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The Surprising Way Your Brain Reacts To Depression and the New Developments That'll Bring It Back

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Dear Student,

I'm Michael Senoff, founder and CEO of HardToFindSeminars.com.

For the last five years, I've interviewed the world's best business and marketing minds.

And along the way, I've created a successful home-based publishing business all from my two-car garage.

When my first child was born, he was very sick, and it was then that I knew I had to have a business that I could operate from home.

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I knew that I needed a site that contained strategies, solutions, and inside information to help you operate more efficiently.

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Now, let's get going.

Michael Senoff

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The Surprising Way Your Brain Reacts To Depression and the New Developments That'll Bring It Back

Dr. Michael Banov, psychologist and author of Taking Antidepressants, has been studying depression for years. But he says it's only been recently that scientists have discovered what happens to the brain during times of depression. Because it doesn't produce enough of the brain chemicals it needs to thrive, it actually shrinks.

The good news is – it's not a permanent condition. After successful treatment, the brain will grow back. But Dr. Banov says treatment isn't as simple as popping a few pills and declaring yourself cured. Depression is a whole body illness and requires a whole body intervention. And in this audio, you'll hear all about the latest developments in the areas of depression, and all the latest treatments.

You'll Also Hear...

- A quick test that will let you know if what you're feeling is normal sadness or clinical depression
- A little known fact: treatment should always be a partnership between you and your doctor – and a quick checklist of what to look for in a doctor to make sure you find one receptive to your needs
- The big distinction between depression and bipolar disorder and the absolutely critical reason bipolar patients need to make sure they're not prescribed antidepressants by mistake
- 5 sneaky illnesses that mimic the signs of depression – so you can rule out the physical before you seek treatment for depression
- Exactly how antidepressants work with the body, the common side effects you can expect, and the important steps you need to take if you want to switch drugs
- The only proven holistic treatments that actually work to treat depression – and how to take them

Dr. Banov says the longer you wait to treat depression, the harder it is to treat. So it's especially important to get the ball rolling as soon as possible if you think you (or someone you love) may be suffering from it. And in this audio, you'll hear everything you need to know to get that ball rolling today.

Kris: Hi this is Kris Costello and I've teamed up with Michael Senoff to bring you the world's best health related interviews. So, if you know anyone struggling with their weight, with cancer, diabetes, ADHA, Autism, heart disease or other health issues, send them over to Michael Senoff's www.HardtoFindSeminars.com. Today, we are talking with Dr. Michael Banov and he has written a new book called *Taking Antidepressants: Your Comprehensive Guide to Starting, Staying On and Safety Quitting*. Dr. Banov, thank you so much being with us today.

Dr. Banov: Well, thanks for having me.

Kris: So, this really is a comprehensive book and I'd like to kind of just start out with that. Let's just define depression if we can a little bit.

Dr. Banov: That's a harder than you might realize and unfortunately, unlike other medical diseases or illnesses where you can point to something on a chest x-ray or a blood test or a brain scan and say, "Here it is," we can't do that with depression. It's normal for people to feel bad or down or stressed out or anxious when bad or stressful things happen in their life but that's a very different experience than someone who is going through what we call Depression, real clinical type depression. There's a lot of evidence that that type of depression effects the brain and body in such a way that physical changes occur that make it very difficult for people going through that to function on a day-to-day basis. One of the differences between just normally sad or down, first, it's having clinical depression is you can't do the things you need to make yourself feel better. That's where it's really important at that point to get some professional advice on how to get you feeling better.

Kris: What are some of the symptoms that people can look for with depression if they suspect they might be suffering from it?

Dr. Banov: Well, there's the technical symptoms of depression and I'll kind of explain why I'm sort of qualifying that in a minute or two but, the technical symptoms of depression, if you go look up in a medical text book or go online, there's nine what we call criteria and you have to have five out of the nine to meet the criteria for depression. Those include things like sleep, energy, appetite changes, trouble concentrating, difficulty with motivation, feeling down on yourself and even in some situation can even involve having thoughts of not wanting to go on, not wanting to live or having suicidal type thoughts. Now, people can have depression and doctors and therapists will often diagnose depression even when people don't have five of the nine or they have other symptoms that aren't on that

official checklist. Things like irritability or chronic pain which is an awful ache and pain and other types of physical symptoms, obsessive or compulsive rumination can all be signs of depression too but I don't want everybody to think that just if you have to have those specific criteria that we think that the definition broadens a little bit. It's important to realize that because you may not be experiencing what other people who are experiencing depression are going through or what you might read about on the internet or in books or hear from health care professionals.

