



BOOK REVIEW -- Highlights & Quotes

"STOP DEPRESSION NOW: SAM-e -- The Breakthrough Supplement That Works As Well As Prescription Drugs, in Half the Time...with No Side Effects" (1999)

by Richard Brown, M.D., Teodoro Bottiglieri, Ph.D and Carol Colman

("SAM-e," pronounced "sammy," is the nickname for S-adenosylmethionine – a naturally-occurring chemical found in the body)



PART 1 -- CHAPTER 1 -- STOP DEPRESSION NOW

- You *don't* have to be depressed.
- You don't have to see a doctor and wait for him or her to write you a prescription.
- You don't have to suffer the miserable side effects of standard prescription antidepressants.
- You don't have to endure weeks or months of waiting for your antidepressant drug to start working.
- You can stop your depression *right now*. In fact, you can feel much better in a matter of just days. p. 3
- "Some twenty-five percent of all women and twelve percent of all men are diagnosed with serious depression at some point in their lives. Many more will suffer in silence. Depression all too often goes undetected and untreated. Researchers estimate that as many as half of all people who endure this condition never seek medical attention. The numbers are staggering. Depression is no less an epidemic than heart disease or cancer. In fact, depression is the number one ailment physicians are called upon to diagnose and treat" p. 4
- "The majority of people with clinical depression experience mild-to-moderate symptoms. Their depression may not prevent them from carrying out life's pressing responsibilities, but it does stand in the way of their enjoying a rich, fulfilling life" p. 4
- "But maybe you are not clinically depressed. Maybe you simply don't have as bright an outlook as you could. Or maybe you have 'the blues' or just some persistent unhappiness...This is the gray zone--an area of little medical attention. A feeling of colorlessness in life, the gray zone does not include bad moods, lousy days, or even an occasional funk. No, people in the gray zone just feel *down*--not every day, but often enough to wonder what's wrong" p. 5
- "In Italy, SAM-e outsells the antidepressant Prozac, despite the fact that for technical reasons, Italian insurance companies will reimburse only for Prozac. When given the choice, people are opting to take SAM-e over Prozac, even though they have to pay extra for it!" p. 5-6
- "Unlike other antidepressants, SAM-e is not a drug. Nor is it an herb or even a vitamin. Rather, it is a substance normally produced by every living organism on the planet, including human beings. This is one of the big differences between taking SAM-e and using any other antidepressant, such as Prozac or even the herb St. John's wort. With prescription antidepressants or their herbal counterparts, you are introducing a foreign chemical into your body. When you take SAM-e, you are merely supplementing something that is already present in every cell. Perhaps SAM-e works so well and so harmoniously because it belongs in our

bodies in the first place. It restores mind and body to the state at which they function best" p. 6

- "My name is Richard Brown, M.D. I am an associate professor of clinical psychiatry at Columbia University College of Physicians and Surgeons in New York City. I am a mainstream, traditionally trained psychiatrist with private practices in New York City and the upstate New York rural community where I live. Much of my career has been spent as a research physician in an academic environment, where I have participated in a number of scientific studies on the treatment of psychiatric disorders. Like a growing number of physicians today, I employ both conventional prescription drugs and alternative therapies in my practice...I do not recommend any treatment--be it prescription medication, herb, or any other type of therapy--unless there is a sound scientific basis for it" p. 7
- "Anyone who is severely depressed or suicidal, or has a history of drug or alcohol abuse, must be treated by a competent professional. Self-treatment is not an option" p. 10
- "Most people do not suffer from serious depression. Subsyndromal, mild, and moderate depression are infinitely more common. But the sad fact is, many people simply learn to live with depression, at great personal expense. Maybe admitting to feeling depressed is too hard or too risky--there is still a social stigma attached to it. Maybe medical treatment is too costly, or maybe prescription antidepressants seem too harsh, too severe a step. Maybe the side effects of these antidepressants have been just too much to bear" p. 10
- "Today, depression is treated most often by primary care physicians. Unfortunately, the treatment of depression is tricky; studies show that sixty percent of the time, a primary care physician misses its symptoms. Even if depression is recognized, it is often treated inadequately. Only ten percent of all patients are receiving the appropriate antidepressant medication at the appropriate dose. That needs repeating. Ninety percent of people who seek medical help for depression are not being treated adequately. If ever there was an argument for a safe, over-the-counter treatment, it is that" p. 10
- "Because SAM-e is so safe and easy to use, its availability will improve the odds that people who need treatment will get it, whether they are working with a doctor or not. It is increasingly incumbent upon patients to become the managers of their own health care..." p. 10

Why SAM-e, why now?

