Nedley Depression Hit Hypothesis: Identifying Depression and Its Causes

Abstract: Depression is often diagnosed using the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) criteria. We propose how certain lifestyle choices and non-modifiable factors can predict the development of depression. We identified 10 cause categories (hits or “blows” to (CI 81.9-85.5), specificity 53.7% (CI 51.7-55.6) and MCC .38. Overall, the hits that improved the most from baseline after the eighth week were: Nutrition (47%), Frontal lobe (36%), Addiction (24%), Circadian rhythm (24%), Lifestyle (20%), Social (12%) and Medical (10%). Conclusions. The Nedley four-hit hypothesis seems

The Diagnostic and Statistical Manual of Mental Disorders is the most widely accepted nomenclature used by clinicians and researchers for the classification of mental disorders. The DSM-5\textsuperscript{1} criteria used to diagnose a major depressive episode indicate that the individual must either have a depressed mood or a loss of interest or pleasure in
Figure 2.
Matthew correlation coefficient correlated with the different hits.
Assumption of high-Ealthy nitrogen in depressed individuals

Subjects/methods:
Data from 309 participants (106 men, 203 women) from a 10-day plant-based residential depression program were used. All participants completed the Nedley DSM-Depression test, a previously validated 75-item self-report tool that assesses depression, anxiety, Emotional-Quotient, demographic data, and dietary intakes. Consumption of meat, cheese, and fish was determined dichotomously using their answers on the test. Hemoglobin A1c was assessed the first day of their residence. self-assessed dietary habits were correlated to the hemoglobin A1c level using an independent-samples t-test.

Conclusion:
This study confirmed a positive correlation between meat (but not fish or cheese) consumption and the level of hemoglobin A1c in a clinically depressed population. No statistically significant correlation was observed between fish or cheese consumption and hemoglobin A1c as shown by some studies. Further prospective studies are required to confirm the present results.

Results:
Patients on average depression Inventory min = 7, max = 53, moderate depression levels were depressed. We found no meat intake (M=4.76, SD=1.15) that was associated with higher hemoglobin A1c (t(286)=2, p=0.041), t(286)=0.45, p=0.6, t(286)=0.9, p=0.36 associated with high-energy intake.
Poster: Consumption of energy rich nutrients and hemoglobin A1c among depressed individuals, Ramirez and Nedley
Eight-week Depression and Anxiety Recovery Program Decreases Usage of Benzodiazepines

BACKGROUND
Abuse of benzodiazepines is a prevalent problem in today’s society. We assessed the effect that a community-based mental health education program of 8 weeks can have in decreasing the usage of benzodiazepines. During the program, emphasis is given to overcoming the usage of substances that can create an addictive relationship. The program teaches lifestyle interventions (exercise, rest, nutrition), temperance (overcoming addictions) and usage of spiritual resources to improve depression and anxiety. The participants meet once a week for a two-hour program.

METHODS
Data from 4271 participants (71% women and 29% men) of the depression program was used from multiple sites done in 7 countries. All participants completed, at baseline and at the end of the eight weeks, the Nedley DSM-Depression test, a previously validated 75-item self-report tool that assesses depression, anxiety, Emotional-Quotient, demographic data, and benzodiazepine usage. Usage of benzodiazepines was determined dichotomously using their answers on the test.

RESULTS
Patients at the beginning of the program had an average of PQ9 level of depression of 13 (SD = 7.67) which is equivalent to moderate depression. Not all the participants were depressed. 7.8% (n=335) of participants acknowledged at the beginning of the program use of benzodiazepines on an irregular basis and 6.76% (n=289) of participants acknowledge using them more than twice a month. After the eight-week program the PQ9 level of depression was 6.78 (SD=6) among those using benzodiazepines. 12.8% (n=43) had stopped using them on an irregular basis and 24% (n=70) had stopped using the benzodiazepines altogether or less than twice a month.