Kris: Dr. Banov, people I'm sure come to you with the typical aches and pains and that kind of things. How do you sort out physical illness versus a diagnosis of depression?

Dr. Banov: I think it's really important, if you've never been diagnosed before, you've never had any treatment, to see a medical physician first who's familiar and comfortable with depression and can rule out some of the physical causes because, there are some doctors who are very good primary care physicians or internal medical or family doctors but don't know a whole lot of depression and may not know the kinds of things you want to look for to rule out. There's a lot of physical symptoms that can mimic depression and it's not that uncommon to have somebody present with classic symptoms of depression and have a low thyroid or low Vitamin D levels or have anemia, low blood count, sometimes, various health problems like heart problems, diabetes, blood pressure, changes, parathyroid problems, I mean, the list goes on and I talk a lot about those in the book too. Most of these can be ruled out with simple lab tests. The nice thing is, if you go to a doctor with complaints consistent with depression, things like low energy, fatigue, low motivation, difficulty sleeping, not feeling rested, trouble concentrating, sometimes the simple physical exam and a straight-forward battery of lab tests, will rule out most physical conditions but it's important. The other thing is many people will have a combination of both. They may have depression but they may also have a physical problem that could be making the depression worse or more difficult to treat. It's not uncommon in my practice to have people come to see me who are on an antidepressant and doing a little better or seeing a therapist and doing a little better but really not as good as they should be and we find out they maybe they have a thyroid problem. Once we treat that, then all of a sudden, their depression gets better but it's not as though that they didn't have depression in the first place and they still might need to take antidepressant or continue whatever other types of treatments they're using to help their depression get better.

Kris: In taking antidepressants, you also talk about the brain and I'd like to talk a little bit about that and explain to people, what's actually going on with the brain with depression? What do we know?

Dr. Banov: Well, there's a lot of little piece to the puzzle that we know but the problem is that we don't know how all the pieces fit together in the big picture. I'll tell you a few of the things that we know for sure and these may be terms that people have heard over the years. One thing we know happens when people get depressed or very genetically predisposed to depression is they may have different levels of chemicals in the brain called neurotransmitters and what neurotransmitters are, they're little chemicals that we produce that help the brain talk to itself. When one neuron wants to send another neuron a message, it shoots a little chemical across. The most common one that people have heard of that are associated depression, mood and anxiety are things like serotonin and norepinephrine and dopamine. They're all somewhat related chemical and we've found that in people with depression and anxiety and other mood problems that the levels of those chemicals might be quite low.

That's what we've been basing a lot of our research on and medical treatments on for many years is that but, now there's a whole new array of discoveries going on that are fascinating and very relevant and that's in an area called neurotropic factors. Kind of a complicated word but what it basically is brain food. That your brain produces certain chemicals and one of the most common ones is one called BDNF or Brain Derived Neurotropic Factor. This is something that your brain produces and it makes the brain function better. It makes new neurons work more efficiently and grow and become more robust. So, like I said, it's sort of like a brain food.

We found in people who were under a lot or people in chronic pain, people with very severe medical problems and in depression, these levels of these BDNF are quite low. What it does, it actually can cause parts of your brain to shrink a little bit and when you tell people who have depression, "You know, parts of your brain are shrinking," it's a really scary thing. The great news about that is, when you get treated the brain goes back to where it was before. It's not a permanent type of injury. It's not like people tend to think of if you have a stroke or you severe a spinal cord, new neurons don't regrow or reform but we know that in some areas of the brain, particularly when it comes to mood and anxiety that it does. This may explain why many people with depression have trouble with concentration and focus. Even when they feel better, their moods get better, the concentration tends to lag quite a bit because, they'll feel

better, they'll back to work but they're not quite as sharp as they used to be. That can sometimes take three or six months after your depression has gotten better and that may relate to the BDNF or the Brain Neurotropic Factors.

