Prescribing happiness

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Not a day goes by where I do not have a sad, discouraged, or depressed patient coming in for a consultation; nor does a day go by without a patient confiding to me that "I can't sleep, I have no energy, I feel tired, I have no motivation, I'm at the end of my rope," and sometimes even "I have suicidal thoughts." I am certainly not the only family physician encountering these situations. In 2017, 8.6% of Canadians aged 12 years and older reported having a mood disorder (depression, bipolar disorder, mania, or dysthymia, excluding anxiety disorders). That percentage represents 2.6 million people.[1] Incidentally, approximately 11% of men and 16% of women will experience major depression during their lifetimes.[2] Therefore, it is not surprising that we see so many unhappy people.

When this happens, I do what most of you do: I take the time to welcome and to listen to the patient. I show empathy. I try to understand his or her sadness and desperation. I comfort and reassure the patient. I apply the basics of psychotherapy that I am familiar with—essentially taking a humanistic or cognitive-behavioural approach. When the patient's psychological suffering is too great or his or her melancholy persists, I prescribe one of the approved antidepressants or mood stabilizers. Meaning, I do what most of my colleagues do. Therefore, it is not surprising that so many people are taking antidepressants. According to the Organisation for Economic Co-operation and Development, there has been a substantial increase in the use of antidepressants during the past 20 years. In fact, Canada is one of the countries where they are prescribed the most, ranked third among the organization's member countries.[3]

But every time I prescribe antidepressants, I ask myself whether it is really justifiable to medicate human suffering. I am not insinuating that it is wrong to prescribe antidepressants for major depression and other mood disorders. No, I simply question the appropriateness of treating our every mood swing with serotonin or dopamine. Suffering, sadness, loneliness, frustration—aren't these all intrinsic parts of our existence? These days, it seems like we want to neither see nor live with this distress. As though we must be completely happy, at all costs and at all times. And as "happiness" is right there within our grasp, easily accessible in pill form and recommended by our physicians, why deprive ourselves? The posology is simple: "Happiness," 1 pill to be taken daily for as long as the need is felt. I can just imagine the pharmacist's face on seeing that prescription!

However, as beneficial as pharmacotherapy can be for treating depression, we should ask ourselves whether, in addition to referring our patients for psychotherapy, family physicians should not further educate themselves on providing counseling to those who are unhappy or experiencing sadness.

Because even though family physicians are generally able to diagnose depressive disorders (we can all recite the *Diagnostic and Statistical Manual of Mental Disorders,* 5th edition, diagnostic criteria for mood disorders) and prescribe the appropriate medications while referring to the Canadian Network for Mood and Anxiety Treatments recommendations,[4] it seems much more difficult to provide counseling to patients on their path to subjective happiness. Even though family physicians can easily provide counseling to patients with dyslipidemia or who are trying to quit smoking, providing the same to unhappy patients appears much more difficult. When it comes to promoting happiness, it looks like physicians have been found wanting. And we might add that physicians are not leading by example either, particularly given their very high rates of professional burnout and suicide.

Which brings me to this fundamental question: Would you be able to name 3 pieces of sound advice to help your unhappy patients on their path to happiness? If so, please share your answers with us (open this article at **www.cfp.ca** and click on the eLetters tab). We could build a community of Canadian family physicians on the path to subjective happiness, similar to *The World Book of Happiness*.[5]

Because as celebrated Quebec humorist Yvon Deschamps said, "We can't be happy without happiness"!

References

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