

HEALTH MATTERS

# Mood and Substance Abuse Disorders

BY RENEE LANG, ND

Depression and mental health rank among the top health concerns for lesbians and gay men. According to a survey done in 2000, lesbians ranked depres-



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sion and mental health as their number one health concern, while gay men ranked it second to HIV/AIDS. Substance abuse, including alcohol and other recreational drugs, ranked second and third, respectively, for lesbians and gay men.

Depression affects about ten percent of the adult U.S. population, but is even higher in the gay and lesbian community due to discrimination and lack of support. Women experience depression twice as often as men. Wage discrepancies in a two-woman household decrease the resources available to lesbians for healthcare.

In our work- and goal-oriented society, depression carries a stigma. This, added to the persistent stigma of being gay in our society, increases the difficulty for an individual suffering from depression to access and obtain healthcare. Partially as a result, self-medication with drugs and alcohol frequently occurs.

Symptoms of depression and substance abuse behavior result from a biochemical imbalance. Brain chemicals, called neurotransmitters, regulate mood, appetite, feelings of well-being, and energy levels in the body. Imbalances in these chemicals may result in symptoms of depression, including a persistent sad or "empty mood", hopelessness, helplessness, fatigue, difficulty concentrating, decreased motivation, appetite loss or overeating, chronic pain and insomnia, and substance abuse.

Causes of neurotransmitter imbalances include a history of emotional trauma (death, divorce, and abuse), poor dietary choices, a digestive disorder, an excessive stress history, poor sleep patterns, and a chronic illness. The cycle of neurotrans-

mitter imbalances and depression goes round and round, interfering with one's ability to implement the changes needed to correct the problem. Additionally, the use of substances to avoid dealing with underlying mental and emotion-

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mitter imbalances and depression also lead to drug, alcohol, and nicotine addiction. These substances bind at receptor sites in the brain, replace the natural neurotransmitters, and provide an artificial stimulate of the receptors resulting in increased feelings of well-being. However, continued use causes an even greater imbalance in neurotransmitter levels, resulting in an increased need for the drug and a continual cycle of addiction.

Both depression and substance abuse often interfere with the quality of one's sleep. Sleep provides a necessary time of restoration and replenishment for the body. A healthy night's sleep requires seven to eight hours of sound sleep with cycles of both deep/REM and light sleep. Alcohol, recreational drugs, and sleep medications often interfere with the REM state, thereby diminishing the healing qualities of sleep.

The insidious nature of depression makes it difficult for some people to realize their condition. Symptoms creep in and over time an individual forgets what it's like to feel "normal" or good. They gradually acclimate and accept their state of depression and don't realize that they need help. Additionally, the wide use and acceptance of recreational drugs and alcohol in the gay community often masks or downplays addictive behavior.

Assessing one's own addictive behavior requires honesty, self-reflection, and often, external input. Briefly, substance

abuse falls into this category.

Neurotransmitter imbalance is treatable. Safe and effective natural therapies exist. Under the guidance of a naturopath or other trained physician, a healthier, happier, and more energetic state of being can be achieved.

The conventional treatment of depression focuses primarily on using selective serotonin reuptake inhibitors (SSRIs) to treat the presumed decreased serotonin levels. Though sometimes necessary in acute crisis, this approach does not adequately address the complexity of the neurotransmitter imbalances. Multiple neurotransmitter imbalances often exist including serotonin, dopamine, epinephrine (adrenaline), and GABA. Over time, the use of SSRIs causes a decreased production of serotonin and the number of serotonin receptors. This results in an overall reduction of serotonin, greater than existed prior to the use of anti-depressants.

Similarly, the traditional approach to treating substance abuse relies on withdrawal, counseling, and often the concomitant use of medications (SSRIs and methadone). This approach may be effective in the short term. However, it ignores the underlying neurotransmitter imbalances and the accompanying digestive disorders and nutritional deficiencies.

The naturopathic approach focuses on rebalancing the neurotransmitters levels naturally and treating the individual holistically. The implemented natural therapies stimulate the production of neurotransmitters

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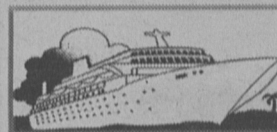


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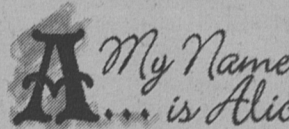
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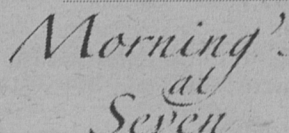
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