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If You're Taking This Drug - Don't Take Aspirin

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By Dr. Mercola

Even though I strongly disagree with this common preventive medication as there is plenty of evidence to suggest it doesn't work, antiplatelet medications, such as aspirin, are a typical part of standard care after a heart attack.

Many heart attack patients, and those suffering from cardiovascular disease, are also prescribed an antidepressant—in large part because both heart attacks and depression are believed to be related to stress.

However, this 'standard practice' has its risks, and it's important to understand that antidepressants do not actually treat stress.

What's worse, research presented earlier this year at a New Orleans meeting of the American College of Cardiology shows that [antidepressants may actually accelerate atherosclerosis](#) by thickening your arterial walls. Unexpected consequences like this are precisely what you would expect when you use a band aid treatment that does not address the cause of the problem.

Antidepressants and Aspirin—A Dangerous Mix

Following a recent analysis, doctors are being advised to exercise caution when prescribing SSRI antidepressants to patients who are already taking aspirin following an acute heart attack, as the combination of these two drugs can significantly increase your risk of abnormal bleeding.

This shouldn't come as any great surprise when you consider that both of these types of drugs are, individually, associated with increased bleeding risk. Add them together, and a magnified effect is to be expected...

[According to Pulse](#), a publication for health professionals:



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"The study looked retrospectively at data from 27,058 patients, aged 50 years or older, who were discharged from hospital after an acute myocardial infarction between January 1998 and March 2007. Following discharge, 14,426 of the patients in the cohort took aspirin alone, while 406 took both aspirin and an SSRI.

They found patients taking both aspirin and an SSRI had a 42 percent increased risk of a bleeding episode—gastrointestinal bleeding, hemorrhagic stroke or other bleeding that required hospital admission—compared with those taking aspirin alone."

Antidepressants: Commonly Misused as a Prophylactic Against Stress

There are many factors to consider before taking an antidepressant. The first would be to evaluate whether or not the prescription even makes medical sense. I firmly believe that antidepressants are NOT the solution for high blood pressure and cardiovascular disease. Yet in recent years, it has become more or less standard practice to prescribe an antidepressant along with a blood pressure drug—regardless of whether you walk into your doctor's office suffering from a major depressive episode or not.

Antidepressants are increasingly prescribed as a "prophylactic," because, again, the thinking is that high blood pressure and cardiovascular disease are related to stress—which they typically are.



However, an antidepressant is not the answer to address this type of stress.

Most blood pressure elevations are related to insulin resistance and when you lower consumption of grains and sugars and start an appropriate exercise program, your blood pressure tends to rapidly normalize because you are treating the cause and not using a drug band aid to treat the symptoms. This is the type of mis-use of antidepressants that needs to be curbed. At the very least, if you're going to take a dangerous drug, the benefits should outweigh the risks, and here that's most likely not the case.

Depression is a Serious Condition that Needs Serious Consideration

Educating yourself about depression may be more timely now than ever. It's quite clear that [suicide rates rise as the economy worsens](#), and as difficult as it is to face, I believe there are many economic surprises still in store that may test the endurance of the best of us.

Depression, as lonely as it may appear "from the inside" also affects the people around you. Mental and emotional problems exact an extreme toll on family units and in some cases extended circles of friends. I've personally witnessed the struggles of two people near and dear to me who suffered from deep chronic depression that resulted in multiple suicide attempts. Suicide is a common complication of depression, and is one of the primary reasons why it must be taken seriously as it can become a terminal illness.

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As a full-time practicing physician for over 20 years (before I determined that I could help more people by committing myself full time to this newsletter and web site), I also treated tens of thousands of people for all sorts of problems, and I've seen my fair share of depressed patients. In the early 80s, the only tools I had in my toolbox were drugs and exercise. So I became an expert in the first generation antidepressants. I had as much experience in dosing patients with drugs as many psychiatrists.

It took me nearly 10 years to break out of the drug model and realize that the drugs never treated the cause and only served to palliate the symptoms. They simply were NOT the solution...

What is Depression?

If you really want to get to the root of the problem, as opposed to merely alleviating the symptoms, then it is important to understand *what* the cause is.

I now view depression as one potential result of an unhealthy or unbalanced lifestyle, which is expressed through a precise complex of well-defined symptoms (see table below). In some individuals, the effect of this lifestyle imbalance is depression, while others may develop obesity, heart disease, diabetes, or cancer, or a combination of these and other related ailments.



