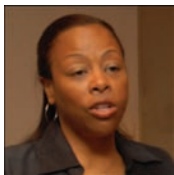


Nonpharmacological Treatment Options for Mild to Moderate Depression

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Depression affects approximately 14 million American adults each year. Researchers estimate that by the year 2020, depression will be the second leading cause of disability. Often drug treatment options can be ineffective or intolerable due to side effects. Current antidepressant therapies are not beneficial for at least a third of depressed individuals, leaving many with a lack of adequate treatment options.¹ The incidence of depression in patients with pulmonary arterial hypertension (PAH) is high. According to the REVEAL Registry, approximately 49% of 2070 adults with PAH were also diagnosed with depression.²

Depression is considered a state of mind or emotional state in which a person may feel anxious, sad, unhappy, worthless, guilty, unexcitable, etc. In most cases, depression is quite treatable with the use of counseling or medication. In more extreme cases, depression may lead to suicidal thoughts and actions, which will prompt a more aggressive approach to treatment.³ Almost all patients will have feelings of depression at some point in their lives; this is completely normal. It is when depression interferes with daily life that it is considered problematic.³ Patients with PAH who were medically disabled were more likely to report clinical depression (32% vs 17% respectively) than those who were not medically disabled.²

Depression, in its most acute forms, causes severe morbidity, has a high incidence of mortality, and requires aggressive treatment.⁴ While approximately two thirds of patients with depression are treated successfully with medication

alone, many patients do not respond to medication, have residual symptoms, or frequently relapse.⁵

The purpose of this article is to identify common nonpharmacologic therapies for the treatment of depression. Several suggestions that may be helpful in treating depression or keeping depression from progressing or recurring are summarized in Table 1.⁶

Patients with unipolar depressive disorders can be identified as meeting research diagnostic criteria or DSM-IV for major depression without mania or psychosis⁵ and scoring 14 or higher on a revised 17-item Hamilton Depression Rating Scale. These patients may be candidates for psychotherapy; ie, cognitive-behavioral therapy (CBT) or interpersonal therapy (IPT).⁷

CBT is a treatment process that helps

patients correct false self-beliefs that lead to certain moods and behaviors. The fundamental principle behind cognitive therapy is that a thought precedes a mood, and that both are interrelated with a person's environment, physical reaction, and subsequent behavior.⁵ IPT treatment clarifies and resolves interpersonal difficulties; ie, role disputes, social isolation, prolonged grief, and role transition.⁸

Open-ended questions can assist the health care providers (HCPs) in recognizing major depression disorders and initiating referral to a therapist who specializes in psychotherapy as treatment for depression. One such technique is BATHE, which is described in Table 2.

HCPs should inform patients that both pharmacotherapy and nonpharmacotherapy treatment for depression may be available.⁸ There are evidence-based data to support psychotherapy, such as CBT and IPT, in the treatment of certain types of depressive disorders. Further training

Table 1: Common nonpharmacologic therapies for the treatment of depression include but are not limited to:

1. Adding daily physical exercise	5. Journaling
2. Yoga or stretching	6. Regular human contact
3. Increasing the amount of sunlight exposure	7. Getting 7-8 hours of sleep per night
4. Eating a balanced nutritious diet	6. Reducing stimulants; ie, sugar, caffeine, or recreational drugs

Table 2: BATHE

Background —Ask open-ended questions to encourage open dialogue.
Affect —Ask questions such as “How do you feel about that?” to encourage the patient to talk about his/her feelings.
Trouble —Asking “What about the situation troubles you most?” helps the HCP elicit the meaning of a specific situation to the patient.
Handling —Asking “How are you handling that?” will help the HCP assess the patient's coping skills and level of functioning.
Empathy —Legitimize a patient's reaction to a situation by comments such as “That must be very difficult for you.” ⁸

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for HCPs treating patients with depression is recommended.⁵

In summary, because of the high incidence of depression in patients with PAH, further research is needed to determine the correlation of PAH and depression and treatment options for these patients.

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