

Exercise Launch Transcript

BLACK DOG INSTITUTE



Professor Gordon Parker: Welcome to the launch of the Institute's 'Exercise the Mood' subtitled, 'Exercise as a Treatment for Depression'. I'm wearing the only sporting tie I could find, not much exercise in swinging a golf club, but maybe David will challenge that in a while. We certainly hope that this will be an important step towards raising awareness of the role of exercise in managing depression, where it can sometimes be a primary treatment for many people and certainly for many a huge component within the management plan.

I would very much like to thank the funders of the program, and that is the Roth Charitable Foundation which was established by Henry Roth and it distributes much needed funding to hospitals, educational establishments, research institutes and welfare groups, and as I said, their generous donation has allowed this program to be developed. I would also like to thank the UNSW Lifestyle Clinic for collaborating with us in the development of the program, and for its director, Chris Tzar, who we'll hear from in a while, who's an accredited exercise physiologist, a national board member of the Australian Association for Exercise and Sports Science and as I said, he'll be talking shortly on the role of exercise physiologists. I would also like to welcome our VIP guests here. The first is Graeme Cowan, who's author of 'Back From the Brink' and 'Back From the Brink Too' and he'll say a few words about the role of exercise in recovering from depression he's experienced himself. We also have three distinguished, famous and extraordinary sportsmen here, John Konrads, who at one stage had every world record from 200m to 1500m in the swimming pool and he's a member of the Black Dog Institute board and has contributed to helping so many people over time. David Spindler, who is a golfer, but also professional caddy and he was most recently involved in the return of Tiger Woods and he might talk about the exercise he got involved in trying to chase after the crowd and stop his golfer from being distracted, and he's off shortly to go to Japan. And Brendan Capell, who is doing the most extraordinary set of activities as a long distance swimmer. For any of us who might think of swimming a distance, the English channel would seem almost mission impossible, he not only wishes to swim it, but to race it, and will be taking part in this extraordinary event. I'd also like to welcome Janet Benson, who's the senior clinical psychologist from the Sydney West Area Health Service Depression Management Program, who assisted in putting together some of the components today. And I'd also like to thank Matthew Johnstone, author of 'I Had a Black Dog' and 'Living with a Black Dog', who's done the wonderful graphic that you see for this program, which is multi-layered in not only suggesting 'exercise' but 'exorcise' in terms of addressing depression. My final welcome and introduction is to Joanna Crawford, who is a research psychologist and clinical psychologist who has really worked so hard at pulling together this program over the last few months and she's going to give the first presentation. Now, to Joanna...

[Click here to see Joanna's presentation](#)

David Tzar: You may be wondering, what is an exercise physiologist? In essence, exercise physiology is an emerging profession and they're playing a greater role in the health system and moreover in the health of all Australians. Particularly in the past 10-15 years, what we've seen is an

abundance of evidence that shows that exercise can work like medicine in the treatment of various conditions. An explanation of how it works like medicine is that there is a dose-response type effect, so there's an ideal type of exercise, an ideal frequency and intensity that it should be performed to help assist in the management of a particular condition. We know that it also is an integral therapy in the treatment of the majority of chronic conditions in Australia, ranging from diabetes, hypertension, osteoporosis, osteo-arthritis, and of course depression, as you will see a little bit later with some of our speakers who will attest to its benefits and effects. Another reason for the emerging role of exercise physiologists in the health system is because of inactivity, so the effects of being sedentary, and we now know that in terms of lifestyle related factors, it's the second largest cause for chronic disease in Australia behind smoking. So, it's kind of telling us that inactivity levels are kind of as high as they can get, and of course we know that it accounts for about 25% of all preventable deaths, that's more than alcohol and motor vehicle accidents combined, so it's something that warrants specific attention. So what do we do in essence? I guess the best way to sum it up is to say that we provide self-management support, supporting people to manage themselves better and we can do that for prevention of a medical issue or for the management of an existing or established medical condition that ranges from chronic disease to depression. Probably about 85% of the patients that are treated do a home-based exercise program, so we need to dispel a few misconceptions that are associated with our services: we don't necessarily work in a gymnasium setting we do what suits the preference of people, so people often want to do more activity or do an exercise program but they don't necessarily want to visit a gymnasium facility. We have to develop a program that will suit people's needs and get them to sustain it in the long term, so they're some of the challenges we face. It's not a matter of designing the *perfect* exercise program, it's about the strategies that we implement to get people to sustain and maintain it for the long term. As we know, the first 12 weeks are the toughest, this is where we see people who undertake an exercise program from a sedentary position, we see about an 85% drop out rate in that period. So, how can we overcome a lot of the barriers associated with physical activity and exercise. I've put this up to give you an idea of a typical sort of treatment with an EP, so we may see anyone between 2 and 5 consultations over the 12 week period, depending on whether the person presents with more motivational issues or movement limitations if they have osteo-arthritis and so forth, we might see them for a higher frequency, but each consultation is addressing a lot of the barriers and the issues that present because up until they've exercised, they are all perceived barriers, you don't know what issues they're going to be confronted with. So, this is really the critical element in succeeding in getting them more active. There is support out there for people to be able to access these services, there are rebates that are available through the Medicare system, so your GP can draft you an enhanced primary care plan and that includes conditions like depression, and that's where the bulk of our patients get their rebates from. DVA also provides rebates for people who hold a DVA card, and all the major private health funds provide rebates as well, for both individual as well as group programs.