- "Many of you are probably thinking, if SAM-e is so good, why haven't we heard about it before? And more

important, why doesn't my doctor know about it?... Economics. In the United States, information on antidepressants -- and all other drugs -- is effectively controlled by the pharmaceutical houses.... Unless a product is being marketed by a pharmaceutical company, physicians and the public never hear about it. Profit is the engine that drives new drug research and development.... Since under U.S. law it is very difficult to patent a natural substance, there is little incentive for a pharmaceutical company to invest the hundreds of millions of dollars in the clinical trials a drug needs to be approved by the FDA. Without a strong patent, a company could never recoup its investment before a competitor steps in" p. 11-12

symptoms, which could be extremely unpleasant. Rather, you should work with your doctor to cut back gradually on your prescription antidepressant--in the hopes of eliminating it entirely--while taking SAM-e" p. 20-21

The science of SAM-e: Two decades of research

- "My particular interest and skill--my calling, if you will--is in helping patients for whom all other medicine has failed or has been intolerable [due to the side effects]" p. 15-16
- "...even these new drugs [SRIs such as Prozac and Zoloft] are far from perfect. They do not work all the time, nor do they work for everyone. Sometimes they stop working altogether after a while...even today one third of the population will not respond to standard antidepressant therapy, and twenty to thirty percent drop out of antidepressant studies due to side effects...For them, finding something that works often takes years of grueling, side-effect-filled effort" p. 16
- "Those patients who could not be helped by conventional medicine inspired me to explore alternative therapies. Soon, I developed an expertise in using unconventional treatments, often with great success. Not all my patients were looking for alternatives because conventional medication did not work. Some did not like the idea of taking a prescription drug--often for years on end--for which the long-term health effects were still unknown. Others preferred to use only natural substances whenever possible" p. 16-17
- "I remembered SAM-e from my days as an intern, and her prodding was all I needed to begin to do research on the past fifteen years of use. I was very impressed by what I learned...Superb Research...As Good As or Better Than Other Drugs...No Side Effects, No Toxicity, No Withdrawal...Faster Response..." p. 17-18
- "When tested against some of the most commonly used and most powerful antidepressants, patients showed a greater improvement on SAM-e in a shorter period of time... Typically, in clinical studies of anti-depressants, up to thirty percent of patients drop out because they cannot tolerate the side effects of the drug...SAM-e is completely nontoxic, even in very high doses...unlike other antidepressants SAM-e has no withdrawal period. To me, all this gave SAM-e a decided advantage over other antidepressants...With SAM-e, patients usually showed improvement within a matter of days" p. 18
- "I was relieved to read a particular study that showed that SAM-e had been used successfully to treat a liver problem that occurs late in pregnancy...It did not cause any problems with the pregnancy or harm the baby in any way. Numerous other safety studies told similar tales" p. 20
- "A word of warning: If you are taking a prescription antidepressant, do not discontinue it abruptly and start on SAM-e. If you do, you could develop withdrawal

Depression has been neglected

- "Like other mental disorders, depression is not perceived to be life-threatening, as is cancer or heart disease, and thus has been neglected and marginalized by the public...But it's every bit as serious and even more widespread than the common illnesses that do get all the attention. There is a fifteen percent suicide rate among the seriously depressed" p. 21
- "Depression causes more days in bed--and absences from work--than diabetes, arthritis, lung problems, and gastrointestinal problems *combined*...The personal cost of depression is equally high. It can not only destroy an individual's life but also damage an entire family" p. 22
- "Those who suffer from depression are often reluctant to admit it. People who are unaware of the true nature of depression may dismiss it as a sign of weakness, a character flaw, or even just a lousy personality. With that kind of reception awaiting them, many find it difficult to step forward and get the help they need" p. 22
- "One of the reasons why SAM-e holds such promise as a treatment for depression is that people can obtain it for themselves easily, quietly, and privately. Hopefully, many people who would not have sought treatment otherwise will now find relief--faster than they ever thought possible" p. 23
- "There is absolutely no question that SAM-e is safe; in fact, as I have mentioned and will discuss later, it offers some intriguing health benefits" p. 23
- "The remainder [ten percent] of people with depression are bipolar, also known as manic-depressive; they swing from periods of intense sadness to periods of manic highs. These people should not use SAM-e or any other antidepressant except under a doctor's supervision, since it can shift them into a manic period" p. 23

The side benefits of SAM-e

- "From a biochemist's point of view, SAM-e is as good as it gets. It is a molecule that lies at the crossroads of a multitude of important biochemical reactions in the body. It is vital for life. A critical component of the chemical process called methylation, SAM-e is involved in nearly every activity in the body, from growth and development to protecting us against disease" p. 24

CHAPTER 2 -- WHAT IS DEPRESSION?

