



MOVE GROOVE WELLNESS

Take a 30 Minute Walk and Call Me in the Morning:

Exercise as a Prescription for Anxiety and Depression

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Executive Summary

Depression and anxiety create crippling costs, both direct and indirect, for all levels of society. Historically, the medical profession has relied upon pharmaceutical intervention as the first line of treatment. This solution can work effectively in the short term but by nature can be disempowering, so that individuals are not encouraged to actively invest in their well-being to make long term change. Some patients fear the accompanying stigma of mental illness, and may not take medication, or may begin a regime only to discontinue it and suffer relapse. With depression increasingly implicated as a co-factor in other chronic ailments and predictions of growth in its prevalence, a new paradigm for the treatment of mood disorders is needed. The status quo has been maintained by an overburdened system, perpetuation of stigmatization, lack of presentation of viable options and underutilization of non-medication-based alternate treatments. Immense gains can be realized for patients, practitioners, families, communities, workplaces, the healthcare system and society as a whole by advocating alternate solutions to the treatment of mood disorders.

Since the turn of the millennium, a mounting body of scientific evidence has identified exercise as effective in alleviating symptoms of mood disorders. However, even the non-depressed population faces barriers to incorporating and sustaining an exercise regime; mood disordered individuals, whose symptoms are highlighted by poor motivation, struggle under an additional burden. Success in obtaining the relief from depressive symptoms, along with the many other benefits of exercise, becomes achievable through the use of a guided exercise program. The patient experiences increased empowerment, enhanced overall physical and mental well-being,

reassurance and heightened self-esteem. The prescribing practitioner benefits from the sense of professional competence arising from fully informing patients of all options and reinforcement of a lifestyle choice that improves well-being on all levels.

Introduction

Mood disorders account for more than 30% of all disability recorded at major Canadian corporations.

The impact of mood disorders such as depression and anxiety is severe on the individuals who experience them, and extends out to impact their families, workplaces, communities and society as a whole. People dealing with mood disorders lose immeasurable ground in their quality of life and ability to fully contribute, while the lives of their loved ones are also compromised. Children of depressed parents can experience rifts in their relationship which are confusing and often detrimental on a long term basis, and marital relationships are burdened as well. In the workplace, mood disorders account for a large proportion of absenteeism, and more than 30% of all disability recorded at major Canadian corporations.¹ These employees risk missed opportunities, or at worse, loss of employment.

Healthcare systems bear the burden of mood disorders, too. Depression itself brings patients into the system, and other major health problems and chronic medical illnesses are also increasingly associated with it. Anxiety disorder adds a further toll: sufferers are much more likely to seek medical help six or more times in a year than people with no mental health diagnosis.²

According to the British Columbia Depression Strategy³, more than 300,000 British Columbians see a physician for problems related to depression each year. The Provincial Anxiety Disorders Strategy² cites references placing the rate of occurrence of clinical anxiety disorders at 1 in 10 individuals, or about 100,000 of our province's population. The Public Health Association of British Columbia's website⁴ indicates that the percentage of British Columbians who experience anxiety disorder is 12.2%, and major depression 6.7%. Evidence suggests that the longer these conditions are left untreated, the poorer the long term prognosis for recovery.¹ Additionally, the risk of suicide is significantly higher for people with mood disorders

than in the general population. These indirect costs are not easily quantified. Combined with the direct, cumulative costs to individuals and the healthcare system, more innovative treatment for mood disorders becomes an area offering huge returns. Further, as evidence emerges that treatment of depression may also decrease the prevalence of associated chronic conditions, finding new solutions for healing mood disorders becomes imperative.

Historical Overview of Medical Intervention

Though European doctors have prescribed St. John's Wort for depression for a longer time, interest in treating depression with pharmaceuticals began in the 1950s when an experimental anti-tuberculosis medication was noted for its side benefit in mood regulation.⁵ Thus, the class of antidepressants known as MAOI's was born. In the 1960s the first tricyclics were used to treat depression in North America but it was not until 1988 that the first SSRI was used for this purpose. Since the first "blockbuster" antidepressant medication hit the market, research and development on the pharmaceutical treatment of anxiety and depression has exploded, and physicians now have a wide array of prescription solutions for their patients presenting with depression or anxiety disorder.

