

## **DEALING WITH DEPRESSION NATURALLY**

New Zealand has one of the highest rates of depression in the world with one in 10 people being prescribed antidepressants.

Conventional antidepressant medications have been under the spotlight in recent years with studies showing some have little positive effects and severe side effects.

The proven efficacy and safety of some natural and complementary therapies means that they may be as good as or superior to antidepressant medications for most people with depression according to medical advisor and researcher, Professor Shaun Holt of Victoria University.

"Only around a third of people with major depression respond well to antidepressant medications. Studies show that as some natural therapies work just as well or even better than antidepressant medications in some people and can have fewer side effects, they are potentially a better choice for many people with depression or can be taken in addition to antidepressants, says Prof. Holt.<sup>1</sup>

"The natural health supplements with the best evidence are Omega-3, St John's Wort, folate, B vitamins and SAME (S-adenosyl methionine). There is a lot of research evidence on how these supplements, along with exercise and a good diet can improve mood."

A recent study of 1746 women (aged 30-65 years) undertaken by the National Institute of Health, the University of Delaware and the Eastern Virginia Medical School, USA<sup>2</sup> showed that women with higher blood levels of omega-3 fatty acids had a 49% reduction in risk of depressive symptoms.

Prof Holt said that a growing body of epidemiological and clinical study evidence suggests that low dietary intake of omega-3 fatty acids are associated with both anxiety and depression.

"An Australasian study found omega-3 fish oil to be more effective than Prozac for patients with severe depression."<sup>3</sup>

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<sup>1</sup> Holt S. Consider CAM for depression: *New Zealand Doctor* 13th July 2011: 48-9

<sup>2</sup> Source: Journal of Nutrition: Published online ahead of print, doi:10.3945/jn.113.179119  
"Omega-3 fatty acid intakes are inversely related to elevated depressive symptoms among United States women.  
Authors: May A Beydoun, Marie T Fanelli Kuezmarski, Hind A Beydoun, Joseph R Hibbeln, Michele K Evans and Alan B Zonderman

In recent years, St. John's Wort has been studied extensively as a treatment for depression. Most studies show that St. John's Wort may help treat mild-to-moderate depression, and has fewer side effects than most other prescription antidepressants.

Around 70% of people with major depression are deficient in folate and studies have found that by taking a folate supplement a better response to antidepressants can be achieved by some patients. Bigger studies are needed, but there is other evidence that folate and other B vitamins can reduce symptoms of depression.

According to the Mental Health Foundation one in six New Zealanders will experience a depressive disorder and the World Health Organisation estimates that by the year 2020 depression will be the second most common cause of ill health and premature death worldwide.

Alison Quesnel, executive director of Natural Products NZ says natural health supplements should be taken seriously as a viable treatment for depression.

"We know that antidepressants do not always work and in some cases have highly detrimental side effects. There is ever increasing evidence that low levels of certain nutrients have a very real impact on depression and anxiety and symptoms of depression can be greatly improved by upping levels of these nutrients. In particular, Omega-3 fatty acids and St John's Wort have long been recognised as beneficial for mental wellbeing. However people who are taking antidepressant medication should consult their health provider before embarking on a programme of health supplements."

**-ENDS-**

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<sup>3</sup> Jazayeri, Shima, et al. "Comparison of therapeutic effects of omega-3 fatty acid eicosapentaenoic acid and fluoxetine, separately and in combination, in major depressive disorder." *Australian and New Zealand Journal of Psychiatry* 42.3 (2008): 192-198.