Journal of Affective Disorders 179 (2015) 101–113

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Review

The use of complementary and alternative medicine in adults with depressive disorders. A critical integrative review

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ARTICLE INFO

Article history:
Received 7 January 2015
Received in revised form
18 March 2015
Accepted 18 March 2015
Available online 28 March 2015

Keywords:
Complementary and alternative medicine (CAM)
Depression
Bipolar disorder
Review

ABSTRACT

Background: Depression has been identified as one of the most frequent indications for CAM use and is a strong predictor of CAM use. The present article provides a critical review of CAM use for depressive disorders including bipolar depression by addressing prevalence of CAM use and CAM users' characteristics, motivation, decision-making and communication with healthcare providers.
Methods: A comprehensive search of 2003–2014 international literature in the Medline, CINAHL, AMED, and SCOPUS databases was conducted. The search was confined to peer-reviewed articles published in English with abstracts and reporting new empirical research findings regarding CAM use and depressive disorders.
Results: A considerable level of CAM use was observed among both general and clinical populations of people suffering from depressive disorders, many of whom use CAM concurrently with their conventional medicine. In particular, high rates of CAM use were found among those with bipolar disorder, an illness known to cause substantial impairments in health-related quality of life. Concomitant prescription medication use ranged from 0.52% to as high as 100%.
Limitations: Study design such as the inclusion of bipolar and depression in the same diagnostic category hamper the differentiation and attribution of CAM usage for symptoms.
Conclusion: Findings of our review show that enduring impairments in function and persistence of symptoms (as reflected by increased CAM use proportional to severity of illness and comorbidity) are the impetus for sufferers of depressive illness to seek out CAM. The psychosocial factors associated with CAM use in depressive illnesses and severe mental illness are yet to be established. Subsequent research amongst those with depressive disorders would be informative in clarifying the range of motivations associated with mental illness.

Contents

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http://dx.doi.org/10.1016/j.jad.2015.03.031
0165-0327/

1. Introduction

Complementary and alternative medicine (CAM) – a wide range of practices, technologies and treatments not traditionally associated with the medical profession or medical curriculum including acupuncture, massage therapy, chiropractic and herbal products – are used by a majority of the general population in Australia, UK, US and elsewhere (Adams et al., 2009; Steinsbekk et al., 2007). Depression has been identified as one of the most frequent indications for CAM use (Freeman et al., 2010) and several national and regional surveys have identified depression as a strong predictor of CAM use (Druss and Rosenheck, 2000; Kessler et al., 2001; Spinks and Hollingworth, 2012; Unutzer et al., 2000).

While CAM is the health care option most utilised for depression and other mood disorders (Qureshi and Al-Bedah, 2013), it is currently not recommended in medical guidelines as a replacement for standard treatment for patients presenting to their clinicians with depressive symptoms (Freeman, 2009) and CAM is the least researched form of treatment relating to depression and other mood disorders, partly due to the complexities inherent in assessment of its effectiveness (Qureshi and Al-Bedah, 2013). Nevertheless, level one evidence is beginning to emerge with respect to the treatment of depression with light therapy, omega-3 fatty acids, S-adenosylmethionine and mindfulness psychotherapies among others (Freeman et al., 2010; Rakofsky and Dunlop, 2014).

The use of CAM for depressive disorders (which include major depression, dysthymia, and bipolar illness) has important clinical and public health implications. Therapeutic modalities that have not been proven effective in decreasing depression in chronic illness, but which have theoretical potential among patients, include interpersonal psychotherapy, supportive therapy and other treatments that fall under the CAM ambit (Cafarella et al., 2012).Treating comorbid depression and enabling patients to actively cope with a chronic illness has been shown to have a beneficial effect on patient outcomes (Lauche et al., 2013). Evidence indicates that CAM use is more likely amongst those with chronic disorders such as migraine and pain compared to the general population (Lee and Raja, 2011; Metcalfe et al., 2010). This has significant implications for patient safety given that those with a chronic disease and mental disorders are more likely to be consuming multiple prescription medications (Morrato, 2007) thereby increasing the potential risk of drug–herbal medicine interactions. Moreover, it is well-established that patients often do not volunteer information about CAM use to their clinicians (Freeman, 2009), often rely upon family and friends as a form of CAM information-seeking (Frawley et al., 2014) and may have difficulty ascertaining the risks and benefits involved in CAM use for a specific condition or for overall health promotion.

As the research base regarding the application of CAM to illnesses including depressive disorders has continued to broaden, an analysis of the prevalence of CAM use for depression is increasingly required as this information is of relevance for both health professionals and policymakers. Previous studies have provided an appraisal of CAM use with regards to headache, pregnancy and menopause (Adams et al., 2012a, 2012b; Fang and Schinke, 2007; Peng et al., 2013). Yet, despite the public health and clinical significance of CAM use for depressive disorders, to date there has been no comprehensive critical appraisal of contemporary international literature on CAM user prevalence and profile or the nature, timing and motivations for CAM use with regards to depressive disorders. The most comprehensive evaluation of CAM for psychiatric diseases published to date was undertaken in 2002 and limited to 4 US-based surveys identifying only one clear trend – a corresponding increased use of conventional medical care alongside CAM consumption [19]. In response, this paper provides the first critical review of international literature examining CAM prevalence and user characteristics, motivation, and health care practices with regards to depressive disorders.

2. Methods

2.1. Search design

A search of the databases Medline, CINAHL, AMED, Health Source and Scopus was completed to identify relevant literature published between 2003 and 2014 utilising the following key terms and phrases: *complementary medicine|therapy*, *alternative medicine|therapy*, *natural medicine|therapy*, *integrative medicine|therapy*, *depression*, *major depressive disorder*, *bipolar*, *dysthymia*, *psychiatry*, *mental health*, *mood disorders*. Relevant articles written in English and published in peer-reviewed journals were retrieved. To ensure the search was comprehensive and all relevant literature was located, the authors also conducted hand searches of all referenced publications.

All paper abstracts identified from the database search were then screened employing the following inclusion criteria: the manuscripts had to be peer-reviewed, research-based papers reporting new empirical findings focusing upon either CAM use among adults with depression, or CAM use in a broader population where CAM use for depression was clearly identifiable and extractable. This included medically diagnosed and self-reported depressive illness (major depressive disorder, dysthymia, bipolar, depressive symptoms). Publications of individual case reports or findings from clinical trial designs were excluded. Data were extracted by a single reviewer and checked by a second reviewer.

Including prayer in the definition of CAM dramatically increases the percentage of CAM users, over-estimating CAM use and distorting prevalence rates (Tippens et al., 2009). As such, papers reporting studies that focussed exclusively on prayer as a CAM modality were also excluded, and where possible data on prayer use were removed from analyses in included studies. Papers reporting studies focused on CAM use for perinatal depression were also excluded due to guidelines and recommendations for CAM use during pregnancy and post-partum, such as supplemental folic acid, vitamin D, iron and calcium for disease prevention or prophylaxis (World Health Organisation, 2014). Papers reporting studies in