

Lindsay Weitzel

Hello everyone, and welcome to Head Wise, the weekly videocast and podcast of the National Headache Foundation. I'm doctor Lindsay Weitzel. I am the founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. I am super excited and honored today because I am here again with Doctor Dawn Buse.

Hi, Doctor Buse, how are you?

Dawn Buse

Hi Doctor Weitzel, and hi everyone watching this podcast.

Lindsay Weitzel

So, Doctor Views is a regular. Many of you know who she is. She is a clinical professor of neurology and a psychologist who specializes in headache. We love having her on. She is so knowledgeable, and everyone loves hearing what she has to say. She also makes me very happy and makes my job so easy. So, let's chat with her today.

We have a very practical episode today. We're not talking about new data. We are here because we want to talk about depression and low mood and how that,

coincides and is a comorbidity associated with migraine and head pain. And we want it to be very practical. We're doing sort of a checkup for people. I think all of us, it can sneak in if we have chronic migraine especially, and we might just not be feeling as great as we could.

And so, this is just a really great episode where we can check gut check in on ourselves and see if we think it's a problem. And see what we can do about it. So, doctor reviews, first of all, in case anyone doesn't know who you are, can you just go ahead and introduce yourself and why you do what you do?

Dawn Buse

well, yes, as you said to nicely, Lindsey, I am a psychologist and I have really worked all of my career with people with migraine, another severe headache,

as well as chronic pain and helped people both in office. Actually, in my, in my office, clinically working on things like biofeedback, cognitive behavioral therapy, relaxation therapies. And the other side of the coin is I get to do research and our research studies are often massive.

So, working with people, for example, in the overtime study with 60,000 respondents,

and working on other studies to really large scale, where we also learn a lot about life with migraine. How does migraine affect school and work and parenting and finances? How does migraine affect mood? And the flip side of that is how to mood and other kinds of co-morbidities affect life with migraine.

So, I'm really, really lucky that I get to have both of these experiences. The one-on-one experiences in the office, and the research experiences with the really large-scale numbers of respondents. And what always amazes me is how aligned or at least harmonizing the responses are from the one individual in the office to 60,000 people out in the country, out in the world, living with migraine.

So, from what people living with migraine have shared with us, we like to kind of synthesize all that information and bring it back to you who are watching, whether it's you yourself living with migraine or a loved one, so that we can use information gained from these big research studies to help you live better lives.

Lindsay Weitzel

Well, we are all so grateful for what you do. Your research really helps us.

and we love what you do. And we hope you keep doing it. And just thank you so much. So, let's start with a very obvious question. First, is it just considered normal to feel down and depressed if you suffer from migraine or really any sort of chronic pain?

Dawn Buse

Well, if we're going to define normal as common as the majority of people, the answer's going to be yes. So, migraine and depression are buddies. Unfortunately, they travel together. Some really interesting research by Naomi Breslau and Richard Lipton showed that people who had migraines, or about three times as likely to develop, I'm sorry, five times as likely to develop depression as people who didn't have migraine.

But interestingly, it can go in the other direction. People who had depression first over the next ten years were also about three times more likely to have migraine emerge.

So, this doesn't mean that one causes the other necessarily. It could be that one causes the other. It could be that they both cause each other. But we think probably it's more of a shared underlying etiology or reason.

And the neurochemicals that work in the brain, in the nervous system are, are some of them are the same for depression. And migraine. They work on some of the same neurochemicals. There's a lot of similar risk factors, both genetic. Both of these conditions travel and families, as well as social and environmental, like being exposed to trauma, having adverse childhood experiences, living in war torn country.

So, there's a whole lot of shared reason as opposed, in addition to the obvious, this is hard. This is not easy to live like with an unrelenting, painful, surprising condition that comes out of the blue and knocks you out and takes away your life for hours and days at a time. So, it's very logical on a bunch of reasons.

And yes, they are co-morbid and co-morbid, as you've all heard me say before means that things occur more likely than by chance but means that depression and migraine really do occur together. So, in our population studies of people in the United States or people around the world, we find that maybe 20 or

30% of people living with migraine have depression at any given time, and that's the full diagnostic criteria.

But a much higher percentage of people at any time could be feeling those symptoms. Feeling down, feeling hopeless, feeling helpless, feeling blue, just feeling blah. Feeling like they don't want to see people don't want to go out. those sorts of things. So, we'll talk a little bit more as we go forward about the whole enchilada, meeting the diagnostic criteria and having a diagnosis as well as the symptoms.

