Dear HEALTHbeat subscriber,

I bet each of us, or someone we know, has felt pretty down at one time or another. I’d also guess that many of us have, with the best intentions, told someone to just think more positively (or heard that advice ourselves). But depression is more than just the blues. And new research now suggests that attempting to change the thought patterns of someone with depression may not be the most effective treatment. Today’s HEALTHbeat explains how actions, not thoughts, may be the key to lifting depression. Also, Dr. Walter Willett of the Harvard School of Public Health discusses whether grape juice offers the same heart-healthy benefits as wine.

Wishing you good health,

Nancy Ferrari
Managing Editor
Harvard Health Publications
HEALTHbeat@hms.harvard.edu

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From Harvard Medical School
Living Better, Living Longer
Simple lifestyle choices have an enormous impact on your longevity and quality of life. Drawing on well-regarded studies and expertise from Harvard Medical School and other sources, this report sets forth medical advances and advice designed to help you live better as well as longer.

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Emily is having a conflict with a coworker and decides to stay home for several days. By withdrawing from a possible confrontation, she spares herself immediate distress. But at the same time, she is also depriving herself of the satisfaction she gets from work — the pleasure of completing tasks and earning money. She gets nothing in exchange for sacrificing these daily pleasures, because the original problem remains. As a consequence of avoiding a temporarily difficult and unpleasant situation, Emily only sinks deeper into depression. She eventually finds that getting out of bed in the morning has become as difficult as going to work had been a week ago.

In many cases, if Emily went to a therapist, the therapist might use cognitive therapy, which targets persistent self-defeating thoughts, or a variation called cognitive behavioral therapy, a version that includes behavioral training and homework. Cognitive behavioral therapy has become one of the most widely used treatments for depression. But some researchers have questioned whether cognitive behavioral therapy achieves a good-enough outcome. In a recent study comparing standard cognitive behavioral therapy with a new version of behavioral therapy called behavioral activation therapy, behavioral activation therapy showed promising results.

Behavioral activation therapy, the alternative used in the study, is based on the idea that depressed people experience the kind of vicious cycle that Emily does. They withdraw from the routine activities and demands of daily life to avoid emotional pain. As a result, they receive fewer rewards and become more depressed.

In behavioral activation therapy, the therapist is interested in the function of negative thinking — the way it promotes withdrawal — rather than its rightness or wrongness, as in conventional cognitive behavioral therapy. Patients are shown how to:

- find out and record what gives them a feeling of accomplishment, then do it more
- maintain regular routines and schedules — for example, keeping commitments even if they’re anxiety-provoking — while exploring alternative behaviors by role-playing in the safer setting of the therapist’s office
- avoid pessimism and gloomy rumination by directing their attention to the immediate experience of their senses — to observe the experiences rather than reacting to them or becoming self-critical.
In this respect, the authors point out, behavioral activation therapy resembles newer forms of cognitive therapies that encourage patients to acknowledge their thoughts and feelings as they arise, without judgment, and then let them go.

In a study at the University of Washington, nearly 250 people with major depression were divided into four groups that received either behavioral activation therapy, cognitive behavioral therapy, an antidepressant medication, or a sugar pill (placebo). Treatment continued for 24 sessions over four months while standard questionnaires measured changes in the symptoms. Results were tracked separately for mildly depressed and severely depressed patients.

Patients in all four groups improved, and all treatments were equally effective for the mildly depressed patients. For the severely depressed, behavioral activation and the antidepressant drug were equal, and both were superior to cognitive behavioral therapy and the placebo. But patients taking the medication or placebo were much more likely to drop out of treatment than those receiving psychotherapy. So, over all, behavioral activation therapy was the most successful treatment. In this study at least, when depressed people were prodded into action, they needed little more to experience improvement.

For more information on depression, order our special health report, Understanding Depression, available at www.health.harvard.edu/UD.