

Comparing Talk Therapy and Other Depression Treatments With Antidepressant Medicines

A Review of the Research for Adults



Is This Information Right for Me?

This information is right for you if:

- Your health care professional* said you have depression (also called “major depressive disorder”).
- You are age 18 or older. This information is from research on adults.

* Your health care professional may include your primary care doctor, psychiatrist, psychologist, other therapist, nurse practitioner, or physician assistant.

This information is not right for you if:

- You are in the hospital because of your depression.
- You are a mother, and your depression started slightly before or after you gave birth.
- Your health care professional said you have any of these conditions:
 - » Seasonal affective disorder (depression symptoms that happen only during the winter when there is less sunlight)
 - » Dysthymia (mild depression on most days for at least 2 years)
 - » Psychotic depression (depression that can cause you to see, hear, or believe things that are not real)
 - » Bipolar depression (depression with severe mood swings)

This summary will answer these questions:

- What is depression?
- What have researchers found about how antidepressants compare with talk therapy (also called counseling) and other depression treatments (exercise programs, acupuncture, and dietary supplements)?
- What should I ask my health care professional about treating my depression?

What is the source of this information?

This information comes from a research report that was funded by the Agency for Healthcare Research and Quality, a Federal Government agency.

Researchers looked at 44 studies that compared antidepressants with other treatments for depression. The studies were published between January 1990 and January 2015. Health care professionals, researchers, experts, and the public gave feedback on the report before it was published.

You can read the full report at www.effectivehealthcare.ahrq.gov/major-depressive-disorder.



Understanding Your Condition

What is depression?

Depression is an illness that involves the brain. Depression is different from feeling sad or down for a few days. If you are depressed, you may have symptoms almost every day. You may be sad, lack energy, or feel tired most of the time. You may not feel like doing activities you used to enjoy.

You may also:

- Have trouble thinking and paying attention
- Have trouble sleeping or sleep too much
- Eat too little or too much
- Feel hopeless, helpless, worthless, or guilty
- Avoid being with people
- Have thoughts about your own death, harming yourself, or suicide

Note: If you think about suicide or harming yourself, call your health care professional right away.

The **National Suicide Prevention Lifeline** is available at 1-800-273-TALK (8255), or go to www.suicidepreventionlifeline.org.

Medical experts are not sure what causes depression. It could be caused by changes in the chemicals in your brain, stress in your life, or other causes. Depression also runs in some families.

Depression is very common. In 2014, about 17.5 million adults (or 1 in every 14 adults) in the United States had depression that needed treatment.

Depression can be a serious health problem, but treatment can help.

Understanding Your Options

How do depression treatments compare?

There are many ways to treat depression. You may have to try several treatments before you find something that works for you. Your health care professional may first suggest an antidepressant medicine or talk therapy (also called counseling).

One type of talk therapy is called cognitive behavioral therapy. When researchers compared it with antidepressants as a first treatment for depression, they found:

- Cognitive behavioral therapy works as well as antidepressants to improve depression symptoms.

Two other types of talk therapy (interpersonal therapy and psychodynamic therapy) might also work as well as antidepressants, but more research is needed to know for sure.

Some other treatments for depression include exercise programs, acupuncture, and dietary supplements (such as St. John's wort and SAMe). These treatments may work as well as antidepressants, but more research is needed to know for sure.

This summary will cover each of the treatments discussed above, their possible side effects, and what researchers found. This summary can help you talk with your health care professional about which treatment or combination of treatments may be best for you.

What about treatments that are not in this summary? You may hear about additional treatments for depression that some people may find helpful. If any depression treatment interests you, discuss it with your health care professional.

What are antidepressant medicines?

Antidepressants improve the way your brain uses certain chemicals that control your mood and stress levels. Some examples of antidepressants include bupropion (Wellbutrin®), citalopram (Celexa®), fluoxetine (Prozac®), and venlafaxine (Effexor®).

Depression symptoms improve for three out of every five people who try antidepressants as their first treatment.

If you try an antidepressant, you should take it for at least 8 weeks to see if it will help. If the antidepressant does not help enough, you may need to try a different one. Some people need to try several antidepressants before finding one that works.

What are possible side effects of antidepressants?

The U.S. Food and Drug Administration (FDA) lists the following possible side effects of antidepressants:

- Nausea and vomiting
- Diarrhea
- Weight gain
- Sexual problems
- Sleepiness
- Trouble sleeping

More serious side effects are much less common. These include heart problems, too little sodium (salt) in your blood, and liver damage. Antidepressants can also cause a life-threatening reaction called “serotonin syndrome.” Serotonin syndrome can cause shivering, diarrhea, fever, seizures, and stiff muscles.

Never stop taking an antidepressant without first talking with your health care professional, even if you start feeling better.

WARNING: Antidepressants may raise the risk of suicidal thoughts or behavior in adults age 24 or younger. Families and health care professionals should closely watch people of all ages who start taking an antidepressant. They should look for symptoms that get worse, suicidal thoughts or behaviors, or other unusual changes in behavior.

What is talk therapy?

Talk therapy is a type of treatment in which you talk with a trained therapist. You may meet with the therapist one-on-one or in a group. Sessions are usually once a week. If you try talk therapy, you should have at least eight sessions to see if it helps.

Talking with a therapist about issues that have to do with your depression may upset you. You may feel angry, nervous, or sad. Working through these feelings may be part of getting better. It is important to tell your therapist if talk therapy upsets you or if your depression symptoms get worse.