Lindsay Weitzel

Right. And I can say I feel like interjecting here as someone that has been, you know, dealing with chronic or daily migraine and head pain for over 40 years.

I it, it is a daily thing and you and you do get better at it seeing those symptoms of, oh, I'm a little down, I need to do a little something about it here, but I do think it's sneaky.

And so, one of the reasons I wanted to record this episode was that I feel that a lot of us, with chronic migraine, might start to get down and not notice it and just kind of go into survival mode and may not notice that we've become depressed over a period of time. So, what is it that we need to be on the lookout for?

Dawn Buse

Sure. The first two symptoms of depression, if we were to look at the diagnostic criteria, one is feeling down, depressed or blue. We all know what that feels like. But the second kind of sneaky symptom is called a hedonic.

It means not enjoying things you usually enjoy. So this is when people don't really maybe want to go out, maybe don't want to see friends or family, maybe don't want to make social plans or don't enjoy things they use to enjoy whatever that hobby may be a sport, a volunteer activity, dancing, going to baseball games, whatever that hobby may be.

They just don't have the interest energy to do it anymore. So, I often like to actually start by asking about what someone's been doing and are they enjoying it? You know, how is, you know, are you still building that canoe? Are you still volunteering at the animal shelter? Are you still training for that half marathon? that's a big clue.

As we start to feel down and depressed, we don't really have that energy and interest to kind of start to do those things outside. And

outside of ourselves, outside of our home, outside of our regular routine, of what we have to do. So those things, those choices will kind of fall away. And why we'll start to get smaller.

Lindsay Weitzel

Can I ask you a question? What do you think when people say then that the reason, they stopped doing those things is they couldn't plan anymore because everything was being canceled because of migraine. So, they think it's that they're not sure if it's the pain or the sadness. Right.

Dawn Buse

Well, and that's a very valid reason to. Is a really, really common experience for people living with migraine or other chronic episodic diseases. So, things that go on and on, but they happen every once in a while.

it really makes making plans hard. And not everyone in the world understands and not everyone's nice about it. So, friends or family or coworkers or whomever is in your circle, may have not been understanding about it.

You may start to get labeled as, oh, you know, so-and-so never shows up, or he's always late or she always leaves earlier, that person always cancels. It may be that people start to plan without you that happens. or say, oh we didn't think you'd be able to make it anyway, which only makes these feelings of sadness and guilt and frustration worse.

So, this is very common. And you and I have talked about anxiety before separately. This is also very related to anxiety. We actually have a term for it. We call it interactive anxiety because we call that the migraine attacks. The it is a medical term. So, the time between attacks this anxiety increases and people worry should I make plans.

Can I make plans? Can I make commitments?

what should I do? And anxiety and depression are very complementary to each other. They share several symptoms as well, as they often travel together. Some people may feel one more strongly than the other, and some people may feel both pretty strongly. but let's talk about a few more of the depression symptoms. So, thank you for answering that. Go ahead. Continue.

Absolutely. I always love talking to you. This is great work that I wish everyone listening could be here and chime in too because yeah, you know, there are so many different experiences and yet so many of, converge when you start to talk to other people living with migraine or other chronic episodic illnesses.

so, some of the other depression symptoms can be eating too much or losing your appetite completely. And it seems to be whichever we don't really want. So, some people who may feel like, they're already maybe on the, on the lower body weight side, maybe the ones that lose their appetite. And some people may think, oh, you know, I probably should lower my weight a little bit. Might be the ones who kind of come for eat.

So, eating too much or too little, and it's usually not the direction we're hoping for. sleeping too much, kind of just all the time. or not getting out of that mode even if you're not in bed asleep, maybe you're still kind of in your pajamas or your loungewear all day and not feeling like really getting up and atom and not going out and doing things.

Or having a hard time sleeping with insomnia because you're, you're thinking about things. You have a lot of worries, anxieties. Maybe your self-talk is very negative. Maybe you're feeling very guilty or hopeless or helpless. So, eating too much, too little, sleeping too much, too little, very low energy.

And feelings of like a feeling that the future is looking hopeless. It's not going to get better. feeling helpless that there's nothing you can do about it to make it better.

And feeling guilty now we all know. And you and I will say till the cows come home. That migraine cluster knew that the recession had extended.

And headache. All of them. They're not your fault. No. You're coming from some biochemical things happening in your brain, in your nervous system. They're not your fault. You're not causing them.

And yet people will feel very guilty, when they have to cancel an event or leave early, or miss out, or feel like they're letting their kids down.

