

# TREATMENT OF DEPRESSION

## PSYCHOTHERAPY

“Talking” therapies help patients gain insight into and resolve their problems through verbal exchange with the therapist, sometimes combined with “homework” assignments between sessions. “Behavioral” therapist help patients learn how to obtain more satisfaction and rewards through their own actions and how to unlearn the behavioral patterns that contribute to or results from their depression. Two of the short-term psychotherapies that research has shown helpful for some forms of depression are interpersonal and cognitive/behavioral therapies. Interpersonal therapist focus on the patient’s disturbed personal relationships that both cause and exacerbate (or increase) the depression. Cognitive/behavioral therapists help patients change the negative styles of thinking and behaving often associated with depression.

## MEDICATION:

There are several types of antidepressant medications used to treat depressive disorders. These include newer medications-chieflly the selective serotonin reuptake inhibitors (SSRIs), the tricyclics, and the monoamine oxidase inhibitors (MAOIs). The SSRIs and other newer medications that affect neurotransmitters generally have fewer side effects than tricyclics. Sometimes the doctor will try a variety of antidepressants before finding the most effective medication or combination of medications. Although some improvements may be seen in the first few weeks, antidepressant medications must be taken regularly for 3 to 4 weeks and sometimes longer before the full therapeutic effects occurs.

For bipolar disorder, lithium has for many years been the treatment of choice for bipolar disorder, as it can be effective in smoothing out the mood swings common to this disorder. Its use must be carefully monitored as the range between an effective dose and a toxic one is small. If a person has preexisting thyroid, kidney, or heart disorders or epilepsy, lithium may not be recommended. Fortunately, other medications have been found to be of benefit in controlling mood swings. Among these are two mood-stabilizing anticonvulsants, carbamazepine (Tegretol) and valproate (Depakote). Both of these medications have gained wide acceptance in clinical practice, and valproate has been approved by the Food and Drug Administration for first line treatment of acute mania. Other anticonvulsants now being used are lamotrigine (Lamictal) and gabapentin (Neurontin). Most people who have bipolar disorder take more than one medication. The combination often includes a mood stabilizer and an antidepressant and may include medications for anxiety and sleep problems.