A LINE ON LIFE

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Therapy for Depression *

David A. Gershaw, Ph.D.

A reader wanted to know about treatments for depression. Coincidentally, last December, the *American Psychological Association (APA)* completed a three-year review of research on the common emotional problem of depression. Here are some of their findings.

Severe depression occurs repeatedly in about 2.5 million people in the United States. Depressed people have very little energy, and they lose interest and pleasure in essentially all activities. They also have feelings of helplessness, eating and sleeping problems and thoughts of suicide. About 15% of depressed people kill themselves, and many more make unsuccessful attempts.

Women are twice as likely as men to suffer from depression. This difference is predominantly caused by cultural and social factors rather than biological ones. These factors include "*physical and sexual abuse, unhappy marriages, poverty and a culturally sanctioned tendency for women to dwell on feelings of depression rather than act to overcome them*." Also, women are more likely to talk about their depression and seek professional help. (Since most of our data comes from these professionals, women show up more often in the statistics.)

Biological aspects also play a part in depression. For example, hormonal changes related to women's biological role in reproduction – menstruation, pregnancy, childbirth, and infertility – contribute to depression more with women.

Two forms of short-term psychotherapy seem to provide help for depression within several months. **Interpersonal therapy** deals with problems in relationships that lead to depression. It helps depressed persons to develop social skills to deal with these problems more effectively. In contrast, **cognitive-behavioral therapy** deals with the distorted thinking that leads to attitudes of helplessness and hopelessness.

The most commonly used drug to treat depression is an antidepressant called **imipramine** (pronounced "*ih-MIH-prah-meen*"). If carefully monitored, it can lift depression in a few weeks or months with relatively few negative side effects.

With her colleagues at the Pittsburgh School of Medicine, psychologist Ellen Frank studied some of these treatments. The subjects were 230 people who had experienced repeated depression for and average of 12-13 years. They all entered the study while currently in a depression. All were given daily doses of imipramine – about 200 mg. – and sessions of interpersonal therapy on a weekly basis. With this treatment, 98 women and 30 men – 56% of the subjects – were helped. The rest dropped out because of lack of improvement or intolerable side effects from the imipramine. These side effects included

dry mouth, blurred vision, weight gain, drowsiness, constipation, impotence and lowered blood pressure.

Once the depression has eased, the treatment needs to be maintained to prevent depressions from recurring. Of the 128 people who were helped initially, 28 merely continued on the same dosages of imipramine, 23 were only given placebo capsules (sugar pills), 26 got only monthly interpersonal therapy sessions, 26 others got the therapy plus placebos, and 25 got the therapy along with the continued daily dosage of imipramine.

Of the 53 who had imipramine – with or without therapy – 41 (77%) were free of depression over the three years of the study. In this study, the therapy did not show any clear advantage over the imipramine alone.
Of the 23 in the placebo only condition, only 5 (22%) did not have depressions during the three-year maintenance period. Of those clients who had interpersonal therapy without imipramine, about half remained well for the whole three years. So interpersonal therapy offers an alternative, if the drug needs to be discontinued as with women who become pregnant.

A fear of general practitioners – who see most of the severely depressed people – is intentional *overdosing and suicide*. However, in this study, there were no suicides, and there was only one suicide attempt. With careful blood monitoring, "*the danger of suicides and overdoses isn't what primary-care physicians have been lead to believe*."

This is not an issue of drug therapy versus psychotherapy – or whether psychotherapy is interpersonal or cognitive. Depending on factors in each case, one treatment or another – or some combination of treatments – can be helpful.

If you – or someone you know – is suffering from symptoms of severe depression, seek professional help as soon as possible. Sources of helps are listed in the yellow pages of your telephone directory under "*Physicians and Surgeons*" (even more specifically under "*Psychiatry, General*"), "*Psychologists*," and "*Psychotherapists*." In the white pages, *Behavioral Health Services, Catholic Community Services* and similar agencies can also provide help. However, nobody can provide any help – unless you ask for it! Call now!

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* Adapted from Bruce Bower's "A Melancholy Breach," *Science News*, 139 (4), January 26, 1991, pages 56-57.