

# 7 vital Facts You Should Know About Overcoming Depression and Anxiety ... But Don't



By Adrian Lopresti, Clinical Psychologist  
[www.improve-mental-health.com](http://www.improve-mental-health.com)

# 1. Depression and anxiety are common conditions that can be treated.

Despite the fact that many people keep their depression and anxiety hidden from others, studies show that they are very common and affect between 20 to 40 percent of Australians. In fact, depression is the second most common disorder in the world and can cause significant distress and heartache for the sufferer and his/her family. These facts can be surprising for many people because mental illness is often a ‘secret illness’ that is often not openly discussed.

The good news for sufferers of depression and anxiety is that with appropriate treatment, they are both very treatable conditions. The problem is that many treatments are incomplete and therefore only provide moderate relief for sufferers.

# 2. Medication is NOT the best treatment for depression.

Antidepressant drugs are commonly used to ‘treat’ both depression and anxiety and are often the first line of treatment offered by general practitioners (GPs) and psychiatrists in Australia. Some people suffering from anxiety disorders may also be prescribed a class of drugs called benzodiazepines.

There are a number of different classes of antidepressants on the Australian market, each targeting depression through slightly different mechanisms. However, virtually all antidepressants have the primary goal of increasing certain neurotransmitters such as serotonin, dopamine and noradrenaline. Some of the different antidepressant classes are outlined below along with many of their common side effects.

| Class   | Examples   | Common side effects  |
|---|--|--|
| Selective serotonin reuptake inhibitor (SSRI)     | sertraline (Zoloft),<br>citalopram (Cipramil, Ciazil, Talohexal)<br>paroxetine (Aropax, Paxtine)<br>fluoxetine (Prozac, Erocip, Lovan, Zactin, Auscap)<br>fluvoxamine (Luvox, Faverin) | - Sexual dysfunction in up to 60% of patients<br>- Sedation or insomnia<br>- Nausea or diarrhoea<br>- Anorexia<br>- Anxiety<br>- Nightmares, vivid dreams<br>- Headache<br>- Slight weight loss or weight gain   |
| Serotonin-noradrenaline reuptake inhibitor (SNRI) | venlafaxine (Efexor, Efexor-XR)  | - Nausea<br>- Hypertension or hypotension<br>- Dizziness<br>- Dry mouth or throat<br>- Fatigue<br>- Constipation<br>- Insomnia or somnolence<br>- Sexual dysfunction: loss of libido or anorgasmia   |
| Tricyclic antidepressants                         | nortriptyline (Allegron), clomipramine (Anafranil)<br>dothiepin (Prothiaden, Dothep)<br>imipramine (Tofranil)<br>amitriptyline (Tryptanol, Endep)                                      | - Drowsiness<br>- Anxiety<br>- Dry mouth<br>- Weight gain<br>- Dizziness<br>- Fatigue or weakness<br>- Blurred vision<br>- Urination problems<br>- Tachycardia<br>- Restlessness<br>- Constipation<br>- Increased sweating<br>- Loss of libido<br>- Muscle twitches<br>- Nausea<br>- Cognitive and memory problems |

\*\* All antidepressants now carry a black box warning regarding increased risk of suicide

Reference: Hedaya, R., Quinn, S. (2008) Depression: Advancing the Treatment Paradigm.

Despite the fact that antidepressants are now a well-accepted treatment option for people suffering from depression and anxiety, they are far from perfect and along with the side effects detailed in the previous table, are ineffective for many people. Studies show that they fail to produce full recovery for more than 50% of people who go on them. More specifically, antidepressants are of great benefit to 30% of people, are moderately helpful for another 30% of people and are completely ineffective for the remaining 40% of people.

The reason for their moderate effectiveness is because they only target one cause of depression and anxiety (i.e., low neurotransmitters) without addressing other important underlying causes. They also do nothing to resolve the reason for the low neurotransmitter level in the first place; was it nutritional deficiencies, hormone imbalances, inflammation, excess toxins, etc?

Prescribing antidepressants may help a person feel better but if the underlying cause is not identified and treated then a person may have to take them for the rest of their life. If they choose to stop using them, relapse is likely.

### **This does not make sense!**

We must address mental health problems using a more comprehensive, 'holistic' approach as opposed to simply prescribing drugs.

