

OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Peter Hobson

Natural Solutions for Depression: Part I

Dr. Hobson is concerned about the sharp rise in depression rates over recent years. Each year, more and more children and adults experience depression, and many turn to antidepressant medications that are loaded with side effects.

What triggered the increased incidence? Researchers theorize that everything from diet to stress to lack of exercise may play a crucial role. Fortunately, a wealth of scientific evidence indicates that, for many individuals, simple lifestyle changes can go a long way in reducing symptoms.

Doctors of chiropractic do not diagnose or treat psychological problems, such as depression. However, Dr. Hobson can share research revealing natural solutions with patients.

Quell Chronic Pain

Unrelenting pain is more than just annoying; it's downright depressing, and research proves it. Studies show that frequent or chronic neck or back pain is often accompanied by bouts of moderate to severe depression.

And drugs designed to mask the pain are no solution: Potential side effects may spawn even more problems. Why not stop the pain at its source? Chronic back and neck pain are often caused by a common malady called **vertebral subluxation**. It's a condition that oc-



curs when movement and spinal bones (vertebrae) are restricted. The good news is that Dr. Hobson eliminates vertebral subluxations with specialized and precise maneuvers called **chiropractic adjustments**.

While chiropractors do not treat depression, preliminary research demonstrates that chiropractic adjustments may ease depressive symptoms. "It has been long speculated that chiropractic interventions may affect mental health problems," note researchers.

To test this hypothesis, investigators followed 15 adults who were both clinically depressed and had a vertebral subluxation in the spine of their upper neck.

Before and after receiving a chiropractic adjustment, the subjects completed a standard assessment for depression called the Beck Depression Inventory II.

Results revealed a marked reduction in depression scores following the intervention (*Journal of Vertebral Subluxation Research* 2005:1-4).

Exercise

Research shows that exercise works wonders to stave off depression. One study found that it's **as effective** as antidepressants for moderate depression, without the potential side effects. In one study, 156 subjects with major depressive disorder, who were 50 years of age or older, were prescribed exercise, medication or a combination



of both.

Although patients receiving drugs showed faster initial results, after 16 weeks both exercise and antidepressants were "equally effective," with "essentially identical" scores on depression tests. Researchers concluded that "an exercise training program may be considered an alternative to antidepressants for treatment of depression in older persons." (*Arch Intern Med* 1999;159:2349-56.)

Additional research shows that exercise may surpass antidepressants when it comes to preventing depression relapses over the long term (*Psychosom Med* 2000;62:633-8).

And, even mild exercise, such as walking, has immense benefits, according to new research. The study consisted of 38 patients who had endured a major depression episode during an initial phase of standard antidepressant medication.

In a 10-day experiment, 20 patients participated in daily walking, while 18 patients in a placebo group performed low-intensity stretching and relaxation techniques.

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The researchers used two standard clinical tests to assess each participant's severity of depression throughout the study. After only 10 days, the exercise group experienced a significant drop in depression scores, compared with the placebo group.

While 65 percent of exercising patients experienced a "clinical response" — a reduction in depression scores by more than six points — only 22 percent of the placebo group enjoyed similar results. "Endurance exercise may help to achieve substantial improvement in the mood of selected patients with major depression in a short time," conclude the authors (*Br J Sports Med* 2006;40:10).

Remember, when it comes to exercise, something is better than nothing. Even short bouts of exercise diminish depression, say researchers in Germany.

The investigation included 12 patients, with an average age of 49, who suffered severe depression. All subjects appreciably improved after engaging in 30 minutes of exercise for only 10 days. "Aerobic exercise can produce substantial improvement in mood in patients with major depressive disorders in a short time," concluded the study's authors (*Br J Sports Med* 2001;35:114-7).

Avoid Alcohol

Alcohol is a natural depressant. Drinking alcohol can affect moods for hours or even days later. Limit alcohol consumption or consider skipping it entirely.

Be Wary of Medication

A plethora of prescription and over-the-counter medications may cause depression. That's why it's best to seek natural alternatives whenever possible.

Stimulate the Mind

The adage "use it or lose it" is especially fitting when it comes to the mind. Scholars report that cognitive vitality is essential to keep depression

at bay.

