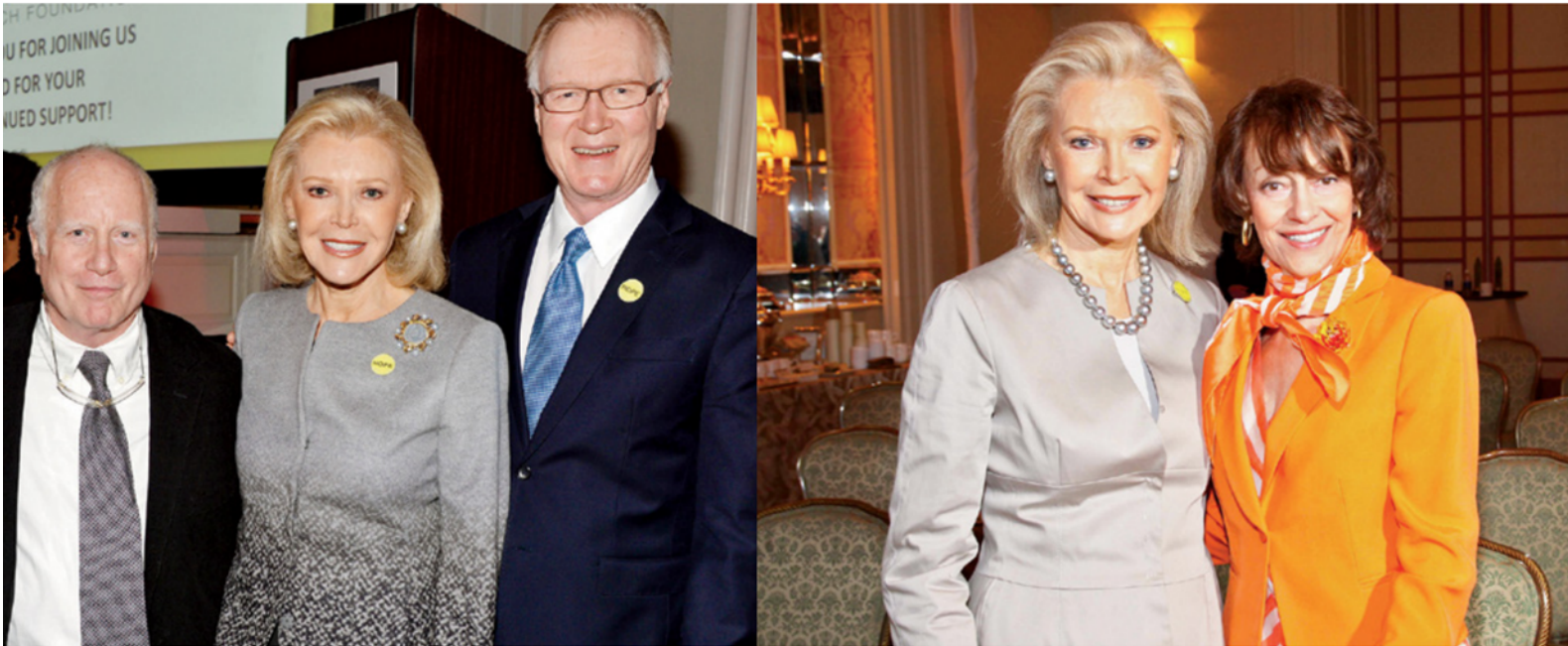


SHEDDING LIGHT ON THE MIND

BY LILY HOAGLAND



This page: Richard Dreyfuss, Audrey Gruss, and Chuck Scarborough at the 2013 Hope for Depression Research Foundation's HOPE seminar. Dreyfuss spoke about his experience living with bipolar disorder (left); Gruss and Evelyn Lauder at the 2010 HDRF Annual Palm Beach Scientific Seminar (right). Opposite page: With a background in science, Gruss seeks to delve into solutions for the treatment of depression.

AUDREY GRUSS WANTS to change minds, figuratively and literally, when it comes to depression. In 2006, she founded the Hope for Depression Research Foundation (HDRF) named for her mother, Hope, who had suffered from the mood disorder and died the year before. HDRF's mission is to fund cutting-edge scientific research into the diagnosis and treatment of depression. Five years ago, they launched the Depression Task Force, a collaboration of leading scientists who have developed a joint research plan, each executing a part of it and sharing results in real time on depression amongst themselves—a unprecedented approach. I sat down with Audrey to talk about her story and HDRF.

LILY HOAGLAND: What was your experience with your mother's depression?

AUDREY GRUSS: My mother had serious clinical depression. She was in her late 30s when she started having problems. It was very difficult years ago. This was something people kept hidden or didn't talk about—we were afraid and embarrassed, we didn't know what was going on, doctors didn't tell us much. She endured years of misdiagnosis and medication by trial and error. Often I would take her to the doctor to see how she was doing; I wanted to know as much as I could. But the doctors never said, "There's no real medical diagnosis for depression. There's no blood test, no



My all your
dreams
Come True

Love is the
thing
Giving
the
hearts
cheer.

