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Non-Pharmacological Therapies for Mild Depression

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Permission Page

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Department: Nursing

Degree: Master of Science

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Abstract

This research report has been presented to answer the question of how a patient suffering from mild depression can be treated using non-pharmacological therapies. It calls attention to the fact that pharmacological therapies have not been as effective as would have been expected and are accompanied by risks to the patient, which could even include death. Using secondary information from books, the research explores the different non-pharmacological therapies that are available to a patient suffering from mild depression. It identifies a guided self-help approach, psychological therapy, and structured exercises as the best approaches. In addition, it points out that complementary and alternative therapies should only be used as secondary treatment approaches. It concludes with the acknowledgment that mild depression can only be treated by either pharmacological or non-pharmacological approaches, with CBT offering the best approach. Treatment would target the symptoms to ensure effective management of mild depression.

Non-Pharmacological Therapies for Mild Depression

Background

Mild depression is a common medical condition that is more readily accepted today that it once was. In fact, it is considered as an anomalous emotional state that is described by inflated emotional states that include feelings of hopelessness, emptiness, worthlessness, dejection, melancholy and sadness that are not only inappropriate but are also out of proportion to the reality. Although the conditions are typically precipitated by traumatic events, the individual who suffers mild depression will find it difficult to express his or her feelings while exhibiting loss of joy and interest in previously enjoyable activities, sleeplessness, inability to concentrate in any activity, and a general lack of motivation. Non-pharmacological treatment of the condition includes guided self-help approach, psychological therapy, structured exercises, complementary and alternative therapies, and nutritional supplements and herbal remedies (Kuboki & Hashizume, 2011; Marchand, 2012).

At the core of raising the awareness of mild depression is the understanding that it is an ailment caused by brain chemical imbalances. Within the brain, some neurons transmit messages across synapses and between nerves. To facilitate that transmission, the brain produces chemical neurotransmitters that include serotonin, which may be deficient in individuals with mild depression. The implication is that message transmission within the brain is compromised, and the brain neurons are unable to function normally, resulting in the individual having little to no control over behavior, feelings, and thoughts. This individual develops a negative outlook on life Thus, treatment of mild depression will target the chemical neurotransmitters, seeking to increase their effectiveness and facilitate messages transmission within the brain. (Acton, 2013; Mukherjee, 2012).

Adams et al. (2008) report that pharmacological management of depression has significant side effects, which include dangerous drug interactions, cardiovascular, dermatologic, endocrine-metabolic, gastrointestinal, hematologic, neurologic, psychiatric, and reproductive problems. The more significant side effects include hospitalization and an increased risk of suicidal ideation. Many would consider these side effects far worse than their potential benefit of enhancing the patient's mood. This is not an ideal scenario since medical intervention is targeted at preserving life (Fournier et al., 2010; Glenmullen, 2005; Winster, 2008). As such, the following case study discusses the non-pharmacological treatment options that are available to the case of a patient with mild depression.

Case Report

Patient Name: J.M

Sex: Male

DOS 2/5/16

CC: "I have been feeling tired lately."

HPI: J.M is a 25-year-old African American male who presents with fatigue for the past couple months which has gotten worse over the past week. He states that he has lost pleasure from activities he previously enjoyed such as watching TV and sports. He has difficulty concentrating at work, and difficulty sleeping at night. He works at an automotive shop and after work, he comes home and goes straight to bed. Denies any recent change in his life that has been stressing him. Denies exertion with activities. Denies headaches, chest pains, palpitation, difficulty breathing or shortness of breath. Denies abnormal gain or weight loss. Denies loss of appetite, nausea or vomiting. Denies constipation. His last BM was two days ago.

PMH: Hypertension, Constipation

Allergy: NKDA.

Medication: Multivitamin daily, Metamucil daily

Surgical history: None

Immunization: Up to date, including influenza vaccine

FMH: Father has hypertension. Mother alive and health.

Paternal grandfather had a heart disease and hypertension

Psychosocial:

J.M is a 25-year-old a married with no kids. He works at the automotive shop as a mechanic. He has one dog which he takes for a walk in the park once in a while. He drinks 1-2 beers on weekends. He does not smoke or use illicit drugs. He does not exercise regularly.

