In this section, we examine some of the alternatives and approaches that have helped people with mood disorders return to a normal life. After looking at an overview of some of the most prominent approaches, we'll take a closer look at the closely related approaches of cognitive behavioural therapy (sometimes simply known as "cognitive therapy") and psychoeducation, and then highlight the efforts being made by people with mood disorders to educate themselves, through the internet, and within the self-help movement. Then we'll focus in on emerging approaches, in particular on early intervention and prevention of mood disorders in youth and adults.

Treatment of Depression

Raymond W. Lam, MD, FRCPC

(This article is continued from page 5 although it can be read on its own).

Major depression is one of the most treatable conditions in medicine and there are many effective treatments available. Unfortunately, many clinically depressed people never get treated. There is still stigma attached to having a mental disorder that prevents many people from seeking help. Sometimes they do not recognize that their symptoms are treatable, and sometimes their depression is unrecognized by health professionals. An Ontario study found that 90% of clinically depressed people had seen a family physician within the previous few months, but only 50% received treatment for their depression. The other 50% were untreated; of these, half declined treatment due to stigma and the other half were "living with it." Even for the people receiving treatment, only a minority was receiving effective treatment for depression.

The objectives of treatment for depressive disorder are: 1) to reduce and remove the physical and psychological symptoms of depression, 2) to restore role function, and 3) to prevent relapse and recurrence of depression. In the past 20 years, a number of proven effective treatments have been studied. These include new antidepressant medications, specific focused psychotherapies such as cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT), electroconvulsive therapy (ECT), and light therapy.

Antidepressants

Antidepressant medications have been used for over 50 years and there are over 20 antidepressants currently available. The newer medications (the Selective Serotonin Reuptake Inhibitors, starting with Prozac in 1988) specifically affect different neurotransmitters in the brain. Not only are they as effective as the older medications, they are safer and have far fewer side effects. Unfortunately, there is no particular symptom or blood test that allows us to determine which antidepressant is best for an individual patient. The choice of an antidepressant is often based on the side effects that may occur. Regardless, about 75% of people improve when they take antidepressants for clinical depression. For instance, Alice, the lawyer we met earlier in this issue of *Visions*, was initially concerned about taking medications, but after using an antidepressant for a couple weeks, started feeling better. After two months, she was feeling almost back to her usual self and able to return to full-time work.

People are often uncertain about taking medications for their depression. They may discontinue the medications before they experience any benefits because they have unfounded negative beliefs about antidepressants. Five simple messages from the clinician to address some of these mistaken beliefs have been shown to greatly improve compliance to antidepressant medications (see Table 1 below).

Psychotherapies

Psychotherapies are also effective for treating clinical depression. There are many different types of psychotherapy, but the best validated treatments are "short-term" psychotherapies consisting of 12 to 16 sessions, once or twice a week. Several studies have shown that these psychotherapies are as effective as medications for some types of depression. Combination antidepressant and psychotherapy treatment may be most beneficial for people who are not responding to one or the other. Unfortunately, there is still limited access to these validated psychotherapies in the community.

Cognitive behavioural therapy (CBT) is based on the recognition that depressed people have negative thoughts and pessimistic thinking patterns that contribute to their depression. They may dwell on the negative aspects and discount the positive aspects of a situation, and will "catastrophize" when trying to problem-solve. These "cognitive distortions" result in learned maladaptive behaviours. In CBT, the depressed person learns to identify and test these negative cognitions and learns practical strategies to break the negative cycle. CBT involves keeping track of mood states and doing homework assignments to practice what is learned during the sessions. When Roger underwent CBT and learned to reverse his negative thinking pattern, his mood improved and he became more socially active.

Interpersonal psychotherapy (IPT) is based on the recognition that depression is associated with significant relationship problems that either predate and contribute to the illness, or that are consequences of having a

Table 1: Five Messages to Improve Antidepressant Compliance

1. Take the medications daily
2. The medications are not addictive
3. Antidepressants do not work immediately, and it may take two to four weeks before you start feeling better
4. Do not stop taking your medications without checking with your doctor, even when you feel better
5. Mild side effects are common, especially at the beginning of treatment, and will usually improve once your body gets used to the medication

clinical depression. IPT starts with a detailed assessment of current and past relationships and then focuses on the most pressing problem such as unresolved grief, social role disputes, social role transitions, or social isolation. Practical strategies are then learned to deal with the problem relationship. Sarah found that IPT helped her to focus on her marital issues and family roles. Once these were addressed, her depression improved.

Some depressed patients improve with antidepressants, others improve with psychotherapy, and still others need a combination of treatments to show most benefit. Again, we cannot yet predict who will do best with which treatment, and in some cases it is a matter of personal preference whether to take medications or to undergo psychotherapy.

