

Study Signals Help for Depression!

A study compares two common therapies – one medicine and one herb – in patients with mild-to-moderate depression.

You've seen products with St. John's Wort lining the health food market shelves in tea bags, capsules, powders and tinctures for years. Claimed to "promote emotional well-being" and marketed as a "natural way to alleviate depression," a major study published on September 2nd revealed that St. John's Wort is as effective as a common prescription antidepressant.

In the largest controlled clinical trial testing the efficacy of St. John's Wort (SJW) for depression to date, researchers found that SJW was equally effective as a common antidepressant, *imipramine*, in treating patients with mild to moderate depression. And subjects tolerated the SMJ better and experienced fewer negative side effects than those taking the drug.

Researcher Helmut Woelk and colleagues recruited 324 patients with mild to moderate depression from 40 outpatient clinics across Germany for the study that appeared in the September 2 issue of the *British Medical Journal*. Study participants were randomized into two groups. Half received two doses of 75 mg imipramine daily and the other half were given two doses of 250 milligrams of standardized SJW for six weeks.

Patients' response and progress with the two treatments were measured using standard depression rating scales and self-assessment tools at the beginning of the study and after 6 weeks. Tolerance for the SJW was higher and fewer adverse side effects were reported in the SJW group (39% of patients) versus 63% of patients on the imipramine. Dry mouth was the most common side effect reported with the SJW, while patients on imipramine reported side effects including dry mouth, sweating, dizziness, nausea and headache. 4 subjects (3%) on SJW withdrew from the study due to adverse side effects as opposed to 26 (16%) in the imipramine group.

Other side effects documented for imipramine but not reported in this study include possible blurred vision, disorientation, confusion, hallucinations, muscle spasms or tremor. It can also cause sensitivity to bright sunlight, making time of dosing a challenge.

St. John's Wort, *Hypericum perforatum*, has been used in traditional medical systems for centuries for a variety of depressive and anxiety disorders. The herb is licensed and standardized in Europe and is commonly prescribed for depression and anxiety. SJW has been gaining popularity in the U.S. over the last several years as an herbal supplement for depression. Marketed as a dietary supplement, SJW products are loosely regulated under the Dietary

Supplements and Health Education Act (DSHEA) of 1994. SJW supplements are not all standardized in the U.S. and come in a variety of dosages.

Several previous controlled studies have also noted benefits in subjects treated for depression with SJW. However, experts caution individuals from using SJW or other medication for depression without also seeking psychological support as part of their therapy.

The researchers suggest that SJW should be a first line of treatment for individuals who are suffering from mild to moderate depression due to its equal effect but superior tolerance compared to the prescription drug imipramine. They note that these findings are especially relevant for patients with mild to moderate depression who first seek treatment with general practice doctors. They explain that, "patients seen in general practice frequently prefer to bear the symptoms of depression rather than sustain the side effects of treatments with antidepressants." It is here that SJW may be an appropriate and acceptable first line of defense.

St. John's Wort has not been yet tested for use *in conjunction* with prescription antidepressants, but researchers do caution individuals of possible interactions with other drugs like ciclosporin, digoxin, indinavir, and theophylline. SJW is not yet accepted as a *proven* therapy for depression in the U.S. but the National Institutes of Health is currently funding the first major multicenter study in the U.S. and results are expected in 2001 or 2002.

References:

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