CONCLUSIONS
This study demonstrates that an 8-week community-based depression recovery program can be an effective tool to help participants overcome the usage of benzodiazepines. Further studies are required to show what will happen after the eight-week program.

SOURCE OF FUNDING
None
Poster: Eight-week depression program decreases usage of benzodiazepines
Ramirez and Nedley

- Community based data
- 7.8% (n=335) of participants acknowledged at the beginning of the program use of benzodiazepines on an irregular basis and 6.76% (n=289) of participants acknowledge using them more than twice a month.
- After the eight week program among those using benzodiazepines, 12.8% (n=43) had stopped using them on an irregular basis and 24% (n=70) had decided to stop using the benzodiazepines all together or less than twice a month.
Poster: Eight-week depression program decreases usage of benzodiazepines
Ramirez and Nedley
Poster: Eight-week depression program decreases usage of benzodiazepines
Ramirez and Nedley
Novel Program Reduces Depressive Symptoms, Benzo Use

Deborah Brauser
December 08, 2014

AVENTURA, Florida — A novel, community-based depression recovery program may help to decrease not only symptoms of the disorder but also benzodiazepine use, new research suggests.

An observational study of more than 300 participants from 7 countries who had moderate depression and who acknowledged use of benzodiazepines at baseline showed significantly lower depression scores at the end of the 8-week program. Plus, 13% of those who had been taking benzodiazepines on an irregular basis stopped using them altogether, and 24% of those who had been taking them more than twice a month decreased or stopped use.

“Our focus in the program isn’t on benzodiazepines, but this was a nice side effect,” lead author Francisco Ramirez, MD, director of research at the Nedley Clinic in Ardmore, Oklahoma,
CONTROL ID: 2169068

TITLE: Eight-week community based program is associated with at least some improvement of depression in the vast majority of individuals with hepatitis C

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Community Based Results
Countries

USA, 3111
Canada, 701
Australia, 380
Other, 77
New Zealand, 66
Norway, 11
Average Score Before and After

Depression
12.5-Moderate
6.8-None

Anxiety
7.2-Mild
3.8-None
Average Score Before and After Counting only Dep and Anx

Depression
- Before: 16.1-Moderate
- After: 8.5-Mild

Anxiety
- Before: 9.3-Moderate
- After: 5.2-Mild
% Hits at baseline

- GEN: 64.7%
- DEV: 40.3%
- LIFE: 79.1%
- CR: 69.3%
- NUT: 54.2%
- TOX: 30.9%
- ADD: 8.5%
- SOC: 56.9%
- MED: 53.0%
- FL: 64.7%

Legend:
- _
- Before
Hits, % Improvement

- LIFE: After 20%, Before 24%
- CR: After 47%, Before 24%
- NUT: After 8%, Before 11%
- TOX: After 36%, Before 10%
- ADD: After 24%, Before 36%
- SOC: After 10%, Before 36%
- MED: After 10%, Before 36%
- FL: After 10%, Before 36%

Legend: 
- Blue: After
- Red: Before
Among depressed, Improved > 50%
Severe Depression after 8 weeks

From Severe Depression

- Improved: 95%
- Same as Beginning: 2%
- No Improvement: 3%
983 w/Severe Depression after 8 weeks

Severe Depression at Baseline

- 23% To Moderate
- 21% To Mild
- 9% Improve, Still Severe
- 3% Same as beginning
- 2% To None
- 42% No Improvement
Among Anxiety, Improved > 50%
Severe Anxiety after 8 weeks

From Severe Anxiety

- Improved: 93%
- Same as Beginning: 5%
- No Improvement: 2%
697 w/Severe Anxiety after 8 weeks

Severe Anxiety at Baseline

- To Moderate: 24%
- To Mild: 36%
- To None: 26%
- Improve, Still Severe: 5%
- Same as beginning: 2%
- No Improvement: 7%
In the pipeline

• NDRPAT: Nedley Depression Recovery Program Assessment Test: Reliability and Validity