

key points

SELECTED BY

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Exercise has been suggested as a means to lift mood

for many years. Several meta-analyses have produced robust evidence that exercise is effective as a monotherapy for depression. There is evidence that exercise is an effective therapy in all age groups.

Depression represents the third largest disease burden

on the European population, second only to CHD when measured by effect on DALYs.

A recent survey found that only 2% of GPs use exercise

as their first therapy for depression and only 22% as one of their first three options.

Trials have shown that exercise reduces depression

scores, with a standard mean difference of -0.66. This was significant in those studies comparing exercise with inactive controls, but no benefit was seen over psychosocial interventions. There is also some evidence that exercise provides additional benefit when combined with antidepressant drugs.

There are several theories about the mechanism of the

antidepressant effect of exercise, both biological and psychological. Increases in endorphins or correction of defects in the HPA axis have been suggested.

There are few conditions in which exercise is absolutely

contraindicated. Recommending exercise to almost all depressed patients is likely to be of benefit and is unlikely to cause harm. Patients with many serious medical conditions are known to be at increased risk of depression, and a positive outlook may assist recovery. Exercise therapy in these patients may serve a dual role.

It would be reasonable to recommend three sessions of

high intensity exercise per week to most depressed patients, with the absolute intensity tailored to the individual patient, taking into account their comorbidities. An energy expenditure of 17.5kcal/kg/week equates to three sessions a week of exercising to a heart rate of 145 beats per minute for about 30 minutes.

Exercise can reduce cardiovascular risk. And major

depressive disorder is a risk factor for CVD, independent of traditional risk factors. Several hypotheses have been proposed to explain the mechanism of this link, including impaired arterial endothelial function, overactivity of the sympathetic nervous system, platelet hyperaggregability, and abnormal folate and homocysteine metabolism.

Exercise is also of benefit in a variety of commonly

coexisting clinical conditions, and hence should be recommended to the majority of patients with depressive symptoms presenting in primary care.