- "A non-depressed person can usually shake off a bad mood on his or her own...Depression is a chronic, often debilitating problem that sabotages your ability to heal yourself. It is not something you can just 'snap out of' or 'get over.' It interferes with your life in countless ways, from damaging your intimate relationships to alienating your friends, from making work a misery to hurting your future prospects" p. 30
- "Depressed parents often lack the resilience or patience to fully nurture their children, even neglecting them emotionally or physically. Is it any wonder that

depression passes from one generation to the next?" p. 30

- "At the very least, depression casts a gray pall over everything, preventing you from enjoying the good things in life. In its most severe form, it can make life seem not worth living..." p. 30

There is hope

- "'I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would be not one cheerful face on earth. Whether I shall be better, I cannot tell...To remain as I am is impossible. I must die or be better, it appears to me.' When Abraham Lincoln uttered those words of despair, there was little that could be done about what he called the 'melancholia' that afflicted him for most of his life. People had no choice but to simply live with depression regardless of the impact it had on their lives. If depression became so serious that you could no longer function in society, you were often confined to your home or even locked away in an asylum" p. 31

You're not alone

- "Depression has been called the 'common cold' of psychiatric ailments" p. 32
- "It may surprise you--and unsettle you--to learn that you have a thirty percent risk of developing a serious adult depression over the course of your life. If we consider the other forms of milder depression, that risk rises to about fifty percent. Fifty-percent! That means *one person in two* will find him- or herself depressed at some point in life" p. 32
- "Women are twice as likely to be diagnosed with depression as men. However, I believe the rate of depression among men is almost certainly underreported, because men do not seek medical attention as readily as women" p. 33
- "There are several types of depression that affect people at different times of their lives, and even different times of the year: Seasonal Affective Disorder...Postpartum Depression...Postmenopausal Depression...Depression of Chronic Illness" p. 33-35
- "Some people...may get depressed only during the fall and winter months...When sunshine is scarce these folks feel blue. Called seasonal affective disorder, or SAD.... Fortunately, a combination of SAM-e and light therapy has brought her out of the darkness" p. 34
- "From fifty to eighty percent of all new mothers experience some post-partum blues--mood swings and crying--which usually go away within ten days of giving birth...Up to fifteen percent of new mothers, however, suffer from a more serious form of postpartum blues that looks and feels like clinical depression" p. 34

Depression: getting to a diagnosis

- "People who have not had experience with depression may mistakenly believe that it is a voluntary condition; if *they* can rise above a bad mood, the blues, or a setback, then why can't everybody else? The depressed person gets blamed for not trying hard enough. He or she is accused of seeking attention, having a character flaw, or being weak-willed... depression is not some illusory behavioral problem--it is the result of biochemical changes that disrupt the body

and the brain's biology. To treat depression effectively, that biochemical imbalance must be corrected in addition to helping people learn better coping skills" p. 36

- "Granted, there may be people who are more emotionally resilient than others due to good genetics or good parenting or a combination of both. But if confronted with a horrible enough set of events, even the most resilient among us could become clinically depressed. We are learning that brain chemistry can be powerfully influenced by circumstance, so that while events may bring on depression, its manifestation is chemical. And no one is immune. *No one*. That is one reason why I prefer to call depression a vulnerability rather than an illness" p. 36-37
- "...there is no quick and easy test that will lead a doctor to a diagnosis of depression...Unless the depression is severe and obvious, recognizing it may require spending time talking to the patient--something that has been lost in the 'medicine by stopwatch' atmosphere of managed care. Often, the depressed person him- or herself may have to step forward and ask for help, and ironically, the more depressed the person is, the less likely he or she is to acknowledge it...Very often, it is a concerned parent or spouse who insists that they get help" p. 37-38
- "All too often, doctors and patients confuse complaints like fatigue or irritability with depression when in fact they are caused by hormonal disorders, nutritional deficiencies, autoimmune diseases, heart disease, cancer, or even substance abuse. That is why I recommend that everyone who feels depressed...undergo a thorough physical examination...If depression accompanies another condition and you fix the underlying problem, the depression doesn't magically go away. It still must be treated. This point is particularly important for mildly depressed people who may want to take SAM-e without consulting with their doctor...I'm not worried about the safety of SAM-e---in fact, it will probably help you--but I *am* worried that you won't get proper medical treatment if you do have an underlying problem" p. 38-39

Depression is a chronic health problem

- "One of the primary reasons to diagnose and treat depression properly is that if you don't, it will almost always recur...In fact, if untreated, the rate of recurrence of a first episode of severe depression is as high as fifty percent...It is critical to diagnose and treat depression as early as possible...an untreated mild depression can rapidly turn into a more severe problem... Therefore, it is important to be able to identify the early stages of depression so that you can intervene quickly and effectively. Proper treatment often halts the downward spiral and begins the healing process" p. 41

The signs of depression

- "For most people, the word 'depression' is synonymous with sadness or feeling blue, but sadness is just one of the many signs of depression, and there are even more significant symptoms:...Feeling Empty Or Flat...Inner Feelings of Sadness...Locked in Negative Feelings...Feeling Tense And Nervous...Loss of Interest in Life...Feeling Guilty and Worthless...Difficulty Concentrating and Making Decisions... Sleep

