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DEPRESSION TREATMENT MAY NEED MORE THAN JUST MEDICATION

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ANNOUNCEMENT

2016 INTERNATIONAL CONFERENCE ON QUALITY OF LIFE

FRIDAY AUGUST 19TH TO SUNDAY AUGUST 21ST

KYOTO, JAPAN

1) *fdsdf*

We invite like minded researchers to come aboard and join us in the search of knowledge and wisdom through enlightened discussion and brainstorming. With inspired vision and a shared mission we can all create a better quality of life for all.

This event is an inclusive interdisciplinary research and publishing project that aims to bring together researchers from a wide variety of areas to share ideas and explore ways to improve global Quality of Life which are innovative and exciting.

We are proud to be holding this year's event will be held in Kyoto, Japan, a city whose living traditions integrating nature and human activity perfectly complement the themes of the conference. During their trip to the conference, we will support all participants as they enjoy Kyoto's timeless beauty, sights, and attractions, suitable for all tastes and interests, that this year's event venue has to offer.

MORE INFORMATION AT [HTTP://AS4QOL.ORG/ICQoL2016/](http://AS4QOL.ORG/ICQoL2016/)



**Wisdom (Philosophical) Note:
As I was passing ...**

Depression Treatment May Need More Than Just Medication

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Depression may be defined as a mood disorder that causes a persistent feeling of unhappiness and loss of interest in things around. Also called major depressive disorder or clinical depression, it affects how the patient feels, thinks and behaves, and can lead to a variety of emotional and physical issues. Patients usually have trouble doing normal daily activities, and sometimes he/she may feel as if life is not worth living, and therefore may develop suicidal thoughts. More than just a bout of the blues, depression is not a weakness of the mind, and patients are entirely unable to reverse the psychological process. Depression may require long-term treatment. Most people with depression feel better with medication, psychological counseling, or both. However, their symptoms can be better managed or improved or even eliminated with other approaches (vide infra).

Depressive patients usually have multiple episodes of unhappiness and disinterest that persist for most of the day, regularly or nearly every day. Depression may be characterized by the following symptoms: 1) feelings of sadness, tearfulness, resignation, emptiness or hopelessness; 2) angry outbursts, irritability or frustration over trivial events; 3) loss of interest or pleasure in most normal activities (e.g. sex, hobbies, sports, etc.); 4) sleep disturbances (insomnia or excessive sleeping); 5) tiredness, fatigue, and lack of energy; 6) appetite change (loss of appetite and weight loss, yet some have increased cravings for food and thereby gain weight); 7) anxiety, agitation, or restlessness; 8) slowness in thinking, speaking, movement, or physical gestures; 9) feelings of worthlessness or guilt, fixating on past failures or blaming oneself for things that are not ones responsibility; 10) trouble with concentrating, making decisions and remembering things; 11) frequent or recurrent thoughts of death, suicidal thoughts/attempts; and 12) idiopathological problems, such as back pain or headaches

Symptoms of some patients with depression are usually severe enough to cause marked problems in daily activities (e.g. work, school, social activities or relationships with others). Other people may experience a general feeling of being let down and unhappy without really knowing why they feel this way.

Depression symptoms in children and teenagers

Except for some common signs and symptoms of depression in children

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and teenagers - which are similar to those of adults - there are certain differences:

Although both children and teenagers share the common symptoms of sadness and irritability, there are differences in certain age-related symptoms: Younger children show symptoms of clinginess, worry, aches and pains, refusal to attend school, or being underweight. However, teenagers manifest symptoms such as negativity and feelings of worthlessness, anger, poor school performance/attendance, feeling misunderstood and extreme sensitivity, use of drugs or alcohol, excessive eating or sleeping, self-inflicted harm, loss of interest in normal activities, and avoidance of social interactions. Children with attention-deficit and hyperactivity disorder (ADHD) may demonstrate irritability without sadness or loss of interest, and may eventually develop major depression.

Depression symptoms in older adults

Although depression is not a normal part of growing older, depression often goes undiagnosed and untreated in older adults, who may feel reluctant to seek help. Symptoms of depression may be different or less obvious in older adults: viz., memory difficulties or personality changes; physical aches or pain, fatigue, and loss of appetite; sleep problems, aches or loss of interest in sex (not caused by a medical condition or medication); a preference for staying at home, rather than going out to socialize or doing new things; and suicidal thoughts or feelings (especially in older men).

Depression may be treated with more than medication alone

Depression is one of the most common forms of mental illness, affecting more than 350 million people worldwide. The World Health Organization ranks depression as the leading cause of disability globally.

Treatment of depression usually involves either medication or psychotherapy, or a combination of both. Despite many improvements in therapeutic approaches, many patients fail to get better and suffer recurring bouts of illness.

Apart from medication and psychotherapy, recent studies have shown that: i) dietary habits, ii) physical exercise, and iii) interest-focus behavior are useful for patients suffering from depression.

i) Dietary habits: The National Center of Neurology and Psychiatry in Tokyo has reported that unbalanced eating is a cause of depression (2015). It is no wonder that those suffering from metabolic syndrome (MS) are more likely to suffer from depression. Actually many patients tend to be overweight with excessive triglyceride and sugar levels in the blood. The part of the brain that regulates our desires for food/beverage also controls our stress levels. Therefore, obesity or weight gain could be attributable to stress, and vice versa. Intriguingly, patients who have three proper meals a day, with relatively small portions of carbohydrates and a variety of substantial quantities of fruits and vegetables, show improvement in their symptoms (calorie-count is generally considered to be too onerous as a means of controlling weight). People living alone or so busy working that they resort only to snacks without proper meals should pay close attention to maintaining a healthy and balanced diet to avoid developing food-induced depression: the brain needs a variety of and sufficient quantity of nutrients to maintain the conditions for healthy physical and psychological function.

ii) Physical exercise: According to a study by Pereira et al. of University College London's Institute of Child Health, exercising three times a week reduces the odds of developing depression by ca. 16%. A follow-up study recording symptoms of depression and physical activity levels at regular intervals in 11,135 adults born in 1958 (up until the age of 50) revealed that patients who increased their weekly physical activity reported fewer symptoms of depression; however, those with more symptoms of depression were also more likely to be less active, particularly younger people. Each additional physical activity session per week reduces the odds of depression by 6%. Intriguingly, the link between exercise and symptoms of depression was observed across the whole population and not just in those with high-risk clinical depression.

iii) Interest-focus behavior: Psychotherapy has been proven to be a useful treatment for depression. Naturally, when positive and activated mental activity involving favored and enjoyable activities are engaged in, the brain is molded to adapt in a positively reinforced way. It is the unpleasant/repulsive expe-

rience of disliked activities or events that actually triggers the development of depression. Therefore, if the reverse can be generated in the brain (i.e. something the patients enjoys without being coaxed or forced to do), over time the tendency to develop the disease or its symptoms may be attenuated and reversed. Of course, medication and psychotherapy should be used while adopting a positive attitude for a 'mental turnaround'.

Basically, depressed patients should not be just treated with medication; proper food habits with a healthy lifestyle and a focus on preferred activities (i.e. those one is not being forced to do but engaged in under one's own initiative; and activities adopted should focus on events most appealing to the patient) and vital for the management of depression in a way that could even eventually lead to recovery.