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# Real Men Get the Blues

## Depression is twice as common among women as men, but it may be the guys who suffer most

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It wasn't easy for Bill Thielker to believe it when his doctor diagnosed him as depressed — mostly because he wasn't terribly sad. The 54-year-old landscape photographer and graphic designer felt lousy, all right — empty, unmotivated, detached from the people around him. But that was more or less how he'd always felt. "It was normal for me," he says. "I didn't realize anything was wrong. I just assumed life sucks and that's that." If Thielker was depressed and didn't know it, he was not alone. More than 14 million adults in the U.S. have suffered a major depressive episode in the past year, and more than 35 million have had one at some point in their lives. Nearly two-thirds of both those groups are women, but men are hardly immune — and in many ways depressed men are worse off than depressed women. They are less likely to recognize their condition through the cloud of seemingly beside-the-point feelings like anger, apathy and low self-esteem. And even when they know what they've got, they're less likely to acknowledge it to others or seek treatment. They are also more likely to self-medicate with drugs or alcohol and four times as likely to kill themselves.

But that grim picture is brightening. Scientists and public-health officials are at last focusing their attention on male depression. The National Institute of Mental Health (NIMH) has launched a nationwide television, print and Internet campaign http://www.nimh.nih.gov/), called "Real Men. Real Depression," designed to dispel the myth that mood disorders are a sign of psychic weakness. Investigators at the

NIMH and elsewhere are digging into the hormonal and genetic roots of depression, while doctors are trying to get word out that there are treatments — both psychological and pharmacological — that really work. Men who continue to suffer, they insist, do so needlessly.

"Depression sometimes precludes its own treatment because you lack the energy to take action," says NIMH director Dr. Thomas Insel, who was trained as a psychiatrist. "It's like a loss of life force."

If anyone understands the benefits of action — and the price of inaction — it's Eric Weaver. A sergeant in the Rochester, N.Y., police department, Weaver, 40, moves in circles that are particularly intolerant of weakness. He's a tough cop. He participated in body-building shows, volunteered for SWAT team duty and was a role model for the other officers. That's why it came as a surprise to his wife and three daughters when he finally revealed that he could barely recall a day when he hadn't contemplated suicide. "I'd exhibit confidence, arrogance and self-esteem," he says, "but I was a mess inside."

Weaver's wife was sympathetic, but she also insisted that he see a doctor. Insel says this kind of feminine push — from a wife, daughter or mother — is often what it takes to get a depressed man into treatment. In Weaver's case it was relatively easy, since he at least realized that something was wrong. For many men, it's the women of the house who not only insist on treatment but must diagnose the disorder in the first place.

Why do men experience depression differently from women? Part of it, certainly, is cultural. In a society that prizes strength in its men, there's little to be gained by them in exhibiting anything less. But part of it may be hormonal. Before puberty, boys and girls experience depression in more or less equal numbers. As they mature, however, girls fall prey to the blues more often, perhaps because of the hormone storms that accompany female adolescence. Could the different mix of hormones that boys produce — particularly testosterone — be somehow protective? If so, might the falloff of testosterone as men age slowly strip this protection away?

Dr. Harrison Pope Jr., director of the Biological Psychiatry Laboratory at McLean Hospital in Belmont, Mass., is exploring these kinds of questions. In a study published this year in the American Journal of Psychiatry, he reported recruiting 56 depressed men, checking their testosterone and finding that what he called an "astonishing" 24 of them had low or borderline levels of the hormone. To determine if this played a role in the men's depression, he had part of the group apply testosterone gel to their skin every day for eight weeks while another part did the same with a placebo. He found that the group that got the testosterone exhibited a brightening of mood that the placebo group didn't.

This research, to be sure, is preliminary. The study was small, and most of the average improvement in the hormone group was due to far-above-average improvement in just three men. But Pope's work suggests a genetic component to the hormonal connection. Testosterone's effectiveness is in part determined by the sensitivity of androgen receptors on the surface of cells — a variable that is itself determined by the genes. Other researchers, notably Dr. Stuart Seidman, a professor of psychiatry at Columbia University, are skeptical, insisting that there is nowhere near enough data to support the idea that testosterone has anything to do with depression. Other tentative links between genes and depression, however, are also emerging. Researchers at the University of Pittsburgh, for example, have found four spots on chromosomes that appear to help code for depression only in women and at least one that seems to do the same only in men.

If the roots of depression are different for men and women, however, the same treatments work equally well for both. The antidepressant revolution begun by Prozac in the early 1990s has transformed the therapeutic landscape. According to a recent study, 37% of people being treated for depression chose the drug option in 1987; 10 years later the percentage had doubled to 75%. And with newer and better antidepressants available all the time, those numbers are growing. Often just as effective as any drug is cognitive therapy, a form of the talking cure that teaches depressives to reframe their view of the world, questioning the catastrophic or fatalistic spin they put on

otherwise innocuous events. The two approaches — medication and therapy — work especially well together.

Battling the disorder with both talk and drugs was principally how Weaver overcame his depression. These days, he has not only brought his condition under control but also helps other men do the same, leading seminars in which he teaches police recruits and their families what the disorder is and how it can be treated. "After a class," says Weaver, "guys will come up to me and say, 'You know, Sarge, that's me.'" That kind of awareness, as Weaver knows, is the first step toward recovery.