**ICanServe Foundation**

**Silver Linings 2019**

**Dealing with Depression after Cancer**

**Location: PICC Room 2**

**Speaker: Ms. Alya Honasan**

**Moderator: Karmina Constantino**

**Pfizer Philippines Foundation/Host:** Welcome everyone to our second session for the day. I am Michelle, a volunteer of Pfizer Philippines Foundation, a non profit organization supporting cancer patients. Our next topic for today is a very interesting one because it is often overlooked. Apart from the stigma that still surrounds mental health, usually naririnig natin ang stories of depression habang may cancer pa ang pasyente. Ngayon, maririnig natin ang kwento ni Ms. Alya Honasan, a writer, yoga teacher and breast cancer survivor who has experienced depression after surviving the big C. And joining her in this session is Doctor Justin Benigno Aquino, chief resident physician from the Makati Medical Center. Let's give them both a round of applause.

[Applause]

[00:50:42]

**Speaker/Ms.Alya:** Ayan, Ranjit was talking about the missing link. The missing link, I sound very pro-magnon but never mind. We are here to talk about depression which happens but anyway before anything else, for people who want to understand it, I'll give it to... my ano, my now very popular partner here Doctor Justin Aquino who's a chief resident for Psychiatry at Makati Med just for a basic understanding of what it is.

**Dr. Aquino:** Thank you Tita Alya. Well first of all, thank you for inviting me to speak here. Can we flash the slide please? Alright. Before we get in to anything, I'd like for all of us to touch base no and to be on the same page when it comes to understanding what depression is. So here, psychiatrists have our own bible we call it DSM-5. Diagnostic Statistical Manual for mental disorders. It's a 5th edition and for diagnosis of major depressive disorder, which is when we know of as clinical depression, these are the criteria no? There are nine. What's important to know here is that out of the 5, you are supposed to have 5. But the most important are either one or two. So you could have five but if one or two are not present, then it's not clinical depression and these symptoms have to occur at the same time, for a period of at least two weeks. So if it occurs like one week lang, then that was some form of depression but it's not clinical depression, okay? So it has to be two weeks at least.

[00:52:28]

**Dr. Aquino:** So the first, depressed mood. Depressed mood, that includes feeling low but it's not just sadness like for most of my patients, I don't hear sad. I hear lonely, hopeless, empty, helpless... so that's what I want, whenever I see patients, I want them to or talk to anyone ano? I want them to get out of their mindset na depression is sadness. It's really not. Its bleekness and darkness. Anhedonia or loss of interest or pleasure in things that they used to enjoy doing. So that's why it's hard for patients with depression to get out of bed, to socialize because they don't... the brain just does not have the capacity to feel pleasure at that moment. Changes in appetite, either too much or too little resulting in weight changes. Changes in sleep, either too much or too little. Psychomotor agitation or retardation, yung hindi mapakali... restless. Or liturgic naman or they feel slower, heavier. Fatigue of course, that's loss of energy ano? Guilt or low self-esteem... now this is excessive or inappropriate to the context. They blame themselves, they feel like they are so incompetent, they feel incapable. Poor concentration... because a major factor in clinical depression is the cognitive symptoms meaning the psychological and how to think. So they find difficulty concentrating during conversations, on certain tasks at home... they can't finish them because you know, they're ruminating all the time. And then, of course suicidality which includes suicidal ideations, just thinking about it. Suicidal plans, you know preparing for the event and actual suicidal behavior or self harming behavior which is cutting self, ingesting too completed suicides ano? So these are the 9.

[00:54:33]

**Dr. Aquino:**  For depression in cancer, what we found is you know... it's under diagnosed because if you look at the criteria, a lot of those come with physical ailments. Chronic ailments such as cancer of course, anergia or fatigue no? Changes in sleep which could be due to the illness itself or it could be due to the medication such as ma'am pointed out. Loss of appetite due to some medications... so sometimes, the difficulty when we have populations with cancer is that the doctors themselves, kunwari the oncologists, they think na... well you know what she's going through, talaga namang she is going to feel sad about it, and she is going to feel deoressed. Talaga namang she is not going to want to eat or the medications or making her not sleep. So there's this decrease sensitivity in terms of... actually identifying these individuals who actually need help and it's unfortunate because in terms of depressions in cancers ano? The highest incidences, the particular cancers with the highest incidences of depression are yung mga head and neck cancers, pancreatic cancers, and why we are all here, breast cancer. And then for breast cancer, up to 37% so more than 1/3 of women and men, men can have breast cancer, up to 1/3 of these individuals will have co-morbid depression and it's unfortunate that it is undetected and people just assume na "oh it's just sadness", it's normal sadness when it's not.