This is a lot of fascinating areas and these all have relevance towards treatment and some of the new medicines, and I do a lot of clinical research, are geared towards looking at these other chemicals in the brain to repair those but, also what's very important, since I said that things like chronic pain or medical illnesses, stress, also can effect these chemicals too, it's important to address those as well. So people who are under a lot of stress, need to make life style changes to reduce the stress in their life. They're in chronic pain, they need to do whatever they can do to get themselves out of chronic pain or manage their medical condition better. That will all help people feel better as well. It's not just can I take a pill to restore the BDNF. There are a lot of other things that you need to do and you need to think about depression as a whole-body illness and to get better, you need to do a whole-body intervention to get back to where you need to be.

Kris: For more interviews on health, mind, body and spirit go to Michael's Senoff's www.HardtoFindSeminars.com. So, Dr. Banov, it's sound like when you're talking about things like brain shrinkage being involved in depression, it's definitely something that people need to treat and whether it's holistically, which many people prefer to go that route or with pharmaceuticals, it sounds like it's something that you really need to get help with. Not something that you should try to do on your own.

Dr. Banov: Absolutely and you know, one of the reasons that I wrote this book, I am a practicing psychiatrist. So, I see patients every day and everybody comes up with the same questions over and over again. They tend to go on line or they get a book from the book store, something about depression. What many people see are books with an agenda. They may be very anti-medicine or anti-depression or pushing one thing or another. What my book tries to do is present the entire landscape. I'm not advocating medicine but I'm not discouraging or negative about medicine too. I think there are risks to medicine and it certainly wouldn't be something, although there are some cases, where you'd want to do it a first line but, most of the time, I'm a strong advocate of trying other things to get better first before you get on medicine. It is very important, no matter what, to get help and to get treatment and to know what all your treatment options are out there because, there are a lot of things you can do.

You made a very important reference there about getting help because, what we find is, the longer you wait to get treatment, the harder it is to get treated. It's no different if you have a pneumonia or if you have cancer or anything other medical condition. Delaying treatment can make treatment much, much harder. We have evidence to show that the longer you go without getting well, the more likely it is for your depression to come back over and over again, the more likely you are to have some of those trouble with focusing and concentration. People who desperately want to avoid getting on antidepressants will find sometimes they ended up on more medicine than they wanted to because they waited too long to get help.

The most important thing is that if you think that you may be dealing with depression or you know somebody who may be dealing with it, to get help immediately. Don't just assume that you need to get on a medicine. A lot of people don't want to see a doctor because they assume they are going walk out the door with a prescription and they don't want to take anything. What I talk about in the book, although the book doesn't focus specifically only on non-medication treatments, I do make references to many that are out there that are proven. These aren't things I thought of in the middle of the night or some kind hocus-pocus stuff that somebody came up with. These are interventions that have undergone scientific scrutiny and show that they really help, when applied, really help people with depression.

Kris: Really, your book is much more than just about taking antidepressants. You mentioned that you've seen hundreds and thousands of patients. What I'd like to hear, what should a good appointment, your first appointment with a medical professional look like?

Dr. Banov: In my book, I talk a lot about that. In the back of the book, I have a list of information that will make it very helpful to make a good assessment for you. The number one thing you need to do is make sure you're seeing somebody who is comfortable diagnosing and treating depression, someone to give you all your treatment alternatives. You want to make sure that you're seeing somebody who can make sure that you get the appropriate physical workup to rule out any other medical or physical problem.

I think one of the most important things when you're seeing a doctor for that first visit is to make it very clear to the doctor what you would like to do as far as your depression goes. Sometimes, people will come into my office and they'll have all kinds of mood anxiety problems and I'll say, "Did you have any ideas about what you might do to get better?" They might say, "I'll do whatever it takes but I don't want to get on medicine," or they

might say, "I'll do whatever it takes but I do not want to see a therapist," or, "I'll do whatever it takes but I don't want to stop taking out on pizza and beer." I may not agree with what they're saying but I have to be respectful of that and I have to say, "Look, we can try it your way and here is what my recommendation would be." I think if the doctor takes that approach, eventually the person will get better because, they're motivated. If they say, "Look, you tell me what to do, anything but medicine." If I tell them to exercise, to change their diet and go to counseling, they do all that, they have a good chance that they may get better. If they don't, I think they're more likely to engage in the other recommendation then if I didn't have a better sense of where they were at.

