

TMS TRENDS

SEPTEMBER 2017

A publication of the TMS Institute of Pennsylvania – Advanced Neuropsychiatric Solutions

www.psychfirst.com



Are you Depressed, Anxious, and Unable to Work?

High levels of depression and anxiety can interfere with our ability to take care of things, including going to work. Research shows that being out of work results in additional stress and financial strain, which can compound a person's anxiety and depression. A new study examined whether starting psychotherapy sooner would lead to less time out of work. The researchers conducting the study took a sample of over 2400 men and women who had recently taken sick leave with an anxiety of depressive disorder. The average time out of work was about 6 months, and on average, participants waited about 2 months before starting some type of therapy. The strongest predictor by far of time out of work was the length of time before the participants started psychotherapy. Those who got treatments sooner were able to return back to work more quickly. The authors cited multiple benefits to starting therapy sooner rather than later when a psychological condition requires taking time off from work including: relieving patients' suffering, minimizing economic costs of sick leave, reducing employees' isolation from the labor market, decreasing the likelihood of permanent disability, and reducing the costs to the company. Researchers additionally found that reasons for delaying treatment included: embarrassment about seeking help, not being able to afford treatment, and not knowing where to turn. Thus, efforts to decrease stigma, increase awareness about effective treatments, and improve access to treatment are likely to decrease delays. More work needs to be done to identify how quickly treatment needs to begin to minimize time away from work; typical recommendations are sometime within the first 2-4 weeks of leave.

Depression as a Learning Disability

Depression is a systemic disease. There are so many derangements that piecemeal treatments inevitably leave many sufferers no better off. But it's instructive to recognize how depression treatments reset and renew basic biological mechanisms so that learning and adaptation can take place. Here's a brief historical review of just a few out of the many treatment options for treating individuals suffering from depression: electroconvulsive therapy, transcranial magnetic stimulation, "standard" antidepressants, Cognitive Behavioral Therapy, exercise, Behavioral Activation Therapy, mindfulness, and Ketamine. With depression not just the brain but the whole body shuts down. To the outside world only — internally stress hormones may be sky high. Yet adaptation, resilience, changing with the always changing environment diminishes or disappears. Some liken depression to human hibernation. Learning is what we do. Every moment of our lives is a teaching moment for the body. Whether we're sitting or standing, conversing or reading, our brain learns to adapt to a continuously changing environment. Such learning often goes out the window when we become depressed. Treatments of depression are generally partially effective. In many people they don't do much. Combining them usually helps. But seeing depression as failed learning, learning by all the different information systems of the body, may help treatment get more effective. Putting different information systems back online, adapting and learning together, may help reset information flows from the gut to the brain.