

## Integrative Approach to Depression, Part I

### Overview

Integrative Health, like Whole Health, is built around the Circle of Health, which emphasizes the importance of personalized, values-based care that draws on mindful awareness and eight areas of self-care: Physical Activity, Surroundings, Personal Development, Nutrition, Recharge, Family, Friends and Coworkers, Spirit & Soul, Mind and Emotions. Conventional therapies, prevention, complementary and integrative health (CIH) approaches, and community also have important roles. The narrative below describes how the Whole Health approach could have an impact on a person with depression.

Depending on individual needs, an Integrative Health approach to depression can incorporate a number of different self-care, conventional care, and complementary health approaches. Depression is responsive to a variety of interventions, ranging from improved nutrition, sleep, and physical activity to enhanced connections with others. Many professional care approaches can prove useful—even essential. This includes an array of psychotherapies and other mind-body approaches, medications, supplements, light therapy, and a variety of other options. Keep reading to learn more about the evidence for the efficacy and safety of these different approaches and how you might incorporate them into a Personal Health Plan (PHP).

### Meet the Patient

Frank is a 64-year-old retired electrician who receives his care at a large urban outpatient clinic. His primary care provider, whom he has been seeing for a couple of years now, is concerned that Frank has been depressed. He scored a “9” on the [Patient Health Questionnaire](#) (PHQ-9), indicating mild depression, but he has scored higher in the past. Six months ago, he was given a suicide risk evaluation, and he was assessed as being a low overall risk. He has had suicidal thoughts in the past. Frank is reluctant to change medications again because he has already done so three times. Frank’s clinician is wondering what other options to consider to help him and has connected Frank with a psychologist who also teaches meditation and perhaps a psychiatrist who is known to “think outside the pillbox.”

Frank’s wife died 10 years ago, and Frank has been living alone since then. He struggled with depression (and complicated grief) when his wife died, but with the support of family and friends, he got back on his feet and has been coping well for the past few years. Recently, he has lost several of his friends, and he is beginning to feel the effects of aging. Frank agrees with his provider about needing to do more about his depression.

Frank’s provider suggested he take home and fill out a [Personal Health Inventory \(PHI\)](#) to help identify what really matters to him. As he worked through the inventory, it became very clear to Frank that an important source of meaning for him was his grandchildren, and his family in general. Whenever he is with them, or thinks about them, he is happier and more energized.

## Personal Health Inventory

On his PHI, Frank rates himself a 2 out of 5 for his overall physical well-being and a 1 for overall mental and emotional well-being. In terms of “How is it to live your day-to-day life?” he gives himself a 2 as well. When asked what matters most to him and why he wants to be healthy, Frank responds:

*My family is important to me. Being a good role model for my family brings me joy. I feel great whenever I talk to my grandchildren or I’m spending time with them.*

For the eight areas of self-care, Frank rates himself on scale of 1 to 5 for where he is, and where he would like to be. He wants to first focus on the areas of Physical Activity and Recharge by walking every day and talking with his grandchildren, who live some distance away, at least 4 times a week.

[Frank’s PHI](#) is available online

## Introduction

One in 10 adult Americans suffers from a depressive disorder, with nearly 7% of adults experiencing major depressive disorder in any given year.<sup>1</sup> Depression is the most common mental illness<sup>2</sup> and the leading cause of disability worldwide.<sup>3</sup>

Emotional health is an important aspect of mental health, not to mention an important aspect of Integrative Health. Humans experience multiple emotional states (over 27, according to one recent study, though estimates vary).<sup>4</sup> Some argue that depression is the quintessential emotional disorder; people who suffer from it will go so far as to say that not only might it include sadness, guilt, remorse, or fear, but that it may in fact create a complete absence of emotion altogether. Depression is a complex, challenging-to-treat, and often terminal disorder, and the Integrative Whole Health approach can be of great use in helping people who have depression find healing. Not surprisingly, depression is one of the chronic conditions for which Complementary and Integrative Health (CIH) therapies are most frequently used.<sup>5</sup>

## First Things First: Be Aware of Suicide Risk

Depression is closely linked to suicide. In 2018, suicide was the tenth leading cause of death overall in the U.S. 48,000 people died by suicide.<sup>6</sup> It was the second leading cause of death among individuals between ages 10 and 34. Always ask about suicide risk when talking with someone who may be struggling with depression. Research indicates that asking about suicide reduces risk; the perception that it may increase risk to bring up suicide in conversation is incorrect.<sup>7</sup>

