

# Let's GET Physical

*by University of Washington Aging  
Rehabilitation Research and  
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## Have you ever felt

depressed? Not the intense feelings of shock, loss and sadness that often come in waves during the first few days and weeks after spinal-cord injury (SCI). Instead, the sadness, low mood, or loss of interest in life activities that can creep almost unnoticed into daily life.

Sometimes sadness or disinterest are joined by other symptoms such as changes in sleep or appetite, poor energy, difficulty concentrating or making decisions, feelings of worthlessness or guilt, being restless or slowed down or having recurrent thoughts of death or suicide. When these symptoms last more than a couple of weeks, we call this “major depression.”

## Depression Delusions

A common myth is that after SCI, depression is “normal.” This just isn’t true. In reality, only about one in five people with SCI has major depression. While this is a higher rate than in the general population (where one in 20

people is depressed), clearly depression is not normal—even after SCI.

Another myth is that depression is a sign of psychological weakness. The truth is, many things probably cause depression such as genes you were born with, having chronic pain, lacking social support, having financial stresses and being physically inactive.

A final myth is that depression will get better on its own. Several studies have shown that after inpatient rehabilitation, if a person is depressed he or she often remains so for months to years. Depression is not a phase of adjustment people with SCI must go through. It is more like a medical condition that hampers recovery and rehabilitation.

For example, depression is associated with longer stays at the hospital, fewer improvements in function, more pressure ulcers and

**Physical activity is a strong option to treat SCI patients with depression.**

# Get Involved

To learn more about improving mood in people with spinal-cord injury (SCI) or multiple sclerosis (MS), researchers at the University of Washington in Seattle are doing two different studies. People living with SCI or MS anywhere in the United States may be eligible for these studies, since they are carried out entirely by phone.

■ The **inMotion Study** intends to evaluate the effect of exercise as an alternative method of improving depressed mood in persons with SCI or MS. Participants receive phone calls and physical-activity counseling, and will receive up to \$120 for their participation. People aged 45 or over with SCI or MS may be eligible to participate.

For more information, call 866-928-2114 or e-mail [agerrtc@uw.edu](mailto:agerrtc@uw.edu).

■ The **Depression and Multiple Sclerosis Study** is recruiting people with MS and moderate or severe depression. The study is designed to help find the best way to screen for depression in people with MS. Participation includes two phone calls and filling out one questionnaire packet (about 1½–2 hours over two weeks). Participants will be paid \$25 and receive resources on depression for people with MS.

For more information, call toll-free 800-504-0564 or e-mail [msrrtc@uw.edu](mailto:msrrtc@uw.edu).

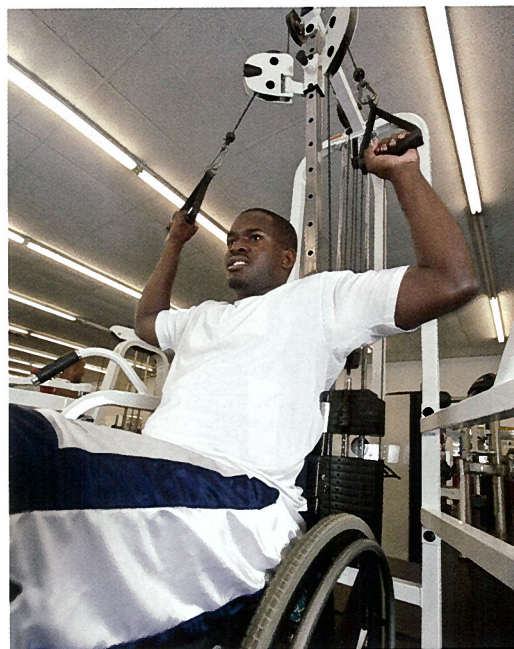


urinary tract infections, poorer community mobility, and higher rates of unemployment.

## Treatment Options

Depression is treatable, and for this reason it's important to recognize it and do something about it as soon as possible.

One option is taking antidepressant medications. Antidepressants work by making natural brain chemistry function more efficiently. It can take a few weeks of using them before you start to feel better; usually the dose must be increased gradually. Side effects of antidepressant medications tend to be mild and often get



better over time. Most people need to stay on them for at least six months to prevent their depression from returning.

Counseling has been shown to be another effective treatment. Counseling sometimes has

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a bad reputation, based on old TV stereotypes of lying on a couch and talking only about your childhood. Modern counseling is more like having a coach who can help you sharpen your coping skills and improve your strengths.

The most scientifically supported counseling approach for depression is called cognitive-behavioral therapy (CBT). In CBT, the counselor helps you build enjoyable and meaningful activities back into your life, notice the

links between how you think and how you feel, and solve the daily hassles and problems that can weigh you down.

## Get Moving

Another option might be physical activity. People who are inactive have a higher risk of having depression. By the same token, research has shown increasing your level of physical activity can be an effective way to improve mood.

One study found aerobic exercise was an effective treatment for major depression and was as effective as the antidepressant known as Zoloft® (sertraline) for treating major depression in older adults. Interestingly, people with depression who were treated with exercise were significantly less likely to relapse into a depressive episode compared to those who only took the drug.

## Further Study

People with SCI may face major challenges trying to resume physical activities they might have enjoyed before their injuries and, as a group, are quite inactive. This inactivity might even contribute to the higher rates of depression seen in individuals with SCI. Therefore, increasing physical activity has the potential for significant health benefits among people with SCI.

Studies of people with SCI have shown exercise results in improved strength, reduced pain, less stress, and improved mood. Another study found exercise and massage in individuals with SCI resulted in improved mood.

However, these studies only evaluated people who do not have major depression. Researchers at the University of Washington are currently studying whether becoming more physically active is a good way to improve depressed mood in people with SCI and other disabilities (see sidebar “Get Involved”).



## Finding Help

What should you do if you have symptoms of major depression? Talk with your healthcare provider about getting treatment or starting an exercise program. You may also consider participating in a research study.

If you have serious thoughts of death or suicide, call 911, the 24-hour National Crisis Hotline at 800-273-8255, or your local Crisis Clinic right away.

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