Problems...Change in Appetite...Change in Activity Level...Suicidal Thoughts" p. 42-44

- "Depressed people tend to blame themselves for everything...they systematically destroy their [own] self-esteem...For this reason, telling a depressed person to 'shape up' can do further damage. They can't just snap out of it, and now they have a new reason to think of themselves as failures--too inadequate to even control their own moods" p. 43-44
- "A poor diet and nutritional deficiencies can aggravate depression...depression can trigger overeating and weight gain. Some people use food to elevate their mood, and depression brings on eating binges they would never have given in to before" p. 45
- "When life is giving you nothing but misery, death seems like the most attractive solution. Talk of suicide or suicidal actions should never be dismissed--there is a fifteen percent suicide rate among the severely depressed...**People who are severely depressed or suicidal must be under a doctor's supervision. It is not up to a friend or relative to decide whether or not they are really serious about killing themselves. If you or someone you know is suicidal--or even if you just suspect it--get professional help. Severe depression has a higher mortality rate than heart disease!**" p. 45
- "SAM-e's safety and easy availability will, I'm sure, help countless numbers of you who would not otherwise be helped" p. 47

- "Severely depressed people pour out higher levels of cortisol than normal. Ironically, although they may appear to be slowed down and sluggish, in reality their brains are in overdrive, draining them both physically and emotionally. The continual bombardment of stress hormones in general and cortisol in particular has a devastating effect on all the organs of the body. It eats away at the arteries of the heart...It can make blood sugar soar...It also makes us more prone to ulcers and osteoporosis. It can even dampen the immune system...The brain is particularly vulnerable to the lethal effect of stress hormones out of control" p. 56-57
- "The more episodes of serious depression a person experiences, the less stress it takes to trigger the next episode. Indeed, after a while, it seems that even the most minimal stress can send him or her back into a depressed state. This phenomenon has led researchers to theorize that the brains of depressed people have become sensitized to operating in a depressed way" p. 57

When should depression be treated?

- "If the depression lifts on its own within a few weeks, then treatment may not be necessary. If, however, the depression recurs and is interfering with the quality of life, the right treatment may prevent the depression from worsening down the road" p. 58

A word to parents: nurture can win over nature

- "The likelihood of depression is always exacerbated by stressful life events. Yet in many cases, biological vulnerabilities can be overcome...Like humans, not all monkeys who are born with a genetic predisposition to depression actually become depressed. What might make the difference? One theory is that the style of mothering accounts for it! A monkey reared by an attentive mother who teaches her [offspring] critical social and coping skills is more likely to turn out just fine...A genetically vulnerable monkey who is not lucky enough to have a good mother will succumb to depression. I think the lesson to be learned here by us humans is that although depression may run in some families, it need not plague every generation " p. 59
- "We can't overestimate the importance of a good role model for children in teaching them the coping skills necessary for life. *** For that reason alone, it is vitally important for parents who are depressed to get the help they need. Depression interferes in countless ways with your ability to be a good, involved parent and role model...It may be the best thing you can do to prevent them from ever having to suffer" p. 59-60 ***

What causes depression?

- "Depression stems from a combination of chemical imbalances and environmental factors. Some people may be born with a particular biochemical vulnerability that can result in depression under the right circumstances. Others who are not necessarily born with a vulnerability may have life experiences that can just as readily trigger depression. It is not easy to distinguish between a depression caused by a biochemical glitch and a depression caused by a life event. Of course, to the depressed person, it all feels very much the same" p. 48-49
- "Finding the right treatment for depression depends on finding the particular system afflicted, a hit-or-miss proposition to this day. What makes SAM-e unique among antidepressants is that it boosts levels of both serotonin and dopamine, while stabilizing noradrenaline levels, allowing for a much broader and faster effect" p. 51-52
- "Childhood trauma can set the stage for adult depression. If, during childhood, you lose a parent to divorce, illness, or death, the risk of developing depression as an adult is very high, regardless of your genetic makeup...Clearly, things can happen in our lives that can affect our body chemistry in a profoundly negative way" p. 53

CHAPTER 3 -- THE SAM-E STORY

- "When people start taking SAM-e for the first time, two things usually happen. Within days, their mood begins to lift and they have an increased sense of well-being. But that's not all. They also report something quite unique to SAM-e. They consistently say that they actually feel more energetic and healthier. That's quite a change from what you generally hear from a patient starting an antidepressant...Unlike other antidepressants, SAM-e is made from substances normally found in the human body--methionine and adenosine triphosphate (or ATP)" p. 61-62

Stress as a trigger for depression

- *** "...even a positive life change like getting married or moving, can trigger the stress-response system. If this system gets triggered too often, or if we remain under stress for too long, it can cause great harm, especially for those chemically vulnerable to depression. Even if you are not biologically wired for depression, enough stress can bring it on" p. 55 ***