\*\* If you are on any medications for depression or anxiety, please do not stop taking them unless you discuss it with your doctor or health professional first.

## **3. Psychological therapy may be helpful for some people but is often not enough.**

Psychological therapies are a common treatment approach for depression and anxiety primarily offered by psychologists, counsellors and other mental health practitioners. Psychological therapy is generally a 'talking therapy' based on a range of different psychological models. Some of the more popular therapies include:

- **Cognitive behaviour therapy (CBT)**
- **Acceptance and commitment therapy (ACT)**
- **Psychodynamic therapy**
- **Client centred therapy**
- **Energy therapies**
- **Hypnotherapy**

Many of these therapies can be very helpful for people suffering from depression and anxiety, with CBT and ACT presently being the most popular therapies offered by psychologists in Australia. New therapies are constantly being introduced in Australia and while some of them are very promising, others are completely ineffective or even outright dangerous. The effectiveness of the therapy often depends on the competence and professionalism of the therapist.

Similar to antidepressant medication, psychological therapy is unfortunately not helpful for everyone. Its effectiveness is generally comparable to drug treatment although progress is generally slower. However, some studies show that relapse rates are lower. Unfortunately, as is the case with medication, a similar problem applies with psychological therapy. That is, it treats some causes but leaves many untouched. This is fine when the causes of depression and/or anxiety are of a psychological nature, but this approach is ineffective when some of the causes are of a physical, nutritional or lifestyle origin.

## 4. Depression and anxiety are caused by multiple factors.

It is generally believed that depression and anxiety are caused by either ‘deficiencies in brain chemicals’ or by ‘traumas and childhood upbringing’. While these factors can certainly be important, they are not the sole causes of depression and anxiety and often are not even the most relevant. Therefore, any treatment that only targets these causes will be mildly effective at best.

The reality is that there are multiple causes of depression and anxiety but unfortunately most of them are not even considered by almost all mental health professionals. These causes relate to psychological, biological, social, dietary, and lifestyle factors. Some of these causes are listed below:

| Biological   | Lifestyle   |
|--|---|
| Brain chemical imbalances (neurotransmitters)  | Excessive or insufficient exercise                                    |
| Medical conditions e.g., diabetes, coeliac disease, cardiovascular disease, chronic pain, autoimmune diseases. | Poor sleep  |
| Gastrointestinal disturbances  | Inactive lifestyle  |
| Hypo- or hyper-thyroidism  | Lack of engagement in pleasurable activities                          |
| Adrenal hyper- or hypo-activity  | Relationship problems   |
| Excess inflammation  | Lack of social support  |
| Blood sugar imbalances/ insulin resistance   | Excessive life stresses e.g., financial, career, family, educational. |
| Sex hormone imbalances   |   |
| Excess toxic burden  |   |
| Psychological  | Nutritional/ Dietary  |
| Ineffective coping skills  | Nutritional deficiencies or imbalances                                |
| Unresolved past traumas  | Poor liver detoxification   |
| Unhelpful belief systems   | Poor dietary habits   |
| Lack of values/ life direction   | Alcohol and other drug use  |
| Unhelpful behavioural patterns   | Food/ chemical sensitivities  |
|  | Methylation problems  |

By observing the list above is it easy to see why simply taking a drug, or treating depression and anxiety with psychological counselling may not be enough, and oftentimes, may be totally ineffective.

One size fits all approaches do not work, and each person’s unique situation must be assessed before a treatment approach is offered.

## 5. To effectively overcome depression and anxiety, the causes MUST be treated.

There are a number of treatments available to help overcome depression and anxiety. Many are effective and can be helpful, however, the extent of their effectiveness depends on whether they are treating the cause (or causes).

Unfortunately, the problem with many treatments offered by psychologists, psychiatrists, general practitioners and other mental health professionals are that they may only be targeting one or two causes, leaving many others untouched. This may provide some improvement for the sufferer, but

ultimately the person does not become fully well again.