Work
like you

Dance...
like no one is watching

Love...
we have never
been sorry



“I hope everyone that I’ve touched has come away thinking differently about what it is to have an emotional imbalance. It’s OK! You didn’t cause it. It’s a physical change in the brain, the way it is if you break your leg—but you can’t see it.”

This page: Brooke Shields and Gruss. Shields was honored by the HDRF for her efforts to erase the negative stigma that surrounds depression and using her influence to redirect biased thinking about the treatment of what is a medical illness.

MRI, that will tell us exactly what your mother has and what medication she needs.”

LH: What did you discover when you started researching?

AG: All the existing medications are the same out there: they are all variations of SSRIs and SNRIs. As I discovered more, I learned that all the medications only help 50 percent of people who have depression and need some kind of help. I was aghast. With my mother, every few months they’d try some new medications, and they’d give the impression that these medications were different. But in reality, these medications were simply versions of existing antidepressants, based on the same principle of serotonin and norepinephrine.

LH: So how did you think of the idea to start HDRF?

AG: After my mother passed away, I was stunned. I was very close to her. As I started digging further and further, I went to see other psychiatrists, other psychopharmacologists, and I was astounded to learn that there were no new medications since the advent of Prozac 27 years ago. At one point this light bulb went off in my head and I thought, “I can make a difference.” I thought that this was an area where maybe I could do some good, with my knowledge of science and a Bachelor of Science degree from Tufts. I have a tremendous

desire to let people know that this is something that we need, that nothing’s happening out there.

LH: Why do you think depression hasn’t gotten more attention and support?

AG: This fear of anything to do with the mind or mental illness. Psychotic people—those whose touch with reality is broken—represent only one percent of mental illness. And that one percent vision of crazy people dominates how people view mind-brain disorders. Depression and its related mood disorders, such as bipolar disorder and anxiety disorder, represent 99 percent of all psychiatric illness. Depression is so prevalent—as common as the common cold but far more serious—and yet still so misunderstood. I hope everyone that I’ve touched has come away thinking differently about what it is to have an emotional imbalance. It’s OK! You didn’t cause it. It’s a physical change in the brain, the way it is if you break your leg—but you can’t see it.

LH: What change in people’s attitudes have you seen since you started?

AG: Eight years ago, I don’t think people mentioned the word depression. I don’t think it was top of our minds because nobody put it there. This is humanity’s illness. This is now going to be the number one reason for disability by the next decade.



This page: Gruss and Dominick Dunne, who several times shared his struggle with depression and described his feelings of failure and even thoughts of suicide at times in his life at HDRF events. One of his sons also struggled with depression and finally sought help.

Nobody was really talking about it—it was still in the closet, it was still in the shadows. If there's anything I really know that we've done, we've put it front and foremost in a lot of people's minds. Now, we can speak openly about depression, where we would have been embarrassed or a little afraid to do that. There's so much less misinformation, so much more knowledge. Even the familiarity with the word and the ability to say it is a starting point on getting more and more info out there, correcting the fears of anything to do with the brain and mind.

LH: How did the Depression Task Force start?

AG: When I first incorporated HDRF, we started doing research with many neuroscientists. As we evolved, we founded the Depression Task Force in 2010. This group of seven leading researchers, each a renowned pioneer in their field, came up with a mutual research roadmap based on what they thought was missing in the field. What wasn't the government funding? What could we do to move this along? Each is executing a piece of the research strategy in their own labs. What is unprecedented is the fact that they are sharing results in real time at a new HDRF Data Center. They have found areas of convergence that are leading to new genes and new antidepressant molecules. This model of working together will have an impact on the entire field of neuroscience.

LH: What are some of the statistics we should know about depression?

AG: Most don't know that in the United States, depression is the number one cause of disability in ages 14-54. This is a debilitating illness that cuts people down in their prime. It knows no bounds—depression affects everyone, regardless of age, race, religion, education, or socioeconomic position. It is predicted to be the leading global health burden by 2030. Yet, while depression ranks as one of the top three worldwide health issues, it ranks 68th (out of 235) in the amount of federal funding it receives. HDRF's work is vital to make a difference.

LH: What's next for HDRF?

AG: At a time when government funding is shrinking and many of the large drug companies are withdrawing from brain research, HDRF answers an urgent need for leadership in the field. We are growing rapidly, and we look forward to engaging corporate leaders, in particular because the workforce is so significantly affected. We are the leading non-profit organization focusing solely on depression research and finding new treatments to bring hope to millions. We're striving to find out what causes depression and develop precision treatments so that these days of medication by trial and error are a thing of the past. ♦