I think the biggest reasons that people don't follow up treatment is either one, they think that the doctor came to a decision too quickly. "I walked in there for five minutes and I walked out with a prescription." That doesn't inspire a lot of confidence in some patients and I think they're less likely to take the medicine. Or two, just feeling like the doctor really didn't hear what they wanted to do and not having enough confidence in their recommendation. I really feel like that's very important, that is should be a partnership between the doctor and the patient and to make sure that you're seeing somebody that you feel like you're part of the treatment decision with. The doctor's checking you out but you need to check the doctor too and just make sure you're on the same page.

Don't expect that the doctor is going to have some magic solution for you. That you're going to feel better in one week. It probably took you a while to get to where you were at. It's going to take a while to get out of depression if you do it the right way. I know we live in America where everybody wants their hamburger in 20 seconds or less but it just doesn't happen that quickly and real treatment takes a little while but, it's a real treatment and it's effective and it will last.

Kris: How long do you think an office visit needs to be really to get some of these solutions for people with depression?

Dr. Banov: That's a tough question about how long an office visit should be because a lot of it depends on the kind of information that you're comfortable sharing, how long it takes to establish a relationship. I've done some initial evaluations that take 30 minutes and some take an hour and 30 minutes. Sometimes, people come in with so much and such a complicated history, normally, I'll schedule people for an hour for the first time and that's what most psychiatrists will do. Family doctors probably won't spend that much time, at least particularly focused on mental issues or problems but

sometimes after that, I'm already thinking, "You know there's so much here, we're just going to have to get together again in a week or two and fill in some of the gaps here." Everybody is different and I hate to be sort of time based. It's really what the person needs specifically. Unfortunately, with the way insurance works and managed care and all that, we find that there's the phenomenon now where doctors and therapists kind of double-team people that you might see a doctor who managing more of the medical part of the depression and the medicines and then sometimes, the therapists, like a PhD psychologist, social worker, another master's level therapists like a licensed professional counselor or pastoral counselor, or something like that, who's doing more of the therapy piece. That's sort of a phenomenon in the last 10 or 15 years with all the insurance changes and things like that. There are some advantages and disadvantages to that model but either way, that's kind of the model that many practices use these days.

Kris: So, it's very individual it sounds like.

Dr. Banov: Yeah, I think it really should be. It should be tailor-made and some people bring a lot more to the table than others. I have people who come to see me who have had depression off and on throughout much of their life and they know that they take their Prozac and they do well and they may stop it and do fine for five or ten years and then depression comes back and they go back on their Prozac and they live happily ever after again. So, for that person, maybe an hour appointment or more really isn't necessary but it is very straightforward.

One of the things that I talk a lot about in the book is different types of depression and I think there's a tendency to think of depression as one thing and it's not. The best analogy that I can use to describe that is; let's say 100 years ago and you had chest pain and you went to the doctor. The doctor says, "Ok, you have diagnosis of chest pain." Well, are you having a broken rib, are you having pneumonia, are you having a heart attack, do you have a pulled muscle? It could be totally different things causing the same symptom of chest pains. That's true with depression today. Somebody comes into a doctor's office, feeling bad or down, no energy, can't concentrate, it could be a very different thing going on with that person than someone else with the same symptom. That's why if you have a friend or a family member or somebody else who's gone through depression and they got on the magic drug X or saw the magic therapist and got so much better, you can't necessarily base on your treatment on that because they may have something going on completely than what you have going on.

Kris: Does depression run in families?