But just how do you maintain "cognitive vitality" to ward off depression? When researchers from the Netherlands assessed 830 subjects aged 49 to 81 years, they found that an "engaged and active lifestyle" does the trick.

At a three-year follow up, participants who engaged in mental, social and physical activities were least likely to endure cognitive decline, which is often accompanied by depression (*Z Gerontol Geriatr* 2002;35:575-81).



Reduce Stress

Stress is depression's evil twin: The two go hand-in-hand. Stress ups the production of the hormone cortisol, which can elevate to high levels and lead to a range of health problems. Often when stress abates, depression may follow suit.

Out of all stress-causing factors, work-related anxiety may be most likely to cause depression. Over a two-year period, researchers examined the association between stress and depression, using a health survey from respondents aged 18 to 75. Stress on the job was strongly linked to depression, and different work-stress factors affected men and women differently.

For women, high levels of general day-to-day stress and low levels of co-worker support were associated with higher odds of depression. And for men, consistent high job strain and anxiety elevated odds of incident depression (*Health Rep* 2006;17:11-29).

What causes you the most stress? Make a list of the top five most stressful things in your life right now and write down concrete steps and creative solutions to make them less anxiety producing.

Consider Therapy

A solid body of research indicates that therapy is as — or more — effective than medication for depression. It also offers longer-lasting results.

Cognitive therapy guides individuals to identify thoughts that produce negative emotions. Singling out negative self talk and replacing it with gentler and more accurate ideas improves self image and decreases the blues.

If you're interested in giving therapy a try, ask us for a referral to a qualified therapist in the community.

Lean on Friends and Family

Seeking comfort and advice from close friends and family may reduce depression. But did you know that being a good listener can reduce the blues as well?

Research shows that social support reduces depressive symptoms for both individuals receiving *and* providing support.

One large-scale study included 4,558 middle-aged individuals from a community in Northern Japan with a high rate of suicides. Providing and seeking support from anyone in the community strongly reduced incidence of depression and suicide, especially for male participants (*Psychiatry Clin Neurosci* 2006;60:652-61).

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OPTIMAL HEALTH UNIVERSITY™

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Natural Solutions for Depression: Part II

This week, Dr. Hobson is pleased to present patients with part two of our series on natural solutions for depression. Read on to learn what scientists are discovering about drug-free options for keeping the blues at bay.

Watch Your Diet

Nutrition is a key component of the chiropractic lifestyle. That's why Dr. Hobson encourages patients to consider how the foods they eat affect their body and well-being.

The documentary film *Supersize Me* demonstrated the physical and emotional effects of a high-calorie and high-fat diet. Not surprisingly, the filmmaker developed depression after eating only food from McDonald's® for 30 days.

High blood sugar or fluctuations in blood sugar may also trigger depression symptoms. So skip the simple carbohydrates. These "simpletons" are found in refined sugars, white flour, white rice, pasta and processed snacks. And here are two more reasons to hold back: Refined foods contain virtually no vitamins or minerals and are often high in fat.

On the other hand, research suggests that depressed people should opt for foods rich in complex carbohydrates, especially if their sorrow is triggered by stress (*Physiol Behav* 2000;70:333).

Complex carbohydrates, as opposed to their simpler siblings, are essential for healthy diets. Complex carbohydrates are found in a variety of foods, such as whole grains, potatoes, legumes (peas and beans) and other vegetables.

Spice Things Up

Preliminary studies in mice show that curcumin, the nutrient in the curry spice turmeric responsible for its yellow hue, is a potent antidepressant.

According to researchers, curcumin produces chemical brain changes that mimic those of antidepressant medications called monoamine oxidase inhibitors — without the potential side effects associated with these drugs (*J Ethnopharmacol* 2002;83:161-5).

Nurture Your Spiritual Side

Dr. Hobson and fellow doctors of chiropractic acknowledge the connection between mind, body and spirit.

Studies show that spirituality — including attending religious services, prayer, meditation and helping others — may slash an individual's risk of depression.

For instance, when researchers in Saskatchewan, Canada, surveyed approximately 37,000 individuals aged 15 years or older, they found a strong correlation between spirituality and freedom from depression.

"This study confirms an association between higher worship frequency and lower odds of depression and it expands that finding to other psychiatric disorders." (*Can J Psychiatry* 2006;51:654-61.)