[00:56:25]

**Dr. Aquino:** Depression actually affects treatment adherence and treatment prognosis. There are a lot of other things about depression, what I'd like to share lang... so this is major depressive disorder. Okay so parang medyo umbrella siya for all populations, we have this major depressive disorder pero studies have shown that for patients or individuals with cancer, depression can take three subtypes. It's the... first, anhedonic depression. This is sort of an... when I mean anhedonia, it's loss of interest or pleasure. So this is the depression that most people know. It's this one na parang the main quality of it is that there is a lack of happiness or ability to motivate oneself or feel pleasure. The two other subtypes in cancer are demoralisation and grief. So the quality associated with grief first is loss. So definitely it's not just the loss like a loss of a person but for an individual going through the changes in cancer, it's a loss of many things like their common everyday rituals. Their ability to socialize... even just ability to do things that make them happy. So these are all wounds to their self-esteem and then it is a loss of self-esteem. So that's grief, you can grieve for that. And the one I wanted to touch on more specifically, demoralization. The quality in demoralization is a perception of ineficacy or inability to overcome what you are going through and of the three subtypes, this demoralization is a hardest to treat. It's the one with the worst prognosis because anhedonia, lack of pleasure there are ways around that. Yung loss din... there are ways around that but demoralization, when the patient themselves are in a rot and they can't mobilize their own capacity psychological and social and anything else, financial... then we find that it really affects the outcome of treatment and affects their quality of life the most. So it’s those things that I wanted to share, so again... anhedonic depression, demoralization and grief. Those are the ones you don't usually hear kasi when discussing depression. Sige, I'd like to end with that.

[00:59:27]

**Speaker:** Thank you. Nakakarelate kasi when he says na it's not sadness, it is bigger and scarier and it's heavier than that ano? So let me suggest, we don't call it a rot, it's a frigging abyss. It's not just a rot, it's a black hole. Anyway, I have a little advantage because I was depressive before I got cancer. So I've been depressed since the '90s, 1997 I was officially diagnosed but before that I was your typical emo... emo teenager. I think uso yata noong when we we're kids it was a big deal to be angsty and artist and stuff like that. Anyway, I was diagnosed in 1996. You know I was looking at your checklist, check check check check you know and that’s all going on ano. During that first episode, there was a trigger... one event? And then I particularly that, depressed... loss of interest, I balloon to 220 pounds. And then number 4, changes in sleep... I would eat too much and sleep too little. I'd sleep at 4am be up at 8, go to work. That went on for years before I finally, and loss of interest or pleasure in the things that you do. Writing would be my solace but one day I couldn't write anymore. So that's when I decided to get professional help ano. So I did for a period from 1997 to 2002 then I discovered yoga. I'm a yoga teacher, so for the next 12 years I was off meds. And then that was fine and then I got cancer, ta-dah! So I get diagnosed with cancer... I focused on the fight. So during the fight I wasn't depressed, I was zooming in... It was after that I suddenly found myself in the trot.

[01:01:20]

**Speaker:** Demoralized. Because everything that's important to you suddenly is put in a new perspective and you are wondering what am I gonna do with my life. I thought this was important, that was important hindi pala. Hindi pala siya ganun ka-important. It's not as important as I've thought. And the funny thing is it's a little bit not discussed in the Philippines primarily I think, this is just my theory because we are Catholic country...also. Because after you get healed and everything, you should be greatful. Your friends who rallied against you, okay, okay ka na ha now we go back to our normal life and then you are left there going... okay, now what? That's the question, now what? Luckily I was led to a different psychiatrist who herself was a survivor. So she understood that strange change and the nature is different eh. I think I was, I encountered two kinds of depression. It was a different depression before; it was a different cause now. So I got treated and I'm better. I'm living with depression, I like to say that because my goal, before when I said I was gonna depressed again. The idea of getting depressed again, na-depress ako. Because it is ano? But you realized that para lang siyang ano... in one way, I don't know if you'll agree with me that it's really chemical in many ways? So a lot of these are chemicals, so if people drink Vitamin C because you are low or you need additional Iron, I need my serotonin inhibitor. Sometimes I'm on a minimum dose and one day I'll get possessed. We call it an episode. Okay, I don't get on killing anybody, I just get... an episode and it's you know? It becomes part of it and then, I'm better and then, so I'm on it. I'm cohort of like accepted that already.

