



What this fact sheet covers:

- Physical treatments (medication, ECT and TMS)
- Psychological treatments
- Self-help & alternative therapies
- Key points to remember
- Where to get more information.

Introduction

There are many treatment options for depression - and new treatments (particularly medications) appear regularly. However, treatments vary in the benefits they may bring – clearly, selecting the most appropriate treatment is important. Continuing research means that evidence on how well a treatment works is constantly evolving. This fact sheet provides only a brief summary of treatment options for the depressive disorders.

At the Black Dog Institute we believe there are different types of depression - and the choice of treatment depends on the particular type of depression a person has.

Identifying the depression type is based on the presence of particular symptoms rather than the severity of the symptoms.

Once a decision is made regarding the depression type, there is a treatment pathway to follow that is specific to that sub-type.

The types of depression that are more biological in their origins (*melancholic depression, psychotic depression and bipolar depression*) require physical treatments and do not resolve with psychological treatments alone. On the other hand, half of all cases of the most common type of depression - *non-melancholic depression* - gain no significant benefit from antidepressants and are best assisted by psychological and other non-pharmacological interventions.

Physical treatments

The main physical treatments for depression are medication and Electroconvulsive Therapy (ECT). Another possible option is Transcranial Magnetic Stimulation (TMS).

1. Medication Treatments

There are four groups of medications most likely to be used for depression:

- Antidepressants
- Antipsychotics
- Mood stabilisers
- Augmenting agents.

There are several families of antidepressants – these have (i) differing roles in the treatment of the different types of depression and (ii) variations in their effectiveness.



In general, there are particular antidepressants that are more likely to be of benefit with particular types of depression.

Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin and Noradrenaline Reuptake Inhibitors (SNRIs), Tricyclics (TCAs) and Irreversible Monoamine Oxidase Inhibitors (MAOIs) – these are different classes of antidepressants (work in different ways and have different applications), the latter two have ‘broader’ actions.

At the Black Dog Institute we believe antidepressants are not equally effective in all cases – it is necessary to find the most appropriate antidepressant for each person (based on the type of depression).

A well-informed health provider would be able to use their assessment of the type of depression, its probable causes and their understanding of the patient to identify the medication most likely to be of benefit. There is a treatment plan (algorithm) to follow for each type of depression. For the biological depressive disorders (melancholic and psychotic depression), broader acting antidepressants are usually more effective. Bipolar depression is also a biological disorder, but requires a different approach.

Also, deciding when not to use medication is important, too.

Antipsychotics

This generally means the atypical antipsychotics – they are used in the treatment of psychotic depression and, not infrequently, melancholic depression (particularly as an augmenting agent). As well, they are used for their mood stabilising properties in bipolar disorder.

Mood stabilisers

These medications are used in the treatment of bipolar disorders – lithium, valproate, lamotrigine, carbamazepine and some of the atypical antipsychotics also act as mood stabilisers.

Although there is considerable variation in the effectiveness of individual agents, mood stabilisers are beneficial in (i) treating the current episode of depression and (ii) reducing the chances of a relapse in the future (prophylaxis). Generally, people should continue the medication for a period of time after the acute episode has resolved – and at times indefinitely.

Augmenting agents

In melancholic depression, when the antidepressant alone does not provide sufficient benefit, augmentation (adding another medication) may be indicated – commonly this is an atypical antipsychotic. A brief course (with only a low dose) may be all that is required.

There are other augmenting agents that can be used to ‘boost’ the effectiveness of antidepressants. They are too numerous to list here – and the indication for these agents varies depending on the circumstances.



Please note: Benzodiazepines are not helpful in depression - they are habit forming and can make the worse the depression.

2. Electroconvulsive Therapy (ECT)

Clinicians at the Black Dog Institute believe that when appropriately prescribed ECT has an important role in treating certain psychiatric conditions, particularly:

- Psychotic depression
- Severe melancholic depression (when there is a high risk of suicide, patient is too ill to eat, drink or take medications or medications are of no benefit)
- Severe mania
- Severe post-natal depression.

Although there may be some short-term side-effects, generally ECT is a relatively safe and, because an anaesthetic is used, not too unpleasant.

3. Transcranial Magnetic Stimulation (TMS)

In our view, the evidence in favour of this treatment is not yet in, but it is a major area of research at the Black Dog Institute and elsewhere. It may be a possible alternative to ECT. No clear evidence about its utility is expected for a number of years.

Psychological treatments

There are a variety of psychological treatments for depression – in non-melancholic depression psychological therapy may be the sole or major treatment (without medication being used). Some of the main ones include:

- Mindfulness therapy
- Cognitive Behaviour Therapy (CBT)
- Interpersonal Therapy (IPT)
- Psychotherapies
- Counselling
- Narrative Therapy.

The therapies may be an alternative to medication (in some cases of non-melancholic depression) or offered in combination with medication (when appropriately timed, this may be in any type of depression). As always, a thorough assessment of the person is needed in order to decide on the best approach.

Mindfulness Therapy

Mindfulness is a form of self-awareness training taken from Buddhist mindfulness meditation. It has been adapted for use in treatment of depression, especially preventing relapse and for assisting with mood regulation. It has been described as a state of being in the present, accepting things for what they are.