Similarly, when researchers in Sao Paulo, Brazil, reviewed 850 studies on religion and mental health, they found that "higher levels of religious in-



volvement are positively associated with indicators of psychological well-being (life satisfaction, happiness, positive affect, and higher morale) and with less depression, suicidal thoughts and behavior, drug/alcohol use/abuse." Findings were especially true for individuals undergoing stressful circumstances, such as a disability (*Rev Bras Psiquiatr* 2006;28:242-50).

And, an inquiry of 99 college students revealed that students who reported that they were religious were 34 percent less likely to have mental health problems, compared with subjects who did not engage in spiritual pursuits (*Psychol Rep* 1999;85:1088).

Dietary Supplements

Dietary supplements may alleviate depression in some individuals. For example, studies link vitamin B12 deficiencies with depression. A review of 700 women, 65 years of age and over, found that those with B12 deficiencies were more than twice as likely to be severely depressed compared with nondeficient subjects (*Am J Psychiatry* 2000;157:715-21).

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Studies also associate folate deficiencies with depression. Researchers from Tufts University in Boston, Mass., measured folate levels and depression symptoms in nearly 3,000 individuals between the ages of 15 and 39.

Subjects who met the criteria for a “lifetime diagnosis of major depression” had lower folate levels than their depression-free peers. The researchers concluded that “folate supplementation may be indicated during the year following a depressive episode.” (*Psychosom* 2003;72:80-7.)

The herb St. John’s Wort (*Hypericum perforatum*) may also be beneficial. However, new research identifies a variety of potential adverse reactions (*Complement Ther Med* 2006;14:268-81).

Remember: Never initiate a dietary supplementation program without first checking with your doctor.

Sleep Soundly

When it comes to keeping depression at bay, seven to eight hours of sleep a night is optimal for most individuals.

Too few zzzz’s will bolster odds of developing the blues, according to an analysis of 130 people in Quebec, Canada (*J Gerontol Nurs* 2006;32:5-11).

On the other hand, excessive sleep — 10 or more hours every night — may leave you feeling sluggish and boost chances of depression, say scientists.

Sleep is especially important for children’s mental health. One study, which included 823 6-year-olds, documented that youngsters who had trouble sleeping during the previous six months had “significantly” higher chances of depression than any other emotional condition.

Five years later, at age 11, the same group of children again repeated the study. The association between sleep and depression was even stronger than it was at age 6. The authors conclude that there is “a stronger association of

trouble sleeping with anxiety/depression than other psychiatric problems.” (*Psychiatry Res* 2000;94:93-102.)

Light Up Your Life

Light has immeasurable results on emotions. Days without seeing the sun dramatically increase chances of depression and anxiety. And for many people, driving to and from work in the dark is part of a daily ritual. One particular form of depression, known as seasonal affective disorder (SAD), develops primarily by lack of exposure to sunlight.

So, even if it’s merely for a few minutes a day, seek out sunshine. Of course, moderation is key — 10 to 15 minutes is enough — and always wear sunscreen.

Light therapy may be necessary in some situations. For instance, in a case study of a 46-year-old woman with diagnosed depression, light therapy significantly reduced symptoms. During the three-week study, daily bright light therapy slashed depression and anxiety by 74 percent to 80 percent (*Acta Psychiatr Scand* 2006;114:216-8).

Manage Anger and Frustration

You can’t always avoid negative emotions, such as anger and frustration, but they’re strongly tied to depression. So finding a release, such as journaling or exercise, is essential. Also, identify which situations tend to provoke you to experience anger and frustration, and what specifically triggers the emotion. If possible, limit your exposure to these emotional triggers.

Listen to your inner dialogue and stamp out any self-defeating criticism. Replace it with positive messages and a plan for the future. For example, replace “I’m a real louse for forgetting his birthday” with “He’ll understand. I’ll do better next time. I’ll start a new system to remember birthdays today.”

Turn Off the Tube

Too much TV, computer and video-game use may spur depression, especially among young people. Studies show that children who watch fewer hours of TV are less likely to suffer from depression, social isolation and obesity than youngsters who watch more TV. Spending hours on the computer, including the Internet, also increases depression and loneliness (*Future Child* 2000;10:123-44).

In addition, steer children away from violent television shows, movies and video games, which may increase depression and aggressiveness and desensitize a child to suffering.