Diagnostic criteria for major depressive disorder*

A. The patient has depressed mood (e.g., sad or empty feeling) or loss of interest or pleasure most of the time for 2 or more weeks plus 4 or more of the following symptoms:

Sleep: Insomnia or hypersomnia nearly every day

Interest: Markedly diminished interest or pleasure in nearly all activities most of the time

Guilt: Excessive or inappropriate feelings of guilt or worthlessness most of the time

Energy: Loss of energy or fatigue most of the time

Concentration: Diminished ability to think or concentrate; indecisiveness most of the time

Appetite: Increase or decrease in appetite

Psychomotor: Observed psychomotor agitation/retardation

Suicide: Recurrent thoughts of death/suicidal ideation

B. The symptoms do not meet criteria for mixed episode (major depressive episode and manic episode)

C. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition

E. The symptoms are not better accounted for by bereavement

"Chemical Imbalance" Theory has Been Overthrown

I do not ascribe to the theory that depression is caused by a "chemical imbalance" in your brain, (which is what antidepressants are designed to correct), as this theory has been soundly dismissed by science.

Even the drug makers admit that the mechanism of action is still *unknown*. If the exact mechanism of depression is unknown, then any drug treatment is essentially a crapshoot. And the lack of statistical effectiveness of antidepressants confirms the reality that these drugs are not reaching the root of the problem—in fact, they're barely even addressing the symptoms, as *more than half* of all depressed patients taking an antidepressant experience no relief...

Low Serotonin Theory has Also Been Debunked

An updated version of the chemical imbalance theory was introduced to justify the use of SSRI drugs for depression. It's called the low serotonin theory. However, as explained by investigative health journalist Robert Whitaker, the National Institutes of Mental Health (NIMH) investigated whether or not depressed individuals had low serotonin and concluded, in 1983, that there is *no evidence* that there is anything wrong in the serotonergic system of depressed patients.

More recent [research, published in 2009](#), confirms that the low serotonin theory is incorrect and that we've been trudging down the wrong path for the last 20+ years...

The [findings, which were presented at the 2009 Neuroscience conference](#) in Chicago, Illinois, found strong indications that depression is the result of some sort of dysfunction of your neurons (brain cells), and that the medications are focusing on the effect, not the cause, of depression. [The press release announcing the findings reads:](#)

"More than half the people who take antidepressants for depression never get relief.

Why?

Because the cause of depression has been oversimplified and drugs designed to treat it aim at the wrong target... A study from the laboratory of long-time depression researcher Eva Redei... appears to topple two strongly held beliefs about depression. One is that stressful life events are a major cause of depression. The other is that an



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imbalance in neurotransmitters in the brain triggers depressive symptoms. Both findings are significant because these beliefs were the basis for developing drugs currently used to treat depression.

Redei... found powerful molecular evidence that quashes the long-held dogma that stress is generally a major cause of depression. Her new research reveals that there is almost no overlap between stress-related genes and depression-related genes... [A]nother reason current antidepressants are often ineffective is that they aim to boost neurotransmitters based on the popular molecular explanation of depression, which is that it's the result of decreased levels of the neurotransmitters serotonin, norepinephrine and dopamine.

*But that's wrong, Redei said... Redei found strong indications that depression actually begins further up in the chain of events in the brain. **The biochemical events that ultimately result in depression actually start in the development and functioning of neurons.***

"The medications have been focusing on the effect, not the cause," she said. "That's why it takes so long for them to work and why they aren't effective for so many people."

Not only does this make rational sense if you think about it, but it also explains why antidepressants are so ineffective, and why lifestyle interventions such as a low-sugar diet, essential fats, sun exposure, and exercise appear to be such effective treatment strategies for depression. I believe, and science is showing us, that you cannot separate your physical health from your emotions and mental state. Healthy brain function is a *requirement* for healthy emotions and mental processes.



Antidepressants' Effects are Equal to Placebo

Several studies have concluded that antidepressants are only *marginally* effective over placebo. And when you factor in UNPUBLISHED trials, they become LESS effective than placebo.