[01:03:14]

**Speaker:** The important thing is that if you are after cancer, kahit na dati you had no problem if you are feeling weird, do not deny it. You are feeling weird, I'm feeling even if... thank you God I'm fine I was able to go through it but I'm still feeling unhappy, that's not a character flaw. You have a problem and a problem that has a solution whether its talk or medication whatever your doctor can tell you. We just have to acknowledge it because the problem in Philippine societies, we don't want to talk about feeling bad because we are thinking mababaliw, you are baliw, you are crazy no? That's not a problem, it is not a character flaw. Please remember that. I have lived with depression for 20 something years, thank God I'm still productive, I'm still working, I'm still gorgeous, agree? Yes, agree. Alright. All together, "yes tita".

[Audience response]

[01:04:07]

**Speaker:** Oh so that's what I'm saying, that it's... the more we look it in the face, this depression as a problem, the more it will lose its power. You know, you look at it this is a depression, I'm depressed because of something in my past because I think studies are also digging up that there is some kind of trauma that triggers it but it's also genetic, there are so many factor. So wag na itago yan... I mean, hindi siya nakakahiya it's not anything to be embarrassed about, you know? The fact... because I feel doubly was the word, I feel doubly kickass because I beat C and I beat D right? I beat cancer na, I beat depression and they are related and I'm thinking everybody can do it. If I can do it, everybody can do it. So it's basically that so I'm a double survivor and you know, I've learned to live with the disease and emotional health is just as important as physical health. I will do chemo again as long as I don't have to get depressed because it was really painful, okay? Basically that. Thank you.

[01:05:23]

**Host:** Thank you Ms. Alya and Dr. Aquino. Thank you for sharing your story and Dr. Aquino for sharing his insights so we heard about the 9 symptoms of major depressive disorder and very interesting to hear from Ms. Alya, let's look at depression in the face. We beat cancer and we beat depression, if you are feeling weird don't deny it, acknowledge it. Now we shall open the floor for our Q and A, moderated by Ms. Karmina Constantino, a reporter, news anchor and host for the ABSCBN News Channel.

[01:06:07]

**Moderator:** Hi, good morning everyone. Good morning Dr. Aquino, good morning Alya. Magandang umaga po sa inyong lahat, my name is Karmina Constantino ako po ang makakasama niyo ngayong hapon na po ano? Sa ating kwentuhan. I think it's very important katulad ng sinabi ni Alya, it's very important for us to treat mental health in the same way as we would treat other things. If you have a common cold, may gamot diba? Kung mayroon tayong nararamdaman, mayroon tayong pupuntahang doktor in the same way, mental health kailangan ganoon rin ang ating atensyon na ibinibigay sa mental health. You know it's very important to discuss this topic because we don't talk about this often. Hindi po ba? Hindi ito madalas na napag-uusapan dahil na rin siguro sa may hiyang kasama. Lalo na sa kultura natin, ang Pilipino kailangan parating masaya hindi ba? Ganoon ang parating sinasabi may problema ka, tawanan mo na lang ang problema mo but when it comes to depression and mental health, we have to talk about it because it can lead to other illnesses in the future. So let's talk about it, kailangan ko ring sabihin sa inyo that in this room... wala pong manghuhusga. You are in a safe place. Malaya tayong nakinig kanina, malaya tayong natuto sa mga sinabi ni Dr. Aquino and ni Alya, at ngayon po malaya tayong makakapagtanong. We are free now to ask our questions without any fear of being judged. Take this opportunity we have a mic there sa likod po ng camera kapag mayroon po kayong tanong, just stand up and ask the question. Go ahead po.

[01:08:04]

**Question #1:** Hi. I'm Kevin, I'm studying my Masters in Psychology and I also have bipolar disorder too...the thing about mental health, I do agree about it. It's very difficult to explain that from the lower middle class to the lower class. Especially in Mindanao wherein the concept itself is not understood and I have had people who have cancer and they do not understand the depression side of it and my question is, in that reality wherein... ayun, the facade of that, Filipinos need to be happy all the time and I tell them that anger, fear and sadness should be expressed but it's the Filipino culture itself that represses that kind of feeling. I need to at least know the strategies how to tell them na... it's fine. I keep telling them but they won't accept it. So maybe you have other tips for me to help them understand the importance of accepting depression, mental health, especially in Mindanao. And in the classes of lower middle class and lower class.