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Patients are typically prescribed pharmaceuticals as a first line treatment, which is inherently disempowering, carries the stigma of mental illness and may have a few additional disadvantages. Sufferers may resist medications because of the associated side effects, which discourage long term use. Unwanted side effects can result in withdrawal from the medication regime even before the medication has had a chance to work, which usually takes 3 to 5 weeks.⁵ In addition, relapse rates for both anxiety and depression, once medications are discontinued, are quite high when compared to relapse rates after other treatments, with or without the adjunct use of medications.⁶

Sometimes, patients are recommended to psychotherapy as well, usually in the form of cognitive behavioural therapy. This solution proves beneficial for some patients and is definitely preferable to doing nothing. Unfortunately, while prescription drugs are readily available to each individual, available resources for behavioural treatment are under-resourced.

Because the tendency to withdraw is already a prominent characteristic of mood disorders, the introduction of a medication regime risks diminishing any personal desire to actively invest in becoming well. Few attractive options, possible side effects, the sensitivity to stigma and long waiting lists for the option of therapy collude to create an environment not geared to recovery, for a population already battling with despair.

The Need for More Roads To Recovery

These factors are accelerating the need for a new paradigm in the treatment of increasingly prevalent depression and anxiety disorders.

A new paradigm in the treatment of depression and anxiety disorders is needed.

While prescriptions are preferred by some people, there is ample evidence showing that consumers tend to value the opportunity to make informed choices with respect to mental health treatment and be more active participants in their own health care in general.² However, a full range of options is often not presented within the primary care settings through which the majority of sufferers seek help, where prescription medications are the most offered solution.

Recently, renewed public appetite for alternatives or adjuncts to traditional pharmaceutical treatments for illness has led to the proliferation of wellness centres. These centres offer a wide range of alternatives, from homeopathy and Chinese remedies to holistic philosophies of well-being such as yoga and mindfulness. A major advantage of alternative, non-medication-based treatments is that they empower people with these disorders to take control of their own well-being, while also providing them with tools to do so.

The Challenges Within the Current Environment

In a world where mental illness was not stigmatized, more people might seek help, there might be sufficient resources, and patients might follow the prescribed medication regime with better outcomes. However, in the current environment, when the prevalence of mood disorders is only expected to increase, four problems dominate: an overburdened system; perpetuation of stigmatization; lack of presentation of viable options for those who seek them; and underutilization of non-medication-based, alternate treatments.

An Overburdened System

Depression is projected to become the foremost contributor to disease burden in high income countries by 2030. Dr. Shelley Ross, a Burnaby doctor and co-author of an August 2009 provincial paper on funding and access issues for depression,⁷ states that depression is “the leading cause of disability in our province.” Epidemiological studies suggest that as many as 870,000 British Columbians will experience major depression at some point in their lives, while Ross estimates that only 48% will actually receive help. There is a global misunderstanding of the overall impact of the disorder when the number of affected individuals is taken into account along with the impact on any one individual. Concurrently, availability of qualified, accessible therapists is limited, so often only specialized subgroups are eligible for treatment.

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Perpetuation of Stigmatization

Though medication is readily available, affected individuals may elect not to take it, largely due to the associated stigma of a mental illness. The reasoning goes that once one is taking medication for an illness, it is confirmed one actually has the illness. Consequently, people taking medication tend to see themselves as somehow broken, and believe they must rely upon medication as a patch or a crutch to

help them indefinitely. This negative view of medication leads many to stop taking it, as they attempt to gain control over their own lives and to prove to themselves that they are in fact, still whole.

Lack of Presentation of Viable Options

Whether they elect to take them or not, when people are prescribed medication for mood disorders, they are frequently not made aware of other options. Research on anxiety disorder has found that when given a choice of treatments, most people prefer non-medication-based treatment. In a recent study, where adults visiting general practice settings were given unbiased, balanced descriptions of different treatment options, only 31% selected pharmacological treatment as the primary choice.² Meaningful choice and subsequent informed consent requires that consumers have access to different treatment avenues and have accurate information on which to base treatment decisions. Practitioners' efforts towards this end are influenced by factors that include: effective marketing efforts by pharmaceutical manufacturers; medical service payment schedules that inhibit alternative treatments; and lengthy lag times between established research evidence and incorporation by educators and clinical practitioners.