Playing violent video games causes alterations in brain functioning, according to findings recently presented at the Radiological Society of North America’s annual meeting.

The study’s authors asked 44 youths, aged 13 to 17 years, to play either a violent or a nonviolent video game for 30 minutes, then complete a series of tasks.

During the experiment, investigators used functional magnetic resonance imaging to monitor metabolic alterations in the subjects’ brains.

The brains of those who played the violent game showed increased activity in the amygdala (the region of the brain involved with emotional arousal) — and decreased activity in the prefrontal lobes (the regions of the brain associated with concentration and focus).

Remember: If you currently take an antidepressant, consult with the prescribing doctor before altering or discontinuing your medication.

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The Latest Research on Exercise and Depression

A growing body of research shows that exercise is extremely effective in combating depression. And it's effective no matter who you are or how you exercise. Research results reveal that: 1) almost all types of exercise are equally effective and 2) exercise fights depression in all life stages — from childhood, to pregnancy, to old age.

Dr. Hobson is concerned about the upswing in the use of medication for depression — drugs that have potentially dangerous side effects — and is, therefore, eager to share the latest research on exercise and depression with patients.



Dr. Hobson is thrilled about these research results, which confirm what doctors of chiropractic have been advocating for years: exercise is an effective weapon against depression for sufferers of all ages.

Scholars estimate that clinical depression will affect about 7 percent to 18 percent of the population at least once in their lives (*Can J Psychiatry* 1997;42:367-77). According to the World Health Organization, depression is expected to become the second leading cause of disability worldwide (after heart disease) by 2020 (*Lancet*

1997;349:1498-1504).

Clearly, depression is a widespread and relentless disorder. Fortunately, regular exercise alleviates depression and anxiety without the need for potentially dangerous medication.

How Exercise Affects Depression

Evidence suggests that exercise improves depression symptoms because it:

- ⌘ Positively affects the levels of certain mood-enhancing neurotransmitters in the brain.
- ⌘ Boosts feel-good endorphins.
- ⌘ Releases tension in muscles.
- ⌘ Improves sleep.
- ⌘ Reduces levels of the stress hormone cortisol.
- ⌘ Increases body temperature.
- ⌘ Instills a sense of mastery and control in life.
- ⌘ Bolsters self-esteem.
- ⌘ Provides a distraction from worries.
- ⌘ Rids built-up stress and frustration.

The Latest Research on Exercise and Depression

For years, doctors of chiropractic have been telling patients about research proving that exercise is highly effective in combating depression. For instance, a 2000 study published in the journal *Psychosomatic Medicine* found that exercise may even surpass antidepressants when it comes to preventing depression relapses over the long term (*Psychosom Med* 2000;62:633-8).

And late-breaking evidence continues to support exercise's effectiveness in alleviating depression. For example, a study published in September 2007 looked at 202 adults diagnosed with major depression. Researchers assigned the subjects to one of four groups: supervised exercise in a group setting, home-based exercise, antidepressant medication or placebo pill. The authors concluded that "the efficacy of exercise in patients seems generally comparable with patients receiving antidepressant medication." (*Psychosom Med* 2007;Epub.)

Another 2007 study investigated the short-term effects of exercise in patients with major depression. The study divided 38 subjects diagnosed with major depression into two groups: 1) exercise group (walking) or 2) placebo group (stretching and relaxation). After 10 days, the "reduction of depression scores in the exercise group was significantly larger than in the placebo group." The researchers concluded that "endurance exercise may help to achieve substantial improvement in the mood of selected patients with major depression in a short time." (*BR J Sports Med* 2007;41:29-33.)

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Using Exercise to Fight Depression During Pregnancy and Postpartum

New 2007 research also reveals that exercise may help fight depression or mood disorders during pregnancy and postpartum.

One recent study investigated the influence of a single bout of exercise on the mood of pregnant women participating in an aqua- or studio-based exercise class compared to a parentcraft [childbirth and infant care class] group and a control group.



The researchers concluded that “both modes of exercise appear to be equally beneficial for pregnant women to engage in to improve mood. Additionally, exercise, but not parentcraft classes, resulted in enhanced mood in women in their 2nd or 3rd trimester of pregnancy.” (*J Sports Med Phys Fitness* 2007;47:103-11.)

