

Complementary Therapies for Mental Health Disorders

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KEYWORDS

- Complementary medicine • Depression • Anxiety • Posttraumatic stress disorder
- Dietary supplements • Mind–body interventions

KEY POINTS

- Bright light therapy is a reasonable treatment as monotherapy or augmentation for major depressive disorder (MDD) and is well-established for seasonal depression.
- Mindfulness meditation may be considered for first or second-line treatment of MDD, especially in patients with mild to moderate depression.
- Kava, passion flower, and German chamomile can be considered for short-term, adjunctive treatment of generalized anxiety disorder (GAD).
- Mindfulness- and acceptance-based interventions may be beneficial for GAD in patients interested in these therapies.
- Acupuncture and mindfulness meditation may be beneficial as adjunctive treatments to conventional therapy for patients with posttraumatic stress disorder.

INTRODUCTION

In 2014, there were an estimated 43 million US adults with mental illness, which represents about 18% of the US adult population. Nearly one-half of those have serious mental illness, defined as a substantial functional impairment that limits at least 1 major life activity. In contrast, in the same year only 13% of US adults with mental illness received treatment, and only one-half of those with serious mental illness received any treatment.¹

Although efficacy is well-established for many mental health interventions, treatment discontinuation of pharmacologic agents is not uncommon, especially owing

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to side effects. For example, about 60% of patients on second-generation antidepressants (eg, selective serotonin reuptake inhibitors [SSRIs]) experience adverse events, and between 7% and 15% of patients discontinue treatment because of adverse events.² Concerns about the “addictiveness” of antidepressants are also a common reason for patients’ skepticism about prescription medications^{3,4}; women and ethnic minorities, in particular, often prefer nonpharmacologic treatment options as first step therapies for depression.^{5,6} Antidepressants also have a substantially higher treatment-specific stigma than, for example, dietary supplements.⁷ Finally, many patients may have either poor access to or bias against psychological interventions.

Skepticism toward pharmacologic and psychological mental health treatments reflects a general trend toward “natural treatments” throughout medicine. In 2012, an estimated 59 million persons in the United States spent a combined \$30.2 billion in out-of-pocket expenses on some type of complementary health approach.⁸ Among self-reported uses of complementary therapies, stress reduction and improvements in emotional health and coping are commonly self-reported benefits.⁹ Among those with self-reported anxiety or depressive disorders, estimates are as high as 50% who may be using a complementary therapy, most of whom may also be receiving conventional treatments.¹⁰ Given the highly prevalent use of complementary therapies for mental health conditions, it is essential for health care providers to better understand the potential benefits and harms of these treatments.

We review the evidence for complementary therapies for treatment of major depressive disorder (MDD), generalized anxiety disorder (GAD), and posttraumatic stress disorder (PTSD). Complementary therapies are defined broadly as treatments that are not commonly taught or practiced in conventional medical settings. Although not comprehensive, each section reviews evidence for commonly used complementary therapies with reasonable likelihood of efficacy for each condition.

DEPRESSION

According to estimates from the World Health Organization, more than 350 million people worldwide suffer from depression, making it the second leading cause of disability throughout the world.¹¹ MDD¹² is defined as the presence of depressed mood and/or loss of interest or pleasure, along with at least 4 additional MDD diagnosis criteria or symptoms lasting at least 2 weeks. MDD is the most prevalent and disabling form of depression, affecting more than 16% of US adults at some time in their life.¹³ MDD also exerts a negative impact on physical health^{14–17} and adherence to medical treatment.¹⁸

Although second-generation antidepressants are the most common first-step treatments for acute MDD and recommended by most evidence-based guidelines,^{19,20} patients with depression may choose nonpharmacologic options. A recent review of the prevalence of complementary therapy use in sufferers of depressive disorders indicates use ranging from 10% to 30%.²¹ Many nonpharmacologic treatments are offered by practitioners or used by patients, independent of the strength of their evidence base. The Cochrane Depression and Neurosis Group lists 87 psychological interventions,²² and a comprehensive summary of an Australian patient advocacy group cataloged 56 complementary therapies for the treatment of depression.²³ Commonly used complementary therapies include herbal remedies (eg, St. John’s wort, Chinese herbal formulations), nonherbal supplements (eg, omega-3 fatty acids, S-adenosyl-L-methionine [SAMe]), acupuncture, yoga, or meditation. In addition, other treatment options such as physical exercise or light therapy have been used to treat depression.

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