Their coworkers down. Boy, that guilt just rushes right in there and people feel that they are not handling it well enough. But we're talking about a kind of neurochemical storm of pain, sometimes nausea, sensitivity to light, sound, smells, fatigue, cognitive interference, difficulty thinking. This is rough. This is really rough. And this is not easy for anyone to get through.

And yet the depression monster over here is going to say, well, this is your fault. You're too weak. You're not strong enough. You might this better, right? And self-talk from that depression monster is going to get going, right? Kind of get you in this spiral.

Lindsay Weitzel

Right? But I always say be gentle on yourself and go back and remember all the things you did do, like, oh my goodness. Like there's so many things I actually did accomplish today. and all I'm noticing are the things I didn't and, and I think that's such an important thing, because I feel like the migraine always just wants you to be so negative. it's just it's a monster. It's a beast. And that's what it does.

Dawn Buse

Very true. I really like the way you put that. I think be gentle on yourself, like you said, is such good advice. And I don't know that we can all do it, but I think we can be kinder to other people. so, I think, how would you talk to someone else who had a disease or a condition beyond their control?

They, you know, someone with a broken leg, a broken arm, someone is eight and a half months pregnant, someone who has seizures, someone who ate something else. I think we would say, oh, wow. You know, take care of yourself. Take it easy. You know, don't put that much pressure on yourself. We would understand for someone else going through a condition that was painful, where they were tired, or they were having difficulties.

And yet, when it comes to us, we often have really high standards. despite the fact that we're working through these attacks that are really coming from the neurochemical reaction in the nervous system.

Lindsay Weitzel

Right? So, something I've always noticed is that some of the signs of depression are things that just sort of go along with having chronic migraine like fatigue, aches and pains, difficulty concentrating, difficulty sleeping. Do you have any hints for people who are having trouble telling if their symptoms are due to depression, or due to the migraine in the pain itself?

Dawn Buse

Well, you tapped into a big research conundrum with Lindsay. So as headache doctors have gone around and around about this just how I said that depression migraine share several symptoms together. So do depression. I'm sorry. Depression anxiety share several symptoms. So, depression and migraine right. So, in fact the criteria for depression line up with many of the migraine symptoms you just mentioned.

Quite a few of them. how do we tell what it's coming from? It doesn't even matter. What are you from if it's all coming from serotonin and these chemicals and the and it causes both migraine and depression and maybe anxiety and maybe some other conditions.

is it all coming from the same place? Well, one way that we might be able to tease it apart a little bit is if someone is meeting criteria for depression, they have a depression diagnosis.

it's probably going to be present every day or most days. Whereas if it's really related to attacks and its symptomatology, it might travel more with attacks. Okay. And as a reminder the migraine attack is longer than just the headache phase. We have a pre headache phase the prodrome which could be a whole day of symptoms. Some people may have an aura.

Your headache phase may go as long as 4 to 72 hours. It's untreated and then you have a post-trauma post headache phase, which could be another 24 hours. One of those post-trauma symptoms is depression. Things have happened in your brain over that migraine attack that leave your brain in certain, neurochemical state that you might feel tired. Sometimes people will say kind of a hangover, kind of feeling kind of wrung out.

You might feel depression. You likely will feel some cognitive impairment. Actually, through all of the phases we looked at, when cognitive impairment happens both in the Camille study and the Michaelis study and found that it's commonly reported through all of the phases, the prodrome, the pre headache, the headache, the post. so, like you said, it's a little tough to tease apart where things are coming from.

but it might make people feel a little bit better. They think, oh, this is a symptom of my migraine. Not that I have depression. I hate the idea of having depression comes along with a lot of stigmata. Right? It rather than thinking this is a neurochemical reaction that's happening in the brain, in the nervous system, it feels like I'm personally not being as strong as I should.

Lindsay Weitzel

Yeah. and I also well, it's also interesting, I have noticed that there's been 1 or 2 times when someone will look at me and be like, how long have you been in your pajamas? And I'll be like. You know, and any,

you know, and I think about, I'd be like, am I feeling sad? Or is it because the pain's been higher than usual for two days, you know, and I don't know which it is, but that is one of the warning signs that I'm like, oh, okay.

I definitely am feeling worse than usual because I have been in my pajamas a little longer than I should. so, it's kind of like you do have to notice the things where whether you're starting to feel down or it's the pain or they go together, but it is it is funny. It's like, okay, well, maybe I'll change it to some other pajamas, you know, I don't know.

