

Welcome Rivelle!

Post by “Elayne” of April 4, 2019 at 6:14 PM

Elli, yes, there is a molecular basis to pleasure (and pain), and the molecules you mention are the final common pathway in a range of initial causes. For instance, hypothyroidism can result in depression/ loss of pleasure, and it is treated by giving the patient thyroid hormone. Heart disease can cause depression, as well as multiple brain disorders such as multiple sclerosis. The old division between psychiatry and neurology is false and probably needs to be removed. For instance, there is evidence for multiple factors in schizophrenia, including inflammation in the brain as a cause! I have seen some early research proposing to use anti-inflammatory agents developed for multiple sclerosis-- to treat schizophrenia. The brain is so fascinating.

We evolved to have social pains as a warning maybe the group was going to reject us, which would be dangerous to early humans-- emotional pain can sometimes be relieved with a regular pain reliever like ibuprofen!

One very important thing to remember is that the effectiveness of a treatment does not prove the original cause. For instance, strep throat is not a penicillin shortage and a broken leg is not a cast shortage. So some cases of lost pleasure can be treated with therapy, but that doesn't mean the cause was not biological. And some social injury loss of pleasure can be treated with medication.

And yes, Cassius, I think it is important that if people have loss of pleasure, they should see a physician for a thorough evaluation. Loss of ability to feel pleasure is a different thing from not currently getting a lot of pleasure. If someone still is able to feel pleasure, and has no other symptoms of depression, they may just need to plan their lives more effectively. But if they can't feel it even with an activity that used to create pleasure, this means something medical is going on-- depression or something else.

That is one of the things I do in my work-- I make sure to do a very thorough history and exam for my patients with mood symptoms. I have seen far too many children who were diagnosed with depression or the like and what they really had was something else, like sleep apnea. Once we fix the underlying problem, they can enjoy life-- then the thing to do is make sure to plan for pleasure!