There are many types of talk therapy. The chart below lists three types of talk therapy that researchers compared with antidepressants.

Type of Talk Therapy	How does it help?	Researchers found that as a first treatment for depression:
Cognitive behavioral therapy	You learn to notice your negative thoughts and actions so you can replace them with positive ones.	<ul style="list-style-type: none">■ Cognitive behavioral therapy improves depression symptoms as well as antidepressants.■ People are able to stick with cognitive behavioral therapy as well as they are able to stick with antidepressants.
Interpersonal therapy	You work on problems you have with people in your life and learn new ways to communicate.	<ul style="list-style-type: none">■ Interpersonal therapy and psychodynamic therapy may improve depression symptoms about as well as antidepressants, but more research is needed to know for sure. Only a few studies have been done on these types of talk therapy.
Psychodynamic therapy	You uncover deep feelings and past experiences to learn how they affect the way you feel and act now.	

A word about sticking with your treatment: Depression treatments may take several weeks to start working. When a treatment helps, you may need to stick with it for a while longer to keep depression from coming back. That is why it is important to stick with your treatment. Ask your health care professional how long you will need treatment. Be sure to talk about problems you may have sticking with it.

What are some other treatments for depression?

You may have heard of some other treatments for depression, such as those listed in the chart below. Always talk with your health care professional before starting any of these treatments.

Type of Treatment	About the Treatment
Exercise programs	Doing exercises a few times a week that make your heart beat fast, such as brisk walking or jogging
Acupuncture	Treatments from a trained therapist who inserts thin needles into your skin at certain points
Dietary supplements	Taking St. John's wort (an herb), SAME (a chemical your body makes, also called s-adenosyl-L-methionine), or fish oil (healthy fats, also called omega-3 fatty acids)

Only a few studies have been done on these other treatments as a first treatment for depression. The studies suggest that:

- Exercise programs, acupuncture, St. John's wort, and SAME may improve depression symptoms about as well as antidepressants, but more research is needed to know for sure.
- Fish oil does not appear to improve depression symptoms as well as antidepressants, but more research is needed to know for sure.

A word about dietary supplements: The FDA approves the quality and safety of all prescription and over-the-counter medicines. But dietary supplements—such as St. John's wort, SAME, and fish oil—do not need FDA approval. That means the label on the bottle may not tell you exactly what is in the bottle.

It is also important to know that St. John's wort and SAME can cause serious side effects when taken with certain medicines or other supplements.

What are possible side effects of these other treatments?

Type of Treatment	Possible Side Effects
Acupuncture	<ul style="list-style-type: none"> ■ Pain ■ Fainting ■ Dizziness ■ Nausea
St. John's wort	<ul style="list-style-type: none"> ■ Nausea ■ Dry mouth ■ Heartburn ■ Constipation ■ Swelling of the tongue ■ Sweating ■ Tiredness
SAME	<ul style="list-style-type: none"> ■ Upset stomach ■ Diarrhea
Fish oil	<ul style="list-style-type: none"> ■ Anxiety ■ A fishy taste in your mouth

What if my first treatment does not help enough?

If your first treatment did not help enough, your health care professional can help you switch to a different treatment or add another treatment to the first one.

Researchers looked at second treatments after the first treatment with an antidepressant did not work. They found that:

- For some people, switching to a different antidepressant improved depression symptoms. The type of antidepressant they switched to did not matter. Symptoms improved about the same with all second antidepressants.

Researchers also found the following about second treatments, but more research is needed to know for sure:

- Adding cognitive behavioral therapy to the first antidepressant appears to work about as well as adding a second antidepressant to the first one.
- Stopping antidepressants and switching to cognitive behavioral therapy appears to work about as well as switching to another antidepressant.



Making a Decision

What should I think about?

You and your health care professional can decide what might be best to treat your depression. But first, your health care professional needs to know how you feel about your depression and your treatment options.

Here are some things to think about. Be sure to share your thoughts with your health care professional.

- How is depression affecting your daily life?
- Which possible side effects from treatment concern you?
- How much time are you able to put into your treatment?
- How might the cost of treatment affect your decision?
- If you were treated for depression in the past, what helped?
- Which treatment feels like the best fit for you?

Ask Your Health Care Professional

- Which treatment or combined treatments do you think may be best for me? Why?
- How long will it take to know if a treatment is working?
- What do I need to know about possible side effects from treatments?
- If a treatment helps, how long would I need to continue it?
- How does the use of alcohol and other substances affect depression and its treatment?

Notes:

Source

The information in this summary comes from the report *Nonpharmacological Versus Pharmacological Treatments for Adult Patients With Major Depressive Disorder*, December 2015. The report was produced by the RTI International–University of North Carolina Evidence-based Practice Center through funding by the Agency for Healthcare Research and Quality (AHRQ).

For a copy of the report or for more information about AHRQ, go to www.effectivehealthcare.ahrq.gov/major-depressive-disorder.

Additional information came from the MedlinePlus® Web site, a service of the National Library of Medicine and the National Institutes of Health. The site is available at www.medlineplus.gov.

Some information also came from the report *Second-Generation Antidepressants in the Pharmacologic Treatment of Adult Depression: An Update of the 2007 Comparative Effectiveness Review*, December 2011. The report was also produced by the RTI International–University of North Carolina Evidence-based Practice Center through funding by AHRQ.

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