Dawn Buse

Yeah. We're going to have to do a pajama episode. I think pajamas are a bit of a hallmark of life with migraine or like, with depression. Yeah. And sometimes when getting cozy is absolutely the right thing to do.

Right, you're right, you're right. Those are real signs of depression. It's not really having the right to kind of get up and get dressed and get out of the house and do your hair and makeup and whatever it is you might do or

whatever it is, it makes you feel good about yourself and feel like you, whatever that is, is a sign of depression.

And interestingly, one of the homework exercises from cognitive behavioral therapy for depression is very much behavioral activation. Even though you don't feel like it, your homework is going to be getting dressed, doing whatever it is that you do to feel good about yourself, getting out and going to do something that feels like a pleasant activity, even if you don't want to do it right now.

So, fake it till you make it. You actually walk the walk of doing these things that you usually do when you're feeling better, when you're feeling like yourself, you do that in hopes that the mood will follow, right? It often does. There is magic in getting out of the house and getting into the sunshine and seeing people and doing your favorite hobbies, doing your favorite things.

It really, it is one of the therapies that we use to help people, get out of that depression cycle.

Lindsay Weitzel

Right. So, this is such an important question, and I think that everyone, wonders about it. And, and it helps to have it somewhat of an answer at least. Does depression make migraine worse and vice versa?

Dawn Buse

Yes, and yes. So, if things are getting worse, they both get worse together. So,

rates of depression among people with migrate are higher. When people have more headache days. they're higher. More people with moderate frequency, episodic migraine, higher frequency episodic

migraine left chronic have depression. So, when we look into a headache clinic, people who are seeking care for their migraine, and we look at those with chronic migraine, we're seeing about 50 to 80% meeting criteria for depression.

I don't want that to scare people. That sound a little scary, like, oh gosh, this is really this is really bad. but like we said, we they share symptoms. They share etiology.

as they would increase. It's very logical. They would increase together. The opposite good news is that all the studies show that as you improve migraine, as you lower the number of headache days, depression goes right down with it.

we have a study from we have studies from cognitive behavioral therapy. We have studies using CRP targeted maps. We have studies using on a baseline toxin A doesn't matter what the therapy as it looks like. If you can improve migraine, depression does tend to reduce with it right alongside. So yeah, they travel together. When we think about progression.

So, if someone who has episodic migraine one year then has chronic migraine in the future, the next year, that is related to not only having depression at all, but the severity of depression. So, if someone with severe depression and episodic migraine is much more likely than someone out to have chronic migraine the next year, so they're their migraines might be increasing.

However, with all these conversations, keep in mind it's probably not a chicken or the egg. There's something going on underneath that's causing both of those to go up together and turn them around. If we treat either one, the other one tends to get better, too. They tend to kind of travel together.

For why we need to treat migraine. We need to treat depression. We need to treat everything. Get everyone out there living their best life and feeling the best that they can.

Lindsay Weitzel

I think that's very important. And I, I'm guessing we have a lot of parents out there that have kids that also have migraine that are listening. And one of the reasons I ask that is, is in my family, we go daily so young, and my nine-year-old son has daily migraine. And it was really he's not doing well right now.

It was really bringing me down. And the one thing that was in my mind was that if I get down or if I get sicker,

who's going to take care of him? And so, I was I've been doubly focusing on taking care of my mood and my pain. I don't want either of those to get worse, because I have to be here for him.

so that was one of those things that was really on my mind. That's why I threw that question in there as, gosh, I've been thinking of the parents so much lately. It's, you know, your oxygen mask on first kind of a thing. We all have to keep our moods up. you know, and hopefully that helps keep our, our migraine better too.

Dawn Buse

Talk them through as a mother with migraine, you know, I try to get through yourself, but you're worried about your kiddos and

taking care of all that they need. People feel that way about their spouses. Or maybe they're caring for seniors, or maybe they're caring for an adult family member who needs who needs help.

and so not only are you trying to, like, hold on to your own life vest, they're you're, like, also caring for other people. Here's one good news. it is really helpful to lift some of those depression symptoms, to think about someone else, even to worry about someone else, to care about someone else. Whenever you kind of get out of your own head,

and focus on something else, you get busy, you get, yeah, you got things to get done, you have things to accomplish. It's actually helpful for depression. So, the fact that you're thinking of your child is only natural and very lovely.

but it kind of keeps you going. It keeps you on your track. It keeps you on your purpose and depression. And again, that helpless and hopeless depression steals away your purpose. It steals away your drive. You steal away your sense of confidence. something you can do that's opposite, right? It's really good for you.

