



GroupHealth.

# Beyond Meds and Therapy:

## Complementary and Alternative Treatments for Mood Disorders

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## **Employee of Group Health Coop. / Permanente Medical Group**

### **Consulting**

- Not-for-profit: University of Washington, Northwestern University, Manpower Development Research, American Psychiatric Assoc.
- For-profit: None



## Medications

- Mood stabilizer medications.
- Antidepressant medications.
- Newer or “atypical” antipsychotic medications.

## Psychotherapy

- Cognitive and behavioral therapies.
- Interpersonal therapy.
- Family therapy
- Psycho-education



Instead of:

Along with:

Alternative  
Treatments

Conventional  
Treatments

Back-up  
Treatments

Complementary Treatments



## **Nutritional supplements**

- Fish oil, St. John's Wort, s-adenosyl methionine (SAMe)

## **Provider-based treatments**

- Acupuncture, Massage

## **Self-care treatments**

- Exercise, Sleep regulation



## **Of US residents living with a mood disorder, over half use some form of complementary or alternative treatment:**

- 25% use acupuncture, massage or some other manual therapy
- 20% use some herbal remedy
- 15% use vitamins or other nutritional supplements

## **Of visits to complementary and alternative medicine providers, a mental health problem or concern was the reason for visit in:**

- 22% of visits to acupuncturists
- 18% of visits to naturopaths
- 16% of visits to massage therapists
- 1% of visits to chiropractors



## **Questions about the evidence:**

- How much evidence do we have?
- What is the evidence for effectiveness –
  - compared to no treatment
  - compared to other treatments
- What are the risks?

## **Practical questions:**

- How much will this cost?
- How much time will this take?



## **Recommended option**

- The preferred treatment, try this first

## **A reasonable option**

- Balance of benefits and risks is similar to other options

## **Cannot recommend**

- Evidence for effectiveness is too weak to recommend, but some people might still want to try

## **Recommend against**

- Clear evidence of harm



## **What evidence do we have?**

- Surprisingly little: Several small studies with mixed results, some with no control group.

## **Is it effective?**

- **As a primary treatment: Evidence is mixed, but suggests some benefit.**
- **Added to antidepressant medication: Evidence is mixed, but suggests some benefit.**

## **What are the risks?**

- **Fewer significant side effects than conventional antidepressants**
- **No new or unusual risks**

## **Summary:**

***As a primary treatment – A reasonable option for milder depression.  
Cannot recommend for more severe depression given lack of  
evidence for effectiveness AND availability of several effective  
alternatives***

***As a complementary treatment – A reasonable option as add-on  
treatment***



# Omega-3 fatty acids (fish oil) for bipolar disorder

## **What evidence do we have?**

- Not much: a few small studies of varying quality, only 3 allows clear comparison to placebo (and those have mixed results)

## **Is it effective?**

- **When added to conventional treatment: probably superior to placebo for reducing symptoms of depression, but not for symptoms of mania**
- **Unknown effectiveness as primary treatment**

## **What are the risks?**

- **Fewer significant side effects than conventional antidepressants or mood stabilizers**
- **No evidence of causing mania**

## **Summary:**

***As a primary treatment – Cannot recommend given lack of evidence for effectiveness AND availability of several effective alternatives***

***As a complementary treatment – A reasonable option as add-on treatment for symptoms of depression***



## **What evidence do we have?**

- Quite a bit: over 30 randomized trials comparing hypericum to conventional antidepressants and to

## **Is it effective?**

- **Superior to placebo**
- **Similar to traditional antidepressants**
- **Evidence limited to mild and moderate (not severe) depression**
- **More favorable results in European studies (? due to differences in hypericum or differences in beliefs/expectations)**

## **What are the risks?**

- **Fewer side effects (and fewer drop-outs due to side effects) than with conventional antidepressants)**
- **Possibility of interaction with conventional antidepressants**
- **Definite interactions with some other drugs**

## **Summary:**

***As a primary treatment – A reasonable alternative to conventional treatments for mild or moderate depression***

***As a complementary treatment – A reasonable addition to conventional treatments for mild or moderate depression, but a theoretical risk when used along with antidepressants***



# Hypericum (St. John's Wort) for bipolar disorder

## **What evidence do we have?**

- Minimal (only a few case reports)

## **Is it effective?**

- **Unknown effectiveness for treatment of depression in bipolar disorder**
- **Presumed inappropriate for treatment of mania symptoms**

## **What are the risks?**

- **Several reports of mania related to hypericum**
- **Possibility of interaction with conventional antidepressants**
- **Definite interactions with some other drugs**

## **Summary:**

***As a primary treatment – Cannot recommend (no evidence of benefit, some evidence of risk, several effective alternatives)***

***As a complementary treatment – Cannot recommend (no evidence of benefit and some evidence of risk)***



## **What evidence do we have?**

- Moderate: Several small- to moderate-sized controlled trials of SAMe as a primary treatment.

