

Depression and Combined Therapies

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Depression is a prevalent and serious illness. In the United States, approximately 4.9 percent of the population experiences depression.

Diagnosis

The diagnosis of depression is based on the following list of symptoms:

- depressed mood for a majority of the day;
- markedly decreased interest or pleasure in all or almost all activities for a majority of the day;
- significant unintended changes in weight or appetite;
- insomnia or hypersomnia;
- psychomotor agitations or retardation;
- fatigue or loss of energy, and feelings of worthlessness or excessive or inappropriate guilt;
- diminished ability to think or concentrate; and
- recurrent thoughts of death, suicide, or attempted suicide.

At least five of the above symptoms must be present nearly every day for a two-week period for a person to be diagnosed as experiencing depression.

Epidemiology and Risk Factors

The common factors that increase the likelihood of experiencing depression include: gender (women are twice as likely to experience depression as men); major medical illness; family history of depression; sleep disturbances; low socioeconomic status; and present stressful life events. In addition, individuals ages 15 to 24 seem to be at higher risk of presenting three or more depressive symptoms.

Patients with major medical illnesses experience depression at a rate higher than those who are relatively healthy. The prevalence of depression in the population of people with major medical illnesses is as follows:

<u>Condition</u>	<u>Percentage</u>
Alzheimer's disease	11-22%
Cancer	6-39%
Chronic fatigue	17%
Congestive heart failure	36.5%
Coronary artery disease	8-44%
Diabetes mellitus	11%
Fibromyalgia	18%
HIV/AIDS	4-35%
Multiple sclerosis	54%
Parkinson's disease	10-32%
Rheumatoid arthritis	12.5%
Stroke	22-50%

If used over a period of time, some substances may cause depression, including alcohol, amphotericin B, codeine, antihypertensives (reserpine, methyldopa, propranolol), baclofen, corticosteroids, cocaine, estrogens, histamine antagonists, and marijuana.

Classification of Depressive Disorders and Their Characteristics

1. Major Depression

1. melancholic features, older, experiences loss of pleasure, worse in morning
2. atypical feature(s), younger, anxious and vegetative
3. rapid cycling episodes (more than four per year)

1. Dysthymia

1. experiencing mild and long-term depressed mood, present more often than not for at least 2 years
2. poor appetite, insomnia, low energy, low self-esteem, difficulty concentrating, feelings of hopelessness

1. Bipolar Disorder

1. episodes of mania and hypomania
2. includes three or more of the following: grandiosity (inflated self-esteem), decreased need for sleep, feeling unusually pressured, rapid speech, racing thoughts, distractibility; increased goal-directed behavior, impaired judgment

1. Bereavement

1. reaction to the death of a loved one
2. affects mood, sleep, and appetite
3. usually lasts approximately 2 months

1. Affective Disorders Specific to Women

1. premenstrual dysphoric disorder
2. postpartum depression
3. menopausal symptoms

Prevention

Primary prevention should be directed toward individuals with risk factors. Tertiary prevention, which involves treatment of depressive episodes for at least 9 months, is essential in individuals who have had three or more episodes of depression.

Treatments

Psychopharmacology

In the human body, serotonin is synthesized from tryptophan and 5-hydroxytryptophan (5-HT). According to the biogenic amine theory, depression is due to a deficiency of monoamines, such as norepinephrine and serotonin, at certain key sites in the brain. Mania is envisioned as being caused by an overproduction of these neurotransmitters.

Almost all of these antidepressants affect the metabolism of serotonin, including:

1. selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine
2. 5-HT antagonists (nefazodone, trazodone)
3. tricyclic antidepressants (TCAs), such as bupropion and mirtazapine
4. monoamine oxidase inhibitors (MAOIs), which degrade norepinephrine, serotonin, and tyramine

Psychotherapy

Psychotherapeutic treatment of depression includes behavioral therapy, cognitive-behavioral therapy, and interpersonal therapy.

Behavioral therapy identifies problematic situations and behaviors, helps with social skill training, and increases pleasant activities (while reducing unpleasant ones).

Cognitive-behavioral therapy encourages a systematic change in negative thought patterns, requires patient monitoring of thoughts and negative thought patterns, and uses techniques for challenging maladaptive thoughts.

Interpersonal therapy teaches recognition of interpersonal function and dysfunction, and teaches improvement of coping skills through enhanced interpersonal functioning.

Mild-to-moderately depressed patients may still have enough motivation to have an interest in actively participating in their treatment. Patients who clearly identify their depression as a result of environmental stressors should be seen as strong candidates for psychotherapy, because it can provide a remedy specific to the problem.

Acupuncture, Herbal Therapies, and Changing Lifestyle

According to traditional Chinese medicine (TCM), depression is a condition that presents with both deficiency and excess symptoms. The bipolar type of depression is the most frequent depression condition seen by TCM practitioners.

Fatigue, loss of appetite, and low body weight are deficient symptoms. Postpartum depression is most often due to *qi* and blood deficiency. Women with menopausal symptoms usually experience yin and *qi* deficiency. Anxiety, agitation, mania, and obesity reflect the excess conditions of liver fire and phlegm.

The TCM practitioner should start to reduce the physical symptoms of depression, adjust the organ functions that affect the mental patterns of depression, and educate the patient on healthy lifestyle choices.

The Chinese herbal formulas of *bu zhong yi qi tang* (ginseng & astragalus formula), *gui pi tang* (ginseng & longan formula), and *suan zao ren tang* (zizyphus formula) are very helpful for patients with insomnia and fatigue due to *qi* and blood deficiency.

Acupuncture has shown positive results in pain management and stroke recovery, and some research has shown that it might change neurotransmitter levels in the brain. Acupuncture is very useful to patients with emotional insomnia, agitation and mania due to liver *qi* stagnation and liver fire hyperactivity.

The points on the scalp are the first choice in the treatment of depression. They are quite good at treating emotional agitation and insomnia. Frequently used scalp points in this type of treatment include *sishengcong*, *taiyang*, *yintang*, *anmian*, GB 8, GB 20, St 8, UB 7, UB 10, Du 20, and Du 24. Scalp points can be combined with the body points of Ht 7, Sp 6, St 36, LI 4, LI 3, K 3, and P 6. Fewer needles should be used for patients experiencing severe fatigue. The use of auricular (ear) points heightens the overall effectiveness of treatment.

The final goal of the treatment of depression is for patients to have a normal life and become independent from drug treatment. It is important to have as part of every treatment protocol for depression counseling in the need for physical exercise, lifestyle changes and proper nutrition. Physical exercise stimulates the sympathetic system and induces the secretion of norepinephrine. A normal diet (especially one with protein-rich foods) provides tryptophan, a material that synthesizes serotonin. Tryptophan is an essential amino acid, and like vitamins, is available in protein-rich foods. Endogenous neurotransmitters are very important for the recovery of depression.

Conclusion

Depression is a common mental disorder. Its causes are unclear. Acupuncture and Oriental medicine can play a unique role alongside other therapies in the treatment of depression. It is safe, stable, and more focused on physical changes of symptoms. Acupuncture has been shown to have multiple positive outcomes of a person on the physical, emotional, and mental levels. In order to clearly understand the effectiveness of acupuncture and Chinese herbs in treating depression, we need clinical trials, criteria of symptom changes, and organized scientific data. With an increase in reproducible clinical trials will come increased respect for

acupuncture and Oriental medicine in the treatment of depression from professionals in conventional medicine.

Reference

1. Levenson JL. *Depression*. Philadelphia: American College of Physicians, 2000, p. 8.



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