Lindsay Weitzel

Right? So, let's talk about what works.

for depression in the setting of migraine. What helps bring us up? What are the best things we can do to help ourselves once we realize we're starting to go down? Or we do have these signs of clinical depression, as you mentioned. what can we do?

Dawn Buse

Well, a good place to start for everyone with migraine, whether they have depression or not, or everyone with depression with a migraine, are going to be that kind of, half a dozen healthy lifestyle habits. So, we talk about a lot. are you getting enough good quality sleep? I would say I'm not. I'd say most of us are not.

I'm a parent. I've got my kids waking me up all night. What can you do to improve your sleep? That can help a lot. I get, depression, anxiety, migraine, weight. It can help so many things.

are you exercising? And if you're not getting enough exercise, can you also, can you think about just. Are you moving enough?

You know, you think about exercise. Are you moving enough? Are you getting out? Are you taking walks? Are you working in the garden? Are you exercising? You got to move your body and that can be really hard with migraines and with pain and with depression. All those things are going to fight against wanting to move. You got to check on your movement, see if that's up to where it needs to be.

Are you getting outside? Are you getting sunlight? Are you seeing green spaces? Those are all really important for humans and animals. Those are important for every living creature. And we are living creatures. You got to get out and about, get the sunshine, see some green when you can. And if you live in a city, get out and breathe the air.

Look at the blue sky. Look at the little flowers in the in between the cracks in the sidewalk there. Try to get to some space that kind of feeds your soul. Are you. How's your, your diet healthy enough? Are you kind of avoiding the processed foods, trying to keep the balance of the healthy fats? That's the number one.

An important kind of diet issue for people with migraines and also healthy for depression as well. Are you staying hydrated? So those are our big kind of lifestyle things that we talk about all the time. And we always talk about working with migraine or any type of headache disease. Are you managing stress. Always stop the waves from coming.

We can't control what's happening out there in the world or what happens to us. We can kind of try to control how we react to it.

What it does to us. And that's going to be something that we're going to work on in cognitive behavioral therapy. The mindfulness-based therapies. It's a lot of ways to work on that.

So those are the places to start. Check on your lifestyle habits. Do a little lifestyle check there. Are you healthy enough. What do we need to rebalance right. You have a deficit in any of those areas. You can talk to your primary care professional things like if you're not getting enough sleep or you're not getting of sunlight, it's winter and you're feeling the depression.

Come in there, your primary care professional, maybe get do some light therapy to do that at home. All sorts of ideas. from that, the next level the real go to is going to be the really scientifically validated therapies. There are some that help both depression and migraine like coaching behavioral therapy. The mindfulness-based therapies, there's two different kinds of mindfulness based cognitive therapy and mindfulness-based stress reduction acceptance and commitment therapy.

There's end. There's probably about six or so therapies that are all kind of in the cognitive behavioral therapy family. dialectic behavior therapy, I would say choose any of those that you're interested in, and you can find a provider, that sort of thing. Right. choose any of those in that family. They all have good evidence for improving depression.

And the CBT is going to do the behavioral activation, the stress management that helping us think about the ways that we think about and view the world, improving our coping skills. Even if you've done CBT before in the past, it's always good to get a refresher. Things in your life different now than where you were before. And you can go see someone who does CBT for depression.

They don't have to be a provider who see someone with migraine or other severe headache the way I do, and they can still teach you those skills and those concepts. You can still get the benefits.

A lot of benefits to both depression and migraine, as well as anxiety and other headache diseases. Right. And then the next level after that, and I'm going to say in order everyone do lifestyle, think about your therapies, your behavioral therapy.

and also, biofeedback too is terrific biofeedback and relaxation in those behavioral therapies. And then you can talk to your doctor about medication. And we generally like to not think of medication for depression or anxiety. long term. we think about them more short term because they can give someone and still some more hope, make things feel more manageable.

give them a little more energy, and they might be the right place to kind of start. They might help improve sleep and improve energy. Kind of get you feeling a little better. and then you can start working on some of those lifestyle healthy habits and the behavioral therapies. and generally, we're going to want to stay on those antidepressant medications.

You're going to give them a good three months to see, okay, they ramp up slow some of them so and make sure they work. And then you might talk to your doctor at intervals. You might check in at six months and nine months and 12 months. And for most people they're going to have an ending time.

And you can kind of come off, see how you're doing. And then if life happens and you go back on trying to titrate up and down, that's just fine. But that's think you'll work with your primary care professional, or you might work with a mental health care professional organization.

