Help for treatment-resistant depression

I've tried several medications and I'm still depressed. What now?

If your depressive episode has not responded to two or more adequate trials of antidepressant medications, you may be categorized as having treatment-resistant depression (TRD). Several important factors need to be considered before a diagnosis of TRD can be given.

If a treatment does not target the specific biological factors contributing to your depressive episode, it will not be effective. This is referred to as “true” TRD. However, because of side effects or another reason, some people may not stay on an antidepressant long enough to see if it helps their symptoms. Or there may be other complicating factors that make it harder to fully recover from an episode.

The first thing for you and your doctor to do is determine if your previous antidepressants were given adequate trials. That means at least eight and preferably 12 weeks of treatment on at least a moderate dosage.

It is important to stick with an antidepressant treatment even if you have side effects when you start. If side effects persist or interfere with your functioning, you should bring them to the attention of your doctor for assessment and monitoring.

There are other avenues to explore as well:

PHYSICAL ILLNESS can make it harder to recover from depression. A thorough medical evaluation might reveal an underlying medical condition that must be dealt with.

SUBSTANCE ABUSE is another common reason why depression does not improve with treatment. The two conditions must be addressed together.

MAJOR LIFE STRESSORS can be a contributing factor. Psychotherapy and/or learning stronger coping skills can be extremely helpful in this case.

ANOTHER PSYCHIATRIC ILLNESS may be at work. Sometimes people with TRD actually have an underlying bipolar disorder that is difficult to identify. Bipolar disorder is generally characterized by periods of elevated mood and energy along with periods of depression. However, some people will view those periods of euphoric well-being and increased productivity as their “normal self” rather than a hypomanic mood state. Or someone may experience irritability instead of happy moods, and this irritability can be difficult to separate from depressive symptoms.

Talking to supportive family and friends can help you figure out if these alternating mood patterns are recurring features of your illness. Other important considerations include having a family history of bipolar disorder; decreased sleep and increased activity during periods of irritability or elevated mood; having a quick initial response to antidepressants that then fades; and/or feelings of agitation and increased irritability with antidepressant treatments.

If you can relate to any of those things, it is important to discuss them with your doctor. If your TRD is associated with underlying bipolar disorder, a mood-stabilizing medication might be called for.

Does being treatment-resistant mean I will never get better?

No! For one thing, a lot of people who are labeled with TRD find that tackling complicating factors like a physical illness or major life stressors makes the depression amenable to treatment.

Even people with "true" TRD should not give up hope. Continue to explore medication options with your doctor as new “third generation” antidepressants come into the market. Ask about adjunct treatments designed to address residual symptoms that persist while taking an antidepressant.

The future holds promise as well. A great deal of research is being conducted into "non-response." Scientists also are working hard to identify biomarkers so that a blood test, for example, could help pinpoint which individualized treatment is most likely to help you.

Have a question for the doctor? Email mailbag@hopetocope.com.