A 2007 literature review looked at the role of exercise in treating postpartum depression. The researchers conclude that “limited evidence supports a relationship between participation in exercise and reduction in postpartum depression. Given the reluctance by some women to use antidepressant medication postpartum and the limited availability of psychological therapies, exercise as a therapeutic possibility deserves further exploration.” (*J Midwifery Womens Health* 2007;52:56-62.)

Exercise and Childhood Depression

A number of studies have reported that up to 2.5 percent of children and up to 8.3 percent of adolescents in the US suffer from depression (*J Am Acad Child Adolesc Psychiatry* 1996;3511:1427-39). In addition, research indicates that depression onset is occurring earlier in life today than in past decades (*JAMA* 1989;261:2229-35).

Fortunately, research reveals that children can also benefit from the powerful antidepressant effects of exercise.

A 2007 study published in the *International Journal of Emergency Mental Health* investigated the effects of aerobic exercise on childhood post-traumatic stress disorder (PTSD), depression and anxiety. Fifteen participants, aged 14 to 17, who met criteria for PTSD, engaged in an aerobic exercise program for 40 minutes, three times per week, for eight weeks.

The researchers found that “the results of this study provided support for the positive effects of aerobic exercise on reducing PTSD, depression, and anxiety. Fewer participants met full criteria for PTSD after exercising.” (*Int J Emerg Ment Health* 2007;9:133.)

Exercise for Seniors With Depression

The National Institute of Mental Health considers depression in people age 65 and older to be a major public health problem.

But research continues to prove exercise’s effectiveness in battling depression among the elderly.

A 2007 study conducted in Sweden looked at 860 elderly subjects. The researchers found that the “inactive elderly had higher depression scores than more active individuals, both in terms of light and strenuous exercise. The continuously active group had lower depression scores than both continuously inactive individuals and individuals reporting a shift from activity to inactivity during the preceding year.” (*J Aging Phys Act* 2007;15:41-55.)

Tips for Starting an Exercise Program

When suffering from depression, getting up and exercising can seem like an impossible task. But it’s not impossible, and even a small amount of exercise can make a huge difference.

Here are some tips for getting started:

- ☞ Consult with your doctor of chiropractic, especially if you haven’t exercised for some time.
- ☞ Choose an activity you enjoy. No one form of exercise is better than another when it comes to easing depression. So if you can’t face a trip to the gym, don’t. Go for a walk with a friend, go swimming or try a yoga class.
- ☞ Start small. Just walk around the block the first day. Gradually increase the amount of time and level of difficulty.
- ☞ Ask a family member or friend to be an exercise partner. This will keep you motivated, plus increase contact with other people, which can also ease depression symptoms.
- ☞ Exercise two to five times per week for at least 30 minutes.
- ☞ Incorporate exercise into your daily routine — take the stairs, walk instead of using the car for short trips, etc.

Note: Abruptly discontinuing antidepressant medication may have hazardous side effects. Do not discontinue the use of any prescription medication without first consulting with the health-care provider who prescribed the medication or another qualified health-care professional.

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Dangers of Antidepressant Medication for Children and Adolescents

Currently, an alarming number of children and adolescents are diagnosed with depression and prescribed antidepressant medication. In the US alone, each year doctors write more than 10 million antidepressant prescriptions for children, and reports show this trend is growing at a rapid rate in countries throughout the world.

Although doctors of chiropractic do not treat psychological disorders, Dr. Hobson is distressed about the shocking rates of misdiagnosis of pediatric depression and over-prescription and side effects of antidepressants.



What Are SSRIs?

Selective serotonin re-uptake inhibitors, or SSRIs, are a popular class of antidepressants that work by allowing more serotonin to remain in the brain. Serotonin is a natural brain chemical involved in the transmission of messages between nerve cells.

Some well-known SSRIs include Lexapro®, Prozac®, Paxil®, Zoloft®, Luvox® and Celexa®.

Causing More Harm Than Good?

A recent study at Harvard Medical School's Clinical and Research Program in Pediatric Psychopharmacology focused on the adverse side effects of SSRIs.

Researchers reviewed 82 medical charts of children and adolescents who

were being treated with an SSRI for depressive or obsessive-compulsive disorders. The patients were an average age of 12 years.