[01:09:30]

**Speaker:** The Mental Health Bill was also just passed ano? And the fact is we have something like 300 to 500 psychiatrist only for this entire country. So that's the ano... I think what happened is that they, what I tell people now when they ask me are mayroon siyang hierarchy. Kunwari mayroon kang problema, you go first to your counsellor or if you have a school, your counsellor, your spiritual director there. If they can't handle it they'll pass you to a psychologist. Okay? Because it becomes a little bit more technical. If the psychologists see the medication is needed, then they'll pass you to a psychiatrist. The reality is we don't have enough of any of these guys... so what the Mental Health Bill I think is suggesting, because we were discussing that because my psychiatrist herself works a lot in the grassroots eh. Some of these people don't even know that they are depressed because they live in a constant stage of deprivation. You know? They have to worry about what to it before they will worry about getting sad. So ang gagawin ngayon is that they are planning to train barangay health workers, primarily to listen... okay? That's all you do. There is a... TJ Manotoc said before about how in Africa, there's a bench... uupo yung lola and then if you have a problem, you talk to your lola. So I don't know if the people you deal with, how they see you, I think what happens is that you have to make yourself "kuya" figure, "tito" figure I don't know or somebody they can talk to because hindi naman nahihiya, it should be... first of all I think you can reinforce na matapang ka pag usapan mo tapos kaibigan mo ako, I will listen to you. I will not go around ichichismis ko yung problema mo, I'm not gonna do that. So parang it's really relationship eh. So I'm taking in the situation of the barangay health worker or the lola. There is a comfortable space ano? Maybe they shouldn't see you first as a psychologist, baka kuya muna but that's our nature. We show relationship-base eh. I mean in other cultures they can go to a shrink, talk about all of their problems and ting, when the clock strikes you are out. Your session is over. I think most psychiatrist in the Philippines let you talk until you are tired ano? But, that's just my point of view ano because working from that angle na we don't have enough maybe medical experts for that. Buti na lang you are in that field, thank God. It's noble what he is doing sa totoo lang parang... I don't know, relationship based muna siguro. Don't remind them that you are a psychologist. Parang later on but they know that you are actually applying the... you are doing this and you are living with that illness which is diba? I think you know kudos to you because you will bring the enrichment of your... living with your illness to your work as a psychologist and that's going to make you a super psychologist.

[01:12:24]

**Moderator:** Thanks for that question. I also would like to add that I've been covering and featured, I've been featuring this topic in my shows a lot and I think one factor also that may help you is the trust. A lot of people when they sense that trust in you already and they have that problem, ganoon nga... malaya silang makakapagkwento ng pinagdadaanan nila. Chumichika lang sila. Ganoon, so trust and build that relationship. Doctor Aquino wants it to answer.

[01:13:00]

**Dr. Aquino:**  Yeah, so definitely that's the first hurdle you have to, especially in the Philippines na we are very emotion/feeling-based. You overcome that you have to build that therapeutic alliance first only when they are receptive na to what you are going to say because you have this rapport. Then you can ano na, instill information. What I find helpful in my own practice, I see out-patients at the psychiatry OPD of Makati Med, so these are indigent patients din, I would say also siguro lower middle to lower class individuals and what I find helpful when discussing their conditions with them for depression or any new disorder like bipolar disorder. First of all, I tell them na there are reasons that you have this condition and you can divide them into biological and environmental. When it comes to the mood disorders, yung percentage. How much do you think this biological covered? Like ilang porsyento yung dahil sa biology ng tao? Meaning yung sa utak, yung sa chemicals sa katawan... so I ask them that. And then usually they give me a low number of 50%. Well it's actually 70%. 70% of the reasons for your mood disorder have a biological basis. It could be genetic; it could be your neuro-anatomy. It could be your neuro-physiology, the way your brain works with the neuro-transmitters. You know, yung mga chemicals po na kino-correct ng gamot. So first I tell them that and then, given that it's mostly biological... to enhance compliance and treatment. Compliance of therapy and their medications, what I tell them... as a psychiatrist kasi I believe... I know that the mind is simply the brain and what goes on in the brain, you cannot separate the two you know? Whatever activity goes on in the brain manifest itself subjectively in what we experience and that's what we say is the mind. So if there is a mind problem, it's a brain problem then it is biological. So if it is biological, we give the medications as with would any biological illness. In diabetes, the body is supposed to function by metabolising yung mga sugars... yung asukal sa katawan. And then when the body fails to do that, to fulfill that function we give them medications. And the medications help fulfill that function. It's much the same with mood disorders ano? The biological, the body is not doing its function and the medications are there to supplement, to help the body fulfill that function. It's as simple as that and usually when I tell this spill to my patients, they are grateful for it. Sometimes it's the first time that they hear about it and parang to me, sometimes I take that for granted kasi to me I know this na but so I'm surprised that people don't think of it that way yet. But I find that after we held that conversation, they are very much more accepting of their own conditions and if you understand kasi that it's biological, then you know then it is not characterological. It's not weakness; it's not my own fault.

