ORIGINAL ARTICLE

The Radiologist and Depression

SA-CME

Claire E. Bender, MD[a], *Jay R. Parikh, MD*[b], *Elizabeth Kagan Arleo, MD*[c], *Edward Bluth, MD*[d]

Abstract

Clinical depression affects physicians, including radiologists. Medical professionals, including radiologists, may be more comfortable treating a patient than being one, and psychiatric issues may be regarded as taboo for discussion, so the issue of clinical depression in the specialty and subspecialty has not received widespread attention. Specifically, a review of the national and international literature in PubMed, Scopus, and Google reveals few publications dedicated to the issue of clinical depression in radiology; although statistically, they must exist. The purpose of this report is to define the terms and describe the manifestations and scope of the issues related to clinical depression, with special attention given to risk factors unique to radiologists, such as working in low ambient light or near different fields of magnetic strength. By the end of the article, it is the authors' hope that the reading radiologist will be aware of, and open to, the possibility of clinical depression in a colleague or within his or herself because clinical depression is common and it is important to get help.

Key Words: Radiologist, resident/trainee, depression, seasonal affective disorder

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Physician, heal thyself.

—Luke 4:23 (King James Version)

There are three things extremely hard: steel, a diamond and to know one's self.

—Benjamin Franklin

INTRODUCTION

Clinical depression affects physicians, including radiologists. Medical professionals, including radiologists, may be more comfortable treating a patient than being one, and psychiatric issues may be regarded as taboo for discussion, so the issue of clinical depression in the specialty and subspecialty has not received widespread attention. Specifically, a review of the national and international literature in PubMed, Scopus, and Google reveals few publications dedicated to the issue of clinical depression in radiology; although statistically, they must exist. The purpose of this report is to define the terms and describe the manifestations and scope of the issues related to clinical depression, with special attention given to risk factors unique to radiologists, such as working in low ambient light or near different fields of magnetic strength. By the end of the article, it is our hope that the reading radiologist will be aware of, and open to, the possibility of clinical depression in a colleague or within his or herself because clinical depression is common and it is important to get help.

DEFINITIONS

In 2013, the American Psychiatric Association published the fifth edition of its *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*-5), which is used within the profession as a classification and diagnostic tool for mental disorders [1]. *DSM*-5 serves as the universal authority in the diagnosis of the spectrum of psychiatric conditions. It does not provide recommendations on treatment. The *DSM* does have its scientific critics, but it serves as the reference standard for clinicians and researchers. In the manual, depressive disorders include the following diagnoses and their specific diagnostic criteria:

- disruptive mood dysregulation disorder,
- major depressive disorder (including major depressive episode),
- persistent depressive disorder (dysthymia),
- premenstrual dysphoric disorder,

[a]Mayo Clinic, Rochester, Minnesota.

[b]Department of Radiology, MD Anderson Breast Care With Memorial Hermann, Houston, Texas.

[c]Weill Cornell Imaging at New York Presbyterian, New York, New York.

[d]Department of Radiology, Ochsner Clinic Foundation, New Orleans, Louisiana.

Corresponding author and reprints: Claire E. Bender, MD, Mayo Clinic, 200 First Street SW, Rochester, MN 55905; e-mail: cbender@mayo.edu.

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- substance- or medication-induced depressive disorder, and
- unspecified depressive disorder.

The bipolar and related disorders have been moved to a separate chapter in *DSM*-5.

DSM-5 states that "common to all these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function" [1]. The manual adds that what differs among the disorders are issues of duration, timing, and presumed etiology. Under major depressive disorder section, the three most common diagnostic criteria (A-C) are listed as follows [1]:

A. Five (or more) of the following symptoms have been present during the same two-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of pleasure. Note: Do not include symptoms that are clearly attributable to another medical condition.
   1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (eg, feels sad, empty, hopeless) or observation made by others (eg, appears tearful). Note: In children and adolescents, can be irritable mood.
   2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
   3. Significant weight loss when not dieting or weight gain (eg, a change of more than 5% of body weight) or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain).
   4. Insomnia or hypersomnia nearly every day.
   5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
   6. Fatigue or loss of energy nearly every day.
   7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
   8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
   9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

C. The episode is not attributable to the physiological effects of a substance or to another medical condition. Note: Criteria A-C represent a major depressive episode. Also, responses to a significant loss such as financial ruin or loss of a loved one, can result in feelings of intense sadness, insomnia, weight loss and can be a normal response, not a major depressive episode.

MANIFESTATIONS AND SCOPE OF DEPRESSION IN MEDICAL PROFESSIONALS, INCLUDING RADIOLOGISTS

From an observational standpoint, Michalak et al [2] described the possible manifestations of mental illness in physicians which may include the following: (1) severe irritability and anger resulting in interpersonal conflict; (2) marked vacillations in energy, creativity, enthusiasm, confidence, and productivity; (3) erratic behavior at work; (4) inappropriate boundaries with patients, staff members, or peers; (5) isolation and withdrawal; (6) increased errors in or inattention to work duties; (7) personality change and mood swings; (8) inappropriate dress or change in hygiene; (9) sexually inappropriate comments or behavior; (10) diminished or heightened need for sleep; (11) frequent job changes or moves; and (12) inconsistency in performance or absenteeism.

Lindeman et al [3] found that the rate of depression among physicians is comparable with that among the general population. The lifetime prevalence of depression among physicians is 13% in men and 20% in women [4]. Vaillant et al [5] noted that certain personality traits common to physicians, such as self-criticism and perfectionism, may increase risk for depression and substance abuse. Frank and Dingle [4] reported a small study of 163 female radiologists, of whom 15.3% reported histories of depression.

Firth-Cozens [6] outlined a variety of predictors of depression in physicians such as, (1) difficult relationships with senior doctors, staff members, or patients; (2) lack of sleep; (3) dealing with death; (4) making mistakes; (5) loneliness; (6) 24-hour responsibility; and (7) self-criticism. Bright and Krahn [7] stated that depression and other mood disorders in physicians may be underrecognized and not adequately treated because physicians might (1) be reluctant to seek treatment, (2) attempt to diagnose and treat themselves or turn to alcohol or illicit drugs for help, or (3) see and receive "special" treatment from other health care providers.

In a recent multisite anonymous study of more than 2,000 medical students and residents, including radiology