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## A healthy effect size in a healthy body

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What is the most effective help for depression, if we look at the effect size?

I almost bet you don't.

Side note: something should be done. The number of people undergoing mental health rehabilitation has almost tripled since 2012. More than half of disability pension recipients are on disability pensions for mental health reasons. There are 99,000 of them in Finland. The most common reason is depression.

Something about what we're doing isn't working.

Can we do a little thought experiment?

The assumption is that scientific evidence should guide practice. We further assume that the network meta-analysis of 14,170 participants published in BMJ in February (1) would be the best evidence available in terms of methods. All randomized controlled studies on the effect of exercise on severe depression compared to other treatments have been collected.

The results are interesting. Depression was not alleviated best by psychotherapy or medication. The bigger effect was... running and walking, for example.

So what would we do if this was the best display available?

Would Psykologiliitto tell the politicians that Kela replaces rehabilitation psychotherapy for mental health problems with 100 million euros a year, but this might not be the wisest thing in light of the RCT screen?

Would sports organizations rush to argue against it? They would emphasize that no such hasty conclusions! After all, cognitive behavioral therapy helped with depression - maybe not as much as jogging, but as much as yoga. Would the psychotherapy association talk about the dose-response relationship? The effect was greater the more intense the exercise was.

And what would psychiatrists do?

In the meta-analysis, the effect size of antidepressant medication is at the limit of whether it has therapeutic value at all.

Would the Psychiatric Association demand an audience from the Minister of Health, force them to stop at the insignificant effect of SSRI drugs?

Would the social service leaders be divided into small groups to consider why no form of exercise was as useless for depression as medication, why running, walking, strength training, yoga, combinations of aerobic sports, tai chi and qigong all worked better than mood medication?

Would the director of THL speculate in A-Talk why exercise and medication helped worse than just jogging?

I often wonder if I'm naive when I think that scientific evidence should be listened to. We gladly call laymen who do not bow to our articles of faith as anti-science. What if we ourselves should think differently?

There are well-founded counter-arguments to every study. What is telling is that these scenarios seem absurd.

As if we had agreed among ourselves that each profession always recommends its own treatments, in the name of science and regardless of the screen. We speak up for our most familiar practices, and when we hear of a show that doesn't advance our union interests, we aggressively challenge it.

Of course, this is not evidence-based medicine.

Are we interested in what would best help the depressed? Are we treating the whole "depression" thing all wrong?

I do not know. But we take our own advocacy very seriously.

(By the way: exercise counseling didn't help the depressed at all. So the results don't mean that it's worth recommending exercise to patients. We should get the hopeless and broken to move. How? I don't know. But if it's successful with 14,170 participants, it's hardly impossible. Except, of course, if we decide that it is.)

So - what had the biggest impact?

At a dance. By far. Take a look at figure 4. Dance beat therapies, drugs and even running.

Perhaps we should, as Beckett's play suggests, dance first and think later?

#### **Author**

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The author is a writer and a psychologist.

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#### **Literature**

- 1 Noetel M, Sanders T, Gallardo-Gomez D, Taylor P, del Pozo Cruz B, van den Hoek D et al. Effect of exercise for depression: systematic review and network meta-analysis of randomized controlled trials. *BMJ* 2024;384:e075847. <https://doi.org/10.1136/bmj-2023-075847>

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