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Hope May Aid Efficacy Of Depression Medication

By SHIRLEY S. WANG
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A new study suggests that having hope about your future treatment might help you respond better to antidepressant medication.

Research from the UCLA Laboratory of Brain, Behavior, and Pharmacology, published in today's American Journal of Psychiatry, showed that some patients with major depression developed specific changes in their brains during the week before receiving treatment, as measured by their brains' electrical activity.

Patients who developed this brain-pattern change ended up responding better to antidepressant treatment than patients who didn't develop the pattern.


Having the brain pattern is "a good indicator that you will do better than the other people" on treatment, said Aimee M. Hunter, lead author of the article.

The brain-pattern differences may be due to thoughts and feelings that patients had coming to the treatment, such as greater optimism that the medication would work for them, or having pleasant interactions with doctors or study staff.

Recent studies have shown that brain chemistry can be affected by thought itself. It used to be believed that antidepressant treatment could change the brain chemistry of people with depression, and psychotherapy couldn't. In recent years, however, research has shown that cognitive-behavioral therapy creates its own changes in the brain, as does simply thinking that one is on medication.

The current study may prompt research about how changes in the brain that occur before taking an antidepressant help the effects of the medication. Moreover, people whose brains don't react may be less likely to benefit fully from the medication. Researchers may eventually discover whether people's attitude toward treatment or the level of social support surrounding them changes the effectiveness of antidepressant drugs.

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"It's entirely possible that the same drug could work at one point in time and not at another," Dr. Hunter said.

The investigators measured electrical activity in the brains of 51 adults diagnosed with major depression using an electroencephalogram, or EEG. Measurements were taken during the "lead-in period," the week before anyone received actual medication. All of the patients were given a placebo pill. After the week, half of participants were then given the active drug for eight weeks, while the others remained on placebo.

People who improved when taking the placebo pill also had a distinct brain pattern. But that pattern was different from the one in patients who improved after eight weeks on the medication, suggesting that there was a medication-treatment effect that was distinct from the well-known placebo effect.

"What's so striking is there are clear biological changes as a consequence of psychological phenomena," said Steven Hollon, psychology professor and depression researcher at Vanderbilt University, who wasn't involved in the study.

Unanswered questions include whether measuring brain electrical activity tells more about future treatment success than does, for instance, just asking the patients if they think treatment will work, or by examining patient behavior, said Robert DeRubeis, professor and associate dean at the University of Pennsylvania, who wasn't involved in the study.

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