Dr. Banov: The short answer is yes and there are probably two reasons. If you have a depressed parent, it's very likely that you are probably going to grow up with a lot of stress and complications from having a depressed parent but, we know also, particularly from adoption studies, that there are depression genes. Now, it's not a single gene. It's not like inheriting brown hair or blue eyes where you're either going to get it or you're not. What you do, is you inherit a vulnerability to work with a combination of different genes. We've identified some of them but, not enough that you can come into my office and I can draw some blood and do a genetic analysis and say, "Either you have depression or you're going to get depression." So, you inherit vulnerability and we think that depression is some kind of magic formula of a certain amount of stress and a certain amount of genes. If you have lots of gene depressions, you may only need a little stress. I have people come into my office all the time; they don't seem to have a care in the world. They've got money, they've got a supportive spouse, a wonderful family life, meaningful work but, they're horribly depressed because they're so genetically open for depression. Then other people who come into my office who've gone through catastrophic life events and you hear they're life and you go, "How are you even standing? You know, to take that much?" For those people they may have very little genetic predisposition but just a whole lot of stress to kick it in.

Kris: You're listening to an interview on Michael Senoff's www.HardtoFindSeminars.com. That must take great strength of character to not make judgment on the whole depression thing there.

Dr. Banov: Oh absolutely and sometimes, people will get comments, I'll hear it or my patients will hear it, "Well, you have nothing to be depressed about. Look at your life. You have this and that and I've got nothing or I've been through this adversity." I have to try to educate people that that's not what depression is about. It's not that if so much happens to you, then you therefore, deserve to be depressed. It's like, some people are genetically loaded for diabetes and some people aren't. So, one person goes and has two scoops of ice cream and their blood sugar goes through the roof and another person gets fours scoops of ice cream and three chocolate cakes and their blood sugar is fine. It's the way their bodies were made and it's not that the person with the two scoops deserved or doesn't deserve to have the diabetes.

Kris: In taking antidepressants, Dr. Banov, you also talk about some common psychiatric disorders that can often co-occur with depression. What are some of those things?

Dr. Banov: Very often, we do see combinations of illnesses and these things unfortunately, put people at risk for other ones. One thing we always want to make sure we're not dealing with if someone comes in with depression is making sure that don't have, what we call, bi-polar disorder or manic depression. Some people will come into the doctor's office and they may feel very down or blue but, they may have had a history in the past of having periods where they felt almost too good or almost high, euphoric, maybe went days or weeks without sleeping and were up all night and doing things and productive and maybe thought they were on drugs or something like that. It's important to differentiate the two because; you don't want to give somebody who has bi-polar disorder, even if they have depression, an antidepressant as a first-line treatment. They often need something else called a mood-stabilizer. So, that's a very important differential that we need to make. Even though the depression from bipolar, the depression can look exactly the same as just a regular depression or what we call unipolar depression.

There are a lot of anxiety disorders that can co-occur with depression, panic attacks or panic disorders, obsessive compulsive disorder. Many people with depression have some traumas in their life and they suffer from what we call post-traumatic stress disorder. So, these are very common but the one that we get very concerned about is well is substance abuse. Many people use drugs or alcohol to excess to the point that either triggers the depression or they use the drugs or alcohol to treat depression but, if alcohol is from the depression or the cause of the depression, either way it becomes a major obstacle to getting better and it's really important to get that address because, it's very unlikely you're going to get better within an antidepressant or anything you use until you stop using the drugs or alcohol.

Kris: So, it almost sounds like you have to treat the alcohol or drug addiction? Is that right?

Dr. Banov: Yes, now what will happen is people come to see me and they go, "Well, you know Doctor, if I weren't so depressed, I'd stop drinking or I wouldn't use the drugs." They want to have me give them something like say an antidepressant that makes them feel better and they think they're just going to magically stop using and it doesn't work like that. Whether it was the cause or not, the fact is, once you have substance abuse, it needs to

be treated as substance abuse and they need to be treated simultaneously. That's a hard thing to hear because it takes a lot of work. It's not easy to get off of alcohol or drugs if it's become a big part of your life but it is very important and you will sabotage your ability to get better, if you don't get help for it.

Kris: Right and I would imagine that on top of the physical neurobiological symptoms of a depressed brain, to add the addictive brain in there too must be really something to try to treat.

Dr. Banov: Yes, I tell people it's like trying to put out a fire with gasoline, real bad idea.

Kris: What are some of the symptoms of bi-polar disorder? It sounds like it's pretty important to know the difference between depression and bi-polar.

