

Exercise: depression

→ Summary

Supervised group exercise for 30 to 40 minutes three times a week for a minimum of 9 weeks. Any exercise is better than no exercise. However, more exercise sessions have a greater effect on mood than fewer sessions. Better outcomes are associated with supervised group exercise rather than solo activity. A mixture of resistance and aerobic training has been shown to be more beneficial than aerobic activity only. Exercise may be used as sole or supplementary therapy. To address motivation and adherence, it may be beneficial to take a graded approach to exercise. See **Tips and challenges** below.

→ Indication & Benefits

Regular exercise programs improve mood and activity level in people with mild to moderate depression.

Patients diagnosed with mild to moderate depression.

Used alone, exercise has been shown to have a moderate effect on reducing symptoms of depression. Based on a small number of trials, exercise may be as effective as psychological or pharmacological treatments.

Patients with subthreshold depression may also benefit from exercise therapy.

→ Contraindications & Adverse Effects

Precautions

Structured exercise programs are not recommended as a sole treatment for people with severe depression as their ability to participate may be affected by their reduced functioning and ability to complete everyday activities.

Patients taking antidepressant medications such as tricyclic antidepressants, which are associated with side effects such as orthostatic hypotension and sedation, may experience difficulty participating in exercise programs.

To prevent injury, ensure a gradual introduction to the exercise program.

Before commencing exercise, perform a cardiovascular risk assessment to ensure the patient is fit enough to undertake the program.

Contraindications

Exercise programs may be harmful for those with concurrent disorders (anorexia nervosa). Overtraining or fixation on exercise could have a negative impact on physical and mental health outcomes.

Adverse effects

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→ Availability

In the community there are many options for exercise, such as active transport, walking for leisure and sports participation, as well as gym work, which is more similar to the research environment. Many municipal sport and recreation facilities offer affordable exercise programs to the local community. Some gymnasiums and sports clubs have developed specific programs that aim to assist those suffering from mental illness.

Some GP practices have started their own walking or fitness group for patients.

Structured exercise programs are available through an exercise physiologist. A Medicare rebate is available for up to five individual consultations with an exercise physiologist for patients who have a chronic disease (depressive symptoms lasting 6 months or more).

→ Resources

To find an accredited exercise physiologist go to the [Exercise and Sports Science Australia \(ESSA\) website](#) and search by state, postcode and speciality.

Gyms with mental health programs are available (e.g. [YMCA](#)).

[Heartmoves](#) is a widely available exercise class for people with chronic disease, which is suitable for older patients.

Better Health Channel: [Depression and exercise](#).

Black Dog Institute: [Exercise and depression](#)

Heart Foundation: [Physical activity and depression](#)

→ Evidence

References

1. Cooney G, Dwan K, Greig CA et al. Exercise for depression. Cochrane Database Syst Rev 2013;9:CD004366. doi: 10.1002/14651858.CD004366.pub6.
2. Stanton R, Reaburn P. Exercise and the treatment of depression: a review of the exercise program variables. J Sci Med Sport 2014;17(2):177-82.
3. Perraton LG, Kumar S, Machotka Z. Exercise parameters in the treatment of clinical depression: a systematic review of randomized controlled trials. J Eval Clin Pract 2010;16:597-604.

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