The scientists found that 22 percent of the youngsters had a "psychiatric adverse event" (PAE), a severe mood disturbance or shift. Typically PAEs started three months *after* the subjects began taking SSRIs. When the patients discontinued SSRIs, the PAEs disappeared, and re-exposure to an SSRI resulted in another PAE in 44 percent of the patients.

"Based on the retrospective review of medical charts, youth receiving SSRI appear to be at risk for treatment emergent PAE and recurrence with re-exposure to an SSRI. Prospective longer term studies evaluating the course and prognosis of youths manifesting PAE to SSRI are necessary," conclude the study's authors (*J Child Adolesc Psychopharmacol* 2003;13:143-52).

With such serious side effects, why are these drugs still being so widely prescribed to children? And why do we hear so little about these dangerous side effects? Read on to find out what the government, the drug companies and physicians are, and are not, doing about this problem.

Government Agencies Discourage Use

Are government agencies concerned about the side effects of antidepressant medication? Consider the following:

In 2003, the UK Committee on Safety of Medicines advised against using almost all SSRIs for depressed patients under 18 years of age.

In 2004, the U.S. Food and Drug Administration (FDA) issued a Public Health Advisory cautioning the use of antidepressants in children and adults. The FDA asked specific manufacturers to add warnings to their labels recommending close observation of children and adult patients for worsening depression and suicide attempts.

Are Doctors Aware of the Risks?

Are all doctors on the cutting edge of health information? Not necessarily.

For example, in one study, 596 pediatricians and 557 family physicians received a four-page questionnaire focused on SSRI prescriptions for children and adolescents. The survey also asked about other issues, such as managing pediatric depression, practice characteristics and training for pediatric depression.



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Only 11 percent of the pediatricians and 22 percent of the family physicians felt comfortable treating childhood depression. Worse yet, only a handful reported receiving adequate training for childhood depression.

However, SSRI prescriptions by both pediatric doctors were commonplace; 63 percent of the family physicians and 48 percent of the pediatricians believed that SSRIs were safe. Doctors who prescribed SSRIs were less likely to refer a child for counseling to manage the depression.



The pediatricians and physicians also reported prescribing SSRIs for other childhood and adolescent health problems. Other than depression, attention deficit/hyperactivity disorder was the most frequent reason for a prescription, followed by obsessive-compulsive disorder, aggression, eating disorders and uncontrolled urination.

The authors of the report concluded that “the lack of training and comfort of care of pediatric depression and mental illnesses cannot be overlooked. Training and continuing education must improve and change as new pharmacotherapies [drug treatments] emerge.” (*Pediatrics* 2000;105:e82.)

Drug Manufacturers Issue Warnings

Warnings haven't been limited to the government; they've also come directly from the manufacturers themselves. For example, recently GlaxoSmithKline, the maker of Paroxetine (Seroxat[®], Paxil[®]), distributed a state-

ment to British practitioners, completely discouraging prescriptions for children and adolescents with depression. The statement explained that clinical trials in youths linked the drug to life-threatening side effects, such as self harm, hostility, agitation and suicide.

Are the Drug Companies Hiding Information?

Parents cannot rely on pharmaceutical companies to be entirely forthright about side effects, according to a recent report in the *British Medical Journal*.

An anonymous source recently sent this prestigious medical journal documents linking the drug Prozac[®] (fluoxetine) to suicide and violence. The documents suggest that the manufacturer, Eli Lilly, has been aware of and sought to downplay side effects, such as “behavior disturbances,” since the 1980s.

The documents had suspiciously disappeared in 1994, when the company was being sued by relatives of victims whose murderer was taking Prozac[®]. In 1989, the murderer, who had been taking Prozac[®] for a month, shot eight coworkers before killing himself. The relatives alleged that Eli Lilly had known about Prozac[®]'s side effects for years.

Dr. Richard Kapit, the FDA clinical reviewer who originally approved Prozac[®], commented that if he had been given access to the Lilly documents, he would not have approved Prozac[®].

“If we have good evidence that we were misled and data were withheld then I would change my mind [about the safety of Prozac[®]]. I do agree now that these stimulatory side effects, especially in regards to suicidal ideation and homicidal ideation, are worse than I thought at the time that I reviewed the drug,” stated Dr. Kapit.

