

Asheville doctor looks at depression treatment breakthroughs for Mental Health Month

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GUEST COLUMNIST

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Clinical depression is one of the most common mental health problems, affecting more than 19 million Americans each year.

Depression is scientifically proven to be a brain disorder with decreased brain activity. A PET scan is used to compare brain activity during periods of depression with normal brain activity. Many believe depression is a mood disorder associated with sadness. It is much more than that.

Symptoms include decreased energy, fatigue, low self-esteem, pessimism, difficulty concentrating, lack of motivation, inability to fully enjoy activities and being unusually quiet compared to times when they feel well. Physical complaints may also include generalized aches and pains, abdominal pain, headache, weakness, weight loss or weight gain. People are often hesitant to admit feeling depressed.

Clinical depression is very treatable, with more than two thirds of those who seek treatment showing improvement. Nevertheless, treatment of depression can be challenging. Antidepressants do not offer sufficient relief for a large percentage of patients. Medications need to go to specific areas of the brain. Unfortunately, they go to other areas of the brain and throughout the body, where they can cause significant side effects.

Psychotherapy has value by itself or in combination with antidepressants. Combining the two offers some help, but many patients fail to respond adequately. With each passing month and each trial of antidepressant, the chances of a positive outcome decrease. By the fourth attempt it falls to only 7 percent.

Until recently, electroconvulsive therapy, or ECT, was the next option, offering relief for some 60 percent of the people for whom medications and/or psychotherapy fail. However, side effects with ECT include significant memory impairment in most

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patients and permanent impairment of memory in some.

With resistant depression, there is now evidence that adding L methyl folate – a form of folic acid not available in foods and most vitamins – may enhance response to other treatments. It is available by prescription.

Transcranial Magnetic Stimulation, or TMS, is a new breakthrough treatment and an excellent option now recommended by the American Psychiatric Association for people who have failed a course of antidepressants. TMS stimulates a major area of the brain that is underactive during depression. The brain then conducts the impulse to deep structures of the brain, resulting in “waking up” the underactive brain.

The treatment can be performed in an office setting without premedication. Treatments take about an hour and can be done during a lunch break. There are no major side effects, other than some initial scalp discomfort or headache. Individuals are able to return to their normal activity immediately after treatment. The good news is that, unlike ECT, the treatment has no adverse effects on memory or cognitive function.

Early treatment is more effective and helps prevent the likelihood of serious recurrences. If you know someone with the symptoms of depression, encourage them to see their doctor for help.

This is the opinion of William J Simons, MD, the Medical Director of the Park Ridge Center for Mood Disorders and the Park Ridge Partial Hospital Program in Psychiatry, and a member of the WNC/Buncombe County Medical Society.

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