

Complementary & Alternative Therapies for Depression: What's the Evidence?



Sudha Prathikanti, MD
University of California, San Francisco
www.prathikanti.com/teaching

NIH DEFINITION OF COMPLEMENTARY & ALTERNATIVE MEDICINE (CAM)

Healthcare systems, practices, and products not presently considered to be part of conventional medicine.

- Complementary: together with conventional practice
- Alternative: in place of conventional practice



NIH CLASSIFICATION OF CAM



- Alternative Medical Systems**
- Ayurveda
 - Traditional Chinese Medicine
 - Homeopathy

Mind-Body Therapies

- Meditation
- Biofeedback
- Hypnosis and Guided Imagery

Biologically-Based Therapies

- Botanicals and Herbs
- Diet and Nutritional Supplements

Energy Therapies

- Reiki
- Qi Gong
- Magnets

Manipulative Therapies

- Massage
- Chiropractic

USE OF CAM IN THE UNITED STATES

- High rates of CAM use (36% - 42%) among general public
(Barnes, 2004; Eisenberg 1998)
- CAM use typically not disclosed to physicians
(Druss, 2000; Eisenberg 1998)
- Emotional distress predicts higher use of CAM
(Unutzer, 2000; Druss, 2000)
- Among the emotionally distressed, CAM use is *positively* associated with seeking conventional mental health care
(Roy-Byrne 2005; Kessler, 2001; Unutzer, 2000)



REASONS FOR CAM USE AMONG PSYCHOLOGICALLY DISTRESSED

- Resonance with philosophy of “holism” underlying CAM approaches
- Quality of caregiver time & presence
- Limitations of conventional mental health treatments
- Severity of mental health disorder may influence indications for CAM use



PREVALENCE OF CAM USE FOR DEPRESSION

- In surveys employing formal screening criteria for depression, CAM usage rates range from 13% to 22% (Wang, 2001; Unutzer, 2000)
- In surveys relying on self-report of “severe depression,” CAM usage rates range from 41% to 54% (Eisenberg, 1998; Kessler, 2001)
- As in general population, depressed individuals who use CAM are likely to be female, middle-aged, and better-educated (Druss and Rosenheck, 2000; Unutzer, 2000)



COMMONLY USED CAM MODALITIES FOR DEPRESSION



- Mind-body therapies 34%
 - Spiritual healers 10%
 - Manipulative therapies 8%
 - Herbs / supplements 7%
- (Kessler, 2001)

EVIDENCE BASE FOR CAM REMEDIES IN DEPRESSION

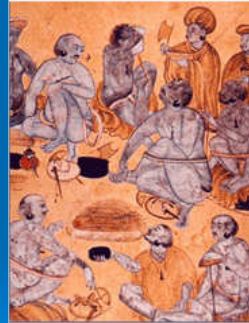
- HATHA YOGA
- MEDITATION
- TAI CHI & QI GONG
- ACUPUNCTURE
- MASSAGE
- HERBS & SUPPLEMENTS



HATHA YOGA

RCTs of yoga in major depression

- Yoga breathing may be comparable to TCA
- Yoga breathing & stretches superior to active control
- Yoga posture with rhythmic breathing superior to no intervention control
- Yoga postures superior to waitlist control
- Findings limited by methodological problems



MEDITATION

RCTs of meditation as adjunctive therapy in major depression

- Sahaja conc meditation + pharmacotherapy superior to pharmacotherapy alone in acute depression
- MBCT + treatment-as-usual superior to treatment-as-usual alone in preventing depression relapse among subjects with ≥ 3 depressive episodes

RCTs of meditation for depressive sx associated w/ primary medical illness

- Transcendental meditation superior to health education in decreasing depressive sx assoc w/ CHF
- Relaxation response superior to active controls in decreasing mood sx assoc with PMS/PMDD
- MBSR superior to waitlist control in decreasing depressive sx assoc with cancer diagnosis



ACUPUNCTURE

RCTs of acupuncture in major depression

- Three recent meta-analyses were unable to demonstrate consistent differences in depression outcome between subjects in the acupuncture group and those in the wait list, sham acupuncture, or TCA groups
- Studies included in these meta-analyses were limited by methodological problems
- In recent RCT with more rigorous design, laser acupuncture superior to sham laser acupuncture in mild to moderate depression