SAM-e turns on key reactions

- "SAM-e's key role in a process called the methylation cycle makes it absolutely essential for human health... Methylation is as vital to human life as breathing. It is an 'on-off' switch that activates more than a hundred different processes in the body, from producing important neurotransmitters that allow brain cells to communicate, to preserving bone health, to protecting against heart disease...SAM-e is so fundamental to life that we could not exist without it" p. 64

The SAM-e/Homocysteine connection

- "SAM-e has been the subject of thousands of scientific studies, making it the only natural substance to have been so thoroughly researched in both Europe and the United States. In addition to numerous laboratory studies exploring the biochemistry of SAM-e, there have been thirty-nine published clinical studies on the use of SAM-e to control depression. While thirty-nine clinical studies may not seem like a lot, it's actually more than most prescription drugs can boast when they go on the market!" p. 73
- "[SAM-e] outsells Prozac in Italy. SAM-e's worldwide reputation is excellent, and I have had amazing results with hundreds of patients taking it in my practice" p. 73-74
- "In the researchers' own words, 'SAM-e acts favorably and significantly on specific depressive symptoms (depressed mood, work, and interests; suicidal tendencies) which, in a high percentage of patients, were greatly improved.' In particular, researchers marveled over how fast SAM-e worked. 'The rapid action of the drug should be stressed since in some cases almost all of the symptoms had disappeared after 4 days of treatment, and in general, after 6 or 7 days...No untoward side effects were observed in the patients to whom SAM-e was administered.' (*Journal of Psychiatry Research*, 1976, Vol. 13)" p. 76-77
- "'It appears,' concluded the researchers, 'that S-adenosylmethionine is a rapid and effective treatment for major depression and has few side effects...'" (*American Journal of Psychiatry*, "S-adenosylmethionine Treatment of Depression: A Controlled Clinical Trial," Sept. 1988, 145:9)" p. 77
- "From these studies, it's apparent that although SAM-e may be a powerful antidepressant, it works gently in the body. SAM-e can hold its own among even the strongest of the prescription drugs, yet it does not have any of the onerous side effects" p. 83

CHAPTER 4 -- THE ANTIDEPRESSANT ARSENAL: WHAT WORKS, WHAT DOESN'T, WHAT'S BEST FOR YOU

- "Patients are no longer content to be relegated to a passive role with little or no say in their treatment. They expect to be involved and active participants in their recovery, which is how we believe medicine ought to be practiced. I never hand out a prescription without first making sure that my patients know what they're taking, why they are taking it, and the potential side effects. In a way, SAM-e is the perfect realization of this philosophy of ours. It puts the power to heal right in the patient's hand" p. 84
- "But SAM-e is not the whole antidepressant story. SAM-e is just one--albeit a very good one--among a whole arsenal of depression fighters. Each has its own

strengths and weaknesses, but I think you'll agree after reading this chapter that SAM-e is the first thing you should turn to when depression strikes" p. 85

- "Traditional Chinese healers often used herbs such as ginkgo biloba to treat depression. Ginkgo helps to promote circulation to the brain and may boost levels of neurotransmitters. The newly rediscovered herb St. John's wort has been used for hundreds of years in Europe for the treatment of what we would now diagnose as depression" p. 85
- "For most people, psychotherapy will do some good, but it is often inadequate on its own" p. 86
- "The other main treatment was electroconvulsive therapy (ECT), also known as shock treatment, in which electrodes are attached to the head and a series of electrical shocks are delivered to the brain. Still performed today, ECT is highly effective, with an eighty to ninety percent success rate in cases of severe depression...the main side effect of ECT is a temporary loss of memory, which can be distressing....ECT is now a treatment of last resort, used only for severely depressed patients who have not responded to medication" p. 86
- "There is no perfect antidepressant; nothing works consistently well for everybody, all the time...Even the much lauded SRIs like Prozac and its cousins aren't perfect. As you'll see, they have significant drawbacks. We think that SAM-e is as close to perfect as it gets. Yet there will be people, primarily those who are severely depressed, who still need to take something else. If you are on a medication that does not work for you, or causes untoward side effects, you may need to change your dose, or try a different drug. You may need to try several before you find the one that's right for you. Remember to check with your doctor before altering anything to do with your prescription antidepressant regimen...The overwhelming majority of depressions can be helped as long as the patient and doctor persevere" p. 87

Tricyclic antidepressants

- "You should also know that non-psychiatrists tend to prescribe doses of tricyclics that may be too low to be effective. I advise patients to be under the care of a psychiatrist when taking tricyclics...It takes about a month for these drugs to have a noticeable effect on mood. The onset of effectiveness can be accelerated by combining it with SAM-e" p. 89
- "Incidentally, if your doctor is over forty-five, he or she is more likely to prescribe a tricyclic than younger doctors who began practicing medicine after the introduction of Prozac and other selective serotonin reuptake inhibitors (SRIs)" p. 90
- "For many people, weight gain is a major problem, not to mention nausea and perpetual drowsiness. Some people complain of feeling 'drugged.'" p. 91
- "Once the depression begins to lift, however, patients have fewer complaints [about side effects]. I think the side effects are still there, but as patients feel better, they are more willing to put up with them. If the side effects remain unbearable but the patient must continue on these drugs, it may be possible...to cut back on the dose, thereby reducing side effects, by adding SAM-e to the treatment regimen" p. 92

