Depression is a major health concern facing North Americans today but it may be being treated improperly or not as effectively as it could for a good number of sufferers (Health). Depression is characterized by a number of symptoms, the most instantly recognizable for the general public being a feeling of sadness, emptiness, lethargy that persists for an extended period of time (Health). The two main types of depression (and that will be touched on here) are major depressive disorder, characterized by long term depression disabling many areas of a person’s life, and dysthymic disorder, milder depressive symptoms persisting for at least 2 years and leaving the individual feeling unwell (Health). Depression is not purely a condition caused by an individual’s environment nor is it entirely caused by genetics but rather it is (like many conditions) caused by a combination of environmental, psychological, genetic and biochemical factors (Health). And because it is caused by a blend of factors, it should be treated accordingly to maximize the benefit to the patient.

 The treatment for depressive disorders, as outlined by the National Institute of Mental Health (NIMH), is psychotherapy, antidepressants or the combination of the two (Health). Antidepressants have been available for a while now but the newer selective serotonin reuptake inhibitors (SSRIs) have taken the antidepressant world by storm due to their promoted effectiveness and decreased side effects (Health). Prescription numbers of SSRIs have ballooned. For example, the number of prescriptions for the drug Sertraline (an SSRI) in the year 2007 was 29 million (Verispan VONA). Close at its heels was Prozac (Fluoxetene) with 22 million prescriptions making SSRIs one of the most prescribed drugs in the United States of America (Verispan VONA). Depression is related to a chemical imbalance in the brain involving neurotransmitters (Health). Serotonin is a neurotransmitter and SSRIs work to combat depression by decreasing how quickly serotonin is taken up at nerve synapses allowing it to act on the next nerve for a longer period of time (Staff). There is no doubt that these drugs are doing a world of good for large numbers of depression sufferers but studies and statistics provide information that indicate that prescription of these drugs may be less than optimal. **It can be seen that in selective circumstances, antidepressants are being over or irresponsibly prescribed not promoting the ideal mental and physical health of the individual.**

Prescription of these antidepressant drugs can be either done by a General Practitioner (GP) or a Psychiatrist (in most cases) (Health). Often these are written by a GP (Barber). Since the NIMH indicates that best course of treatment for depression is psychotherapy, antidepressants or a combination of the two, it is surprising to see that the number of prescriptions for antidepressants is rising while the numbers of individuals seeing a psychiatrist is decreasing (Barber). This would not pose such a problem for mental health if GPs were able to and were providing the sufficient support following the prescription of these drugs. Antidepressant drugs are not as simple as taking a pill and forgetting about it (Health). They usually require at least one month for the patient to experience the full benefit of the drug and often the dose or strength or even the drug itself needs to be changed (Barber). A study done by the University of California, Los Angeles found that up to 2/3 of doctors did not appropriately discuss the risks, dose and duration of taking the drug with the patient (Barber). So in these cases, even if the appropriate diagnosis was made, these drugs would not have been taken effectively for the patient, denying them the full benefit or even any benefit.

 But has the appropriate diagnosis made? Increasingly these drugs are being prescribed for unapproved, off label use or for milder depression that may not warrant an antidepressant (Larson, Miller and Fleming). One study done indicated that up to 42% of individuals receiving antidepressants did not have an apparent diagnosis of mental illness (Larson, Miller and Fleming). In addition, it was found that in the United Kingdom, 80% of doctors believe that they themselves are over prescribing antidepressant medication due to the fact that they did not feel that there were appropriate programs or support that these patients could have benefitted from (Boseley). It seems that the incidence of prescription of these medications is climbing steadily while the use of them in conjunction with psychotherapy or psychotherapy alone was going down (Larson, Miller and Fleming). Also important to note, recently there have been studies indicating that use SSRIs in adolescents may lead to suicidal thoughts prompting the FDA to put a black box warning on these drugs for children and adolescents (Health). In light of evidence presented above, it is quite likely that this is not allowing a significant number of individuals to achieve the best mental health possible. Studies have shown that psychotherapy allows for individuals to identify the certain thought processes and behaviours as well as relationships with other people that adds to or triggers their depression (Health). If patients who need psychotherapy or psychotherapy in combination with antidepressants are only receiving antidepressants, they are not receiving the adequate care they need and deserve.

 This should be an issue of interest to Christians. The Bible calls us to do our best with our gifts from God, as 1 Peter 4:10 says, “Each one should use whatever gift he has received to serve others, faithfully administering God's grace in its various forms.” If we, as Christian physicians are not providing the best care that can be provided in each circumstance, then we are not living in accordance with this verse. All throughout the Bible, there are verses and themes about caring for the needy like in 1 Samuel 2:8 which reads “He raises the poor from the dust and lifts the needy from the ash heap; he seats them with princes and has them inherit a throne of honour.” The sick are amongst the needy and God calls us to be concerned with their interests. Christians, and any member of our society, can do this by pushing for more doctors, a need that is ever present in our country. More doctors can alleviate some of the time constraints faced by physicians, so that they are more able to spend the appropriate amount of time seeking out the proper care for patients. In addition, if the appropriate programs are not available to those who need them, we can lobby the government to provide the funding for them. As well, in the Christian Church, there has been ongoing stigma associated with depression, especially when it seems that there has not been healing. It is important for Christians to approach this situation with an attitude of Christian love and acceptance. Removal of this stigma, especially in the church, will allow more people to feel free to seek out the treatment that is right for them.

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