Cognitive Behaviour Therapy (CBT)

In any type of depression, people may have a persisting negative view about themselves and the world around them. Often, this negative mindset is indicative of how the person thinks about life. Their experiences are viewed through a negative prism and counterproductive thinking patterns become so entrenched that people are not aware of their errors of judgement (due to the irrational thinking) – there is an incapacity to assess issues in a balanced manner.

CBT aims to show people how the negative thinking patterns affect their mood – and how to challenge the negative thoughts. It is based on the understanding that thinking negatively is a habit, and, like any other unhelpful habit, it can be changed.

CBT is conducted by trained therapists either in one-on-one therapy sessions or in small groups. People are trained to look logically at the evidence for their negative thoughts – and subsequently adjust the way they view themselves and the world. The therapist will provide 'homework' to do between sessions. 6–12 sessions may be all that is required (but circumstances do vary).

CBT can be very beneficial for some individuals who have depression but there will be others for whom it is irrelevant or unhelpful.

Interpersonal Therapy (IPT)

IPT is a time-limited psychotherapy that focuses on the interpersonal context and on building interpersonal skills. It aims to change the person's interpersonal behavior by fostering adaptation to current interpersonal roles and situations. The underlying assumption with IPT is that depression and interpersonal problems are interrelated. Its emphasis is on interpersonal processes rather than intrapsychic processes (as seen in some other therapies)

The goal of IPT is to help people understand how these factors are operating in the person's life – not only relating to the current depression but, also, the likelihood of future episodes of depression.

The therapy occurs in three main phases:

- evaluation of the patient's history
- exploration of the patient's interpersonal problem area and a contract for treatment
- recognition and consolidation by the patient of what has been learnt and developing ways of identifying and countering depressive symptoms in the future.

6 –12 sessions is often all that is required.



Psychotherapies

Psychotherapy is an extended treatment (possibly for years) in which a particular relationship is developed between the therapist and patient. This relationship is important in exploring aspects of the person's past in great depth - and understanding what led to the current depression. Appreciating the link between past and present (this is called insight) is thought to resolve the depression and leave the person less vulnerable to future episodes of depression.

Counselling

Counselling is a generic term – it encompasses a broad set of approaches and goals. These include helping the person with problem solving – such as issues in the family or at work, and the problems may be longstanding or very recent (crisis counselling).

Narrative Therapy

Narrative Therapy is a form of counselling based on understanding the 'stories' that people use to describe their lives. The therapist listens to how people describe their problems as stories and helps the person to consider how their stories may restrict or limit them in overcoming their difficulties. It sees problems as being separate from people and assists the individual to recognise the range of skills, beliefs and abilities they already have (but may not recognise) and can apply to the problems in their lives.

Narrative Therapy differs from many therapies in that the focus is on identifying people's strengths and the 'positives' - particularly regarding situations mastered in the past. It seeks to build on their resilience rather than focus on any negatives.

Self-help & alternative therapies

There are a wide range of self-help measures and alternate therapies that 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, psychotic and bipolar depression) are unlikely to respond to self-help and alternative therapies alone. These interventions may be helpful adjuncts to the physical treatments.

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

- Meditation
- Relaxation
- Good nutrition
- Alcohol and drug avoidance
- Exercise
- Bibliotherapy
- Omega-3
- St John's wort
- Light therapy
- Yoga
- Aromatherapy
- Massage therapy
- Acupuncture.



Key points to remember

- A thorough assessment is required before any treatment is commenced.
- Identifying the type of depression is based on the particular symptoms described by the patient – not their severity.
- Within each type of depression there will be variations in the degree of severity of the symptoms.
- There is a different treatment regime (algorithm) for each type of depression.
- Sometimes depression resolves of its own accord – but if untreated it may last for several months.
- Treatments for depression include physical and psychological therapies.
- Depending on the type of depression, self-help and alternative therapies may be helpful - in conjunction with physical and psychological treatments.

Where to get more information

- See the Black Dog Institute website to read about the types of depression and various treatments - and many other topics related to mental health issues www.blackdoginstitute.org.au
- *'Dealing with Depression: A Common Sense Guide to Mood Disorders'*, by Gordon Parker, Allen & Unwin, 2004
- *'Beating the Blues: A Self-help Approach to Overcoming Depression'*, by Tanner, S. and Ball, J (1999), Tower Books, Sydney
- *Better Health Channel* – information on complementary medicine www.betterhealth.vic.gov.au
- *MoodGYM* program – an online cognitive behaviour therapy program provided free of charge by the Centre for Mental Health Research at the Australian National University www.moodgym.anu.edu.au
- *Goodtherapy* – Australian online mental health resource. Website includes a Directory of Practitioners, Public Forum, Calendar of Workshops and Book Shop www.goodtherapy.com.au
- *'Journeys with the Black Dog'*, edited by Wigney, T, Parker, G & Evers, K (editors), Allen & Unwin 2007. *Inspirational stories of bringing depression to 'heel', excerpts from the BDI writing competition*
- *'Navigating Teenage Depression: A guide for parents and professionals'* by Gordon Parker and Kerrie Evers, Allen and Unwin, 2009

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