**Kristy's case provides an example of this:**

*Kristy was 28 years old when she was referred to me by her general practitioner. She had suffered from depression and fatigue for 2 years and had sought treatment from a number of different professionals. While she had experienced some moderate improvement in her mood over this time, these gains were not sustained and her depression soon reappeared. Her fatigue was also chronic and no treatment had seemed to alleviate this.*

*When Kristy first saw her GP she was immediately diagnosed with depression. Her GP then prescribed antidepressant medication. Unfortunately, the first type of antidepressant made her feel awful so she saw her GP again and was prescribed a different brand. After a couple of weeks she did feel a little better but reported that the medication had more the effect of numbing her emotions and did little to help her feel happy again. Her GP therefore recommended that she see a psychologist for psychological therapy.*

*Kristy got along well with her psychologist and they discussed issues about her childhood, upbringing and current life. The psychologist then proceeded to treat her with cognitive-behaviour therapy (CBT), a treatment that attempts to help people change negative thoughts and unhelpful belief systems. Although Kristy felt that therapy was helpful she still felt that her vigour and enthusiasm about life had not returned. Her chronic tiredness was also unchanged.*

*After 6 months of psychological therapy, both Kristy and her psychologist felt that there was little more that could be done. Apart from continuing to take her increasing dosage of antidepressant medication Kristy then took time off all treatment.*

*Six months passed and one day Kristy began talking to a friend who had recovered from depression. This friend suggested that maybe her depression was due to a physical or nutritional cause and she recommended that Kristy see me for treatment. Although Kristy was reluctant, she did see her GP and requested that she write a referral to see me. After a couple of weeks Kristy gained the courage to contact me for an appointment.*

*When I first saw Kristy she looked tired and run down and broke down on a few occasions during our meeting. She said that she wanted to feel better but as yet could not find an answer. She hoped that I could help her but was not overly optimistic. During my interview with Kristy she said that she continued to suffer from fatigue and depression and also suffered from a number of other 'unrelated' symptoms, such as stomach bloating, 'low normal' iron levels which her doctor said were fine, constant brain fog, and restless sleep. I proceeded to try to identify the possible causes of Kristy's depression and requested that she complete a number of nutritional and hormonal tests.*

*Equipped with all this information, I felt that Kristy's problems were caused by a number of different factors. Some of these are outlined below:*

- 1. Adrenal insufficiency. This is characterised by chronically low cortisol levels, which can lead to lethargy, low mood and unrefreshing sleep.*
- 2. Nutritional deficiencies. Kristy was particularly low in vitamin B12 and folic acid (nutrients required for an important biochemical process called methylation). While at an adequate level for her body to function, her iron levels were certainly not optimal and were unlikely to be at level to produce important neurotransmitters (iron is required to produce a neurotransmitter called dopamine – the 'feel good' neurotransmitter).*
- 3. Inadequate coping skills. Kristy found it difficult to deal with stress and had limited skills to help her relax and cope with everyday stresses. This served to exacerbate her adrenal problems*

4. *Digestive problems. The gut and brain are intimately connected. We are what we eat and what we can absorb and any problems with our digestion will lead to inflammation and nutritional deficiencies.*

*I proceeded to treat Kristy by recommending dietary changes, taught her some meditation and breathing techniques, implemented an adrenal healing program and supplemented her diet with iron, B-vitamins and an adrenal herbal supplement. I also discussed with Kristy ways to get back into her life and start living again.*

*Little improvement was reported in the first few weeks, however, Kristy persisted and after the third week started feeling a little better. After about 8 weeks Kristy reported that her energy and mood was much improved. I met infrequently with Kristy over the following 3 months and while she experienced some setbacks, she said that she had improved dramatically and felt that she was more capable of coping with daily stresses. During my last contact with Kristy she reported that she was doing well. By continuing to follow the lifestyle, dietary and supplement recommendations, her energy levels were still high, she was sleeping better, and her digestive problems had almost completely resolved. She now felt like a different person!*

Kristy is an example of how an effective treatment needs to target the causes. ‘Band-aid solutions’ will result in minimal change that is unlikely to be sustained. When it comes to mental health (and physical health) the ‘one-size-fits-all’ approach simply does not work. That is why only 30-50 percent of people benefit from ‘traditional’ mental health treatments.

## **6. While your doctor or therapist might be an expert on mental illness, you are the expert on YOU!**

Mental health practitioners such as psychologists and psychiatrists have received extensive training in mental illness and are generally considered experts on in this area. Your GP also has some training in mental illness although certainly not as extensive.

Despite this mental health training, these health-care practitioners are not experts on you. You know your body and your mind the best and it is important that you remember this when you seek treatment for depression and anxiety. I have seen numerous people over the years who have accepted a form of treatment recommended by their doctor even though they didn’t ‘feel’ that it was the right form of treatment for them.