Underutilization of Non-Medication-Based Alternate Treatments

A consequence of reliance upon pharmaceutical treatment is that other, proven alternative treatments are underutilized. This situation promotes a culture of a "pill-for-an-ill" as being the easiest way out of a patient's current situation, without allowing for the possibility that other treatments may be as effective in the short term and probably more effective in the long term. With depression increasingly implicated as a co-factor in other chronic illnesses,¹ it no longer makes sense to limit the individual's access to pertinent knowledge. Equipping people to act from informed choice can alleviate not just depression or anxiety and their high associated costs, but other chronic health issues that are also taxing the system and robbing people of quality of life. The use of exercise as a treatment for mental illness, for example, dates back to Hippocrates,

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who reportedly prescribed it to his patients. In the last decade, there has been a wealth of research that demonstrates the power of exercise in alleviating the symptoms of common mental illness.

Exercise as a Prescription for Anxiety and Depression

There is a great deal of recent scientific evidence demonstrating that regular physical activity leads to significant symptom reduction.^{8,9,10,11} Consistent findings show that aerobic exercise, such as brisk walking, for at least 30 minutes 3-5 times a week at 60-80% of one's maximum heart rate results in improved mood in people with depression or anxiety disorder.¹² Specifically in studies looking at depression, it was discovered that the use of a consistent exercise routine over a two to three month period produced effects similar to those found with antidepressant medications.⁸ In addition to its long term effects, it has been demonstrated that exercise improves mood in the short term as well.¹³ Study participants, 65 % of whom were initially in a depressed mood, rated their mood before and after an hour-long aerobics class. Results showed that participants reported reduced anger, fatigue, and tension and an increased sense of vigor after the class.

There are many proponents of the use of exercise to alleviate symptoms of depression and anxiety. According to Dr. John Ratey, a neuroscientist at the Harvard Medical School, exercise is recommended for anyone as a component of treatment for a mood disorder.¹⁴ In explaining his recommendation, Dr. Ratey has stated "...with our advanced understanding, we now see that the three major neurotransmitters norepinephrine, dopamine, and serotonin, that have preoccupied researchers concerned with mood, cognition, behaviour and personality, are all increased by exercise and are strongly implicated in its mood elevating effects". Other notable proponents of exercise as treatment for mood disorders include Ronald M. Davis, a past American Medical Association president, who believes that both physicians and their patients need to get on board with this type of treatment, and Toronto psychologist Kate Hays, Ph.D., who has created "a scientifically proven program to

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help ease anxiety, lift depression, and manage stress...” that is based on a regular exercise and monitoring routine.¹⁵

However, Hays also believes that exercise is not prescribed more often because of the effort and willingness it entails, making medication seem easier to depressed people. There are barriers to exercise even for the non-depressed: people do not problem-solve around exercise, tending to give up when faced with small obstacles, or wait for motivation to appear instead of actively doing something. Depressed individuals face additional barriers in the form of the more sedentary lifestyle, lower fitness levels and decreased enjoyment of any activities -- the hallmarks of their condition.¹⁶ In this state of compounded overwhelm, any suggestion of exercise falls on deaf ears, or patients agree in principle but then never implement change.

Incorporating and sustaining an exercise regime to regain wellness quite naturally becomes easier when a dedicated support person is available. Despite mounting evidence advocating the concept of exercise prescription, the development of services to support this trend has been slow to catch up. A program based on a scientifically proven model provides the physical motivation necessary to get people started on embracing a lifestyle change that will not only improve their mood symptoms but their physical health. When the program is facilitated by a trained and compassionate guide so that its adoption is ensured, it then becomes the bridge between a chronic negative mood and a state of vibrant, empowered well-being.

