially blind, would be left destitute as "he had not made adequate provision for her and inflation was eating up his savings."

He was given Anafranil (Clomipramine) 25mg nocte for 1 week increasing to 50mg thereafter; Ativan (lorazepam) 1/2-1mg bd and Rohypnol at night if necessary.

14 April 1984

He was feeling better but had the side effects of urinary retention and giddiness and tremor. I visited him one evening with the accountant and we examined his financial position. He had kept meticulous records and it was soon obvious that he was in fact a wealthy man. The accountant made some suggestions and undertook to look after his wife should the need arise.

17 May 1984

AJR was much better and had returned to work. He wondered how he ever could have sunk so low. His improvement was remarkable.

26 May 1984

He had phased himself off his Anafranil and Ativan as he was feeling 110%. He did not appear to have had a manic swing.

10 March 1985

AJR phoned saying he would like to see me as "he was in a terrible state again." He was seen at home where he was found sitting in the dark. He had stopped working and was in the depths of despair. He was unshaven, unkempt and very apologetic at being so useless. He said that he wanted to die, that he was worthless and that his body was cracking up. He was letting his employers down and was not able to conduct his courses any more. His employers were in fact still happy with his performance and were prepared to wait for him to recover as he was the only person in the country qualified to train people in his line of work.

We had a long chat and I convinced him to start his medication again.

14 May 1985

He was still severely depressed but taking his medication. We increased his Anafranil to 50mg Nocte and added Normison (Temazepam) as necessary.

20 May 1985

His depression appeared to be improving but he was unable to shave (tremor) and was constipated, had a dry mouth and urinary hesitancy.

28 May 1985

He was very agitated and severely depressed. We tried to convince him to see a psychiatrist and arrange for a bookkeeper to manage his affairs.

As had happened before, he was totally opposed to this course of action. He never returned for follow up.

I visited him at his home on a number of occasions. He said that his body was cracking up in that he had developed an inguinal hernia. We had advised him to have this repaired but indicated that he should also have his prostate attended to. When the anti-depressant medication aggravated the prostatic situation this seemed to be the last straw. He stated that he really was cracking up, and should he submit to one form of intervention, this would just lead to another complication, which would require further interventions with possible complications.

He was always happy to see me but adamant that he wanted no further medical treatment and in this regard requested to be left alone.

His wife kept contact with me and watched him carefully as he had stated that she would be better off if he were dead. He hardly ever ventured out and virtually became a recluse.

One day, his wife left him for one hour to go shopping. AJR locked

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himself in the garage and gassed himself in his car.

I had been preparing myself for six years for my assault on general practic, yet somehow I had missed what was to become one of my greatest adversaries. It was only when he upped and hit me in the face, that I was able to recognise him. It was only when he rubbed my nose in the tragedy of not recognising him, that I realised how many other times I must have blindly bumbled by leaving him unchallenged to wreak his havoc.

Yet even when I was forced to recognise him, my clinical records document very painfully my pitiful inability to meet his challenge.

That warm midmorning in a leafy seaside suburb, I finally saw his face. It was a rude awakening to what he really was all about and what destructive powers he possessed.

Depression is not some nebulous concept and an affliction of the neurotic. Those who suffer from it cannot "just pull themselves together and snap out of it." It is a most serious disease entity with all grades of presentation from mild morbidity to the same mortality as a fatal Myocardial Infarction.

We need to fight depression as implacably and with as much vigour as we do vascular disease and malignancies. As in the fight against them we have to have knowledge and skill if we are to have any chance of winning the battle. An ill prepared medical ally with defective weaponry does not bode well for the patient's success.

The stiff body with the cherry pink hue that I pulled from the car and the stricken look on his wife's face are mute testimony to this fact.