

Depressed men often don't show typical symptoms

Disease can go undetected and untreated, with fatal results

MELISSA HEALY

Los Angeles Times

You might call it melancholy on steroids -- a muscular mixture of fast-driving, heavy drinking, hard-charging cussedness. For perhaps 3 million American men yearly, that's the plotline for depression.

For almost 24,000 men yearly, the final scene is suicide. Often, there is no cry for help, no river of tears, no abyss of sadness. Just a violent, tragic bolt from the blue.

In the United States, a man is four times more likely than a woman to commit suicide, according to government statistics. Yet, he is only half as likely to be diagnosed with depression. That stark disconnect underscores a simple fact about depression in men: It often does not look like the mixture of sadness, guilt and withdrawal that dominates diagnostic descriptions and popular perception of the disease. As a result, a man's depression is often missed -- by loved ones, by physicians, by the sufferer himself.

The costs are steep: in lives hobbled, jobs lost, relationships ruined. Some professionals even tally the toll in prison terms, substance-abuse statistics and shattered communities.

But today the diagnosis of depression is beginning a long-overdue makeover, as medical and mental health professionals realize that in at least half of depressed men, the usual litany of symptoms don't really fit.

Some depressed men may be plagued by impotence and loss of sexual interest, but others may become wildly promiscuous. Many complain of depression's physical symptoms -- sleep troubles, fatigue, headaches or stomach distress -- without ever discerning their psychological source. Compared with women suffering depression, depressed men are more likely to behave recklessly, drink heavily or take drugs, drive fast or seek out confrontation.

Instead of acting like they are filled with self-doubt, depressed men may bully and bluster and accuse those around them of failing them. For many men, anger -- a masculine emotion that one "manages" rather than succumbs to -- is a mask for deep mental anguish.

"That's their way of weeping," says psychologist William Pollack, director of the Centers for Men and Young Men at McLean Hospital in suburban Boston and an expert on depression in men.

Dr. Thomas Insel, director of the National Institute of Mental Health, likens the shift taking place among psychologists and psychiatrists to one that is taking hold in other areas of medicine. In the diagnosis of, say, heart disease, physicians have come to recognize that men and women can have the same illness, but their symptoms often look very different.

Macho self-image is a barrier

For almost two decades as an aerospace machinist in San Diego, a coffee-fueled Steve Klepper worked so much overtime that he was able to buy a family home by himself. At work, he says, he was short-tempered and had little patience for his co-workers' blather about friends and family. At home, he would drink himself numb virtually every night. By his own admission, he "acted very much like a jerk" to women and friends and suffered constant stomach problems and skin rashes. He thought frequently of suicide.

Today, Klepper manages his condition with medication and leads a San Diego support group for those suffering from depression and bipolar disorder. He finds it hard to fathom why no one ever called his evident depression what it was. But he knows why it's a hard diagnosis for a man to admit to himself.

"It's embarrassing to be sad," he says. "And the difference between being sad and lazy is hard to distinguish."

Neither tears nor indolence, it seems, are manly virtues.

"Depression equals vulnerability and shame and lack of functioning. That takes away the man's masculinity -- and for men, that takes away the sense of self," says Pollack, author of "Real Boys: Rescuing Our Sons from the Myths of Boyhood." In the American ethos, Pollack says, "a man who's vulnerable is not even a man any more."

Pollack and a small but growing number of depression experts say it's time for the mental health profession to expand its definition of depression so it is better recognized in men. They are pushing for a new category of depression -- Pollack calls it "male-based depression" -- to be incorporated into the new "Diagnostic and Statistical Manual," the bible of the mental health profession that is being updated.

`Like a recovering alcoholic'

The reformers could easily cite Bill Maruyama as male-based depression's Exhibit A.

As a Japanese-American kid growing up in Inglewood, Calif., after the Watts riots, Maruyama outwardly nurtured a demeanor that was all "swagger and bravado" but in reality it was a veneer hiding the torment of rising depression.

Alone, in secret, he often cried.

Years later, as a young Los Angeles lawyer, Maruyama spent his paychecks as quickly as they came in. Driving along the winding cliff-side roads of Mulholland Drive, he would thrill at the fantasy of driving off the edge, and speed up, just to tempt fate. Behind the wheel, in the line at a coffee shop or at home with a romantic partner, he would fly into a rage at the least provocation.

The death of both his beloved parents within the span of three years sent him into the abyss of depression and spurred him to seek professional help. It was no easy move. Among tradition-bound Asian Americans of his parents' generation, "depression is a sign of weakness and that weakness is a shame on the family," says Maruyama. "And to bring shame on the family, you may as well just commit suicide."

Maruyama, instead, sought out a psychotherapist -- a decision "that saved my life," he says. While he does not take medication, he stays in touch with a therapist, mindful that "you're like a recovering alcoholic, you can always slip back."

Society, crime rate can suffer

Even physicians and mental health professionals who have come to recognize depression's unexpected manifestations in men are careful to avoid what psychologist Pollack calls "the D-word" when they first suspect it. Dr. Kevin Brown, a Los Angeles family

physician, says that with men in general -- and his predominantly black and Hispanic patients in particular -- he reaches for other words to open a conversation about depression.

"I tend to use the words `under stress' more often than not, and people can definitely relate to that," Brown says. A referral to a mental health counselor or a psychological support group "is definitely almost a no-no," he says, because "there's usually more machismo or bravado about men's ability to handle whatever emotional problems they might have."

Brown says that in men who do not appear to have reached a state of crisis, he may first prescribe an antidepressant. Only after a few follow-up visits, when he has gained a patient's trust, would he suggest counseling. Brown, who is black, suspects that among males in the population he serves, depression is quite common and largely unrecognized. Most of it, he suspects, plays itself out on the streets, in gangs and behind the tinted windows of cars. "I can only guess the numbers of those who do not get help, and I think we see the effects of this in the criminal justice system," he says.

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