

FamilyGrowth Reports

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Effective Treatments for Depression

Introduction

Mood disorders are a category of mental disorders “that have a disturbance in mood as the predominant feature,” and are generally divided into two primary categories: Traditional depression and manic-depression (American Psychiatric Association, 1994). In this report, I examine the effectiveness of various treatments for traditional depression, and I place primary emphasis on counseling, antidepressant medications, and herbal treatments. I examine and compare numerous research studies to better understand the effectiveness in treating such a common yet distressing disorder in our society.

Understanding Depression

Traditional depression, sometimes referred to as unipolar depression, is so named due to the person’s mood primarily fluctuating between periods of feeling normal and episodes of major depression, without any history of the person experiencing symptoms of manic behaviors. Depression is a common disorder affecting 19 million Americans each year (Golden, 2001). According to the DSM-IV, the lifetime chances of developing Major Depressive Disorder, the most common form of depression, is more common in women than men. Approximately 10% to 25% of women and 5% to 12% of men will develop this disorder. The typical signs of a depressive episode can include some, but does not have to have all, of the following symptoms:

1. **Depressed Mood** – Either by the person’s own admission or by the observation of others.
2. **Loss of Interest or Pleasure** – Is not interested in things he formerly enjoyed prior to experiencing the depression.
3. **Significant Weight Change** – Either has a weight loss or weight gain without intending to do so.
4. **Changes in Sleep Patterns** – Either sleeps more or sleeps less than she did prior to the depression.
5. **Changes in Activity Level** – Some people become very lethargic and don’t appear to move much at all, while others seem to have a “nervous energy” where they may pace, wring their hands, or fidget.
6. **Fatigue or Loss of Energy** – Does not have the energy to do what he typically did prior to the depression, and he may often report feeling tired with a desire to rest.

7. **Excessive Guilt** – Typically take on more guilt and responsibility for bad things happening than is realistic or appropriate. They routinely “beat themselves up” emotionally.
8. **Feelings of Worthlessness** – Finds it difficult to see or express value in themselves or their abilities. They tend to focus on only the negative, rather than a balance between the positive and negative.
9. **Difficulty Concentrating** – Has a difficult time focusing his attention and concentrating on the task at hand
10. **Difficulty Making Decisions** – Finds that making decisions, both trivial and important, as a very challenging if not impossible task.
11. **Preoccupation with Death** – Spends an increasing amount of time thinking about death, specifically as it relates to her own death, without it being a normal reaction to grief.
12. **Suicidal Ideation** – Spending time thinking about suicide, developing a plan for carrying out suicide, or actually attempting suicide.

(APA, 1994)

Lack of or ineffective treatment for depression can lead to severe distress and impairment in major life areas, and can also lead to suicide. Approximately 1.5% of all US deaths are attributed to suicide (“Suicide”, 2000), and it is believed that the vast majority of these are compounded by depression.

Treatment options for depression have been debated over the years by the various healthcare disciplines, such as psychiatry, psychology, social work, and others, and from what I see, I don’t expect this debate to end soon. Historically, depression was treated using various methods and techniques of counseling or talk therapy. When antidepressant medication was developed and found effective, the primary means of treatment and focus began to shift to medication management and genetics. Since the mid-1990s, there has been a popular shift in American culture to self-medication through the use of herbal remedies and vitamins. In this report, I will examine each of these three primary means of treatment in regards to their effectiveness in reducing the symptoms of depression.

Effectiveness of Counseling

The various forms of counseling or talk therapies are continually evolving, from what Sigmund Freud coined as psychoanalysis to what Scott D. Miller, PhD (personal communication, January 31, 2001) describes as asking “the miracle question.” The most commonly known varieties of talk therapy include psychoanalysis, cognitive therapy, and behavioral therapy, with each having innumerable variations. For those of you not familiar with the different counseling therapies, here is a quick description.

- **Psychoanalysis** looks for deep-seated issues typically from childhood that impact the person’s issues today.
- **Cognitive therapy** looks to change the way a person thinks with the goal of changing how a person behaves.
- **Behavioral therapy** looks to change the way a person behaves with the goal of changing how a person thinks.