Selective serotonin reuptake inhibitors (SRIs)

- "...serotonin, one of the 'big three' neurotransmitters in the brain" p. 92
- "The first SRI, Prozac (fluoxetine), appeared in 1988 to much fanfare. By 1989, it was one of the top-selling drugs in the United States and it still is. It now has to share some of its market with newer SRIs, including Paxil (paroxetine), Zoloft (sertraline), Luvox (fluvoxamine), and Celexa (citalopram), which are similar in action. (Zoloft is different in that, like SAM-e, it also boosts levels of dopamine, another important neurotransmitter.) The newest SRI-like drug on the block is Effexor (venlafaxine), which is often prescribed for people for whom the other SRIs don't work" p. 92-93
- "These drugs take from four to twelve weeks to achieve full effect. Once again, the effect can be accelerated by adding SAM-e to the treatment regimen—but please, check with your doctor before altering anything to do with your prescription drug schedule" p. 93
- "SRIs don't work for everybody. The studies evaluating their effectiveness have also had a high dropout rate due to side effect intolerance" p. 93
- "Sexual dysfunction is the primary complaint of people taking SRIs. In fact, about seventy percent of patients will complain of a loss of interest in sex, difficulty in arousal, lubrication problems or difficulty having an erection, and inhibition of orgasm. In general, this not only is personally distressing but can cause a great strain in intimate relationships" p. 94
- "Since sexual side effects are generally not a problem until several months or even a year later, they are simply not picked up. As a result, I believe these problems are dramatically underreported in the clinical trials" p. 96

Other prescription drugs

- "Three other antidepressants which can't be classified into any one group have also proven to be useful: Wellbutrin (bupropion), Serzone (nefazodone), and Remeron (mirtazapine)...Marketed under the name Zyban, Wellbutrin can help to break the smoking habit" p. 97
- "There are fewer side effects for these drugs than for the others discussed here. They do not usually cause sexual problems as SRIs do, but patients may complain of nausea, insomnia, and gastrointestinal problems like diarrhea. When compared to SAM-e, they still cause many more side effects" p. 97-98

Monoamine oxidase inhibitors

- "Monoamine oxidase inhibitors (MAO inhibitors or MAOs) are a class of drugs which include Nardil (phenelzine), Parnate (tranylcypromine), Marplan (isocarboxazid), and Eldepryl (selegiline). Somewhat rare in the United States, they are prescribed for severe depression, atypical (episodic) depression, and panic disorders" p. 98

St. John's Wort

- "Known by the botanical name *Hypericum perforatum*, Saint John's wort has been popularized as the herbal alternative to prescription antidepressants" p. 101
- "Although it is plant-based, it is a far more complicated chemical compound than SAM-e...A 1996 study

published in *British Medical Journal* reviewed twenty-three clinical trials involving St. John's wort and concluded that it worked better than a placebo in treating mild-to-moderate depression. This study claimed that it performed almost as well as prescription antidepressants" p. 102

- "When tested against an effective therapeutic dose of the tricyclic imipramine...six pills daily of St. John's wort--double the usual dose--was close in effectiveness. It wasn't as good, but it was close. In fact, at these high doses--the kind required to treat most depression--St. John's wort can have side effects similar to Prozac. And like SRIs, St. John's wort can take from four to twelve weeks to be fully effective" p. 102
- "From a clinical perspective, SAM-e is stronger and more effective than St. John's wort, with fewer side effects. In some cases, I combine SAM-e with St. John's wort for patients who have not fully responded to either antidepressant" p. 103
- "Yes! Despite what you may have heard, St. John's wort can cause side effects similar to those of the SRIs, including jitteriness, loose bowels, jaw clenching, and sexual dysfunction...Because St. John's wort is touted as side-effect-free--and because it is an herb--no one expected it to cause problems. St. John's wort may also cause photosensitivity in fair-skinned people" p. 103
- "Despite my belief that St. John's wort has been overrated, there are some people who might benefit from it, notably those who have responded to a low dose of an SRI but could not tolerate the side effects. I have also recommended St. John's wort to patients who absolutely refused to even consider taking a prescription medication, but felt comfortable taking an herbal supplement. I suspect that they, and people like them, will switch to SAM-e once it becomes widely available" p. 104