[01:16:40]

**Moderator:** Kasi doctor kalimitan na nangyayari diba parang... may mali or masama akong tao or mahina akong tao or ang laki ng problema mo diba?

**Dr. Aquino:** Yeah especially in the Philippines, yes yes.

**Moderator:** And that bags them down already, so from that. Thank you for that explanation, we have another question.

[01:16:58]

**Question #2:** Im fortunately, not depressive okay. I'm definitely not there is no excuse not to care. Tayo din dapat kapag may kumakausap sa atin, do not reject the friends who go to you and say "alam mo medyo nalulungkot ako". Some people say kasi masyado na raw palasak yung term na, nakakadepress no? Natraffic-san ka nanggaling? Natraffic, na depress ako. Bakit ganyan ang mukha mo? Wala akong load, nadedepress ako. They say that the word is banded around much too much without the real meaning. Nonetheless, take time out to listen. I had a friend who took his life two years ago because nadulas lang yun eh, nagkaroon ng severe pain sa tuhod which was really really unbearable for him because he cannot do the things anymore he used to do. Ang naging problema, the friends who he was running to dismissed him easily. Tuhod lang yan, nagkakaganyan ka na ano pa andaming mga tao may problema and so ganyan ganyan. So tayo din mismo, makinig tayo at matuto tayong mag refer doon sa mga doctor na akma doon sa inirereklamo nila. Let's not dismiss, let's not say "e lump lang yung sayo nagkakaganyan ka ako nga natanggalan ng suso eh". It is never a contest of who feels more depressed, who feels more ano... kailangan matuto tayo mag refer.

[01:18:36]

**Moderator:** Thank you Ms. Bibeth. Siguro sundutin ko lang din yung sinabi ni Ms. Bibeth, narinig niyo na ba yung sinasabi parati na lahat tayo may pinagdadaanan. Lahat tayo may pinagdadaanan and sometimes people take it in a very selfish way na lahat tayo may pinagdadaanan, therefore I'm gonna let you take care of your problem, I'm gonna take care of my problem. But precisely, lahat tayo may pinagdadaanan and therefore, lahat tayo dapat may puwang para sa isa't isa because who knows one of these days, tayo ang mangailangan at wala tayong makausap diba pero because nga lahat tayo may pinagdadaanan, we should be able to be there for one another. Huwag natin i-dismiss as "ang drama naman nitong tao na ito, ang bigat naman ng taong ito". May mga ganun, but actually doc parang sign din yun sometimes... sign na talaga yun, pag mabigat yung isang tao, there is a certain energy that they exude diba? Does it follow that they might be suffering through something?

[01:19:47]

**Dr. Aquino:** I'm sorry, when you feel that mabigat yung aura nila parang ganun? I wouldn't assume right away kasi. So definitely that's also one of the things na... we shouldn't be scared to ask people. Yun na lang. Kasi I think that's the barrier eh like when we have loved ones who we feel might be depressed, one of the things that prevents us from aporoaching is the fear na parang, ano ba ito? What am I dealing with? What does it entail from me? Like am I ready to handle whatever they tell me. One way to overcome that might be, they always tell me na when you are in that state of mind... it's very dark, it's very bleek. There is nothing another person can tell you that will make you feel better. It takes the pressure of to know that actually, so parang however wise you think your words are... it's not going to affect the depressed person, depressed person is going to be depressed. So one of my patients tell me it's not what they say to me when I'm depressed, it's the fact that they were there saying something.

