

Depression

What is depression

The emotion of sadness can range from mild sadness to suicidal psychotic depression. Clinical depression is diagnosed by the presence of one of two core symptoms:

- dysphoric mood or sadness characterised by 'feeling blue'; and
- loss of interest or pleasure in almost all usual activities.

Major depression is defined as one of the above symptoms plus four other symptoms, such as sleep and appetite changes, agitation or slowing, poor concentration or indecisiveness, feelings of guilt or worthlessness, lack of energy, or recurrent suicidal thoughts.

Why is exercise important to consider as a treatment in depression?

Exercise appears to be as effective as medication in treating depression (7), but without the side effects such as dizziness, confusion and sexual dysfunction. Exercise is especially beneficial for older or frailer people (3). Compared to traditional depression treatment which includes.

What is the traditional treatment for depression?

Traditional treatment includes talking or problem-solving therapies, and optimising health and medications. Because exercise is an effective treatment with few or no side effects, it should be part of the usual care a depressed person receives, either on its own or in combination with other therapies.

What type of exercise are effective in treating major depression?

Weight lifting and aerobic exercise are effective in treating major depression. Studies show that about 60% of people halve their depression score by exercising, and more than 40% stay that way for at least three months. Analysis of many studies suggests that weight-lifting exercise may be more effective than aerobic activity (6). There is minimal evidence for recommending flexibility exercises (9–13, 14, 15).

Research recommends the following exercise guidelines (3):

- moderate-intensity aerobic training, such as walking, running or cycling at 60–80% of maximum heart rate reserve, for 30–60 minutes per session, at least three days per week; and
- high-intensity resistance training over 80% of 1RM (the maximum weight a person can lift for one repetition) in a progressively difficult manner, with three sets of eight repetitions, for one hour on three days each week.

Major improvements in depressive symptoms may be seen in six to eight weeks, which is a similar timeframe to seeing the effects of medication (9).

What are appropriate exercise settings?

Exercise is effective for treating depression in group, individual, supervised and unsupervised settings (7, 13, 15), although most studies included supervised exercise programs. People who exercise at home are more likely to continue their exercise routine than people who exercise at a centre, although body changes and exercise intensity tend to be lower in home-based training (7, 13).

Does exercise have an additive effect when combined with medication?

Exercise has a similar effect on depression as drug treatment, but does not seem to add to the effects of medication (11, 9). Exercise should be part of any approach to treating depression, and may counteract some drug side effects, such as reducing the risk of falling by strengthening muscles, and helping control body weight and blood pressure.

Are there other practical tips for treating people with depression?

Patients with depression are often very sensitive to criticism and need careful behavioural management. Those with high levels of physical pain are more likely to stop their exercise program. Patients' physical and psychological health should be monitored regularly. Exercise needs to continue over the long term and stopping treatment suddenly is not recommended.

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