

Use the BRAIN acronym before considering antidepressant therapy or when you are hit a low and don't know how to get out of it (updated November 2019 - Bryan McElroy)

B: Benefits—What are the benefits of taking antidepressant medication?

Some evidence (studies) suggests antidepressant therapy can improve mood especially in a 6 week to 6 month period. There is also some evidence that suggests that people with a diagnosis of depression who start an antidepressant actually have worse long term outcomes than those who never take an antidepressant. There are also studies which suggests antidepressants can also be helpful for menopausal symptoms, fibromyalgia and in other conditions.

R: Risks—What are the risks involved?

Side effects, withdrawal effects, dependency, risk to fetus if pregnancy occurs are important factors to consider before starting an antidepressant medication. These issues can be more or less important depending on the antidepressant and the person in question. More information can be found at www.patient.co.uk, www.rxisk.com <https://bnf.nice.org.uk> (for specific information on a particular drug e.g. fluoxetine/ sertraline etc) or www.cepu.org

Psychological and/or physical dependency and antidepressant therapy is a controversial issue. Initially it was commonly thought that antidepressants were not addictive, however it is now well established that withdrawal effects do occur and can sometimes be severe and occasionally debilitating or long lasting. See the handout on withdrawal effects on my own website or the websites cited here for further information.

A: Alternatives - Are there any alternatives to antidepressant therapy?

There are many reasons why people find themselves in a low mood, depressed or anxious and there are likewise a number of ways in which people find ways to recover. Speak with different people and keep an open mind. Here are some suggestions:

- Lifestyle: Improvements in diet, sleep hygiene and limiting alcohol or other substances are proven, sensible and often very effective ways to address anxiety or low mood.
- Exercise: 30 to 60 minutes of vigorous exercise per day has been consistently proven in many studies to improve mood. If you are very physically unfit or have physical conditions that limit your ability to exercise, discuss these issues with your doctor or appropriately trained fitness instructor. It is generally wise to gradually increase physical activity levels. You may be eligible for reduced cost gym membership - consult your GP. I also recommend looking at this video which outlines the benefits of a exercise: <https://youtu.be/3F5Sly9JQao>
- Counselling and psychotherapy: this is another intervention with proven efficacy, ask your doctor for further information or see the counselling in Taunton link on the website www.bryanmcelroygp.com
- Bibliotherapy (books), there are many helpful books available to help navigate low mood or anxiety. The ones I typically recommend include 'Loving what is', or 'I need your love is it true' by Byron Katie, or 'The inside out revolution' by Michael Neill
- Useful websites- there are many fantastic resources available online including reading materials, podcasts and videos. Take your time navigating the resources section of my website www.bryanmcelroygp.com/resources
- Problem solving: Resolving problems in relationships or at work. Often depression or anxiety are symptoms of unresolved issues in your life. Perhaps you need to move on from a relationship or job that is doing you more emotional harm than good. Don't rush into decisions but don't put off the inevitable at the cost of your mental and emotional health

- Pet therapy - Adopting a dog or cat can give a sense of purpose to your life. Cats, dogs and animals do not have a busy thinking mind and can be a source of love and connection, which can be lacking in many people's lives

- Renewing interests or taking up a hobby - often when you are low or anxious it can feel like you are stuck in a rut. Renewing an interest or joining a group that shares your interest can take you out of your habitual thought and feeling pattern. If you feel like you don't have a specific interest or hobby - experiment - this is also a great way of meeting new people.

See <https://www.creativeinnovationcentre.co.uk>, <https://somersetwlc.co.uk> or <https://www.meetup.com/cities/gb/m3/taunton/> or <https://www.ramblers.org.uk/taunton-deane> for ideas

- Confiding with friends or family - if you can reach out to people you can trust and see if you can create situations where you can share with them what you are really feeling. Ask them to just listen, that all you want is for them to listen and not give advice. This may not be easy at first, but see if you can express your true feelings with those you are closest to, this can help create intimacy and authenticity in relationships.

I: Information- Do I need more information? Where can I find more information?

Complexities arise when we consider the uncertainty surrounding how antidepressant therapy actually produces beneficial effects. Meta-analyses of published and unpublished data show no statistically significant difference for the most commonly prescribed type of antidepressant, selective serotonin reuptake inhibitors (SSRIs), over placebo for mild to moderate depression, and only slight differences for severe depression (Moncrieff & Cohen, 2013). This suggests that a large proportion of antidepressants' mechanism of action is due to the placebo effect rather than the correction of a specific 'chemical imbalance', as was initially thought (Bracken et al, 2012). Therefore, there is actually no evidence to support the idea that we should think about or 'treat' depression or anxiety in the same way as diabetes or high blood pressure. Our own personal thinking and behaviour is very important in determining the quality of our moods and feeling states (the placebo effect is proof of this). There is no concrete biological evidence of differences in the brains or biochemistry in those who have a diagnosis of depression and those who are not depressed.

Personally, I find the work of Joanna Moncrieff who is senior lecturer in psychiatry at University College London to be an excellent resource in clarifying what depression is, how antidepressant drugs work and what effects they have. She advocates that we need to stop looking at antidepressants from a disease centred perspective i.e. that we are treating a disease called 'depression' and move to what she calls a drug centred approach. We could then speak sensibly and realistically to people about the fact that these drugs are chemicals which we put into our bodies that they have psychological and physical effects as well as withdrawal effects. This approach would help doctors to communicate information about what the drugs actually do rather than create a context of disease (depression) and cure (anti-depressant) which is not factual and ultimately misleads both doctor and patient.

By saying depression is not a disease I do not in any way wish to undermine the distress or the pain a person goes through when they are depressed. I simply prefer to think of depression as a psychological and emotional experience or response to difficult life events rather than put it in a language that is not accurate and overly medical.

For further information Joanna Moncrieff's papers can be found on her website <https://joannamoncrieff.com/papers/> and her book 'a straight talking approach to psychiatric drugs' is concise and easy to read.

www.patient.co.uk is another useful website as is www.mind.org It may be helpful to discuss your options with your GP, a support group or with a trusted friend or colleague

N: Nothing; What would happen if you did nothing or waited a while?

Many cases of depression or anxiety have a lifespan of weeks or months and spontaneous recovery is common especially in those who have a diagnosis of mild to moderate depression. Some experts argue that moderate to severe depression should be treated promptly with antidepressant medications, however others argue that treating depression with medications, too early or without trying all other options can do more harm than good in the long term.