Part 5A-1 – Depression Prevention and Treatment

How best to prevent and best treat mental health disorders are listed below.

Research that studies the primary treatment options cover a broad range. As we interpret the research, the following approaches for us hold the most potential for recovery and healing.

- cardio exercise
- nutrition
- medications
- manage environmental/social stress inducers and reducers
- cognitive behaviour therapy and/or ADD therapy
- mindfulness, meditation, yoga, etc.
- transcranial magnetic stimulation

We offer the following for educational purposes only. Needless to say, everything must be approved by the person's primary care physician.

- **Having a Coach**
  A supporter, a friend, family member, or professional who will assist the person to stay committed to the treatment plan is essential. All of the following suggestions are best accomplished with someone who can objectively assess the recommendations from community treatment partners, and ensure adherence to the regimes.

- **Cardio Exercise**
  You will be hard pressed to find a study that does not strongly recommend daily cardio exercise. Dr. John Ratey, psychiatrist from Harvard Medical School (one of my former advisors regarding the treatment of Autism) has done an excellent job regarding exercise in his bestselling book **Spark.** It will also be important that as much as possible their 'coach' exercises with the person and ensures their daily commitment to this vital treatment component.

- **Nutrition** – work with a qualified naturopathic doctor or registered nutritionist to assess nutritional needs to:
  - prevent and treat GI infections;
  - identify food intolerances and eat accordingly, especially avoid refined sugars and simple carbs;
  - identify and treat imbalances of vitamins, minerals, amino acids, etc.;

- take supplements only as recommended by a professional but generally do not rely only on the MD to manage supplement needs.

- **Medications**

  A competent medication manager is also essential. Most primary care physicians will be adequate for a 'best guess' start up until a psychiatrist or a primary care physician who specializes in depression treatments can be found. The research varies but many studies indicate that almost regardless of the first medication that is trialed, once a therapeutic level is achieved an approximately 70% symptom reduction will be achieved.

  The options for trials are near endless with new medications being approved every year. Except for very hard to treat, over 95% depression/anxiety disorders eventually respond to medication. Except when there is an obvious negative reaction to a medication, the golden rule is to generally stay with each trial for a minimum of 8 weeks and in some cases 12 weeks.

- **Anxiety**

  Anxiety is most often part of the symptoms of depression. This most painful symptom can often be managed with 'fast acting' anxiety relief medication. While they are quite addictive, once the depression/anxiety is successfully resolved, researched withdrawal schedules are highly effective.

  Anxiety medications in general fall into two categories. PRN's (i.e. as needed) are used for unpredictable panic attacks or acute occasional short term/situational anxiety episodes. PRN medications such as Ativan, are generally fast acting but are only effective for approximately 4 hours to get through the crisis. These PRN medications are not recommended for ongoing daily use. When an anxiety disorder is ongoing, it is important to not treat this solely with a PRN medication, but with a medication that has an effective time of 25 to 30 hours (half-life) so that a daily dosing will ensure constant therapeutic levels.

- **Cognitive Behavioural Therapy (CBT)**

  While CBT and/or Attention Deficit Disorder (ADD) therapy can be an important part of a treatment plan, it must be offered by a therapist qualified and experienced in depression treatment.

- **Mindfulness, Meditation, Yoga**

  The research encourages mindful meditation and yoga as a complement to the treatment plan with the following qualifications. In general, it is not shown to be effective as a stand-alone treatment and has not been researched to significantly impact recovery for hard-to-treat depressions. The research is however very

favourable when treating low to moderate grades of depressions, and especially relapse prevention. Mindfulness benefits are significantly broader than only managing mental health disorders.

- **Transcranial Magnetic Stimulation (TMS)**
  TMS has been used quite successfully for over 10 years with depression including hard to treat depression. It is non-invasive and from studies published by the Center for Addictions and Mental Health (CAMH) can be a strong complement to most treatment plans.

Antipsychotic, Antidepressant and Anti-Anxiety Medications

Category	*Examples*
antipsychotics	haloperidol (Haldol), droperidol, pimozide, trifluoperazine, amisulpride, risperidone, aripiprazole (Abilify), lurasidone (Latuda), ziprasidone (Geodon), and asenapine (Saphris)
SSRIs	fluoxetine (Prozac), paroxetine (Paxil), citalopram (Celexa)
antidepressants	venlafaxine (Effexor), tricyclics, trazodone, desyrel, and mirtazapine (Remeron)
drug withdrawal	opioid withdrawal, barbiturates withdrawal, cocaine withdrawal, and benzodiazepine withdrawal
sedatives	benzodiazepine (Ativan, Lorazepam, Clonazepam)
serotonin syndrome	harmful combinations of psychotropic drugs

All of the above also cause akathisia – a painful movement disorder side effect.