Lindsay Weitzel

Okay, so I'm glad you made the point about medications that, you know, if, if you go that route, you're not necessarily on it for life. So, I think that's something people are always curious about. But I'd like to go back to cognitive behavioral therapy, mindfulness-based therapies, for a moment. you know, people like to learn in different ways.

They also have differing access to professionals, etc. what about apps or books? Are these a good place to start?

Dawn Buse

Yes, absolutely. there are both books and apps. There are more and more, kind of mHealth or e-health being electronic or mobile health solutions all the time, including apps that might be on a computer or smartphone tablet, including reminders on wearables.

there are quite a few ways today that you can start learning a lot of these skills.

Start testing out things, incorporate in your life for a very reasonable cost, right? And of course, that's much easier and more convenient than having sessions with a health care professional. Now, if you get to a health care professional, that's really going to be probably the gold standard. You're going to get a longer time. It's going to be personalized for you.

so that's me. Really nice if that's a possibility. generally, for CBT you would see a psychologist for anywhere between 6 to 12 sessions, usually about 45 or 50 minutes at a time. Usually, you space them out by a week or two or so. And usually in between you have some kind of homework exercises. Okay. You will work on the behavioral activation, or you'll work on, checking in on your thoughts and changing your thoughts. work on your stress management strategies. So, it's an active approach.

but it has an ending. It is not on and on. It's targeted. It's time limited. You get in and you really focus on something kind of like training for a half marathon. You're really focused on specific goals, and then it ends and you kind of go on with your life. So,

that's a great option. And certainly, I would say to people, check out,

books and apps and, I have a favorite book that is a I think it's less than \$20.

It's a really reasonable price. It's called the stress reduction and relaxing Workbook. It's in about the fifth edition and it comes in a workbook. So, you actually fill things in. And if you go through it and you really fill it out, you will really learn a lot of what I might teach you. If you came and saw me for 12 sessions in my office, the workbook does a nice job of going through some of the big topic areas, right?

And there's also some wonderful workbooks by psychologists like Aaron Beck or, David Barlow that have done a really nice job of making CBT accessible through a very reasonably low price, or even maybe free at the library books.

Lindsay Weitzel

Right? I love that because I do think, you know, it's seeming like there's a longer and longer line to get into any sort of professional anymore. And so, you know, if you want to start today, you can by, by, you know, downloading an app or reading. And then there is the Cadillac standard, you know, if you are able and you find someone to talk to. Awesome. so, but I love that we were able to go through all that. So, I hope.

Dawn Buse

Our psychologist I want to mention is Martin Seligman. And if you look for his website, which is called Authentic Happiness, he offers a whole range of questionnaires, not only challenges but also your strengths. Thinking about resilience, thinking about thriving. He's a professor. He's a past president of the American Psychological Society,

American Psychological Association. And he has a focus on strengths as well as what leads to depression. Exactly. And, you know, you heard me say helplessness and helplessness many times. It's actually his theory, actually, from about probably 40 or 50 years ago now, how we understand depression. So, he also has a great website that's worth checking out in some terrific books. So, so there are ways to get started. that may not take the same amount of time and cost if you're finding that is too much commitment right now to start out with a psychologist or mental health professional.

Lindsay Weitzel

Right. All right. Well, thank you so much. Is there anything else you'd like to add to our discussion today? Doctor views.

Dawn Buse

Yes. So, we talked about that depression is normal meaning it happens a lot with migraine. Don't be surprised and don't beat yourself up. but while it is common and typical, we don't want you to stay there. It is entirely treatable. There are many ways to move out of it. The gene therapy, medication, the healthy lifestyle habits and skills you can learn on your own.

So, you are feeling depressed. Please note that there are quite a few things you can do which will help you now. The trick is if you're not going to feel like doing them because that's what depression does. Yeah, but however, you can kind of feel that encouragement and stay connected to your purpose, whether it's a career you love or being a parent or being a partner or being the spouse or your volunteer work, remember what you're doing it for.

Now. Keep that goal in front of you and kind of push yourself through those early steps. And then as you start to feel better over time, it all becomes a little bit easier. So, when you're in it, it can feel very dark. But there are many crucial therapies which can help you. So please reach out, talk to your primary care professional, look on the NHS website. However, you get started. Just please get started caring for yourself.

Lindsay Weitzel

Okay, well thank you so much Doctor viewers, and thank you everyone for listening in this week. To head wise, please join us again next week. Have a wonderful day.