Other Biological Treatments

There are, however, people with severe or difficult-to-treat illnesses who clearly require biological treatments. For some of these patients, electroconvulsive therapy (ECT) is often the best treatment. Contrary to the usual negative public perception of "shock therapy," modern ECT is a very safe and effective treatment for clinical depression. During ECT, an electrical stimulus is administered to produce a seizure in the brain lasting 60 to 90 seconds. A general anesthetic and muscle relaxants are used so patients are asleep, and there is no muscle response during the seizure. Patients are carefully monitored during the procedure and usually require about eight treatments over the course of three or four weeks. There are some side effects associated with ECT, in particular a temporary short-term memory disturbance for around the time when patients are getting ECT. Studies using detailed neuropsychological tests found that six months after a course of ECT, there were no intellectual or memory differences between those depressed people who received ECT and those who did not.

This procedure can be a life-saving treatment for patients who are severely suicidal or who have severe symptoms like psychosis. For example, Maria, the 72-year-old woman who was having hallucinations during her depression and was at high risk of suicide, recovered completely after receiving a course of ECT. ECT can be effective even when antidepressants have not worked, but it is an expensive treatment because it needs to be done in hospital. We recently reviewed ECT use at UBC Hospital. Of the 130 patients treated over a two-year period, 88% were rated as improved after ECT, compared to only 12% who had little or no improvement. Even though patients were rated only a week after the ECT was completed, only 6% of patients had troublesome memory disturbance.

Light therapy is another biological treatment for people with winter depression, a form of Seasonal Affective Disorder (SAD). Light therapy consists of sitting in front of a bright, fluorescent light box for about 30 minutes a day, usually in the early morning. About two-thirds of patients with SAD respond within a week or two to this simple treatment, although they need to continue light treatment throughout the winter. We don't know exactly how light therapy works, but the two main theories are: 1) that light affects the biological clock in the brain, which may have difficulty adjusting to the changing light levels in the winter, or 2) that light affects neurotransmitters like serotonin.

In summary, major depression is a very common illness in the general population and health professionals will certainly encounter many patients who are clinically depressed. Sarah, Alice, Roger and Maria illustrate the many faces of clinical depression that makes it challenging to recognize. The causes of major depression are not known but there are likely multiple biological and psychosocial contributing factors. There are many effective biological and psychological treatments for depression, and one can be optimistic that patients with clinical depression can feel better and recover to resume their normal lives. ■

Related Resources

Canadian Network for Mood and Anxiety Treatment (CANMAT) at: www.canmat.org

Depression Information, Education, and Resource Centre (DIRECT) Toll-free Public Line: 1-888-557-5051 (ext. 8000); Physician Line: 1-888-557-5050 (ext. 800) or go to www.fhs.mcmaster.ca/direct

Cognitive Therapy for Depression

Jane E. Brody

Betsy Jacobson of Brewster, NY, had grappled with the crippling effects of depression and a deflated ego almost her entire life. Reared in a domineering family with a controlling father, she was unable to fulfill her ambitions and use her talents as an actress. "I was scheduled to fail at everything I did," she recalled in an interview. Years of psychotherapy, including analysis, did nothing to ease her psychic pain — nothing, that is, until she began seeing a cognitive therapist. Cognitive therapy helps to improve people's moods and behaviour by changing their faulty thinking, how they interpret events, and talk to themselves. It guides them into thinking more accurately and realistically and teaches them coping strategies to deal with problems.

"He saved my life," Mrs. Jacobson said emphatically of her cognitive therapist. "At age 52, I was suddenly able to grow an ego. The difference in the therapeutic approach was dramatic, and the relief I felt was immediate. Instead of dwelling on the negative, which the other therapists did, and which only ground my ego further into the ground, the cognitive therapist treated me like a decent, respectable human being with valid feelings. A healthy sense of myself was drummed into my head while I learned how to change my thoughts and feelings."

"In midlife, I finally became a free woman, a person with self-respect," she continued. "I could start a brand-new life and do

things Betsy wanted to do, not just what my family wanted me to do." Although Mrs. Jacobson returns to the therapist occasionally for booster sessions, she said, she has acquired therapeutic tools she can apply on her own, in case she finds herself slipping into old patterns of thought or behaviour.

Cognitive therapy is, in most cases, a short-term treatment that can have long-term results. Typically, less than three months of weekly sessions can achieve therapeutic benefits that may take years to accomplish with traditional talk therapy. That alone suggests that cognitive therapy will enjoy an ever-widening role in the treatment of emotional disorders.