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Benefits of Guided Exercise as a Prescription

Depression and anxiety sufferers realize the following benefits from using a regular guided exercise program alongside of or instead of medication:¹⁵

Increased empowerment	The patient experiences a sense of empowerment from being directly involved in reducing their symptoms. By itself, this empowerment can act as a catalyst to increased motivation and serve to alleviate some of the feelings of hopelessness associated with depression.
Enhanced overall physical and mental well-being	Exercise produces results in every area of physicality, from improved heart and lung function and better sleeping habits to higher energy levels, more creativity and greater stamina. Focus, coping ability and concentration are also affected, along with general mood and ability to withstand stress.
Reassurance	When patients elect to use exercise instead of medication, they can be reassured that it is a natural method, which eliminates the need for putting medication in their bodies, while gaining from the many other health benefits that exercise offers.
Heightened self-esteem	As the client sets and meets goals, greater self-confidence is experienced, while physical self-image is also improved with the results of exercise, as the program continues.

Additional benefits:

- Immediate and increasing results vs. uncertainty about finding the right medication and waiting for it to kick in
- Decreased risk of many chronic diseases
- Relief by way of distraction from distorted thoughts that perpetuate the symptoms of depression and anxiety
- Decreased isolation and increased social exchange

Practitioners who incorporate exercise referral into their prescriptive routines realize the following benefits:

- Increased sense of professional competence at providing the full array of options for patients

- Reinforcement of the value of exercise with patients who may not be using it to help them with other health issues
- Confidence from offering a solution that acts as a reinforcement for the burdened health care system as a whole

What to Look For in an Exercise Referral Scheme

Here are the essential qualities of a provider of motivational exercise guidance for people with depression / anxiety.

Demonstrated research background

Seek a provider who is well-grounded in the specific research in this area to know what does and doesn't work (what types of exercise, for how long, how to measure output).

Familiarity with motivational interviewing

A competent exercise guide will know how to interview effectively within the stages of the change model with respect to exercise programs.

Experience with depressed and anxious individuals

Coaching in this realm requires sensitivity to people's reality, and practical experience to draw upon when situations arise.

Experience with exercise modalities undertaken

The provider would ideally have personal experience in the various forms of exercise being offered as part of the program.

Hands-on motivation

Over the phone consultations are not adequate for mood disordered individuals; in order to ensure the exercise program was being completed regularly, the provider should be a hands-on, in person presence for the participant.

Current with trends and research

A provider of this type of service needs to keep abreast of research to ensure that the latest techniques and advice are being passed on to the patient.

Ability to maintain focus where it belongs

Rather than focus on fitness or weight loss goals, a personal exercise guide for depressed participants will specifically monitor changes in the patient's mental health.

First aid certification

Current first aid certification is a must, to ensure the provider can respond to any medical emergencies that may arise.

Caring, compassionate personality

The provider should have a personality that readily conveys to the patient that their well-being is of primary importance.

Commitment to long-term adherence

An effective provider aims to ensure the patient adheres to the program over the long term and structures the program offerings to promote this outcome, including extensive follow-up.

Consistency in program quality with individualized plans

The service will not be useful with a one-size-fits-all approach to the programming. Insight is required to balance the implementation of the evidence-based package while customizing the activities to meet the needs of each individual.

The Move Groove Wellness Advantage

Move Groove Wellness was conceived and developed by Joanne Kehayas, a professional with extensive experience working with depressed and anxious people. After seeing the benefits of exercise first hand in her own life, Joanne, who has a solid background in psychological research and practice, looked into the scientific research surrounding the effects of exercise and was impressed by what she saw. Noting that patients who are prescribed exercise for symptom relief would likely struggle to be successful, she was inspired to found the service to address this gap. By relying on a scientifically proven model, Move Groove Wellness is able to provide advocacy to support people to achieve the physical motivation necessary to embark on a lifestyle change that will improve not only their mood symptoms but also their physical health. It is a supportive

program that offers unlimited follow-up and constant program evaluation.

To begin offering an effective, scientifically proven program to your patients, call 778-235-2775 and speak with Joanne directly to arrange for client referral brochures to be dropped off at your place of business. Or email joanne@movegroovetoimprove.com.

Visit www.movegroovetoimprove.com for more information about Move Groove Wellness and the programs currently offered.

Endnotes

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