Dr. Banov: Yes. I mentioned a few earlier that would be if you've ever had any symptoms with mania and mania, like I said before is almost euphoric, feeling on top of the world, "I can do anything." Some people may have episodes like that last a few hours or a half a day but I'm talking about when you get that that lasts for many several days or a couple weeks or even sometimes months. They'll do very reckless and impulsive things. They go spend money they don't have or go gambling or sometimes, sexual indiscretion or things like that, very impulsive. That's sort of the easy to recognize symptoms of mania. There's a little more of a challenging type of mania which we'd called either mixed or dysphoric mania, that's not so clear cut. That's, people may experience being very irritable, temperamental, they still may be impulsive and angry, can't sleep, feel depressed, racing thoughts and sometimes very difficult for even a health care professional to know if that's depression or mixed dysphoric mania and the reason, as I mentioned early, it's important to differentiate. If you think it's depression and that person gets on an antidepressant, they can actually feel worse and it can be a very bad outcome. So, try to differentiate, that's very important.

The other challenge is that somebody can have as their first episode of mood problem being depression and get treated for that but then; a manic occurs a year later or two years later. Well, they didn't turn into having bi-polar illness, they always had it. They just got the depression first. The mania didn't show up later. So, even a good doctor may miss the diagnosis because there was no real clue that they had any history of mania because it hadn't really occurred yet. So, those are the things that you have to be careful about before you start medication, just to make sure that none of that evidence. What we don't want to do is make

anything worse. You know, the Hippocratic Oath says, "Above all, do no harm," and that's another good reason, if you could avoid taking the antidepressant and get your depression until control without medicine, by all means, I think it's a great idea because that is one of potential downfall of taking antidepressants.

Kris: One of the things in taking antidepressants, you've got a quote in there that says, "In a study, only 50% of those who had depression were getting any treatment"?

Dr. Banov: Yes, unfortunately, we still live in a society where there's a huge stigma, a lot of misunderstanding about depression and people were very reluctant to get help for a number of reasons. One is they're embarrassed to get help, embarrassed to say they have this problem and we still carry a stigma, "Well, depression somehow is your fault or your weak-willed or you haven't been pulling yourself up by your bootstraps," and all of those sort expressions. So, there is a tendency for that. The other thing is sometimes people will go get help. They might get on a medicine. They may take the medicine for a week or two and either not feel any better, they didn't give it the whole four to six weeks that it needed or maybe they had some uncomfortable side effect and they just said, "You know what, I'm not going to take this." Fortunately, we have a lot of medications out there so, if you do get a side-effect that you don't like because it's very discomforting, there are a lot of other alternatives. Most people, unfortunately not everybody, but most people can find a medicine with either no or very, very few side-effects that's tolerable.

One thing that we talked about before we started the interview, a third of the book is dedicated to; it's about coming off of antidepressants.

Kris: Oh yes, but yet me just roll a little because I do want to ask you one question and then I also want to start with explaining about the medications before we talk about getting off them. Okay?

Dr. Banov: Sure.

Kris: So, Dr. Banov, what percentage of the US population suffering from depression or bi-polar or that kind of thing. Do you have a sense of that?

Dr. Banov: Well, that's lots of different estimates and there's some estimates that rate as high as 20-25% of the population will suffer from depression at some point in their life. Now, that doesn't mean that all 20-25% need to go on medicine but, there is that risk of people going through depression that

high. Bi-polar disorder is probably estimated at about 5% of the population. So, they're highly prevalent and the impact of depression on one's physical health and their functioning is as high as things like diabetes and high blood pressure and all these other very serious medical problems as well but, it's not a minor thing to have depression. It can have a tremendous impact on your life.

Kris: For more interviews on health, mind, body and spirit go to Michael Senoff's www.HardtoFindSeminars.com. Your family also...

Dr. Banov: Absolutely.

Kris: With children, are the symptoms different? How do you recognize depression in children?