For example, a 2002 meta-analysis of published clinical trials indicated that 75 percent of the response to antidepressants could be [duplicated by placebo](#). Similarly, in 2008, a [meta-analysis published in PLoS Medicine](#) concluded that the difference between antidepressants and placebo pills is very small—and that both are ineffective for most depressed patients. Only the most *severely depressed* showed any response to antidepressants at all, and that response was quite minimal.

This makes sense when you consider that these drugs don't address the cause, which likely has its beginnings in nutritional deficiencies, and in "emotional short-circuiting."

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But rather than accepting the fact that antidepressants are missing their mark, add-on drugs like Abilify are marketed as the "solution." It's a perfect example of the old adage that "insanity is doing the same thing over and over again, expecting different results." Rather than solving a problem, the polypharmacy strategy compounds it.

The word 'polypharmacy' means "many drugs," and essentially refers to instances where an individual is taking too many drugs--either because more drugs are prescribed than clinically indicated, or when the sheer number of pills simply becomes a burden for the patient. Polypharmacy is a significant problem, as the more drugs you mix together, the greater the chances of serious side effects, and people taking psychiatric drugs appear to be particularly prone to polypharmacy.

Well-Documented Side Effects

The interactions of antidepressants with your brain, liver, digestive system and other systems are still not fully understood, but we do know that the side effects are numerous. Besides the standard laundry list of nausea, dry mouth and loss of libido, more serious side effects of commonly prescribed antidepressants include:

Suicidal thoughts and feelings and violent behavior:

The main and primary one that you should be concerned about is that they could actually INCREASE your risk of suicide. Your risk for suicide may be twice as high if you take SSRIs. Seven out of 12 school shootings were also perpetrated by children who were either on antidepressants or withdrawing from them.

Heart disease and Sudden cardiac death:

Recent research suggests that antidepressants increase your risk of heart disease by causing your artery walls to thicken. A literature review of studies from 2000-2007, published in Expert Opinion on Drug Safety in 2008, also found that "Antipsychotics can increase cardiac risk even at low doses, whereas antidepressants do it generally at high doses or in the setting of drug combinations." In another 2009 study antipsychotic drugs doubled the risk of sudden cardiac death. Mortality was found to be dose-dependent, so those taking higher doses were at increased risk of a lethal cardiac event.

Diabetes: Your risk for type 2 diabetes is two to three times higher if you take antidepressants, according to one study. All types of antidepressants, including tricyclic and SSRIs, increases type 2 diabetes risk.

Brittle bones: One study showed women on antidepressants have a 30 percent higher risk of spinal fracture and a 20 percent high risk for all other fractures. This is because serotonin is also involved in the physiology of bone. If you alter serotonin levels with a drug, it can result in low bone density, boosting fracture risk.



Problems with your [immune system](#):

SSRIs cause serotonin to remain in your nerve junctions longer, interfering with immune cell signaling and T cell growth.

[Stroke](#): Your risk for stroke may be 45 percent higher if you are on antidepressants, possibly related to how the drugs affect blood clotting.

[Stillbirths](#): A Canadian study of almost 5,000 mothers found that women on SSRIs were twice as likely to have a stillbirth, and almost twice as likely to have a premature or low birth weight baby; another study showed a 40 percent increased risk for birth defects, such as cleft palate.

[Death](#): Overall death rates have been found to be 32 percent higher in women on antidepressants.

When are Antidepressants Appropriate?

I want to stress that I am not seeking to diminish the impact of depression or mental illness. It is massively pervasive and responsible for tens of thousands of deaths every year and needless suffering in millions of others.

My clinical experience leads me to believe that the only appropriate use of these dangerous medications is as a last ditch effort when the patient is at a serious risk to themselves or others. The drugs should be continued until the condition is under control and they are out of harm's way. This strategy is essentially an emergency strategy similar to how you'd treat a bone fracture. In such a case, you'd see an orthopedic surgeon for a cast. But you don't use that cast the rest of your life. You use it until your bone is healed.



Tragically, most drug companies do NOT view antidepressants this way. There are enormous marketing efforts to classify normal behavior as aberrant or diseased, which then requires lifelong therapy with their drug solution.

How to Address Depression Without Drugs: Start with Your Diet

If you provide your body with less than optimal fuel, you can expect it to break down. And that's exactly what millions of people are doing each day. One of the primary sources of calories in the U.S. is fructose. Combine that with the fact that 90 percent of the money Americans spend on food is for processed and denatured foods and you have a prescription for a health disaster mentally and physically.