Frank is not currently at high risk, but of course, it must always be kept in mind when you see someone with depression or other conditions that predispose to higher risk, like PTSD, sleep disorders, substance use problems, and chronic pain. Some key resources to assist with assessing for suicide risk include:

- The number for the [National Suicide Prevention Lifeline](#) is 1-800-273-8255



- [American Foundation for Suicide Prevention resources](#) (multiple links and guidance based on a variety of mental health conditions)
- [Suicide Prevention Resource Center](#)
- VA [Suicide Risk Management Training for Clinicians](#) (online manual)

## Personalizing Care

Meet patients where they are at with their symptoms and the severity of their presentation, and target treatment accordingly. An integrative approach that combines conventional care with self-care, complementary therapies, the use of a team, community support, and other interventions, can have potential benefit. The goal is to personalize care to the needs of each individual, partnering with each one to create a Personal Health Plan that they truly identify as their own and are willing to follow. Many different aspects of lifestyle can make an important difference in the course of depression.<sup>8</sup>

One important aspect of individualizing care is recognizing that depression can manifest in many different ways. Examples in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) include the following<sup>9</sup>:

- Disruptive mood dysregulation disorder
- Major depressive disorder (including minor depressive episodes)
- Persistent depressive disorder (dysthymia)
- Premenstrual dysphoric disorder
- Substance/medication-induced depressive disorder
- Depressive disorder due to another medical condition
- Other specified depressive disorder
- Unspecified depressive disorder (this is the most common category)

Even how one of these diagnoses presents can vary from one person to another in terms of symptom duration, time course, and presumed etiology.<sup>9</sup> Again, each person is different, and care must be individualized. For instance, some people manifest depression by withdrawing; others express it more through anger. Some experience strong feelings, while others say they cannot feel anything. A majority of depressed patients present with somatic complaints, as opposed to reporting depressed mood.<sup>10</sup>

Depression does not typically occur alone; it is associated with multiple comorbidities. A study focused on data from nearly 250,000 people from 60 countries found that 9%-23% of people with at least one chronic physical disease had depression as well, and this was much higher than the risk of having depression in the absence of a chronic physical illness.<sup>11</sup> The authors concluded that “depression produces the greatest decrement in health compared with the chronic diseases angina, arthritis, asthma and diabetes.” In addition to being linked to all-cause mortality, depression is significantly associated specifically with cardiovascular disease mortality<sup>12</sup>; this may be due in part to the fact that people with depression use tobacco and alcohol more and eat fewer fruits and vegetables.<sup>12</sup> Depression is also associated with a higher relative risk (1.15) of developing some form of cancer.<sup>13</sup>

The etiology of depression is complex. Many genes are linked to depression and bipolar disorder.<sup>14</sup> Cognitive and emotional processing in the brain is altered, but studies in the last 20 years have been inconsistent as far as the details.<sup>15</sup> Latest research findings highlight the contributory roles of brain-derived neurotrophic factor (BDNF)<sup>16</sup>, chronic inflammation<sup>17</sup>, and the microbiome<sup>18</sup>, among many other influences.

Many studies find that a strong therapeutic relationship between a clinician and a patient is an important contributor to positive outcomes. In some studies, an empathic clinician with a placebo has had better results than a less empathic clinician with medications.<sup>19</sup> Collaborate Assessment and Management of Suicidality (CAMS) is an example of a more flexible and personalized approach that is beneficial to patients who are dealing with suicidal ideation.<sup>20</sup> This approach, built around empathy, humanism, mindful awareness, and routine co-creation of a plan, was found in a 2019 trial to reduce suicide risk in a heterogeneous population of 78 participants.

Screening for depression is important and should be done routinely. [The Patient Health Questionnaire](#) (PHQ-9) is a simple, well-validated instrument for diagnosing depression and measuring treatment outcomes in the primary care setting.<sup>21</sup> This site also offers background information on the questionnaire and describes how to score it.

## Author(s)

This handout was adapted for the University of Wisconsin Integrative Health Program by Adam Rindfleisch from the original written for the Veterans Health Administration (VHA) by Mario Salguero, MD, PhD and updated by Adam Rindfleisch, MPhil, MD (2014, 2019).

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