Dr. Banov: That's a very complicated area. I actually have a chapter dedicated to diagnosing and treating depression in kids. Kids fall into a very different area because, a lot of the conventional tools for diagnosing symptoms, don't happen in kids. They tend to have more behavioral problems, or behavioral outburst, anger, irritability, problems in school, they don't tend to say, "I feel bad or down," or the acting out. One of the complications with kids, particularly when it comes to antidepressants, is that there's a small number but significant number of kids who when they take the antidepressants, actually can feel worse. Some of the studies show that some of them will get an increase in suicidal thoughts. Now, that doesn't mean, by any means all, it's a very small percentage but, it's a very severe problem if it occurs. So, it's very important, if you start anybody, actually, anywhere below the age of 25, that you have monitor very, very careful and educate the individual and the family that if they start to feel worse, they need to call their doctor immediately and let them know. Also, with kids, it's very hard to accurately diagnosis. So, somebody comes in with behavioral problems, you don't know if their family is causing it or Attention Deficit Disorder or bi-polar or all these other things. So, doing the differential is much more complicated with kids and their response to medicine is much less predictable as it is in adults.

Kris: It's almost a whole another field, it sounds like?

Dr. Banov: It is. It's very difficult and you've really got to go see a specialist. I don't advise families to take your kids to their pediatrician, unless the pediatrician really specializes in mood and anxiety problems. It's a whole specialty area that I think really needs to see a true expert in the area.

Kris: So, Dr. Banov, in taking antidepressants, you've also got an interesting quote, "25% of the people who are prescribed antidepressants, don't fill the prescription or stop taking them after two weeks." I'd like to ask you, you've got a lot of information about the different medications for depression and also, natural remedies and therapies. So, let's talk about that a little.

Dr. Banov: I think when of the reasons, I touched on some of these already, the reasons people get the prescription either don't fill it or only take it for a couple weeks. Maybe they feel like their doctor went a little too quickly to give them the medicine. Maybe they have confirmed something that they've read on the internet or heard from somebody about the medicine and maybe they didn't feel comfortable asking their doctor about so, they opted not to do it.

Another common reason that people only take it for a couple is that most of the side-effects you get from antidepressants, you tend to get up front. The common ones are maybe stomach upset or a little diarrhea or constipation or headaches or sleepy or feeling jittery and unfortunately, most of them will go away if you stay on the medicine a while but somebody takes the medicine and feels that way for a week or two and goes, "Well, geez, I don't want to feel like this for the next six or eight months. So, I'm not going to continue it."

Or they have an unrealistic expectation of how quickly they're going to work. "Oh, I took it for a week and it didn't help me so, I stopped." Not really realizing they need to be on it for four to six weeks.

Kris: There's obviously a huge amount of medications available. Is that right?

Dr. Banov: There's over 30 commonly prescribed antidepressants, many of them fit into this same general category. So, let's say, you tried Prozac and Zoloft and had a terrible reaction or they didn't work, I probably wouldn't go to say, Paxil which is kind of in that same family. Maybe try a different family that works on a little bit of the different chemicals in the brain. So sometimes people will take a medicine that will keep them up; so try a medicine that's a little more sedating. So, there are a lot of options out there. What I can't say is that one antidepressant is better than another. It's only what works best for you. I common question I get from people is, "Well, I just want to take the best one out there." What I have to say is, "There's no such thing as the best one. It's whatever works best for you, and give you hopefully no or the fewest side effects possible."

Kris: I'm sure they all have different mechanisms and ways that they work but commonly, how do these medications improve the situation with depression?

Dr. Banov: Well, what they do is, most of the ones on the market today, affect those chemicals we talked about earlier, the serotonin, the norepinephrine, the dopamine. Many of them work by helping the body to use those chemicals more effectively and more efficiently. You may have heard the term serotonin reuptake inhibiter or SSRI, that's the Prozac and Paxil and Zoloft. Those are some of the more common antidepressants. What they do is they block the breaking down of those chemicals, they block the reuptake. So they keep the chemicals in there longer and they make the brain use them more efficiently and eventually, your brain starts to make more of them and use them in the way that they're supposed to.

Most of all the antidepressants on the market tweak those neurotransmitters, one way or another but, we do have a lot of new medication in the pipeline, they're available yet today. They're going to work on different areas of the brain that may give us better results and may even be safer and better tolerated medicines.

Kris: You mentioned that brain shrinkage being present in people with depression. Do these medications restore the brain, basically or how does that work?