Review of Systems:

Constitutional: Reports fatigue. Denies fever, chills, night sweats.

Head: Denies headaches, trauma, dizziness, or seizures. Eyes: Wears glass. Denies double vision, blurry vision or eye pain. Ears: Denies hearing loss, ear pain, tinnitus or vertigo. Nose: Denies congestion, rhinorrhea or epistaxis. Mouth and Throat: No sores, pain, or a sore throat. Neck: Denies masses, goiter or pain. CV: Denies chest pain, palpitation, edema, PND, or orthopnea. Respiratory: Denies difficult breathing, SOB, wheezing, sputum or hemoptysis

GI: Denies abdominal pain, acid reflux, nausea, vomiting, and constipation, and diarrhea, black or bloody stools. GU: Denies dysuria, hematuria, urgency, increased frequency or incontinence. Hematologic: Denies anemia, bleeding disorders or bruising. Denies lymphadenopathy

Musculoskeletal: Denies joint swelling, joint tenderness or stiffness. Neurologic: Denies a recurrent headache, syncope or a headache. Psych: Reports fatigue and lack of interest in pleasure activities. Denies anxiety.

Objective:

VS: BP 134/74, P 68, R 20, T 98.3. PHQ9-8

HEENT: Head: Normocephalic, atraumatic, symmetric, non-tender. Eyes: Sclera non -icterus, the conjunctiva is pink and moist. PERRLA, EOMI. Ears: No edema, lesion, or exudate. The hearing is intact bilaterally. Nose: Bilateral nares are patent. The septum is midline. Throat: oropharynx is without erythema and exudate. Oral mucosa is pink and moist. Neck: supple, non-tender. No lymphadenopathy or thyromegaly. The trachea is in midline without deviation.

Resp: Breathing is easy and regular. LS is clear to all fields. No wheezing, rales or rhonchi. No use of accessory muscles noted

Cv: Heart regular rate and rhythm. No murmurs, rub or gallop. No JVD or peripheral edema. Peripheral pulses are +2. Capillary refill is less than 2 seconds. Skin is non-cyanotic

Abd: Soft, non-distended and non-tender. Bowel sounds normactive in quadrants. No masses or organomegaly. There is no guarding or rebound with deep palpation. No CVA tenderness.

Msk: Moves all extremities. ROM is intact to all extremities. Gait is normal. No joint effusions clubbing or cyanosis. Skin is dry, warm and intact

Neurological: Alert and oriented x 3. Speech is clear and coherent.

Psychiatry: Flat affect

Labs:

CBC-Normal,

TSH-Normal

BMP-Normal

Differential Diagnosis:

Depression

Hypothyroidism

HTN

Anemia

Vitamin D Deficiency

Assessment:

Mild Depression

Plan:

1. Patient has been counseled to try nonpharmacological therapies such as exercise use, engaging in diversion activities, and share his feelings with his family support system
2. Will refer to a psychologist in 2 weeks if there is no improvement
3. Patient was counseled on HTN lifestyle modification such as diet and increasing physical activity
4. Return to the clinic in 2 weeks

Literature Review

A literature review was conducted in order to explore the benefits of using non pharmacological therapies in managing patients suffering from mild depression. A search was conducted using the University of North Dakota Harley French Library websites. Cochrane, CINAHL, PubMed, MEDLINE, EBSCO, Academic Search Premier, and ProQuest Medical databases were searched using the following medical subject headings or key words: mild depression, mood disorder, depressive symptoms, psychotherapy, non-pharmacological therapy, cognitive behavior therapy, complementary alternative medicine, nutrition, exercise therapy. The publication date was limited from 2005–2016. Studies were selected if they were written in English, and used non-pharmacological treatments for treating mild depression, including

individuals with depressive symptoms. A total of thirteen articles that met the criteria were included in this literature review

