# What to Know First:
# Thinking About Depression

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## 1. Is depression an illusion?

Some psychiatrists speculate or hypothesize that all mental problems (abnormal thoughts, feelings and behaviour) will eventually be explained by physical causes. Today, however, this is conjecture, not fact. "Mental" illness refers to the doctor's mind, not the patient's, meaning the doctor believes the patient has a biochemical abnormality or other physical abnormality.

The philosopher Marinoff reports, "most of the so-called mental illnesses in the psychiatry Diagnostic and Statistical Manual IV have never been shown to be caused by any brain disease."[4]

Patients we characterize as "depressed" rarely show objective evidence of abnormal biochemistry or physiology or evidence of a brain tumour.

If mental and physical illnesses were identical, we would not use different words to distinguish between them. More than 50 known medical illnesses are compatible with common symptoms of depression, so clinicians should not use "mental illness" labels like depression until they have at least excluded common and uncommon medical causes for bad feelings, including thyroid and Addison's disease. Even then, labels should be used sparingly.

In 2003, 11.6 million patient visits resulted in a depression diagnosis.[1] Depression continues to be Canada's fastest rising diagnosis.

Unfortunately, there is rarely objective evidence that antidepressant drugs are necessary or that the benefits of antidepressant use outweigh the harms.[2-5]

Indeed, thoughtful psychiatrists and philosophers question whether it is even useful to characterize as ill people who do not demonstrate objective signs or abnormal lab tests consistent with a biochemical or other medical abnormality.[4,6]

There are no practical laboratory tests to identify a particular biochemical abnormality associated with the depressed moods that doctors diagnose and label as "depression." Consequently, it is impossible to know if the antidepressant drugs that doctors select for their patients are appropriate in the circumstance or not.

In fact, if the patient has an unknown biochemical imbalance, it is impossible to know if drugs are remedying the imbalance, increasing the imbalance or causing another kind of imbalance.

More than 25% of patients taking antidepressant drugs experience adverse effects. For these people at least, antidepressant drugs cause harm.

## What about informed consent?

Criteria for a valid consent to treatment, as set out in legislation and developed in court decisions, imply physicians are responsible to inform patients of even the remote possibility of serious consequences and the possibility of common, but less serious events. Since Reibl vs. Hughes,[7] the test for determining whether failure to disclose information regarding a proposed treatment con-

stitutes negligence is: would a reasonable person in the position of the patient have consented to the treatment if he or she was made aware of the attendant risks?

Patients reasonably expect complete and accurate disclosure of the benefits and harms of particular medication, including information about therapeutic controversies. They clearly have a right to know if there is controversy regarding the risks and benefits of a particular drug. There is a moral and legal obligation to disclose to patients that objective studies (including Cochrane reviews) provide little evidence to support the effectiveness of antidepressant medication. At the very least, patients must be informed that the use of antidepressant medication is controversial and that particular drugs subject patients to the risk of serious adverse events. Thus, patients must be informed if an antidepressant drug has even a small chance of causing convulsions or suicidal ideation.

It seems likely that most individuals would want to be informed if there are grounds to believe the pharmacologic effects of a drug treatment being offered may be "clinically negligible." From a legal perspective, such information could logically have an impact on a patient's decision.

We believe fewer patients would consent to taking antidepressant medication if they were fully informed of the controversies, risks and benefits.

## 2. Are antidepressants effective?

A Cochrane review concludes, "There are no clinically significant differences in effectiveness between selective serotonin reuptake inhibitors and tricyclic antidepressants."[8]

Another Cochrane review concludes that differences between antidepressants and active placebos are small at best and the majority of trials reviewed show no benefit of placebo over antidepressant medication.[9]

A review of data submitted to the Food and Drug Administration (FDA) suggests antidepressant drugs are no more effective than placebo.[5,10]


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## 3. How do you treat depressed mood?

When the cause of depression is a brain tumour, thyroid disease, Addison's disease or any other condition associated with depressed mood, people are rarely treated with antidepressant medication. Rather, physicians prescribe the appropriate drug for the condition.

Doctors recommend cortisol for Addison's patients, thyroid replacement for those with low levels of thyroid hormone and insulin for people with diabetes. We don't tell people with thyroid disease, diabetes or Addison's disease they have a biochemical abnormality. We tell them exactly what is wrong.

Depressed mood can be improved by lifestyle changes (diet and exercise) and brief psychotherapies (see *5 Cards to Play for Major Depression* this issue).

Indeed, playwrights have understood this for many years. In *The King and I*, Anna sings, "Whenever I feel upset, I hold my head erect, and whistle a happy tune so no one will suspect I'm afraid…. make believe you're brave and baby you'll go far. You can be as brave as you make believe you are."[11]

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## Take-home message

- There are no biochemical tests in common use that help physicians decide if a person should or should not be prescribed an antidepressant.
- There is little evidence to suggest existing antidepressants are better than placebo; nonpharmalogic treatments are often effective in treating people with depressed mood and behaviour.
- Safe treatments include:
  - lifestyle changes related to family, work and physical fitness;
  - specific, brief psychotherapies; and
  - specific behavioural interventions.
- Drug therapy might be appropriate as a last resort.
- Patients must be informed about controversies regarding lack of benefit and risk of adverse reactions associated with antidepresant use; otherwise, the doctor is at legal risk.

**Turn the page for a practical guide of brief psychotherapies**