



Depression

Is It Really Medical?

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The idea that a particular individual is depressed because of a biochemical imbalance is a hypothesis and not based on objective lab data.

The label “depression” does not refer to a medical condition as we normally know medical conditions. People given the diagnosis “depression” rarely show objective evidence of a biochemical abnormality and when they do, they are usually given a more precise diagnosis (like Addison’s disease or hypothyroidism).

Thoughtful psychiatrists and philosophers question whether it is ever useful to characterize as ill people who do not demonstrate objective signs or abnormal lab tests consistent with a biochemical or other medical abnormality.

Some psychiatrists speculate or hypothesize all mental problems (abnormal thoughts, feelings and behaviour) will eventually be explained by physical causes; however, we know that mood abnormalities can often be caused by poor diet, little exercise and life events.

Identifying depression



There are no commonly used biochemical tests to help physicians confirm a depression diagnosis, nor are there any practical lab tests enabling the identification of a particular biochemical abnormality associated with depressed mood. When there is objective evidence of a biochemical cause for depression, the problem is not labelled “depression;” rather, the exact diagnosis is used. For instance, a patient suffering from abnormal thoughts, feelings and behaviour from causes such as a brain tumor, Addison’s disease or thyroid dis-

Jill’s case

- Jill, 35, presents complaining of increasing fatigue, loss of appetite and loss of energy.
- She has a hectic life with a busy husband and three children.
- She has otherwise been completely healthy her entire life and is now feeling worthless and guilty because she is unable to accomplish what she feels is appropriate.
- Over three months, you do a number of screening blood tests, including electrolytes, thyroid and sugar measurements. They are all normal.
- Over the next two years, several consultants make the “medical diagnosis” that Jill is clinically depressed. They suggest she take an antidepressant medication. She reads widely and refuses to take any form of selective serotonin reuptake inhibitor.
- After two and a half years she comes to your office and reports she is having increasing pigmentation on her arms.
- Serum cortisol levels are decreased and you finally make the diagnosis of Addison’s disease. (FYI: Electrolyte abnormalities are only present in a small majority of people in the early stages of Addison’s disease).



ease is not given a mental illness label. The term “depression” alone is only used when a specific biochemical cause has not been identified.

Treating the cause



Whenever a real biochemical abnormality is identified, appropriate treatments dictated by the abnormal physiology should be employed. In these cases, people are rarely treated with antidepressant medication.

If no physical illness is identified as the cause of depression, antidepressants are often prescribed. However, if the patient has an unknown biochemical imbalance, it is impossible to know if drugs are remedying the imbalance or, more likely, causing another kind of imbalance. More than 25% of patients taking antidepressant drugs experience adverse effects, therefore, for these people, drugs are causing harm. There is proof antidepressant drugs can cause harm, but there is little objective evidence of their benefit.¹

There is little evidence to suggest existing antidepressant medications are any better than placebo; in fact, a Cochrane review concludes that, at best, differences between antidepressants and active placebos are small.² Therefore, when no physical cause for depression is found, it is best to start treatment with nonpharmacologic interventions.

Rarely is there objective evidence that antidepressant drugs are necessary for a particular patient^{3,4} or that the benefits of antidepressant use outweigh the harms.¹

The problem is in the physician's head!



It is a commonly held belief that many depressed people have abnormal brain biochemistry. However, physicians are never surprised when people report feeling depressed for normal reasons, such as poor physical shape from lack of exercise, death of a loved one or failure to achieve a life goal.

Most physicians recognize the difficulties in diagnosing mental illness. We use the term mental illness as if the label *mental* is an attribute

of the patient, but it is not. Many physicians have forgotten the *mental* in mental illness refers to the doctor's mind and not the patient's.

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Fact Box

Did you know?

- In 2003, the number of visits where depression was diagnosed reached 11.6 million in Canada.
- Depression continues to be Canada's fastest rising diagnosis made by office-based physicians (excluding hospitals).

From IMS Health Canada
What's New?: Treating Depression with SSRIs.
www.imshealthcanada.com/htmlen/1_0_14.htm



For this reason, information about the incidence of mental illness varies as widely as the opinions and prejudices of the medical community.


When we say someone has a mental illness, we mean that in the doctor's mind, the patient is suffering from a real illness, but we have not found the objective evidence necessary to make a true medical diagnosis. In the absence of other explanations, we speculate the cause is a biochemical abnormality.

In closing...



While "depression" is not necessarily a medical illness, it remains a serious problem. People should try nonpharmacologic strategies as the first step towards a solution.

Depressed mood can be improved by lifestyle changes (diet and exercise) and talking therapies.

Fewer patients would consent to taking antidepressant medication if they understood mental illness diagnoses are a reflection of the doctor's mind state and not their own. 

References

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2. Moncrieff J, Wessely S, Hardy R: Antidepressants using active placebos. *Cochrane Database Syst Rev* 2001; (2):CD00301.
3. Abbass A, Gardner DM: Psychotherapy and medication options for depression. *Am Fam Phys* 2004; 69(9): 2071-2.
4. Brent D, Birmaher B: Clinical practice: Adolescent depression. *N Engl J Med* 2002; 347(9):667-71.