There is a lot of controversy surrounding the use of pharmacological therapies (antidepressant medication) in the treatment of mild depression (Penn & Tracy, 2012) This is because they are responsible for hospitalizing patients and even killing some from overdose thereby bringing into question their use when the side effects are far worse than their potential benefit of enhancing the patient's mood (Penn & Tracy, 2012). There are a variety of unpleasant side effects of antidepressants including anxiety, abdominal pain, dry mouth, headache, dizziness and fainting spells, nausea and gagging, excessive sweating, apathy, insomnia, somnolence, symptoms discontinuation, sexual difficulties, and an increase in weight. In addition, serotonin syndrome, epilepsy and convulsions, heart arrhythmia, menstrual disorders, parkinsonism, extrapyramidal disorders, headache, paraesthesia, vision disorder, congenital disorders, muscle and joint complaints, laboratory abnormalities, and rashes in the form of pruritus and urticaria (Lam et al., 2012; Glenmullen, 2005; Winster, 2008). Given that pharmacological therapies are potentially dangerous to the patient, it would be prudent to discuss the use of non-pharmacological therapies for the treatment of this patient's mild depression to arrest the condition while minimizing the occurrence of undesirable side effects (Whitaker & Cosgrove, 2015). Thus, the following sections discuss the non-pharmacological treatment options available for the treatment of mild depression, considering them as low-intensity interventions.

Guided Self-Help Approach

The first option available for the treatment of mild depression is the use of a guided self-help approach. This strategy involves providing the patient with the literature on the condition so as to improve his understanding and facilitate the development of a step program as part of the

treatment plan. It is designed as a self-administered intervention strategy whereby the health care practitioner who treats the patient introduces a range of reading material that has been derived from evidence-based interventions and designed specifically for the case. The practitioner then monitors the patient's use of the self-help reading materials, lending facilitative and supportive aid in helping the patient to achieve a higher level of awareness that enables control of mild depression symptoms (Carr, 2012; Curran & Wattis, 2008; Williams et al., 2013). Applying this strategy would entail offering the patient literature that informs him of his condition and how best to tackle it for positive outcomes. In addition, the patient can be assigned to a self-help group with other mild depression patients and facilitated by an individual who has been trained in facilitation, conflict management, and listening. The group would be linked to a medical facility that offers promotion, support, and resources for the patients while using a recovery focused approach with confidentiality policies.

Psychological Therapy

The second option that is available for the management of mild depression is psychological therapies such as cognitive behavioral therapy (CBT), counseling interpersonal therapy, music therapy, problem-solving therapy, psychodynamic psychotherapy, and reminiscence therapy. Firstly, CBT is a low-intensity psychosocial treatment approach that focuses on addressing the psychological symptoms on the understanding that eliminating them would effectively treat the condition. In essence, CBT works under the premise that the psychological symptoms expressed by the persons suffering from mild depression are all linked to the interaction between emotions, behavior, and thoughts. As such, specifically targeting emotions, behavior, and thoughts will reduce the psychological symptoms of mild depression (Orgeta et al., 2015; Smith, 2012). Applying the CBT approach would entail J working with a

therapist to identify and change the emotions, behavior, and thoughts that have been maintaining the depression symptoms.

Counseling is the skilled and principled use of relationships to develop personal resources, emotional growth and acceptance and self-knowledge. The principal goal of counseling is to ensure that the patient lives a fuller and more satisfying life. It achieves this goal by addressing and resolving inner conflicts, coping with crises, making decisions, improving interpersonal relationships, working through inner feelings, and resolving specific problems (DeRubeis, Siegle & Hollon, 2008). In the present case, the counselor's role would be to facilitate the patient's approaches to his depression while respecting his capacity for self-determination, personal resources, and values.

Interpersonal therapy is a time-limited plan that reduces the depression symptoms by improving the quality of the patient's interpersonal relationships. This would entail encouraging a positive therapeutic association that sees the patient express openly his opinion on the depression, how it has affected him, and how best to resolve the problem. Music therapy is a type of therapy where the patient is encouraged to engage in music making activities as a form of personal expression. Applying this approach would involve encouraging J.M to either play an instrument, sing or write songs that express his inner feelings and thoughts (Katona, Cooper & Robertson, 2012; Cuijpers et al., 2011; Smith, 2012).