Congressman Maurice Hinchey believes that the data should have been

shared with the FDA and public initially, not now, more than a decade later. His office is currently reviewing the documents to determine whether Lilly withheld information.

Congressman Hinchey believes this case should inspire Congress to “mandate the complete disclosure of all clinical studies for FDA-approved drugs so that patients and their doctors, not the drug companies, decide whether the benefits of taking a certain medicine outweigh the risks.” (*BMJ* 2005;330:7.)

Pass the Word Along

Since not all parents, or even their children's doctors, may be aware of antidepressant risks and side effects, we encourage you to share this information with anyone who will benefit. As a sequel, next week's *Optimal Health University*[®] handout will focus on eight steps to consider before placing your child on an antidepressant. It reports on research showing natural solutions for pediatric depression, which may be helpful for any parent or anyone who works with children. Make sure to pick up a copy!

Warning: Never discontinue a child's prescribed antidepressant without first consulting the prescribing physician. Stopping any antidepressant medication suddenly may result in withdrawal effects and increase the risk of a depression relapse. With any treatment regimen, natural or otherwise, watch your child closely for worsening signs of depression, and consult a physician right away if your child attempts or indicates a desire to inflict any type of self-harm or aggressiveness toward others.

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Eight Steps to Consider Before Putting Your Child on Antidepressant Medication

Doctors of chiropractic like Dr. Hobson focus on caring for the whole person, not just on treating emotional or physical symptoms as isolated tribulations. This approach centers on natural solutions that work to solve underlying health concerns — rather than medication “Band-Aids.” While chiropractors don’t treat psychological conditions, they do help patients understand recent scientific research so they can make informed decisions. For instance, Dr. Hobson informs parents about late-breaking research on all-natural solutions.



In children, antidepressant medication is accompanied by side effects and life-threatening risks, such as suicide and aggression. If you're thinking about asking your child's pediatrician to prescribe him or her an antidepressant, consider the following all-natural solutions. Your child's depressive symptoms could stem from a solvable problem — one that does not require medication.

Consider Diet

Diets high in fat and sugar and low in nutrients are linked with depressive symptoms. Teach children to opt for meals rich in essential vitamins, healthy fats and fiber. Strictly limit — or better yet eliminate — fast food meals from your child's diet. Stock the

kitchen with a bounty of fresh, ready-to-eat fruits and vegetables. Also, have plenty of healthy snacks on hand, such as nonfat yogurt, walnuts, almonds and other nuts that are packed with healthy fats.

Make Sure Your Child Gets Enough Exercise

According to multiple studies, regular exercise may be even more effective than antidepressant medication.

One study — led by Duke University Medical Center researcher James A. Blumenthal, Ph.D. — focused on 156 patients who were diagnosed with depression.

Subjects were divided into three groups and received different treatments for four weeks: (1) 30 minutes of exercise three times a week, (2) Zoloft® plus an identical exercise regimen or (3) Zoloft® alone.

After four months, *all* three groups significantly lowered depression levels. However, six months later those in the exercise group alone fared better than either medicated group. Exercisers who didn't take the drug had significantly lower odds of suffering a depression relapse than those in the Zoloft® or combination group (*Psychosom Med* 2000;62:633-8).

Although this study involved adults, researchers speculate that exercise provides a similar benefit in children — perhaps one even more pronounced than in adults.

*Need help getting your child to eat healthy or motivating him or her to exercise? Ask Dr. Hobson for copies of previous **Optimal Health University**® handouts on these subjects.*

Ensure Your Youngster Gets Adequate Sleep

Children need considerably more sleep than adults. According to the National Sleep Foundation, school-age children, 5 to 12 years old, require 10 to 11 hours of solid sleep each night. Preschoolers need even more sleep for optimal functioning — 11 to 13 hours.

Studies show that children who have trouble sleeping are much more likely to battle depression-like symptoms than are their well-rested peers. Trouble sleeping includes difficulty falling asleep, staying asleep or waking up early.

One study, which included 823 6-year-olds, documented that children who had trouble sleeping during the previous six months had “significantly” higher chances of depression than any other emotional condition.