[01:21:10]

**Moderator:** Just the fact they you were there?

**Dr. Aquino:** That's the fact that you were there and that's what they remember. So the presence, presence precisely so that's what you... when you have loved ones with depression, that's what you bear in mind na lang. It's not like utteral; let's talk about your depression. It's more helpful for them to siguro, to tell them na oh tara nood tayong movie or you know, tara I'll help you do the dishes.

**Moderator:** I have a question, I have a question here because now of course we are focusing on cancer survivors and those going through treatments, suffering to depression... pero sometimes, paano yung mga ibang miyembro ng pamilya because cancer doesn't just aflict the patient, it also involves the whole family. Paano yung kung halimbawa may isang member ng family, na de-depress because of what was happening and that person can't seem to get it out because there is enough going on already. So...

[01:22:11]

**Dr. Aquino:** So in those instances, you know that's what we call caregiver fatigue and that's the thing with cancers, with long term illneses and with psychiatric conditions no? It's not just the condition of the one suffering it, it's the condition of the entire sub-unit. The entire support system... so the issues one is dealing with will eventually bleed out into the other people around them and then those other people will have their own issues and then it bleeds out into until everyone has their own issues and then if there is no psychological mindedness present, if there is no acceptance na you know I have to find a specialist to help, then you all will just going to drag each other down. So ako when I have patients with families who are already obviously fatigued, you know I advise the caregiver, I advise the family take time for yourselves. Self-care is as valid and as important when you are taking care of someone else. You can't take care of someone else if you are not 100% no?

[01:23:31]

**Moderator:** And it's okay, it happens?

**Dr. Aquino:** It's okay, it happens. I mean that's one of the most beautiful insights I get from my practice in psychiatry is that everything is actually okay. Everything happens. Everything is natural. Like parang we think by your own subjective experience kasi parang we focus too much on what's going on in our lives and then we sometimes feel na I'm the only one going through this kaya nakakahiya to tell other people about it. As a psychiatrist who's been freely to, yung sentiments of many individuals na all thinking that way, I come to realize na you know everyone thinks that their condition is beyond, just their own and no one else can relate to them, it's not. Everything is okay, everything happens to everyone din at some point, some time.

**Follow-Up Question:** Possibly that's part of the depression itself.

**Dr. Aquino:** Yes.

**Follow-Up Question:** To feel that you are alone, that you alone are suffering that?

**Dr. Aquino:** Yeah. And siguro, I myself have never been depressed so sometimes I wonder does the knowledge kunware if you are suffering through depression and you feel this way, you think this way na I'm alone, does the knowledge of a psychiatrist telling you na actually you know, a lot of people think that way and you are not. Will it help actually when you are in that situation?

[01:25:07]

**Speaker:** Not immediately. Okay, with experience... experience talaga, I was discussing it. That's what I tell depressives because sometimes you just... well, my friends so I would call and then I would get depressed and then after a while, I'm better now. Then it goes, my bestfriends in the world they go "oh you are fine now, good because you are getting really boring". No, so that thing is you... at one point when you are depressive, you also learn to tell yourself na okay, I have this funny thing na for a while I thought I was bipolar because I've been talking to myself and go like, part of me would be having a crisis and then my intellect which they say is the one that draws all of them from psycho-spiritual was telling me okay what is happening? So this analysis was going on at that moment apparently to learn thing. So anyway, but it takes a while. You can feed me with all the information but if my ID, which is going nuts... doesn't want to listen to you, it's not that I can be looking at you and the triggers for depression are you know, for an episode they are ridiculous no? I have this episode when the watcher curved guy just yelled at me and I had an episode, stuff like that. But in addition to that, I was just saying that cultural din kasi yun eh for the caregiver that I will give and give and give until...

[01:26:24]

**Moderator:** Pasan ko ang daigdig, ganyan...

**Speaker:** Oo. Pasan ko ang daigdig. I will give because that's the Christian thing, yun ang uliran. Mabuti akong anak if I kill myself trying to take care of my mom which I think, thank God na we are getting a little bit more enlightened. You do not lose yourself in doing that ano? So basically that.

**Question #3:** Of course you are very young, in relevance to my question is... based on your own experience, this treatment I would like to focus on dealing with it, managing it, depression I am talking about depression and earlier, anyway you were part of our group when Doctor Sim was talking... and she has also mentioned yoga and then sense of humor, reading, listening to music. My question is... as a clinical psychiatrist, which is more effective... is treating depression with medication a more effective way of dealing with it than other like yoga, exercise...