Few studies have actually compared counseling therapy techniques directly. Rice (2001) examined 59 people seeking outpatient treatment for depression who were divided into three groups: a structured 12-week therapy group, a less structured brief supportive therapy group, and those remaining on a waiting list. While both treatment groups showed improvement over those on the waiting list, there was no significant difference between the treatment groups themselves (Rice, 2001).

Another study (Teichman, 1995) looked at cognitive therapy presented in two different methods: individual and marital. The study found that while both methods were effective in reducing depression in the long term, marital cognitive therapy was “somewhat more effective.” It appeared that including both the identified patient and his or her spouse in treatment has a significant impact on reducing the symptoms and effects of depression.

The most comprehensive study I found in writing this report (Marcotte, 1997) examined seven separate research studies from 1980 to 1994. These individual studies measured the effectiveness of various group therapy methods for treating adolescent depression. Twelve treatment methods that were reviewed include the following: role play, cognitive restructuring, attention-placebo, classroom controls, relaxation training, adolescent cognitive-behavioral, family cognitive-behavioral, self-modeling, social skills training, interpersonal therapeutic support, rational-emotive therapy, and structured learning therapy. While these studies suggested that short-term group therapy interventions were effective in reducing depression, there was no evidence that one therapy was more effective than any other (Marcotte, 1997).

In summary, it appears that when comparing various counseling methods, there is little evidence that supports the notion that one type of talk therapy is better at treating depression than the other. The major exception in this rule

appears to be including a spouse in the treatment of depression, which seems to make common sense.

Lambert and Cattani-Thompson (1996) took an interesting look at the effectiveness of counseling in general. Their review of the research literature also showed that counseling is more effective than no-treatment, and that there is little evidence that one therapy technique is superior to any other. However, they did notice something rather interesting in conducting their research. They found that in some situations a small percentage of the treatment subjects deteriorated while in therapy and that this deterioration may be due to the counselor and the counseling interventions.

Rather than comparing various counseling models, Lambert and Cattani-Thompson (1996) examined common factors from all counseling models that are associated with positive outcomes in treating the patient for depression. Lambert and Bergin (as cited in Lambert and Cattani-Thompson, 1996) identified several factors that fall under the categories of support, learning, and action (*see Table 1*).

A key finding regarding the treatment process is the importance of the relationship between the client and the counselor. While it may appear overly obvious to those seeking counseling that an exceptional good relationship between a client and counselor is needed for counseling success, this is not always obvious or even identified in the counseling profession. They found that those counselors, who demonstrated strong relationship skills from the “Support Factor” column in Table 1, tend to have clients who demonstrate success in resolving their counseling issues. Miller, Taylor, and West (as cited in Lambert and Cattani-Thompson, 1996) conducted 6- to 8-month follow up interviews with counseling clients, and found that “clients of counselors who rank highest on empathy had the most positive outcome.” Also in examining the issue of empathy, Lafferty, Beutler, and Crago (as cited in Lambert and Cattani-Thompson, 1996) found that counselors, whose clients typically were worse following counseling, scored lower on “empathic understanding.”

In addition, Lambert and Cattani-Thompson examined the literature for negative effects that counseling can have on the treatment process. Mohr (as cited in Lambert and Cattani-Thompson, 1996) identified that counselors who display disappointment, hostility or irritation toward their clients had clients whose condition appeared to deteriorate. Lambert and Cattani-Thompson cited several studies that associated an aggressive leadership style demonstrated by either a counselor or group leader with clients having deterioration as a result of the treatment experience. They also noted that ethical violations such as sexual relations between the client and counselor, violations of confidentiality, and refusing to continue treating a client often resulted in significant deterioration of the client.

In summary, it appears from numerous studies that whom you get as a counselor is more important than what you get in regards to specific counseling approaches. It appears that it would be very wise to investigate not only the

credentials but also the personality and ethics of any counselor before hiring them to help you with your depression.