PART 2 -- THREE SIMPLE WAYS TO STOP DEPRESSION

CHAPTER 5 -- THE SAFE AND SIMPLE STOP DEPRESSION NOW PROGRAM

- "If treating depression were as simple as taking a pill--even a pill as good as SAM-e--all psychiatrists would be out of business.... *** Effective depression treatment must be part of an integrated plan. It must involve medicine, diet, and the power of the mind, body and spirit" p. 107 ***
- "...a depressed person needs the right antidepressant, the right diet, and a depression-proof life. Then you can stop your depression quickly ... and maybe even permanently" p. 108
- "Depression steals your ability to rebound. It steals your will to change, and saps your strength for healing. That's why the first step you'll take in fighting depression is SAM-e. SAM-e will stop your depression fast. Then you can attend to the changes that will lift it completely and keep it away for good. SAM-e is the catalyst for healing. It gives you the vision to see life more clearly. When you begin to feel better, you realize that things just seem different than they seemed when you were depressed. This perspective, this changing attitude, gives you the ability to start making positive changes in your life" p. 108-109

Four steps to stop depression now

- "Step 1: Assess your mood (see chapter 6); Step 2: Take SAM-e; Step 3: Eat the Right Food; Step 4: Adopt the Right Lifestyle" p. 111-114
- "Other vitamin deficiencies (or simply less-than-optimal levels) can have a profound impact on your mood" p. 112

CHAPTER 6 -- HOW TO TAKE SAM-E

Step 1 --The self-assessment test

- "We urge you to take a simple self-assessment test, the Depression Severity Scale...This test was originally designed to give primary care doctors an easy yet reliable method to screen for depression during routine patient visits" p. 115

"Depression Severity Scale --

Over the last two weeks, how often have you been bothered by any of the following problems?

(0 = Not at all; 1 = Several days; 2 = More than half the days; 3 = Nearly every day)

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself--or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed. Or the opposite--being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead, or of hurting yourself in some way
10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people? (Not difficult at all; Somewhat difficult; Very difficult; Extremely difficult)

Adapted from the PRIME-MD Patient Health Questionnaire, developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues..."

Understanding the results of the depression severity scale

- "In most cases...a score of 0-5 is not depression..." p. 119
- "If you scored between 6 and 12: This score suggests that you are in the gray zone, a low-level depression...Until recently, gray zone depressions have not been considered serious enough to treat. We now know that they are often the prelude to more severe depressive episodes down the road and should be treated" p. 120
- "If you scored between 13 and 18: This score suggests that you may suffer from mild-to-moderate depression" p. 120
- "If you scored between 19 and 27: This score suggests a more severe depression for which we do not

recommend self-treatment. For best results, you should get an evaluation from a qualified physician, who will then monitor your treatment. SAM-e may still work well for you, either alone or in combination with other antidepressants. If your doctor is unfamiliar with SAM-e, show him or her this book. It will provide the information he or she needs to learn to use SAM-e effectively" p. 121

- "Question 10: This last question measures functional impairment--that is, it helps to determine the impact your symptoms may be having on your life...It takes a lot of courage to admit to yourself that you are being overwhelmed by your problems. Take heart in knowing that studies have shown that the sooner you get appropriate treatment, the better your chances for a quick and full recovery" p. 121

Step 2 -- Everything you need to know about taking SAM-e

- "The starting dose of SAM-e is 400mg daily. This dose is usually effective for people with mild-to-moderate depression. Since SAM-e works quickly, most of you will probably see a significant improvement...within two weeks. If you do not see an improvement after two weeks, increase your dose of SAM-e to 800mg daily. After increasing your dose...if you still do not see an improvement we recommend that you seek a professional evaluation. You may need to take a higher dose of SAM-e to get a good response, or SAM-e in combination with another antidepressant, or a different antidepressant altogether" p. 122-123.
- "Studies show that SAM-e is effective for seventy percent of the people who try it, which makes it equal to--if not better than--other antidepressants" p. 123
- "SAM-e can be used very effectively along with other antidepressants to speed up and improve a patient's response, or to lower the dose of prescription antidepressants to minimize side effects" p. 123
- "Be sure to buy enteric-coated SAM-e. This preparation is the most stable and best absorbed by the body" p. 124
- "To maximize its effectiveness, SAM-e should be taken on an empty stomach about half an hour before meals" p. 124
- "Although SAM-e works rapidly, it is wise not to discontinue your medication until you have experienced a *full* and *lasting* recovery. Why? If you are not fully recovered, you run a high risk of recurrence" p. 125
- "Keep in mind that SAM-e cannot work unless you take it consistently" p. 126
- "SAM-e is not addictive" p. 127
- "SAM-e is unique among antidepressants in that no adverse effects have ever been reported when it is taken with other medications" p. 128
- "If you think your child is depressed, you must have him evaluated by a qualified physician. Depression in children is very difficult to diagnose and can often be caused by problems such as substance abuse, medical conditions, or even poor family relationships. SAM-e may be a good choice for your child, but you must first seek the appropriate medical attention so that you can get an accurate diagnosis" p. 129
- "We sometimes prescribe SAM-e with St. John's wort for people who have not fully responded to either antidepressant alone" p. 129

