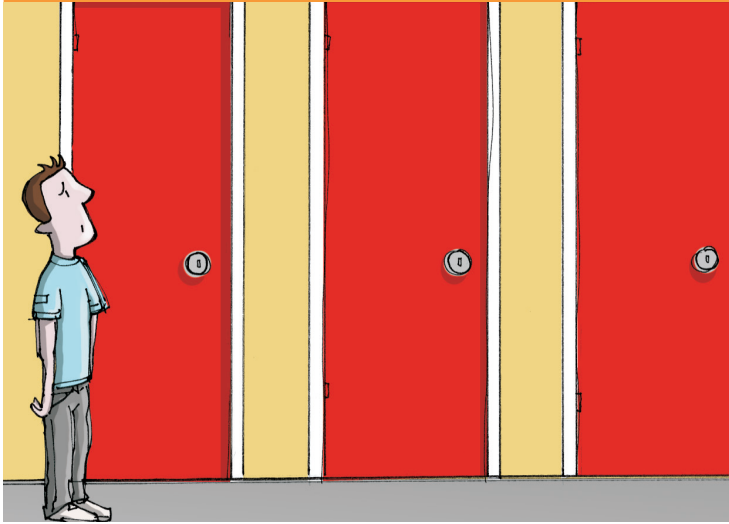


Treatments for depression



What this fact sheet covers:

- Types of treatments for depression
- Physical treatments
- Psychological treatments
- Self-help and alternative therapies
- Key points to remember
- Where to get more information

Types of treatments for depression

A large number of different treatments are available for depression and new treatments (particularly medications) regularly appear. Continuing research means that the evidence for how well a treatment works is always changing too. This Fact Sheet provides a brief summary of available treatments for depression.

At the Black Dog Institute we believe there are different types of depression, and that treatments should be selected according to the particular type of depression.

Depressions that are more biological in their origins (melancholic depression and psychotic depression) are more likely to need physical treatments (antidepressants) and less likely to be resolved with psychological treatments alone. Non-melancholic depression which is linked to psychological factors, personality characteristics and stressful life events, responds to both psychological treatments and physical treatments. See our fact sheet on **Types of Depression** for more information.

A. Physical treatments

The main physical treatments for depression comprise drug treatments and Electroconvulsive therapy (ECT).

1. Medications

There are three groups of drugs most likely to be used for depression:

- tranquillisers
- antidepressants
- mood stabilisers.

Tranquillisers

These medications are divided into 'minor' and 'major' tranquillisers. Minor tranquillisers (typically benzodiazepines) are usually not used in treating depression as they are addictive. Major tranquillisers are used to treat psychotic or melancholic depression to control psychotic symptoms.



Antidepressants

There are a large number of antidepressants – they have a role in many types of depression and vary in their effectiveness across the more biological depressive conditions.

Selective Serotonin Reuptake Inhibitors (SSRIs), Tricyclics (TCAs) and Irreversible Monoamine Oxidase Inhibitors (MAOIs) are three common classes of antidepressants, with the latter two having ‘broader’ actions (i.e. influencing more neurotransmitter pathways).

Health providers should be able to assess the type of depression, its likely causes and identify the best type of medication. It is also important to be aware that not all depressions require medication and will respond to psychological interventions alone. Furthermore, the use of medication in children and adolescents is generally not recommended as a first-line treatment option.

Mood stabilisers

These drugs are of great importance in bipolar disorder. Their use in treating mania makes them ‘anti-manic’, while their ability to reduce the severity and frequency of mood swings makes them ‘mood stabilisers’. Lithium carbonate, sodium valproate and carbamazepine are the most commonly used mood stabilisers. It is important to remember that people sometimes need to continue taking medication for some time after they are better to reduce the chance of a future relapse.

2. Electroconvulsive Therapy (ECT)

Because of its controversial past many people feel the need to think carefully before having ECT or allowing it to be given to relatives. Clinicians at the Institute firmly believe that ECT has a small but important role in treatment, particularly in cases of:

- psychotic depression
- severe melancholic depression where there is a high risk of suicide or the patient is too ill to eat, drink or take medications

- life-threatening mania
- severe post-natal depression.

