

For the Holiday Season Ahead, Research Points to the Most Effective, Non-Drug Way to Prevent the Holiday Blues

Social interaction with trusted family and friends is the lifestyle factor that gives the greatest protection against becoming depressed, researchers say.

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Thanksgiving is the start of a holiday season that can be a tough time for someone missing a loved one, dealing with family issues, or feeling overwhelmed by the demands of an increased level of activity. Researchers have found that talking with a trusted friend may be the best way to lower the risk of the holiday blues setting in.



Help for feeling low may be in your own hands. Research suggests that talking with a trusted friend can help prevent depression.

Examining data from over 100,000 participants in the U.K. Biobank, a team of researchers from Massachusetts General Hospital and Harvard University looked for factors affecting people's lives that could be modified to reduce the risk of depression. More than 100 lifestyle, social, and environmental factors were scrutinized, including various forms of exercise, recreational activities, do-it-yourself activities, time spent on electronic devices, sleep, diet, and the intake of vitamins.

“

The impact of trusted social connections [is] causally protective for depression.”

*Karmel W. Choi, PhD,
psychologist, Massachusetts
General Hospital*

Confiding in others was found to be the factor most associated with reduced odds of depression, with the finding “validating the impact of trusted social connections as causally protective for depression,” according to the

2020 study, published in the American Journal of Psychiatry. Researchers noted that this form of social interaction was protective even for individuals deemed at-risk for depression due to earlier trauma they experienced. [1]

Visiting with family and friends was also found to be a likely preventive factor, “pointing to frequent social interactions as an additional key facet of social engagement that may be protective,” the researchers wrote. Various forms of vigorous exercise and getting enough sleep were other top factors associated with a lowered risk of depression.

A 2021 study that analyzed the impact of the COVID-19 pandemic on the incidence of depression also found that individuals with more supportive or more frequent social contact had fewer symptoms of depression, with face-to-face interaction more beneficial than by phone or video. [2]

Dr. Vivek Murthy, Surgeon General of the United States, addressed the value of social connectedness in his book, *Together: The Healing Power of Human Connection in a Sometimes Lonely World*, published in 2020. Dr. Murthy explored loneliness as a public health concern because of its role as a root cause of, and contributor to, many of today’s physical and mental health problems, including depression.

His “prescription” is simple. “At the center of our loneliness is our innate desire to connect,” he wrote. “We have evolved to participate in community, to forge lasting bonds with others, to help one another, and to share life experiences. We are, simply, better together.” [3]

The Citizens Commission on Human Rights (CCHR) supports evidence-based, non-drug approaches to preventing and handling mental health issues like depression and warns the public about the risk of serious adverse effects of antidepressants. Research has linked



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antidepressants to deepening depression, violence, and suicidal thoughts and actions, while also finding that the drugs are ineffective for most people.

A study earlier this year found no clinically significant difference in measures of depression symptoms between adults treated with antidepressants and those taking placebos, whether over a shorter or longer time frame and regardless of the depression severity of the study participants. [4]

No convincing evidence of benefits from antidepressants was found in a 2019 systematic review of studies of antidepressants versus placebos. The study concluded: “The evidence does not support definitive conclusions regarding the benefits of antidepressants for depression in adults. It is unclear whether antidepressants are more efficacious than placebo.” [5]

A 2017 study not only found little benefit from selective serotonin reuptake inhibitors (SSRIs) versus placebos, but further concluded that because SSRIs significantly increase the risk of both serious and non-serious adverse events, “the harmful effects of SSRIs versus placebo for major depressive disorder seem to outweigh any potentially small beneficial effects.” [6]

A similar conclusion was reached in a review of the medical literature published in 2017, which found that “the efficacy of antidepressants is systematically overestimated, and harm is systematically underestimated,” so that “antidepressants are largely ineffective and potentially harmful.” [7]

These studies matter because some 45 million Americans are currently prescribed antidepressants for depression, including more than 2 million children and teens under the age of 18. Despite an increasing number of patients taking antidepressants, rates of depression and suicide have continued to rise. The 32% increase in the number of antidepressant prescriptions in the U.S. from 2006 to 2020 parallels the 35% increase in the nation’s suicides over the same period.

The rising suicide rate is particularly noticeable among youth. A 2020 study points out that “recent data suggest that increasing antidepressant prescriptions are related to more youth suicide attempts and more completed suicides among American children and adolescents.” [8]

Still another study in 2016 found that children and teens taking antidepressants doubled their risk of suicide, while the benefit from the drugs “seems to be below what is clinically relevant.” [9]

The National Institute of Mental Health website warns that anyone taking antidepressants who experiences “thoughts about suicide or dying, attempts to commit suicide, [or] new or worsening depression” should call their doctor right away.

CCHR advocates for the full disclosure of the risks of the serious side effects of antidepressants

and other psychiatric drugs, so that consumers and their physicians can make fully informed decisions about whether to take the drugs.

WARNING: Anyone wishing to discontinue or change the dose of an antidepressant or other psychiatric drug is cautioned to do so only under the supervision of a physician because of potentially dangerous withdrawal symptoms.

CCHR was co-founded in 1969 by members of the Church of Scientology and the late psychiatrist and humanitarian Thomas Szasz, M.D., recognized by many academics as modern psychiatry's most authoritative critic, to eradicate abuses and restore human rights and dignity to the field of mental health. CCHR has been instrumental in obtaining 228 laws against psychiatric abuses and violations of human rights worldwide.

The CCHR National Affairs Office in Washington, DC, has advocated for mental health rights and protections at the state and federal level. The CCHR traveling exhibit, which has toured 441 major cities worldwide and educated over 800,000 people on the history to the present day of abusive and racist psychiatric practices, has been displayed at the Congressional Black Caucus Foundation Annual Legislative Conference in Washington, DC, and at other locations.

[1] https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2020.19111158?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed

[2] <https://www.cambridge.org/core/journals/psychological-medicine/article/social-relationships-and-depression-during-the-covid19-lockdown-longitudinal-analysis-of-the-covid19-social-study/C4EC01109B848D2306416BFDC33787C5>

[3] <https://www.vivekmurthy.com/together-book>

[4] <https://dtb.bmj.com/content/dtb/60/1/7.full.pdf>

[5] <https://pubmed.ncbi.nlm.nih.gov/31248914>

[6] <https://bmcpsy psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-016-1173-2.pdf>

[7] <https://pubmed.ncbi.nlm.nih.gov/29270136>

[8] <https://pubmed.ncbi.nlm.nih.gov/32116839/>

[9] <https://www.bmj.com/content/352/bmj.i65.long>

Anne Goedeke

Citizens Commission on Human Rights, National Affairs Office

+1 202-349-9267

[email us here](#)

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