**John’s case provides an example of this.**

*John was always the type of person who was self-motivated and energetic. At university he completed a double major in business and economics and was also able to keep a part-time job throughout his 4 years of study. John was also an avid sportsman, playing aussie rules football in winter and cricket in summer.*

*However, at the age of 35 John noticed that his energy level had dropped substantially. He also lost all interest in sex and felt that he needed to take naps during the day.*

*Over the next 3 months this problem continued to worsen and he eventually arranged an appointment to see his GP. He discussed these symptoms with his GP and after a 10 minute consultation his GP concluded that he was suffering from depression and gave him a script for antidepressants. John walked out of the appointment dissatisfied, feeling that his GP simply did not give enough credence to his symptoms, particularly his lack of energy. Although John did feel*

*down and frustrated he felt that he was not depressed at all. He was simply tired and it was this that was bringing him down. How could an antidepressant fix that?*

*Fortunately John sought a second opinion and eventually obtained a referral to see me. After my interview with John and following the results of a number of nutritional and medical tests I determined that John was suffering from low thyroid hormone production and poor methylation. His diet was also poor, something his GP never even asked about. John quickly recovered after some basic lifestyle, nutritional and supplementation recommendations were made.*

Whilst it is important to listen to the recommendations made by your doctor, psychiatrist or psychologist, treatment should be a collaborative approach and if you feel that you are not being listened to or your concerns are not being taken seriously, then do seek a second, third or fourth opinion. I find that if people believe that something is not right physically, often times they are correct.

## **7. Choose a mental health practitioner who is knowledgeable about the various causes of depression and anxiety AND can treat your SPECIFIC causes!**

When seeking treatment for your depression and/or anxiety the practitioner that you choose is extremely important. Choosing the wrong practitioner can lead to minimal recovery and extended emotional turmoil.

Unfortunately, the training that different practitioners receive will determine the type of treatment that will be offered. As a general rule (although not always), doctors rely on biological models (i.e., treat neurotransmitters with drugs) and psychologists rely on psychological models to help overcome a person's depression or anxiety.

The following saying certainly applies when it comes to depression and anxiety treatment:

*'If the only tool you have is a hammer, you tend to see every problem as a nail!'*

*Abraham Maslow*

- For example:
- Medical practitioners who are primarily trained in biological/ drug approaches, see depression as caused by a lack in neurotransmitters. The solution is then drugs.
  - Psychologists who are primarily trained in psychological approaches, see depression and anxiety as caused by psychological factors. The solution is then counselling.

Although they do the best they can, they simply fail to take into account the other causes of depression and anxiety because they have never been trained in the area and therefore often do not even ask about them. Some may know that the causes are important but just do not know what to do about them. Unfortunately, there are some practitioners who I believe often cause a lot of harm because they comment on something they know very little about. They may disqualify a treatment even though they have received little training or education in the area. This is commonly the case when it comes to nutrition and mental health.

From my experience many doctors and psychologists believe things like nutritional deficiencies have little impact on mental health despite there being an enormous amount of research to the contrary. As a result, many of their patients receive substandard treatment and may never overcome

their mental health condition at any stage of their life.

## **This Must be Stopped!**

Everyone should have access to the most effective treatments available for their mental health condition. Furthermore, doctors should not disregard treatments simply because it wasn't part of past or current training (a lot of their training and information is received via pharmaceutical companies).

If you would like to discuss your mental health issues or those of a friend or family member with someone who is going use a more 'complete' approach, who will listen to you and allow you to be involved in the whole recovery process, please feel free to contact me any time. My details are below:

Adrian Lopresti is a registered clinical psychologist practicing in Perth, Western Australia. He uses a 'complete approach' to mental health treatment which involves using a range of assessments to determine a person's individual cause(s) of mental health problems and then treating accordingly. Adrian uses a range of nutritional, lifestyle and psychological treatments to help overcome specific causes.

If you would like to arrange an appointment to see Adrian or would like further information, his details are below:

Address: U2, 279 Camboon Rd Malaga WA 6090  
Phone: (08) 9248 6904  
Email: [adrian@improve-mental-health.com](mailto:adrian@improve-mental-health.com)  
Website: [www.improve-mental-health.com](http://www.improve-mental-health.com)