

## What are the treatments for depression?

Whatever the severity of a person's depression, treatment should include learning new skills like problem solving and changes to lifestyle, like cutting down on stress, increasing exercise and physical fitness and not using alcohol or other drugs.

If the depression is moderate to severe, then two main treatments can be considered, antidepressant medication and psychological therapy.

### **Taking a medicine (an antidepressant)**

Depression involves changes in brain chemistry and can change the way people respond to their world. Antidepressant medicines can correct the imbalance of chemicals in the brain until such time as the natural balance is restored. There are many options with proven effectiveness and a particular medicine can be selected which best meets your needs.

### **Psychological therapy**

Talking with a health professional in a structured way has been shown to help relieve depression. This therapy involves a choice of one or more psychological therapies. The therapist aims to work with you on the way you react to circumstances and relationships. Two types of therapy have been shown to be most effective: Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT). These therapies should be conducted by professionally trained staff for the best results.

Some of these professionals might include clinical psychologists, GPs who have had training in psychological therapies, psychiatrists, social workers or other specialist mental health professionals.

## What will happen if I seek treatment for depression?

The following outlines what is likely to happen when you seek help and treatment for depression. When you first visit a GP or counsellor they will ask you questions about your symptoms, your current stresses and current supports, and some aspects of your past history, such as whether you have had a previous episode of depression. After this assessment, they will then provide information about depression and how you can best cope with it. If you wish, they can provide information for your family or friends.

Depending on the severity of your depression, your GP or counsellor will recommend:

- Use of a medicine (eg, an antidepressant)
- Use of a specific psychological therapy (eg, CBT or IPT)
- A mix of both psychological therapy and medicine.

Sometimes your GP may suggest you see a specialist (eg, a psychiatrist or another specialist mental health professional) if you need extra treatment, or recommend admission to hospital for a short period if the depression is severe or if there are concerns about your safety.

Following the initial visit, you should have at least weekly check-ups with your GP, nurse, a psychologist or counsellor (including by telephone). Your health professional will reassess your depression every six weeks for one year, or for three years if the depression is severe or if you have had depression before. These visits are to check on your symptoms and changes in your circumstances and to make any necessary adjustments in your treatment.

## How effective are different treatments?

The table below summarises information on the most effective treatments for depression. Many other treatments have been studied but have been shown to be less effective (eg, vitamins, exercise).

Treatment	Does it work?	Will it work for you? (some considerations)	Are there risks?
Selective Serotonin Reuptake Inhibitor (SSRI) antidepressant medication (eg, fluvoxamine, fluoxetine, paroxetine, sertraline, citalopram etc)	Yes	Some people feel agitated on SSRIs and you should tell your health practitioner if this happens to you	Concerns that they may prompt suicidal feelings have never been proven
Tricyclic Antidepressants (TCAs) (eg, imipramine, nortriptyline, etc)	Yes	These are more likely to be used if the depression is severe and/or another treatment has not worked sufficiently	Side effects more common than with SSRIs, especially early in treatment. Not suitable when some medical conditions are present. Dangerous in overdose
Venlafaxine – this is a Serotonin and Noradrenaline Reuptake Inhibitor (SNRI) antidepressant	Yes	Particularly useful when other treatments have been unsuccessful or for severe depression	Side effects more similar to TCAs
Cognitive behavioural therapy (CBT) – there are several versions of this form of psychological (talking) therapy	Yes	As effective as antidepressants for mild to moderate depression; may provide skills which reduce risk of relapse	Can be difficult to find an expert therapist. Requires considerable commitment by the person with depression
Interpersonal Therapy (IPT) – a particular form of psychotherapy that follows a treatment manual	Yes	As effective as antidepressants for mild to moderate depression	Can be difficult to find an expert therapist. Requires considerable commitment by the person with depression
Problem Solving Therapy (PST) is a form of CBT that looks at how you solve problems, not the problem itself	Yes	May be available in general practice as part of the support for mild and moderate depression	Not all GPs are trained in this treatment

## Other considerations when choosing between medication treatments

While all these antidepressants are equally effective in treating depression, they all cause some side effects. These differ between types of antidepressants (TCAs, SSRIs, SNRIs) and, to a lesser extent, between different ones of the same type. It is important to discuss how likely particular side effects are with your doctor when choosing a medication and to discuss your experience of these as your treatment progresses.

SSRIs are used most often, as they are less likely to cause side effects. However, some people find they cause nausea, particularly in the first week of treatment. Other side effects include difficulty going to sleep, nervousness, headaches and sexual problems, particularly delayed orgasm. Rarely, they can cause diarrhoea. Very rarely, they can cause extreme agitation, jerky movements, a high temperature and confusion – if this occurs, it is important to seek urgent medical attention, as people with this ‘serotonin syndrome’ can become very ill if they are not treated. This is more likely if SSRIs are combined with certain other antidepressants.

Side effects of venlafaxine may include nausea, reduced appetite, headache, sweating, rashes, agitation and sexual difficulties.

Side effects of TCAs include a dry mouth, blurred vision, constipation, difficulty urinating, sedation, sexual problems and weight gain. It is not a good idea to drink alcohol when depressed as it tends to worsen the depression. It also interacts with TCAs, increasing sedation.

If you are experiencing side effects, discuss these with your doctor. It may be possible to adjust the dose or change the medication to control them.

**All medications must be taken as prescribed by your doctor. You can discuss adverse side effects and interactions with other medications with your doctor or pharmacist.**