TABLE 1 Common Factors Across Therapies That Are Associated With Positive Outcomes		
Support Factor	Learning Factor	Action Factor
Catharsis Identification with therapist Mitigation of isolation Positive relationship Reassurance Release of tension Structure Therapeutic alliance Therapist / client action participation Therapist expertness Therapist warmth, respect, empathy, acceptance, genuineness Trust	Advice Affective experiencing Assimilation of problematic experiences Changing expectations for personal effectiveness Cognitive learning Corrective emotional experience Exploration of internal frame of reference Feedback Insight Rationale	Behavioral regulation Cognitive mastery Encouragement of facing fears Taking risks Mastery efforts Modeling Practice Reality testing Success experience Working through
Note: From "The Effectiveness of Psychotherapy," by M. J. Lambert and A.E. Bergin, 1994. In A. E. Bergin and S. L. Garfield (Eds.), <i>Handbook of Psychotherapy and Behavior Change</i> (4 th ed., pp. 143-189). Copyright 1994 by John Wiley & Sons.		

Effectiveness of Medication

The field of pharmacology has exploded over the past decade in the treatment of various mental disorders including depression. At present, there are 103 new medications for mental disorders undergoing testing and clinical trials, of which 26 are for the treatment of depression (Golden, 2001). The general categories of antidepressant medications include tricyclic antidepressants (TCAs), heterocyclic antidepressants (HCAs), MAO-inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and serotonin-norepinephrine reuptake inhibitors (SNRIs). I realize that I may be losing some of you already with these specific terms and abbreviations, but each category of antidepressant attempts to treat depression in a unique fashion.

Because depression can be so unique, individualized treatment approaches are necessary for successful treatment of the person suffering from the disorder. An accurate and comprehensive assessment of the patient's medical history and depressive symptoms and the thorough understanding of both the therapeutic benefits and side effects of each medication are vitally important in effectively treating this disorder. There are a variety of interactions that can occur between antidepressants and other medications with a range of mild to serious problems. In addition, if the side effects of antidepressants are not carefully monitored, the patient can become uncomfortable to the point of non-compliance. For example, TCAs, MAOIs, and SSRIs have been known to cause problems with sexual dysfunction in some patients, as well as SSRIs can result in weight gain in long-term use (Rosenbaum, 2000). In addition, HCAs have the highest risk of oral health problems associated with dry mouth (Nidus Information Services, Inc, 1998).

Most of the research studies have compared antidepressant drugs on a one-on-one basis. Because of a multitude of individualist factors among patients, a broad comparative study of many drugs at once may not be possible. However, some interesting findings between various medications and groups of patients have been made. Kornstein et al. (2000) studied patients experiencing chronic depression and found that men responded better to the TCA imipramine, commonly known as Tofranil, and women responded better to the SSRI sertraline, commonly known as Zoloft. Nierenbert et al. (2000) studied the time it took for symptom relief to occur with fluoxetine, commonly known as Prozac. They found that more than half of those who did respond to the medication at 8 weeks started to respond by week 2, and over 75% start to respond by week 4. On the other hand, those who had not seen symptoms relief by 4-6 weeks had about a 73%-88% chance that they would not have symptom relief by 8 weeks (Nierenbert, 2000). Some studies have provided conflicting results in the elderly population. Rainey (2000) notes that some studies demonstrate that elderly depressed patients respond better to TCAs over SSRIs, while other studies suggest SSRIs are more effective because patients take the medication longer due to fewer side effects.

Anytime you examine medications, the issue of side effects needs to be carefully considered, if for no other reason, for the simple fact that if the discomfort level is too great the patient will stop taking the medication. Thompson, Peveler, Stephenson, and McKendrick (2000) studied 152 patients to measure any difference in how they took antidepressant medications, specifically their compliance in taking SSRIs and TCAs. While statistically there was not significant difference between the two drug

categories, there were a greater number of people being compliant in taking the SSRI.

In the world of managed health care, another method of measuring the effectiveness of an antidepressant medication is with the cost of treatment. Armstrong (1999) examined various studies to determine the total the cost of treatment between SNRIs, SSRIs, and TCAs. He found that the SNRI venlafaxine, commonly known as Effexor had the lowest cost: \$4,473 for outpatient and \$12,753 for inpatient treatment. SSRIs were the next least expensive with \$4,909 and \$15,447, and TCAs were the most expensive with \$6,686 and \$15,140 for outpatient and inpatient services respectively.

