

Depression & Neurofeedback

One of the more common ways to treat depression is through medication. For all the advertising about antidepressant medication in general, such drugs are not that effective. For instance, out of forty-six research studies on eighteen antidepressant drugs, twenty-three of them showed the drugs failed to beat placebo effects. For four big name antidepressants (Viibryd, Cymbalta, Celexa and Pristiq) about 70% of research found that taking a placebo would have had the same level of effectiveness as using the drug. Plus, antidepressants are known to have many side effects that people find uncomfortable and cause them to stop using them. Or, if they are effective, they often stop working over time.

Cognitive behavioral therapy (CBT) is another common approach for treating depression. But many people struggle with talking about themselves and their difficulties. And not all depression is due to how one thinks about an issue ('This is hopeless, I'll never succeed'.) Some people become depressed for other reasons (such as death of a spouse, becoming ill or disabled themselves, etc.), and CBT may not be as effective in those situations. And CBT does not work for everyone, and is generally found to be effective about 75-80% of the time.

Another approach to treating depression is through neurofeedback, which has been shown through research studies to be helpful by modifying dysregulation in the brain, including in individuals who have not responded well to antidepressant drugs. It also appears to be effective in treating depression regardless as to why it has arisen, such as from genetic predisposition, early childhood trauma or those occurring later in life, alcohol abuse, or other medical conditions. Such research has found that there can be a marked reduction in depressive symptoms in 75-80% of patients including in individuals who have not responded well to medication. Plus, improvement can persist after the neurofeedback training has ended such as when re-evaluated after 1-5 years have passed. Patients taking drugs tend to relapse once the medication stops.

Although this level of effectiveness is in the same range for CBT, it should be understood that the groups of people who are helped by each are not identical. Meaning, if CBT does not work for someone neurofeedback might do so.

Neurofeedback might also be considered when medications are not advised, most notably during pregnancy with a mother who has depressive issues.



Dr. Sharrie Hanley
4701 Wrightsville Ave., Bldg. 1
Wilmington, 28403
910 524 5277
DrSharrie@gmail.com