Our food supply is also loaded with toxins, such as MSG, aspartame, artificial dyes and colors, and the containers that hold the food are typically laced with other toxins like BPA, phthalates, aluminum, and fluoride.

Many of these [chemicals can cause mood- and behavioral changes](#).

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The dietary answer for treating depression is to *severely limit sugars*, especially fructose, as well as grains, because these can lead to excessive insulin release that can lead to hypoglycemia. Hypoglycemia, in turn, causes your brain to secrete glutamate in levels that can cause agitation, depression, anger, anxiety, panic attacks and an increase in suicide risk. Radically [reducing your sugar intake, especially fructose](#), to less than 25 grams per day is one of the most powerful interventions for correcting this biochemical imbalance.

Furthermore, sugar is highly inflammatory, and as you will see below, curbing inflammation is key, not just for physical health, but for mental and emotional health too.

There's a great book on this subject, [The Sugar Blues](#), written by William Dufty more than 30 years ago, that delves into this topic in great detail. The central argument Dufty makes in the book is that sugar is an extremely health-harming addictive drug, and that by simply making that *one* dietary change—eliminating as much sugar as possible—can have a profoundly beneficial impact on your mental health.

Your Powerful Second Brain: the Gut-Brain Connection

Radically reducing your sugar/fructose consumption will also automatically help rebalance your gut flora, which appears to be yet another vital strategy to successfully address depression.

Recent studies have shown that chronic inflammation and lack of probiotics (beneficial bacteria) in your gut may be involved in the pathogenesis of depression. In fact, some research has demonstrated that depression is frequently associated with gastrointestinal inflammations and autoimmune diseases, as well as with other ailments in which chronic low-grade inflammation is a significant contributing factor. This inflammation may create dysfunction of the "gut-brain axis," contributing to poor mental health.



[According to one recent scientific review:](#)

"... [A]n increasing number of clinical studies have shown that treating gastrointestinal inflammations with probiotics, vitamin B, D and omega 3 fatty acids, through attenuating proinflammatory stimuli to brain, may also improve depression symptoms and quality of life.

All these findings justify an assumption that treating gastrointestinal inflammations may improve the efficacy of the currently used treatment modalities of depression and related diseases."

How Gastrointestinal Inflammation May Contribute to Depression

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The review points out several mechanisms by which gastrointestinal inflammation may play a critical role in the development of depression. Among them:

1. **Depression is often found alongside gastrointestinal inflammations and autoimmune diseases** as well as with cardiovascular diseases, neurodegenerative diseases, type 2-diabetes and also cancer, in which chronic low-grade inflammation is a significant contributing factor. Thus researchers suggested "depression may be a neuropsychiatric manifestation of a chronic inflammatory syndrome."
2. Research suggests **the primary cause of inflammation may be dysfunction of the "gut-brain axis."** Your gut is literally your second brain -- created from the identical tissue as your brain during gestation -- and contains larger amounts of the neurotransmitter serotonin, which is associated with mood control.

It's important to understand that your gut bacteria are an active and integrated part of your body, and as such are heavily dependent on your diet and vulnerable to your lifestyle. If you consume a lot of processed foods and sweetened drinks, for instance, your gut bacteria are likely going to be severely compromised because processed foods in general will destroy healthy microflora and sugars of all kinds feed bad bacteria and yeast, as well as promote systemic inflammation.



3. An increasing number of clinical studies have shown that **treating gastrointestinal inflammation with probiotics, vitamin B, vitamin D and [omega-3 fats](#) may also improve depression symptoms** and quality of life by attenuating proinflammatory stimuli to your brain.

Curbing Inflammatory Response Appears to be KEY for Preventing Depression

In a nutshell, chronic inflammation in your body disrupts the normal functioning of many bodily systems and can wreak havoc on your brain. But it appears inflammation may be more than just another risk factor for depression; it may in fact be THE risk factor that underlies all others.

Although this refers to postpartum depression, the inflammatory response is the same in its impact on all forms of depression. Published in the [International Breastfeeding Journal](#), researchers stated:

"The old paradigm described inflammation as simply one of many risk factors for depression. The new paradigm is based on more recent research that has indicated that physical and psychological stressors increase inflammation. These recent studies constitute an important shift in the depression paradigm: inflammation is not simply a risk factor; it is the risk factor that underlies all the others."