Five years later, at age 11, the same group of children again repeated the study. The association between sleep and depression was even stronger than it was at age 6. The authors conclude that there is “a stronger association of trouble sleeping with anxiety/depression than other psychiatric problems.” (*Psychiatry Res* 2000;94:93-102.)

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If your child appears to be getting enough sleep but still seems sleepy, consider checking him or her for sleep apnea syndrome.

Limit TV, Internet & Video-Game Use

Too much TV, computer and video-game use may also spur pediatric depression. Studies show that children who watch fewer hours of TV are less likely to suffer from depression, social isolation and obesity than youngsters who limit TV time. Spending hours on the computer, including the Internet, also increases depression and loneliness (*Future Child* 2000;10:123-44).

Also, steer children away from violent television shows, movies and video games, which may increase depression and aggressiveness and desensitize a child to suffering.

Teach Kids Stress-Reduction Techniques

Children lack adult strategies to combat the stressors of today's fast-paced and worry-packed lifestyles. Family issues, academic worries, peer pressure, world events, environmental problems, etc. affect children in more ways than we realize. In the last decade especially, research shows a strong link between anxiety and pediatric depression.

One study included 234 children and adolescents with depression. The study's researchers used a special index measurement to gauge depression and anxiety sensitivity. A "significant correlation" was documented between depression and anxiety, even when the scientists took into consideration other aspects of anxiety, such as worry, physiological anxiety and concentration (*Behav Res Ther* 1997;35:961-6).

Help children develop lifelong anxiety-relieving habits by teaching them stress-reduction techniques, such as exercise, meditation, prayer and communicating feelings.

Care for Any Chronic Pain

Imagine, as a child, not being sure if you could make it through a school day or even a baseball game without

recurring pain. For an adult, chronic pain is depressing and frustrating, but for a child it feels like the end of the world.

In a recent study, researchers measured pain intensity, depression, coping strategies and disability in 73 children with chronic pain. Depression was "strongly associated" with disabling pain. Researchers found that chronic pain substantially affected the children's lives. Poor coping strategies for the pain compounded the depression and disability.

The same study also examined another subset of 44 pediatric patients with chronic musculoskeletal pain and a group of 38 children with chronic daily headaches. Both groups associated pain with depression. High levels of disability and difficulty coping were especially associated with the children suffering from musculoskeletal pain (*Clin J Pain* 2001;17:341-9).

If you suspect your child is suffering from pain, schedule a chiropractic appointment today.

Investigate Medication Side Effects

Some medication may actually trigger depressive symptoms. If your child is currently taking *any* medication, be sure to investigate if depression or anxiety is one of the side effects. Other common side effects, such as headaches, decreased appetite, persistent pain and decreased energy, can eventually spur depression.

Consider CBT

A type of therapy called cognitive behavior therapy (CBT) relieves depression symptoms in many children, according to scientific research. For some, it may be faster and more effective than any other type of therapy.

Children suffering from depression often view themselves, their environment and life experiences in a negative and unhealthy way. Cognitive behavior therapy can help children first identify negative messages and then replace them with a healthier, more realistic and positive outlook.

For example, an internal harmful mes-

sage like "I'll always get the poorest grade because I'm the least intelligent student in the class" might be replaced with a positive thought, such as "I'm as intelligent as anyone, but I may just need to study a little more next time."

In one recent study at the Royal Manchester Children's Hospital, Manchester, England, researchers divided 376 children, aged 8 to 19, with mild to moderate depression into two groups. Of the children who received cognitive behavior therapy, 62 percent (129 youngsters) experienced remission from their depression, while only 36 percent of the control group (61 children) enjoyed similar results (*BMJ* 1998;316:1559-63).

Talk to the Doctor

While doctors of chiropractic do not treat depression, the doctor and staff are happy to provide patients with research information on the side effects of antidepressant medication in children, to educate patients about alternatives and to offer referrals to qualified psychological professionals. Chiropractors focus on the whole person, which includes educating parents about children's health concerns.

Warning: Never discontinue a child's prescribed antidepressant without first consulting the prescribing physician. Stopping any antidepressant medication suddenly may result in withdrawal effects and increase the risk of a depression relapse. With any treatment regimen, natural or otherwise, watch your child closely for worsening signs of depression, and consult a physician right away if your child attempts or indicates a desire to inflict any type of self-harm or aggressiveness toward others.

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