2018

Exercise in the Treatment of Major Depressive Disorder

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Exercise in the Treatment of Major Depressive Disorder

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Abstract

Objective
The purpose of this systematic literature review is to determine how exercise can be incorporated into the treatment of major depressive disorder (MDD) and its efficacy.

Methods
In this review, four databases were searched including SportDiscus, PubMed, Cochrane Database of Systematic Reviews, and PsycINFO from October 1 to January 5, 2018. A variety of key terms were used when searching. Works chosen for review were published after the year 2000, were reviewed, and included randomized controlled trials (RCTs), pilot studies, systematic reviews, and meta-analyses. Sources that were excluded included those published prior to the year 2000, had poor study design, and included comorbid psychiatric conditions varying from MDD.

Results
For this review, 17 resources were selected. Much of the research presented showed evidence for the use of exercise in the treatment of MDD. However, most of the research points to exercise as more of a beneficial augmentation strategy for MDD versus a first line therapy involving pharmacotherapy with selective serotonin reuptake inhibitors (SSRIs) and psychotherapy in disease treatment.

Conclusion
Current research on the topic of exercise as therapy for MDD does show promise. However, most of the research still needs to be done in order to place exercise as an equivalent treatment option to pharmacotherapy or psychotherapy.

Introduction

- Prevalence of MDD in the U.S. is 7%, lifetime prevalence is 16.6%.
- MDD is a purely clinical diagnosis based on patient history and symptoms.
- Hypotheses regarding the pathogenesis of depression:
  - An imbalance in the hormones serotonin, tryptophan, noradrenaline, and dopamine.
  - Areas of the brain that show functions and structural abnormalities include anterior cingulate, orbitofrontal cortex, amygdala and basal ganglia, hippocampus, prefrontal cortex, ventral striatum, hypothalamic pituitary adrenal axis, and the nucleus accumbens.

Statement of the Problem

- 1st line treatment for MDD is psychotherapy or pharmacotherapy with SSRIs.
- Psychotherapy is difficult to access in rural areas with a shortage of trained counselors and psychiatrists.
- 40% of patients treated with SSRIs do not respond to therapy.
- Many patients treated with SSRIs complain of undesirable side effects.
- Exercise is a potential benign, accessible, and affordable treatment option in mild to moderate MDD.

Literature Review

- Decreased hippocampal volume and function in MRI with increasing depressive episodes.
- Exercise can be compared to pharmacotherapy, psychotherapy, and exercise as augmentation to pharmacotherapy and/or psychotherapy.
- It is expected that exercise therapy will have benefits over SSRIs and psychotherapy but will not necessarily be superior to the latter two.

Research Question & Analysis

- What role may exercise have in the treatment of MDD?
  - Type, duration, and frequency of exercise most efficacious for MDD treatment will be assessed.
- Exercise can be compared to pharmacotherapy, psychotherapy, and exercise as augmentation to pharmacotherapy and/or psychotherapy.
- It is expected that exercise therapy will have benefits over SSRIs and psychotherapy but will not necessarily be superior to the latter two.

- A systematic literature review will look at efficacy of the three therapies in regard to access, adherence, remission, and improvement of symptoms.

Discussion

- One pitfall to many of the studies is that they excluded patients with MDD who were already living active life style and exercising; also, participants had to be willing to participate in an exercise regimen.
- The study where participants got to choose their own intensity of exercise showed benefit, which is useful to know.
- One study did show that the most effective dose for treatment in MDD is 30 minutes 3 times per week, which is not a very high number and may make exercise a more attractive treatment option for patients.
- More adverse effects were seen in patients treated with pharmacotherapy versus exercise therapy.
- Antidepressants such as sertraline are given a warning that they are not curative.

Applicability to Clinical Practice

- Exercise may play the best role as augmentation to psychotherapy or SSRIs pharmacotherapy as it relieves symptoms more rapidly than either of the two alone.
- Starting patients on a mixed aerobic and resistance training program, 3 or more times per week is shown to be the most beneficial.
- Patient empowerment is a major component to treating a patient; using exercise as a treatment gives the patients responsibility and control over their medical condition.
- Concerns for using exercise as a therapy includes compliance, access, and ease of therapy; no doubt that taking a single pill daily is less time consuming than exercise.
- Exercise has many other medical benefits including weight reduction, musculoskeletal strengthening, and cardiac conditioning.
- More research needs to be done on the topic of exercise in the treatment of MDD.

References


Acknowledgements

I would like to thank my advisor Russell Kaufman and instructor Dany Sieg for their patience and guidance with this large project. Another expression of gratitude must go to Dawn Hackman, our librarian, who kindly helped me with the initiation of my research and who patiently and promptly answered all my questions. I would also like to thank Marilyn G. Klug for her patience and time explaining the unfamiliar subject of statistics and for consequently improving my research skills. Finally, I would like to thank Tyler, Mom, Dad, Alayna, and Nicholas for the endless love and support through my physician assistant schooling.

Appendix A: Table of References

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<tr>
<th>Reference</th>
<th>Journal</th>
<th>Year</th>
<th>Title</th>
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Note: The above table provides a sample of the references used in the literature review.