

exercise and depression

THERE IS NOW AN INCREASING EVIDENCE BASE THAT EXERCISE CAN BE USED AS PART OF A TREATMENT PACKAGE FOR INDIVIDUALS WHO SUFFER FROM SEVERE MOOD DISORDERS

Clinical depression (major depressive disorder or unipolar depression) is one of the most common psychiatric issues prevalent in the modern world. Attempts by health professionals to assess the incidence of depressive disorders across North American and European populations has proved problematic, though studies have shown the incidence of these disorders to be as high as 10% of the general population in any one year,¹ and that up to 17% of the adult population will be affected by depression at some time during their life.² The incidence of depression in developed countries is increasing rapidly, and The World Health Organisation has estimated that if the current trend in depression continues then depression will become the second leading cause of premature death and disability (after heart disease) in the developed world by 2020.

Treating depression places a huge burden on GPs and primary care staff – up to 30% of consultations relate to a mental health problem, and depression is the most common mental disorder found in community settings.³ Depression can range on a continuum from normal down periods to severe episodes that result in hospitalisation. An individual suffering from a major depressive disorder will typically feel sad, and overwhelmed, and typically loses interest in activities and relationships that previously had been pleasurable or important to them.⁴

Clinical depression has a list of diagnostic criteria compiled by the American Psychiatric Association.

Secondary symptoms – these are symptoms that are often reported but not usually taken into account in diagnosis:

- Self-loathing
- A decrease in self-esteem
- Inattention to personal hygiene
- Sensitivity to noise
- Physical aches and pains, and the belief these may be signs of serious illness
- Fear of “going mad”
- Change in perception of time
- Periods of sobbing
- Possible behavioural changes, such as aggression and/or irritability

Traditionally the treatment of depression has surrounded several key strategies: pharmacological, electroconvulsive therapy (ECT) and psychotherapies.

pharmacological

Selective serotonin reuptake inhibitors (SSRIs) are medications that increase the amount of the neurochemical serotonin in the brain (brain serotonin levels are often low in depression). SSRIs work by selectively inhibiting (blocking) serotonin reuptake in the brain.

SSRIs are generally well tolerated, and side effects are usually mild. The most common side effects are nausea, diarrhoea,

CATEGORY	CRITERIA
A	At least five of the following symptoms have been present during the same two-week period, nearly every day, and represent a change from previous functioning. At least one of the symptoms must be either 1) depressed mood, or 2) loss of interest or pleasure
A (1)	Depressed mood
A (2)	Markedly diminished interest or pleasure in all, or almost all activities
A (3)	Significant weight loss or weight gain when not dieting
A (4)	Insomnia or hypersomnia
A (5)	Psychomotor agitation or retardation
A (6)	Fatigue or loss of energy
A (7)	Feelings of worthlessness or excessive inappropriate guilt
A (8)	Diminished ability to think or concentrate
A (9)	Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or suicidal attempt, or a specific plan for suicide attempt
B	Symptoms are not better accounted for by a mood disorder due to a general medical condition, a substance-induced mood disorder, or bereavement
C	Symptoms are not better accounted for by a psychiatric disorder (eg schizoaffective disorder)

“Physical activity/exercise should be advocated as part of a treatment package of clinically defined depression”



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agitation, insomnia, and headaches.

Atypical antidepressants are so named because they work in a variety of ways. More specifically, they increase the level of certain neurochemicals in the brain synapses (where nerves communicate with each other).

Monoamine oxidase inhibitors (MAOIs) are the earliest developed antidepressants. MAOIs elevate the levels of neurochemicals in the brain synapses by inhibiting monoamine oxidase.

Monoamine oxidase is the main enzyme that breaks down neurochemicals, such as norepinephrine.

electroconvulsive therapy (ect)

In the ECT procedure, an electric current is passed through the brain to produce controlled convulsions (seizures). ECT is useful for certain patients, particularly for those who cannot take or have not responded to a number of antidepressants, have severe depression, and/or are at a high risk for suicide. ECT often is effective in cases where trials of a number of antidepressant medications do not provide sufficient relief of symptoms.

psychotherapies

Many forms of psychotherapy are effectively used to help depressed individuals, including some short-term (10 to 20 weeks) therapies. Talking therapies (psychotherapies) help patients gain insight into their problems and resolve them through verbal give-and-take with the therapist. Behavioural therapists help patients learn how to obtain more satisfaction and rewards through their own actions. These therapists also help patients to unlearn the behavioural patterns that contribute to their depression.

However, there is a well-evidenced treatment for depression that is currently underused in primary care. That option is exercise therapy, and it is increasingly available through organised referral schemes. Research has shown that exercise is associated with an antidepressant effect in clinical depression patients.⁶

Researchers have conducted meta-analytic reviews examining the use of exercise as a treatment for depression. These reviews examined the overall effect of exercise as a treatment programme, across a large number of relevant studies. The findings of the meta-analytic reviews stated that depression scores reduced significantly when the individuals were exposed to a structured exercise programme, suggesting that exercise does have an antidepressant effect.

The majority of studies advocated using moderate-intensity aerobic type exercise, though additional research has also shown that decreased symptoms of depression have been experienced after engaging in resistance training.⁷

Exercise, when used as part of a treatment package with individuals suffering from depression, has shown the following changes:⁸

exercise increases	exercise decreases
Academic performance	Absenteeism
Assertiveness	Anger
Confidence	Anxiety
Emotional stability	Confusion
Intellectual functioning	Depression
Internal locus of control	Headaches
Memory	Hostility
Perception Perception	Phobias
Positive body image	Psychotic behaviour
Self-control	Tension
Well-being	Helplessness

According to the National Institute for Clinical Excellence: “For patients with depression, in particular those with mild or moderate depressive disorder, structured and supervised exercise can be an effective intervention that has a clinically significant impact on depressive symptoms.”⁹

In view of this, there are several reasons for using exercise therapy as a first-line treatment in primary care:

- Exercise has far fewer negative side effects than antidepressants – indeed, it has a number of coincidental benefits, including reduced risk of heart disease, stroke, high blood pressure, some cancers, type 2 diabetes, osteoporosis and obesity.
- Exercise can be used to treat patients who have a mix of physical and mental health problems – it is a holistic care option.
- Exercise is a sustainable behaviour change. Once the exercise habit is learned, it can be integrated to form part of an overall healthy lifestyle.
- Exercise does not carry the stigma sometimes associated with medication or counselling.
- Exercise is a popular treatment – in one survey, 85% of people with mental health problems who used exercise as a treatment said they found it helpful.
- Exercise can give patients a sense of power over their recovery, which in itself counteracts the feelings of hopelessness often experienced in depression.⁹

According to the Chief Medical Officer: “Physical activity is effective in the treatment of clinical depression, and can be as successful as psychotherapy or medication, particularly in the long term.”

In its guidelines for treating depression, the National Institute for Clinical Excellence recommends that: “Patients of all ages should be advised of the benefits of following a structured and supervised exercise programme of typically up to three sessions per week of moderate duration (45 minutes to one hour) for between 10 and 12 weeks.”¹⁰

guidelines for practice

Physical activity/exercise should be advocated as part of a treatment package of clinically defined depression.

Health promotion campaigns aimed at increasing the level of physical activity in the population should include the prevention of depression as part of the rationale.

Exercise leaders, general practitioners and other paramedical staff working with depressed patients need in-service training on how exercise may have an antidepressant effect.

Pre-service training for doctors, psychiatrists, and clinical psychologists is required on the topic of the anti-depressant effects of exercise.¹¹ **fp**