[01:28:01]

**Dr. Aquino:** Okay, sige. Thank you for that question it's very relevant ano? That I say this. Again so let's go back to what I have said earlier that the primary theoretical framework that psychiatrist use to understand depression is that it's biological. In that case, when it is a true clinical depression, there is really no way out of it sometimes without the help of biological treatments. You could... kasi, you could for instance say you have a loved one with depression; you can accompany them to do yoga, try to motivate them but the biology in their brain, the way their brain works at that present moment is not receptive to that. It cannot comprehend; it cannot bring the joy that a normal person would have with yoga. So parang you have to jumpstart that... you have to create the balance, restore the balance ano? And then when they are in the already in the mindset that they are more receptive to the other forms of therapy, that is well rounded, that will make for a well-rounded life. Then only then can that really be helpful. So ako definitely like physical exercise and yoga, these have been shown by studies to be effective for mild depression. Like if mild depression pa lang those will help and it has been documented studied to positively help. So you can encourage that but for the more severe forms of depression, unfortunately it's a biological problem and there is no way around it other than biological treatments. The yoga, meditation, mindfulness, those will eventually create alter-reasons in neuro-anatomy, it's been shown. Alter-reasons in the brain structure and brain functioning but that's after some time na so definitely there is room for those treatments and those options and I encourage it if my patient tells me that they do that, I'm so happy. That means like I'm not, I'm not the only one there relying on...

[01:30:26]

**Moderator:** So doctor, like in cancer treatments there is no one size fits all?

**Dr. Aquino:** Oo.

**Moderator:** With depression as well? It's a healthy balance... [precisely] but it depends upon the person?

**Speaker:** No, I was like I was saying I had depression round 1... I found yoga, I did yoga for 12 years and I didn't need medication but nasupalpal ako ng cancer. Pagdating ng cancer, everything got... so hindi kinaya. Yoga couldn't handle it by itself although the yoga helped me recover faster but I just want to emphasize that a lot of Filipinos also are afraid of medication. There is side-effects like everything and money. It's not cheap. I remember also recently, there was this... I was a little alarmed so I had to react to it because I am a believer that if you need medication, ganito... when you are depressed there is use that are painful to look at. Your medication will buffer you so that you can look at it. Look at it and look at it until you can look at it and it doesn't hurt and then you can get off the medication. I call it facing the demon until the demon is no longer so scary but I was worried because this young person I read about took his own life. Actually a journalist. Posted a suicide video that said, you know medication didn't work for me and didn't worked for anybody I knew. So I was a little alarmed because... but there are cases like that. It's not jackpot. Your first psychiatrist might not work right? Your first medication might even worsen your situation but you have to persevere. I am a little lucky that I got... okay, but I tried these different medications after 1 week I was really... you know, parang wow. It's a same thing with the oncology. It's also you have to communicate with your doctor. You have to really test it and be patient because it's not paracetamol you drink it and today okay ka na. It takes two weeks to work. In the 90s, it was Prozac. Prozac when you drink Prozac, you are stoned for two weeks. I couldn't drive talagang... lahat yan. But nowadays when I had to go back on it, my doctor said relax... there are Kleiner meds, Kleiner meds which means that, and you will see. So when I took it, I didn't feel any... any, I didn't feel drowsy, nothing. So I said well, if that's what Kleiner means, fine because Prozac was really strong ano? Anyway so it's just that don't be afraid of it, and I'm I think, I pretty much think I might have to take different levels of it for life but I am fine with that. So you know, I mean if that's what it takes to live a good life I'm fine.

[01:33:01]

**Moderator:** I think the important thing there is for you to surround yourself with people whether it be medical practitioners or your support group to know that you are going through these. So that if there are adjustments to be made, there are people that you can talk to. We have time for one last question, ma'am?