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Moreover, inflammation explains why psychosocial, behavioral and physical risk factors increase the risk of depression. This is true for depression in general and for postpartum depression in particular.

Puerperal women are especially vulnerable to these effects because their levels of proinflammatory cytokines significantly increase during the last trimester of pregnancy -- a time when they are also at high risk for depression. Moreover, common experiences of new motherhood, such as sleep disturbance, postpartum pain, and past or current psychological trauma, act as stressors that cause proinflammatory cytokine levels to rise."

Protect Your "Second Brain" to Reduce Symptoms of Depression

We discussed the importance of limiting sugar and fructose, which is one of the primary ways to prevent inflammation, above. But you may also need to regularly "reseed" your gut with beneficial bacteria, or probiotics, which are the foundation of a healthy gastrointestinal tract.

My recommendations for optimizing your gut bacteria are as follows:

- **Fermented foods** are still the best route to optimal digestive health, as long as you eat the traditionally fermented, unpasteurized versions. Healthy choices include lassi (an Indian yoghurt drink, traditionally enjoyed before dinner), fermented raw (unpasteurized) grass-fed organic milk such as [kefir](#), various pickled fermentations of cabbage, turnips, eggplant, cucumbers, onions, squash and carrots, and [natto](#) (fermented soy).
- **Probiotic supplement.** If you do not eat fermented foods, taking a high-quality probiotic supplement certainly makes a lot of sense considering how important they are to optimizing your mental health. Probiotics have a direct effect on brain chemistry, transmitting mood- and behavior-regulating signals to your brain via the vagus nerve, which is yet another reason why your intestinal health can have such a profound influence on your mental health, and vice versa.



Essential Nutrients for a Healthy Gut and Brain

Other important nutritional factors to prevent or treat gastrointestinal inflammation and promote optimal brain function include:

- **Animal-based omega-3 fats:** Even if you have a decent diet, nutritional deficiencies are pervasive and can easily contribute to depression. One of the most common deficiencies is high quality omega-3 fats. Many people don't realize that their brain is 60 percent fat, but not just any fat. It is DHA, which is an animal based omega-3 fat. Dr. Stoll, a Harvard psychiatrist, wrote an excellent book that details his experience in this area called [The Omega-3 Connection](#).

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Animal-based omega-3's not only [regulate inflammatory processes and responses](#), but also [positively influence outcome in depressive disorders](#). So if you are currently struggling with depression, taking a high-quality omega-3 supplement like krill oil daily is a simple and smart choice.

- **Vitamin D:** Most people are not aware that [vitamin D deficiency is associated with inflammation](#) and depression. One previous study found that people with the lowest levels of vitamin D were [11 times more prone to be depressed](#) than those who had normal levels, so you will want to be sure your levels are in the healthy range by getting proper sun exposure or using a safe tanning bed. As a last resort, you can also take a high-quality vitamin D3 supplement, but make sure you [have your levels monitored](#) if you choose this route.

Aside from the direct [benefit of vitamin D on depression](#), it is likely that sunlight has an independent benefit for mental health that is independent of generating vitamin D. This is one of the reasons why SAD is so pervasive in the winter and why depression is rampant in the Pacific Northwest in the winter. So essentially, sunlight deficiency is also a major risk factor.

- **Vitamin B12:** Another vitamin deficiency that can [contribute to depression is vitamin B12](#).



In Conclusion

While this article primarily addresses nutritional strategies to combat depression, I also want to remind you of the importance of exercise. There is solid scientific research pointing to the fact that [exercise is one of the most potent treatments we have for depression](#). Unlike drugs, it is FAR more consistently effective than placebo when done properly.

There's no doubt that depression is devastating. Few things are harder in life than losing your sense of joy, hope, and purpose. And as an outsider, it's heartbreaking to realize that it's impossible to impart the will to live to somebody who no longer possesses it.

Oftentimes you cannot change your circumstances. You can, however, change your response to them, so I encourage you to be balanced in your life, and don't ignore your body's warning signs that something needs to change. Depression *is very real*. And so is the potential for true healing!

It is my sincere hope that you will take these recommendations under consideration *before* opting for a drug, and giving yourself the time to let your body heal itself, as your mind cannot be separated from your body.

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