QI GONG & TAI CHI

RCTs of qi gong & tai chi in major depression

- Qi gong superior to reading group control among elderly depressed subjects; however, mood benefits not sustained at 4-wk f/u
- Tai chi superior to waitlist control among elderly depressed subjects
- Findings limited by methodological problems



MASSAGE THERAPY

RCTs of massage therapy for depressive sx

- Massage superior to progressive muscle relaxation and to yoga in reducing mood sx among post-partum subjects with probable major depression
- Massage superior to progressive muscle relaxation and to prenatal care alone in reducing mood sx among pregnant subjects with major depression
- Findings limited by methodological problems



HERBAL REMEDIES

St. John's Wort

- Six meta-analyses have examined two decades of RCT data on St. John's Wort versus placebo in depression: all suggest mood benefits of SJW
- In latest Cochrane meta-analysis (Linde, 2005), mood benefits of SJW over placebo appear limited to mild depression
- Four meta-analyses have examined St. John's Wort versus TCAs, maprotiline or SSRIs in depression: all suggest SJW comparable to medication
- Can St. John's Wort, standard antidepressants, and placebo be comparable in mood effects?
- In large NIH-funded trial, neither hypericum nor sertraline was more effective than placebo (Hypericum Study Group, 2002)
- Typical dose 300-600 mg TID (hypericin vs. hyperforin)
- Watch for photo-toxicity and herb-drug interactions



Hypericum perforatum

HERBAL REMEDIES

- Five small, double-blind RCTs have examined mood effects of saffron in mild-to-moderate depression; total of 190 depressed subjects were involved
- Saffron superior to placebo and equivalent to SSRI or TCA in mild to moderate depression
- Dose 30mg /day
- Side effect profile similar to SSRI
- No known drug-herb interactions
- These are promising data awaiting replication at other centers

Saffron



Crocus sativus

HERBAL REMEDIES

Rhodiola





Rhodiola rosea

- Many classified Russian studies conducted on rhodiola during Cold war
- Rhodiola enhances cognitive and physical performance under stress
- In recent RCT, rhodiola superior to placebo in mild to moderate depression
- Typical dose 300-900 mg/day for depression
- Caution with bipolar and post-MI patients

DIETARY SUPPLEMENTS

S-Adenosyl-Methionine (SAME)

- One of the most extensively researched dietary supplements for depression
- Meta-analyses consistently show SAME to be superior to placebo and equivalent to tricyclics in major depression
- No data comparing SAME to SSRIs
- 400mg-1600 mg daily by mouth
- Risk of mania, serotonin syndrome



DIETARY SUPPLEMENTS

Omega-3 Fatty Acids

- Worldwide, lower serum omega-3 fatty acid levels significantly correlate with higher prevalence of depression
- Recent review of RCTs identified 3 positive trials and 2 negative trials of omega 3 fatty acids (from fish oil) in unipolar depression (stronger data on adjunct therapy)
- Eicosapentanoic acid (EPA) appears more critical for mood benefits than docosahexanoic acid (DHA)
- Flaxseed oil also good source of omega-3 fatty acids, but no RCTs to date re: use in psychiatric conditions
- Typical EPA dose 2.5 gm/day
- Taking fish oil with food increases omega-3 absorption, but do not heat heat fish oil
- Vitamin E may help in vivo potency
- Caution with anti-coagulants and hi-dose NSAIDS




DIETARY SUPPLEMENTS

Folic Acid

- Folate deficiency appears significantly correlated with higher rates of depression
- Data from 2 RCTs suggest folate augmentation may improve response to antidepressant medication, even in absence of folate deficiency
- Folate (0.5 mg/day) may be important adjuvant to SSRI in treating women with resistant depression
- Folate may help prevent relapse during and after depression tx
- Watch for reduced efficacy of concurrent phenobarb/phenytoin

SOME LIMITATIONS OF CAM



- Quality of Care: often unregulated practice
- Quality of Product: less stringent monitoring
- Quality of Science: often unverified efficacy

INTEGRATIVE PSYCHIATRY



A healing approach that uses both conventional and complementary / alternative medicine to understand and treat psychiatric conditions.

RESOURCES FOR CAM EDUCATION



Websites

- CAM on PubMed
- Cochrane Collaboration
- NCCAM Website
- NIH Office of Dietary Supplements
- Herb Research Foundation
- American Botanical Council
- Consumer Lab

Journals

- Alternative Therapies in Health and Medicine
- Journal of Alternative and Complementary Medicine
- Integrative Medicine
- Evidence Based Complementary and Alternative Medicine