While there are some short-term side-effects, ECT is a relatively safe procedure.

B. Psychological treatments

There are a wide range of psychological treatments for depression. The main ones include:

- cognitive behaviour therapy (CBT)
- mindfulness meditation
- interpersonal therapy (IPT)
- psychotherapy
- counselling.

CBT, Mindfulness Meditation, IPT, psychotherapy and counselling all provide either an alternative to medication for certain types of depression, or work alongside medication. As always, a thorough assessment of the person is needed in order to decide on the best combination of approaches.

1. Cognitive Behaviour Therapy (CBT)

People suffering from depression, particularly ‘non-melancholic depression’ will often have an ongoing negative view about themselves and the world around them. CBT shows people how their thoughts affect their mood and teaches them to correct faulty negative thinking. CBT can be very beneficial for some individuals who have depression but there will be others for whom it may not be helpful. For more information, access the free online program ‘The Mood Gym’ to learn cognitive behaviour therapy skills for preventing and coping with depression:
<http://moodgym.anu.edu.au>.



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2. Mindfulness mediation

Mindfulness is about being aware of what is happening in the present on a moment by moment basis, while not making judgements about whether we like or don't like what we find.

It is used to help people deal with some of the symptoms of depression including worry. See our Fact Sheet Mindfulness in Everyday Life for more information.

3. Interpersonal Therapy (IPT)

The causes of depression or our vulnerabilities to developing depression can often be traced to aspects of social functioning (work, relationships, and social roles) and personality. The goal of IPT is to help people understand how their vulnerabilities can lead to current depression or the risk of developing depression in the future. To find out more, read the research summary online: <http://www.blackdoginstitute.org.au/docs/IPTsummary.pdf>

4. Psychotherapy

Psychotherapy usually extends over several months or years during which a relationship is built up between a therapist and their patient. This relationship is then used to explore how events in a person's past have led to their current depression.

5. Counselling

Counselling encompasses a broad set of approaches and goals that are essentially aimed at helping an individual to solve long standing problems within their family situation, at work or to resolve sudden major problems (crisis counselling).

C. Self-help and alternative therapies

There are also a wide range of self-help measures and alternate therapies which can be useful for some types of depression, either alone or in

conjunction with physical treatments (such as antidepressants) or psychological treatments. The more biological types of depression (melancholic and psychotic depression) are very unlikely to respond to self-help and alternative therapies alone. However, these therapies can be valuable adjuncts to physical treatments.

Self-help and alternative therapies that may be useful for depression are:

- meditation – see our fact sheet **Quick relaxation techniques**
- relaxation and meditation techniques
- good nutrition
- alcohol and drug avoidance
- exercise – see our fact sheet **Exercise and depression**
- bibliotherapy
- omega-3 – see our fact sheet **Omega-3 and mood disorders**
- St John's Wort – see our fact sheet **St John's wort as a depression treatment**
- light therapy
- yoga
- acupuncture.

Where to get more information

Goodtherapy - Australian online mental health resource; website includes a Directory of Practitioners www.goodtherapy.com.au

Journeys with the Black Dog: Inspirational stories of bringing depression to heel, Tessa Wigney, Kerrie Evers & Gordon Parker (2007), Allen & Unwin

Medication information: www.nps.org.au

MoodGYM program - an online cognitive behaviour therapy program provided free of charge www.moodgym.anu.edu.au



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Key points to remember

- Different types of depression respond best to different sorts of treatment.
- A thorough and thoughtful assessment needs to be carried out before any treatment is prescribed.
- Treatments for depression include physical therapies (e.g. medications) and psychological therapies.
- Depression can resolve of its own accord but, if left untreated, may last for many months.
- Depending on the nature of the depression, self-help and alternative therapies can also be helpful, either alone or in conjunction with physical and psychological treatments.

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