Problem-solving therapy is a focused psychological intervention that involves the patient being taken through a series of defined steps that clarify the problems affecting the patient, what an ideal state would entail, and solutions on how to solve the problems and achieve the ideal state. Applying this approach to the case of J.M would involve clarifying his problems, identifying his desired goals, generating a list of feasible solutions to the problems, and

implementing the solutions with the aid of a therapist. Psychodynamic psychotherapy emphasizes the importance of building a therapeutic relationship that allows for transference and countertransference. Applying this approach to the present case would use both supportive and expressive elements to allow the patient to identify how past difficulties have built up to cause the mild depression, thereby permitting him to understand and change future outcomes. Finally, reminiscence therapy that progressively returns the patient to past experiences for re-evaluation. Using this strategy in the case of J.M would involve increasing his awareness of past experiences that shaped his life into its present form, with a view to re-examining and re-integrating salient experiences. This approach would allow J.M to place his past failures and successes in perspective, resolve lingering conflicts, and find a new purpose in life thereby relieving the depression (Arean et al., 2010; Bell & D'Zurilla, 2009; Katona, Cooper & Robertson, 2012; Smith, 2012).

Structured Exercises

The third option is the use of structured physical programs and exercises that have been documented to release endorphins that alleviate the depression symptoms. In addition, physical activities have been shown to divert the patient from negative skills even as he or she learns new skills. Physical activity has a tranquilizing effect since it involves body movement that expends energy that is above the resting level. In the present case, J.M would be included in physical activities such walking, gardening and domestic chores, all structured to ensure that he expands between 70% and 80% of his heart rate reserve and undergoes a lifestyle modification for healthy living (Carneiro et al., 2015; Ekkekakis, 2013).

Complementary and Alternative Therapies

The fourth option is the use of complementary and alternative therapies that include acupuncture, animal assisted therapy, homeopathy, massage therapy, and aromatherapy. Acupuncture is an anatomical procedure that involves stimulating the body using medical traditions that were originally practiced in the oriental countries of Korea, Japan, and China. Second, animal assisted therapy that involves using pets to act as companions to the depressive patient thereby ensuring that he or she is not lonely and can combat the depression symptoms. Homeopathy entails giving the patient highly diluted substances with medical capabilities that then trigger the body's system to mount a natural healing response. Massage therapy involves manipulating the ligaments, tendons and muscles causing them to relax and release body tension, reduce the perception of pain, aid blood circulation, and reduce anxiety. Finally, aromatherapy involves tapping the healing properties of essential oils extracted from plants by exposing the patient to them through breathing and skin contact. As their name suggests, this option will only be used to complement other approaches to imply that even if J.M uses these therapies, he will still have to use the other therapies (Sarris et al., 2012; Tyrer & Silk, 2008).

Nutritional Supplements and Herbal Remedies

The final option is nutritional supplements and herbal remedies. They are not licensed medication since they have not been subjected to the rigorous regulatory approval process that characterizes prescriptive pharmacological therapies. These include folate, St. John's Wort (*Hypericum*) extract, Selenium A non-metallic element (SAMe), inositol, polyunsaturated fatty acids, s-adenosyl-L-methionine, chromium, and ginseng. Given that the use of these natural supplements and herbal remedies are non-standardized and unsupervised, their use would only be considered as a last option in treating Josh's mild depression. This is because their use is accompanied by risks to the patient (Cautin & Lilienfeld, 2015).

Recommendations

Psychological approach, particularly CBT appears to be the best non-pharmacological approach in managing mild depression in the present case. This is because it is a low-intensity approach that focuses on the underlying conditions and symptoms thereby ensuring that the condition is effectively managed. Evidence drawn from the peer review support these sentiments, showing that by addressing the symptoms and underlying conditions, understanding that there is a close link between emotions, behavior, and thoughts. Therefore, the literature review has revealed that mild depression is best addressed by applying CBT by identifying emotions, behavior, and thoughts that have been maintaining the depression symptoms.

Learning Points

Important learning points are that:

- There are two principal treatment approaches applied in the management of mild depression. These are pharmacological and non-pharmacological approaches.
- Treating mild depression targets the symptoms and not the condition itself.
- The treatment approaches applied in the management of mild depression present a variety of risks that even include death.
- CBT offers the best non-pharmacological approach in managing mild depression.

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