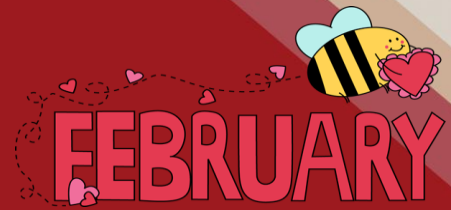


TMS TRENDS

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TREATMENT METHODS TO HELP CEASE SMOKING HABITS IN INDIVIDUALS SUFFERING FROM DEPRESSION

Northwestern Medicine researchers have pinpointed why quitting smoking is particularly difficult for depressed people and now are testing a new smoking cessation treatment combining medication and behavioral activation therapy targeted at this population. Depressed smokers experience adverse withdrawal states that contribute to resumption of smoking, including low mood, difficulty engaging in rewarding activities and impaired thinking/memory. These symptoms are more severe for people with depression than for those without depression. In addition, depressed smokers tend to have fewer ways to cope with the symptoms and the nicotine in cigarettes helps to mitigate these problems, which is why depressed people tend to relapse at higher rates. Research has indicated that depressed smokers' first adverse state while trying to quit is a combination of "low positive affect" (low pleasure and engagement in rewarding activities, such as socializing or physical activity) and "high negative affect" (feelings of anger, sadness, guilt or anxiety). The second adverse state is "cognitive impairment" (difficulty making decisions, focusing and memory). The FDA-approved medication Chantix is coupled with a type of behavior therapy called "behavioral activation" to treat the depressed smokers. Researchers are investigating whether Chantix reverses thinking and memory problems that depressed smokers experience during withdrawal, and whether the behavioral activation improves smokers' moods so they engage in normal pleasurable activities, and thus have less desire to smoke and are able to resist relapsing. Behavioral activation is an effective treatment for depression, but this is the first time it is being used as a treatment for smoking cessation among depressed smokers.

HOW EFFECTIVE ARE SSRI ANTIDEPRESSANTS?

SSRI antidepressants (Selective Serotonin Reuptake Inhibitors) are amongst the most commonly taken medicines. However, there seems to be no way of knowing in advance whether or not SSRIs will work effectively. According to researcher, Silvia Poggini (Istituto Superiore di Sanità, Rome), "There is no doubt that antidepressants work for many people, but for between 30 and 50% of depressed people, antidepressants don't work. No-one knows why." The researchers have proposed that simply increasing the levels of serotonin, by taking an SSRI, does not cause a recovery from depression, but puts the brain into a condition where change can take place -- it increases the plasticity of the brain, making it more open to being changed. According to the researchers, it is the environmental conditions you find yourselves in at the time of the treatment which determines whether you are likely to get better or worse. According to Silvia Poggini, "This work indicates that simply taking an SSRI is probably not enough. To use an analogy, the SSRIs put you in the boat, but a rough sea can determine whether you will enjoy the trip. For an SSRI to work well, you may need to be in a favorable environment. This may mean that we have to consider how we can adapt our circumstances, and that antidepressant treatment would only be one tool to use against depression."

**If you are suffering from
treatment resistant
depression, please contact
us or visit our website at
www.psychfirst.com for more
information about the
possible benefits of TMS and
tDCS.**