## **Is it effective?**

- **As a primary treatment: Consistent evidence for moderate benefit.**
- **Added to antidepressant medication: Moderate evidence for effectiveness (but mostly with older antidepressants)**

## **What are the risks?**

- **Fewer significant side effects than conventional antidepressants**
- **No new or unusual risks**

## **Summary:**

***As a primary treatment – A reasonable alternative to standard antidepressants (knowing that evidence is not as strong)***

***As a complementary treatment – A reasonable option as add-on treatment***



## **What evidence do we have?**

- None: Claims for effectiveness based on studies in unipolar depression

## **Is it effective?**

- **As a primary treatment: unknown**
- **When added to conventional treatment: unknown**

## **What are the risks?**

- **Fewer significant side effects than conventional antidepressants or mood stabilizers**
- **Has been reported to cause mania**

## **Summary:**

***As a primary treatment – Cannot recommend (no real evidence for effectiveness)***

***As a complementary treatment – Cannot recommend (no real evidence for effectiveness)***



## **What evidence do we have?**

- Quite a bit: over 30 randomized trials comparing acupuncture to no-treatment, conventional antidepressants, and “placebo” acupuncture

## **Is it effective?**

- **Superior to no treatment**
- **Similar to traditional antidepressants**
- **Does not clearly add to effectiveness of antidepressants**
- **Not different from “placebo” acupuncture**

## **What are the risks?**

- **No reports of significant adverse effects**

## **Summary:**

***As a primary treatment – A reasonable alternative to conventional treatments***

***As a complementary treatment – A reasonable option (only weak evidence of benefit, but no clear risk)***



## **What evidence do we have?**

- Not much: one open study of adjunctive (add-on) treatment for symptoms of depression (n=26) or hypo mania (n=20)

## **Is it effective?**

- **All participants reported some improvement**
- **“True” acupuncture not clearly better than “placebo” acupuncture**

## **What are the risks?**

- **No reports of significant adverse effects**

## **Summary:**

***As a primary treatment – Cannot recommend as an alternative to treatments with better evidence for effectiveness***

***As a complementary treatment – May be a reasonable option; possibly useful as an add-on, but evidence is very limited***



## **What evidence do we have?**

- Not much: A few small studies comparing massage to relaxation or acupuncture. No good evidence comparing massage to no treatment, placebo treatment, or conventional treatments.

## **Is it effective?**

- **Roughly equivalent to nonspecific relaxation**

## **What are the risks?**

- **No reports of significant adverse effects**

## **Summary:**

***As a primary treatment – Cannot recommend as an alternative to treatments with better evidence for effectiveness***

***As a complementary treatment – Cannot recommend (no evidence for effectiveness)***



## **What evidence do we have?**

- None.

## **Is it effective?**

- Unknown

## **What are the risks?**

- Unknown (but probably not significant)

## ***Summary:***

***As a primary treatment – Cannot recommend as an alternative to treatments with better evidence for effectiveness***

***As a complementary treatment – Cannot recommend as an alternative to treatments with better evidence for effectiveness***



## **What evidence do we have?**

- Quite a bit: Approximately 20 controlled trials of various exercise interventions in a wide range of people with depression (adolescents to seniors, health to chronically ill).

## **Is it effective?**

- **Consistent evidence for moderate benefit**

## **What are the risks?**

- **“Side effects” are overwhelmingly positive**

## **Summary:**

***As a primary treatment – A reasonable alternative to conventional treatments for less severe depression***

***As a complementary treatment – Should strongly recommend given broad range of benefits***



## **What evidence do we have?**

- Minimal: No controlled studies specific to exercise as a treatment for bipolar disorder; some studies of exercise programs to prevent/reduce weight gain.

## **Is it effective?**

- **No clear evidence for benefit (for mood symptoms)**

## **What are the risks?**

- **“Side effects” are overwhelmingly positive**

## **Summary:**

***As a primary treatment – Cannot recommend as substitute for treatments known to be effective***

***As a complementary treatment – Should strongly recommend given broad range of benefits***