- "I'm a nursing mother suffering from the postpartum blues. Is it safe for my infant if I take SAM-e? There is no easy way to answer this question;...SAM-e has been given to pregnant women for short periods at high doses with no reported adverse effects on either mother or child. Levels of SAM-e are naturally quite high in newborns, so it is reasonable to assume that it is safe for infants if it passes through the breast milk. Nevertheless, any drug you take while you are nursing requires careful consideration. Although SAM-e is probably safe, we can't say that it or any other antidepressant is absolutely one hundred percent, guaranteed safe for newborns. There are simply no long-term studies" p. 130

CHAPTER 7 -- THE STOP DEPRESSION NOW FOOD PLAN

- "Poor nutrition can aggravate an existing depression, but in some cases, nutritional deficiencies themselves may be triggers for depression" p. 133
- "Patients who were folate-deficient were less likely to respond to treatment with Prozac" p. 139
- "Recent studies have linked a diet low in omega-3 fatty acids to a higher incidence of depression, aggression, dementia, and ADHD (attention deficit disorder with hyperactivity)" p. 143
- "Deficiencies in two key minerals can contribute to mood disorders...[Magnesium] is involved in nearly every essential bodily function...Magnesium deficiency can also cause numerous psychological changes, including depression. This is borne out in research...Your body needs calcium to complete the magnesium picture" p. 147

CHAPTER 8 -- A SIMPLE GUIDE TO DEPRESSION-PROOFING YOUR LIFE

- "Poor self-esteem, destructive behaviors, and an overactive stress response all contribute to the sense that the depression is insurmountable--and that it would take Herculean strength to change it. Sufferers desperately want to turn these feelings off, but lacking the energy to do anything big enough to accomplish this task, they do nothing" p. 154
- "Loneliness, feeling untethered to anyone or anything and yet aching for a closeness with someone, often permeates the existence of a depressed person" p. 166
- "People are susceptible to depression for a variety of reasons, and some of these causes do not have their origin in brain chemistry. Some are born of early childhood traumas, inadequate grieving, and even feelings of anger and frustration over circumstances which we cannot allow ourselves to know are unbearably painful. Many 'identified' causes of depression...are often symbols for the real, more deep-rooted cause, and this is where so-called 'talking cures' come in. Therapeutic intervention--that is, seeking help from a psychiatrist or psychologist--can help you to uncover the actual source of pain that is behind the depression" p.183

CHAPTER 9 -- GOOD NEWS FOR WOMEN: NEW HOPE FOR POSTPARTUM AND MENOPAUSAL DEPRESSION

- "Postpartum depression leads some women to feel inadequate as mothers, fearful for their children, and unable to maintain their other relationships....The most significant contributor to all depression and therefore to

postpartum depression is stress. Whether the stress is positive--the sheer excitement of a new life in your home--or negative--a lack of financial or emotional support--the stress itself is enough to make you depressed" 190-191

- "In the past, many women suffered in silence with postpartum depression, feeling ashamed and inadequate, embarrassed to admit they were having problems with motherhood. Fortunately, those days are over" p. 191
- "Because SAM-e acts quickly, women can find relief when they need it most: as soon as the postpartum depression strikes. And since SAM-e has no notable side effects, women can feel comfortable choosing it and increasing the dosage when necessary until the depression departs" p. 193-194
- "Hormonal changes are enough to cause some depression...Because estrogen is known to modulate serotonin and dopamine, menopausal women are going to be more prone to the kind of depression caused by hormonal changes" p. 195-196
- "If depression does strike during menopause, it will not differ in any significant way from ordinary depression. That's good news, because SAM-e can help at this time of life in all the ways it helps anyone suffering from depression. What's more, SAM-e can help with menopause even if you aren't depressed" p. 197
- "SAM-e is not a drug. It's a substance already found in our bodies, a molecule essential for life. Restoring it to optimal levels can produce major health benefits. No one with depression should have to suffer in silence. No one with depression should believe that depression is an inevitable way of life. For the majority of you, depression can be reduced to a bad memory" p. 236
- "We wrote this book to encourage and empower you to get help for your depression. It is our hope that many people whose depression has gone untreated, who have feared going to a psychiatrist, or who have been reluctant to admit to feeling low will feel free to seek help. Maybe those of you who don't think of yourselves as depressed but for whom life could be better--the millions of you in the gray zone--will also gain relief" p. 236
- "SAM-e is a solid first step on the road to recovery. For most of you, it will work remarkably fast and cause none of the negative side effects associated with other antidepressants.... Yet SAM-e needs some help from you. To stay depression-free, you may need to make significant changes in your lifestyle or add counseling or psychotherapy to your SAM-e regimen. Now the tools to stop depression are in your hands. Use them" p. 237