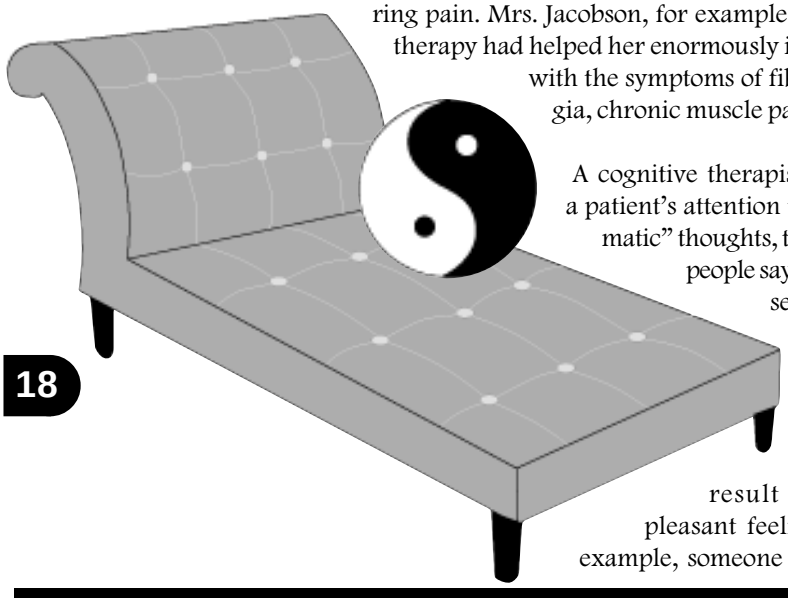
Many, if not most, people have no coverage for outpatient psychotherapy, and medical insurers and managed-care providers who offer such benefits usually strictly limit their duration.

Furthermore, studies have shown that the results of cognitive therapy are long-lasting, with relapse rates far lower than with other modes of treatment, including psychiatric drugs. And while medication is sometimes used, at least briefly, to relieve acute emotional disturbances and improve receptivity to therapy, most patients can be spared the side effects of drugs, which may include loss of libido (sex drive) and inability to function sexually, gastrointestinal upsets, sleep disturbances, and difficulty concentrating.

Reprinted from an article in the New York Times: *August 21, 1996.*

Mrs. Jacobson's experience with cognitive therapy is hardly unique. While no one approach to psychotherapy is suitable for everyone, many thousands of patients have benefited from the strategies unique to cognitive therapy.

In the 30-odd years since the approach was developed by Dr. Aaron T. Beck, a world-renowned psychiatrist at the Beck Center for Cognitive Therapy in Philadelphia, it has become the most scientifically tested form of psychotherapy. Independent studies have shown that cognitive therapy is as effective as medication and traditional psychotherapy in helping patients who suffer from depression, anxiety disorders (including panic attacks) and bulimia, according to professional analyses and a recent survey by Consumers Union. Cognitive therapy is also proving useful for patients with chronic or recurring pain. Mrs. Jacobson, for example, said the therapy had helped her enormously in coping with the symptoms of fibromyalgia, chronic muscle pain.



A cognitive therapist directs a patient's attention to "automatic" thoughts, the things people say to themselves that result in unpleasant feelings. For example, someone prone to anxiety attacks might automatically think, "I'm going to mess up," when taking an exam, participating in a social event, or being interviewed for a job. After failing such a challenge, the person may conclude, again automatically, "I'm a loser."

In therapy, the person is helped to recognize errors in thought, which include exaggerating the sense of threat, anticipating disaster as the likely outcome, overgeneralizing from one negative experience, and ignoring times when things went well.

Once damaging automatic thoughts are recognized, the person is helped to examine how realistic they are, consider alternative explanations, imagine other outcomes, and realize that the symptoms of anxiety are not the prelude to a heart attack or some other medical disaster.

A similar approach is taken with depression. Dr. Judith S. Beck, Dr. Aaron Beck's daughter and the current director of the Beck Institute, said depressed patients have continual unpleasant thoughts and that each such thought deepens the depression. Generally, however, these thoughts are not based on facts and result in feelings of sadness far beyond what the situation warrants.

"Depressed persons make such mistakes over and over," the Becks have written. "In fact, they may misinterpret friendly overtures as rejections. They tend to see the negative, rather than the positive side of things. And they do not check to determine whether they may have made a mistake in interpreting events."

Rather than delve into the origins of such negativism, cognitive therapists teach patients to identify their negative thoughts, recognize their mistaken nature and devise a corrective plan that leads to more positive assessments and an ability to deal more realistically with day-to-day problems. Dr. Frances M. Christian, a clinical social worker and cognitive therapist at the Medical College of Virginia, explained: "Thoughts and beliefs have a lot to do with how people feel and behave. Early in life, people develop core beliefs about themselves and other people and about how the world operates." For one reason or another, some people develop negative core beliefs that distort their interpretations of events and their predictions about their lives.

Christian said: "Because cognitive therapy focuses primarily on the present and is problem-specific, patients generally are not in therapy for a long time, and they learn coping skills they can use throughout their lives. Much of the learning takes place outside of the office. It's a self-help approach, and the therapist acts like a coach, helping the patient acquire coping skills."

Finding Help

The techniques of cognitive therapy can be applied in individual counseling and in group, family and couples therapy. The professionals trained in cognitive therapy include psychiatrists, psychologists and social workers. ■