**Question #4:** Hi, good afternoon. I'm Karen and I'm from Cagayan de Oro and I was so looking forward to coming to this session Ms. Alya. Kara recommended me to see you... anyway, I live with depression and it’s even before cancer. It's not clinically diagnosed, it doesn't have a piece of paper printed but just a little background, the family situation or the environment was really alcoholic and addictive so there you go. But my question is, of course we all want to be productive and you know, having served also in Cagayan we have a cancer survivor group there... and then I'm part of the founding group, so many people come to me and then aside from that all these organizing stuff and then when you are at the height of the preparations, of course you don't get to think of anything because you are on to the... you know, I just wanna get this done. And when it's all quiet, when it’s the holidays... the ruminations set in and then I'm... I have all these books on psychiatry and how to get off everything else. I tried medication once but it was really bad. So it was, anyway nevermind the name but... so I'm also of the group that doesn't want to take medications until you said that you know, the brain is the mind and you have to medicate. So I'm getting that and I am posting it to my Facebook but still I'm not convinced. Part of what I had there is the balooning, so they said "oh lumaki ka na". So eating is really a joy and also another source of trigger, when they say lumaki ka. My question is from Ms. Alya and Doc also, but primarily Ms. Alya, how do you take care of the ruminations and the triggers like you say are ridiculous. Like really, oh my gosh you are over scrupulous.

[01:35:33]

**Speaker:** Well that was just one incident. My psychiatrist calls it useless thoughts which you will learn to identify over time. Because me, I am the type, my depression is one way. Kunware, I got agitated or I got nervous, lulungkot ako later. Inevitably if it's an episode, I get sad. And then when you think about that so you ruminate right? You ruminate about "oh somebody didn't call me" then, maybe he hates me. Maybe I'm a horrible human being... maybe I have no right to live. Snow balls into something which is really ridiculous ano? What do I do? It is easier said than done. I tried to distract myself. When they come at night because for me my depression is pag gising ko, naiiyak na ako and then you go better and then at night, same thing. That's when at night I would bug friends. But I found that I'd just do something else, I would... I watch funny Youtube videos. But the key, somebody else says it in a different school, you have to do whatever it is that makes you happy. I have dogs. Dogs are proven, they are better than doctors. [laughs] Just kidding, no offense. So I have two dogs and I look at them and that's it. It's proven that they take your PTSD, so does more of it. I was just talking to a friend yesterday, I'm so tired blabla, sabi ko, why? Because I'm working so much. So why don't you stop? Sabi niya, "but it's my life". Sabi ko, "no work is not your life". You had to consciously stop and do... but that was the gift of cancer.

[01:37:14]

**Speaker:** Cancer told me, you know... your deadline will not kill you. So now I minimized my stress because I realize in the context of everything else, it's no big deal. It's easier for me now to do stuff I like. So don't allow yourself so much to sit there and ano kaya, ano kaya, ano kaya, ano kaya? Mag Netflix ka nalang if you like or me, I watch videos of ano a comedy or better yet, go take a walk get a pet. You have a pet? You'll be surprised what they do. Just look in their eyes. I have two aspins na pinulot ko, they are both like mas mataray pa sa akin nga eh. They kicked me out of the bed, so you list down: What makes me happy? And this one, I have it tattooed to remind myself. Everything is a gift. Gratitude will rewire your brain. So today, the fact that I found a parking slot, very near to the entrace is my early gift kanina. My guide here Tin is a gift. Justin is a gift. Karmina is a gift. You all here listening to me, you are all gifts. So if you rewire your brain to gratitude, you'll might be surprised. It sounds like a clichè but it really works. Pasalamat lang ako na maganda ako, charot.

[Audience laughs]

[01:38:24]

**Speaker:** No. But you, every little thing that you feel grateful about, you realize. So now even now, I am grateful for I had cancer. Otherwise I will not have learned to think this way. Stuff like that. So if you flip everything, and you'll realize "ay oks lang pala".

**Moderator:** Goodluck to you ma'am. Thank you, thank you. And thank you to Doc Justin and Alya for gracing us with your insights today. As you have said, everything is a gift. You are our gifts today. Also in your readings on depression and all that, also know that there is a got to brain relationships also. So what you eat also can be a trigger or can help you get more depressive ha. So keep on reading on that as well, right? But do whatever it is that makes you happy. [Basta legal siya]. Basta legal.

[01:39:21]

**Dr. Aquino:** That's true, yeah that's true.

**Moderator:** So be happy everyone and thank you again, goodluck to all of you.

**Speaker:** I'd like to say thank you to Doc Justin. You know this guy is so young and his... his insights, more power to you and I hope, I'm so glad that you took Psychiatry because that's such an underserved field no. So I'm glad that you know, congratulations to you and thank you everybody.

[01:39:50]

[END OF TRANSCRIPTION]