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# Tip for That #3: Integrative Medicine Competency: Health Conditions (Depression)

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## Tip for That #3:

### Integrative Medicine Competency: Health Conditions (Depression)

March 1, 2016

Despite some recent warm temps, today's snow reminds us that winter can last a long time in Wisconsin. I find many of my patients struggling with depression.

For those who need treatment but prefer to avoid prescription anti-depressants for various reasons (including black box warnings on suicidality) here are some options:

#### 1. S-Adenosyl Methionine (S-AMe)

- a. AHRQ 2002: "Treatment with S-AMe was equivalent to standard therapy for depression"  
<http://archive.ahrq.gov/clinic/tp/sametp.htm>
- b. Avoid in patients with personal or family history of bipolar)

#### 2. St. John's Wort (SJW)

- a. Cochrane 2008, for major depression: "better than placebo, similarly effective as anti-depressants, fewer side effects" <http://www.ncbi.nlm.nih.gov/pubmed/18843608>
- b. SJW is metabolized through Cyp P450 – can decrease potency of OCPs and many other meds; use SJW cautiously

#### 3. Bright Light Exposure Therapy (BLET)

- a. Cheap, effective and important in the dark months of winter
- b. Scroll down to see my smart phrase, which contains references

2011 meta-analysis: *St. John's wort and S-adenosyl methionine as "natural" alternatives to conventional antidepressants in the era of the suicidality boxed warning: what is the evidence for clinically relevant benefit?*  
<http://www.ncbi.nlm.nih.gov/pubmed/21438644>

#### Practical Tips:

- S-AMe: 400-800mg po bid; start at 200mg bid and gradually increase (need B12 and folate)
- SJW: 900-1500 mg per day in 2-3 divided doses of an extract standardized to 0.3% hypericin and/or 3-5% hyperforin
- See also Dr. Michelle Crane's excellent smart phrase with additional options for evaluating and treating depression: PTEDEPRESSIONRESOURCE

I hope you enjoyed this installment of Tip for That. I welcome your feedback.

Stay tuned for:

Tip for That #4 – Integrative Medicine Competency: Health Conditions (**Adrenal Fatigue**)

In Health,

Kristen

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**IMR links** - log in to your IMR, then copy/paste link:

[http://integrativemedicine.arizona.edu/program/alum2015/intro\\_to\\_integrative\\_mental\\_health/depression/11.html#reco](http://integrativemedicine.arizona.edu/program/alum2015/intro_to_integrative_mental_health/depression/11.html#reco)

**(Reynolds Smart Phrase: ptedlighttherapy)**

**Bright Light Exposure Therapy (BLET)**

- 10,000 Lux 1-2 hours daily (morning is best) improves depression
- Systematic Review BLET (Jorm, 2002)
  - Positive effect seasonal depression
  - Small effect non-seasonal depression
- Meta-analysis (Golden, 2005)
  - BLET or dawn simulation – positive for SAD
  - BLET (NOT dawn simulation) – positive depression
- Non-Rx option for depression in pregnancy

**Criteria for Light Box Selection  
(Arizona Center for Integrative Medicine)**

There are no definitive criteria for the "best" treatment devices. The Center for Environmental Therapeutics recommends the following:

- Any light box you buy should have been tested successfully in peer-reviewed clinical trials.
- The box should provide 10,000 lux of illumination at a comfortable sitting distance. Product specifications are often missing or unverified.
- Fluorescent lamps should have a smooth diffusing screen that filters out ultraviolet (UV) rays. UV rays are harmful to the eyes and skin.
- The lamps should give off white light rather than colored light. "Full spectrum" lamps and blue (or bluish) lamps provide no known therapeutic advantage.
- The light should be projected downward toward the eyes at an angle to minimize aversive visual glare.
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Smaller is not better. When using a compact light box, even small head movements will take the eyes out of the therapeutic range of the light.