Many depressed patients receive a combination approach to treatment that includes psychiatrists or physicians providing antidepressant medications and counselors providing various forms of talk therapy. Andreoli (as cited in Rainey, 2000) conducted a study that included 74 patients who had sought outpatient services for urgent treatment of severe depression. The patients were divided into two groups in which one group received an antidepressant medication and psychotherapy, and the other group only received an antidepressant medication. The patients were examined a year after treatment and the differences were remarkable. Only 11% of the medication plus psychotherapy group needed additional mental health services for their depression following their initial treatment, where 49% of those who received medication alone needed additional mental health treatment. The financial savings between the two groups was approximately \$2000 per person.

In summary, it appears that a combination approach of antidepressant medication and some form of counseling may be the best treatment route for many who suffer from depression.

Effectiveness of Alternative Methods

The 1990s has seen a popular ground swell of the herbal and alternative treatment methods. Saint John's Wort, an herbal treatment for depression that has been popular in Europe for years, has become the magical silver-bullet of the herbal movement in the latter part of the 1990s. Many popular magazines have addressed the antidepressant properties of the plant (Anonymous, 1998), and some have gone as far as suggesting dosages. ("An Herb", 1998). In an interview with Michael Murray in Psychology Today (Anonymous, 1998), he states that "no significant side effects have been reported." However, his comment runs contrary to an article he published earlier (Murray, 1998) where he addresses the problem of "serotonin syndrome." Serotonin syndrome occurs when an excessive amount of the neurotransmitter serotonin accumulates in the gaps between nerve cells in the brain. Serotonin is the neurotransmitter most often linked with depression, and TCAs, SSRIs, and SNRIs are designed to increase serotonin levels, thus decreasing the symptoms of

depression. St. John's Wort functions in the same way as SSRIs do in increasing serotonin levels. If St. John's Wort is taken in too high a dosage or if it is taken in combination with an antidepressant medication, serotonin syndrome can result, which is potentially fatal (Chase, 2000). Common symptoms of serotonin syndrome include agitation, ataxia, changes in mental status, confusion, diaphoresis, diarrhea, excessive salivation, hyperreflexia, hypertension, hyperthermia, muscle rigidity, myoclonus, nystagmus, seizures, tachycardia, and tremors (Anonymous, 1997).

Scientists have also learned that St. John's Wort is metabolized by the same liver enzyme that also metabolizes some drugs used for heart disease and chemotherapy (Chase, 2000). Thus, it is possible for St. John's Wort to have an unforeseen effect on other medical treatments if the physician is unaware of the patient taking it for depression. A word to the wise would be to treat St. John's Wort at the strong medication that it is and to make sure any physician you see knows you are taking it and at what dosage. It may also be wise to allow your physician to prescribe your dosage rather than to rely upon those with little or no medical training.

Another alternative treatment for depression that is rising in popularity is omega-3 polyunsaturated fatty acids. Tanskanen (as cited in Rainey, 2000) found that there was a correlation between dietary fish consumption of the Finnish population and the symptoms of depression. His research involved 3204 adults taken from the general population, and found "that there was a 31% increased risk of depression in those who ate fish less than once a week." Tanskanen concluded that increased concentrations of omega-3 increased serotonin activity. As a result of this and similar research, there has been an increased interest in omega-3 dietary supplements among the general population.

Conclusion

In reviewing research findings, it appears that any treatment for depression is better than receiving no treatment at all. It appears that between the various talk therapies, the most important factor is for the counselor to provide a positive and empathetic environment in which the therapy will take place. While there appear to be factors that may influence the effectiveness of some antidepressant medications over others, a combined medication and counseling approach to treating depression appears to work best for most people. Finally, while herbal and alternative treatment methods are currently popular and place a level of control in the patient's hands, caution should be advised to avoid serious complications and drug interactions.

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