



5 Myths About Unipolar Depression

Recent news stories such as Newsweek's "The Depressing News about Antidepressants" (published JANUARY 28, 2010) and "Antidepressant Drug Effects and Depression Severity" in the Journal of the American Medical Association (JAMA)(published January 6, 2010) have offered an inadequate picture of the seriousness of clinical depression, and for those with several depressive recurrences, the importance of preventing further episodes with long-term antidepressant treatment.

Instead, stories suggesting that pharmaceutical manufacturers and the doctors who collaborate with them are motivated by profits get more press. Articles published in prestigious medical journals are quoted widely with the most skeptical interpretation of the data and without a critical view of the limitations of the research.

The consequences of this distorted depiction of depression and its treatment are potentially dire for individuals' health. Some of the popular myths about depression deserve critical review so that patients can make more informed decisions about their own treatment.

Myth 1: Depression is all in your mind

This might appear valid, as depression is classified as a mental illness. But depression is not abstract, imaginary, or lacking a solid physical foundation. There is now overwhelming evidence that depression coincides with disturbances in multiple brain and body systems.

Numerous brain imaging studies have found that during depressive episodes, neural activity in the prefrontal cortex decreases in proportion to the severity of the depression, while overactivity occurs in several parts of the emotional brain, such as the amygdala. Meta-analyses indicate there is also a significant reduction in hippocampal volume during depression, and consistent abnormalities in physiology, the endocrine system, inflammatory cytokines, and blood levels of neuroprotective factors such as brain-derived neurotrophic factor (BDNF), which helps keep nerve cells healthy and is necessary for normal long-term memory.

Thus, depression is a disorder of the brain and body with potentially lethal consequences (both increased risk of suicide and marked increases in medical mortality).

Myth 2: Depression is over-treated

The large increases in prescriptions for antidepressants in the U.S. and England could suggest overtreatment. However, the facts are otherwise; depression is under-treated. Some 30% to 40% of major depressions are not treated at all, either with psycho-therapy or with medications. Evidence indicates that there is a "cohort effect" in the U.S., such that every generation (birth cohort) since World War I has had a higher incidence of depression and an earlier age of onset.

Even when depression is treated, many patients stop their medication pre-maturely and risk early relapse, and those with recurrent depression often fail to maintain long-term preventive treatment.

Follow us on



Myth 3: Antidepressant efficacy barely exceeds that of placebo

The meta-analysis published by JAMA claimed that the overall effect of antidepressant medication was weak, and that antidepressants failed to perform significantly better than placebo in milder forms of depression. However, of the hundreds of placebo-controlled studies of antidepressants in the literature, only 6 studies were analyzed in this meta-analysis, and two of these utilized sub-optimal doses of the antidepressant imipramine. Additionally, the meta-analysis excluded data from studies in which patients who responded to placebo were weeded out in an early stage. This may have artificially removed the difference between antidepressants and placebo in this meta-analysis.

Unfortunately the explosive promulgation of this article as a “new discovery” obscures the real story about the effectiveness of antidepressants in long-term prevention.

Myth 4: Because of the potential for side effects, antidepressants should be stopped as soon as possible

For patient with a history of two or three prior major depressions, antidepressant treatment should be maintained in the long term for prevention of future depressions. In 1992, John Davis analyzed studies in which people who were better on antidepressants were randomized on a double-blind basis to either continue the antidepressant or substitute it with a placebo. Maintaining antidepressant treatment cut the risk of a recurrence by about half – a huge effect – and the chances that the findings were due to chance (random variation) was statically minute ($p \leq 10^{-34}$). Similar studies after 1992 also concluded that antidepressants markedly prevent future depression (by 70% compared to placebo).

Antidepressants may also help protect the brain. They increase BDNF directly, prevent stress from decreasing BDNF in the hippocampus, and also increase the number of new neurons made daily. Yvette Sheline from St. Louis found that people treated with antidepressants more of the time did not exhibit decreases in hippocampal volume (as measured via MRI) as did people treated with antidepressants less of the time.

Myth 5: Depression is a minor medical problem

Depression is one of the top causes of disability worldwide, even more problematic than cardiovascular disease. It not only can impair patients’ performance in the arenas of academics, social life, and employment, but it is also associated with a 10-15% lifetime risk of suicide. In addition, if depression goes untreated, an individual can lose a decade or more life expectancy, primarily through the association between depression and cardiovascular disease.

Source:

Bipolar Network News, Vol. 14, Issue 3, 2010, pps. 4 and 5.