Dr. Banov: What we know is, when you treat depression, the brain gets better. So, you don't have to take an antidepressant in order to have that brain shrinkage improve. Sometimes, depression can be so disabling that you do need to get on medicine and that may be the only thing that really helps but in many situations, things like therapy, exercise, diet changes, some nutritional supplements. Some of those, if take properly and the person starts to feel better, that brain shrinkage will improve as well but the main thing is, it's not what you do but it's getting the help and getting your depression treating which restores your brain back to where it was before.

Kris: Before we get into the holistic treatments, what are some of the risks with medication? I know there's people who are afraid of taking medication.

Dr. Banov: Well, we don't know if any on the whole, very dangerous side effects from antidepressants. As a class, they're extremely safe. The one concerning area that we have, and I mentioned this early, is that some people, particularly younger people, when they take an antidepressant can

actually feel worse or get an increase in suicidal thoughts. It's very rare in people over the age of 25 but it can happen. So, it's rare but when it happens, it's quite serious. Or if you give someone who actually has manic depression an antidepressant, that can be dangerous. Some of the older antidepressants that aren't used much anymore, one group is called Monoamine oxidase inhibitors or MAOIs or another class called Tricyclics, if somebody, took too many of them or overdosed on them or mixed other medicines with it, it can be very dangerous but, we don't use those much anymore. The newer ones on the market today, if people accidentally or intentionally take too much, they make you feel really sick but, it wouldn't actually harm you physically in anyway and most of them are very safe to take with other medicines. Of course, you do need to check with your doctor to make sure.

So, as a class, they're extremely safe medications but they can have side-effects, which I talked about earlier and those side-effects can be quite annoying and for some people may not be worth the benefit they're receiving.

Kris: As you mentioned, it's an individual process and it sounds like you have to do a lot of tweaking before it works for some people.

Dr. Banov: There's a lot of trial and error. If you talk to anybody who's gone through treatment for depression and seeing a psychiatrist, they'll tell you commonly, "Oh, I had to try three different medicines or it took me forever to find the right dose." So, sometimes it's easy and you get it the first try but sometimes, it's very trial and error. We're just not to that point yet where we can do a blood test or brain scan, and say, "Here's the dose and here's the exact medicine you need."

Kris: For our listeners that prefer a holistic kind of treatment, what kinds of things can they try to do with their practitioner?

Dr. Banov: I talk a lot about this in the book about some proven holistic treatments and I mention it because there's a lot out there that are not proven. I think it's important, if you're going to spend the money and maybe not get on an antidepressant and possibly delay your treatment, to do something that is more proven to work. The most common is St. John's Wart. Many people have heard of that. It's available in most health food stores and there's good evidence to show that mild to moderate depression does respond to St. John's Wart. Other things are things like, Fish Oil, omega 3 fatty acid, for example, certain type of B vitamin supplements but most of the vitamins, you have to have a low vitamin level in order for the vitamins

really to do their job. So, if you have a normal B vitamin level or a normal Vitamin D level, taking more isn't going to really help.

The main thing if you do a natural treatment is make sure you take enough of it and make sure you take a good quality. Many people sometimes go for price or they look at the dose that's on the bottle and they use that and in many of the studies, they used a lot higher dose then people realize. So, it's very important that you use a good quality product and make sure you take enough of it and do it under the advice of somebody who really knows the science in this area.

Kris: I guess with some of the lower quality supplements, you've got to watch for things like lead and all sorts of things you really wouldn't want.

Dr. Banov: Absolutely, with fish oil, most fish oil, fortunately, does not have mercury in it but you do have to watch out for lower quality products and make sure that you don't get things like that in there.

Kris: Well, Dr. Banov, taking antidepressants is truly a comprehensive guide to depression and how to treat, how to recognize it. We just really want to thank you for spending the time with us and I know people are really going to get a lot of benefit.

Dr. Banov: Have them check the website, it's www.TakingAntidepressants.com and it has information about the book and how to order it and a lot more information about depression as well.

Kris: Terrific. That's www.TakingAntidepressants.com?

Dr. Banov: Yep.

Kris: Great. Thanks again Dr. Banov.

Dr. Banov: Yes, thank you so much for having me.

Kris: That's the end of our interview and I hope you've enjoyed it. For more great health-related interviews, go to Michael Senoff's www.HardtoFindSeminars.com.