Where do I find an exercise physiologist? Well, there are over 1,200 practising exercise physiologists nationally and there is a search directory on this website: www.aaess.com.au. It will enable you to access an accredited exercise physiologist in your area or talk to your GP about an EP that you could work with because EPs often work in a multi-disciplinary model, they consult with doctors or treating psychologists to make sure they're going to get the best outcome. Multi-disciplinary care is not just a

case of a person seeing several health professionals, it's about those health professionals working together to get the best outcome for their patients.

Incidentally, the training that an exercise physiologist undergoes is a 4-year degree in exercise science plus 500 hours of clinical placement, so they are qualified to manage people with certain needs and also to implement a lot of the counselling strategies that are required to engage a person to maintain their exercise program.

Graeme Cowan: Since I was 21 I've had 5 major episodes of depression, and the last was by far the worst. It lasted for 5 years and I tried lots and lots of different medications and ECT and all sorts of things, kinesiology, acupuncture, etc. Finally, I ended up in Northside Clinic, I was there for about 9 weeks, I came out and I was feeling a little better but not that much better, but I attended an outpatient depression management program and they encouraged us, there was a group of about 6 of us who had come out of hospital and a couple of psychologists. They asked us to set short term, weekly goals around exercise and contact with family and friends, and for those of you who have been depressed you would know that those are the two things are the last thing you really feel like. But, I think there was something about being a group situation and committing to do it and then also scheduling when you were going to do it, and so I began to walk quite regularly, about 15 minutes a day and probably over about 2-3 weeks I built that up to 30 minutes and then 45 minutes and continued to do that. It was a central part of my recovery, after trying all of those things it wasn't the only component in my recovery but it was a really, really important component. Funnily enough, for the research that I did for my first book 'Back From the Brink', I asked 350 people what they found best or most effective in overcoming depression and exercise was nominated as the number one thing, it was nominated ahead of psychological counselling, medication, even the support of family and friends, it was nominated as the number one thing. I have first-hand experience of the benefits and the feedback from those 350 people also suggests that they found it to be a wonderful strategy and it's free!

Professor Gordon Parker puts some questions to the panel

Professor Parker: First to Brendan Capell, you swim 15 -17 km a day, that's about 300 laps of an Olympic pool, which would probably be more than all of us combined would do in a year. I guess the first question, what goes through your mind when you're swimming? Then the second question, what do you think are the benefits of exercise on mood states, particularly for swimmers?

Brendan Capell: I'll answer the second question first. If you've had a rough day it can definitely reduce stress and improve your mood, if you get in the pool and you swim those 140 laps or more and you do a good job of it, I usually feel like I've achieved something, it's a challenge first and you set goals and if you reach that challenge you feel a sense of achievement and it improves your self-esteem. I

definitely think that exercise, for me, is a mood improver. What goes through my mind? As the theme today seems to be, get your friends involved in the exercise as well, I've got a very good squad that I do this with, we've got some very good swimmers in our squad, and to do it in a group environment you're always having fun and it's just a lifestyle thing for me, more than anything. My training regime is pretty intensive, I train 10 times a week in the water and then I do 3 dry-land sessions as well.

Professor Parker: A final question, in terms of this big race across the channel, what are you going to be thinking about and how competitive will it actually be? I mean, obviously there's going to be a dilemma, you're all in it together and yet at the same time this is a race.

Brendan Capell: It's going to be very competitive, they've picked the best 6 guys in the world at the moment but at the same time it's going to be very exciting – normally it's a solo crossing and to have a format where there's six guys racing, I'm sure I'll be thinking 'we're all in this pain together' so it will definitely be exciting and an achievement.

Professor Parker: Thanks Brendan. Keeping up the swimming theme, we'll move along to John Konrads. John, what are your comments and thoughts on exercise on swimming during your heyday and subsequently as a coach, and in terms of other aspects of exercise?

John Konrads: I find the correlation between mood and exercise and as for most people, motivation is a big issue. I think there are two important points about exercise: the first is 'a little bit very often is better than a big bit infrequently'. The second one is, as Brendan mentioned, and that is somebody to motivate you, because as we know we can't manage depression by ourselves and we can't manage exercise by ourselves either. I think one of the favourable things in my life is that I've always been exercising and, as with most swimmers, I stayed out of the water for a couple of decades after being overdosed as a kid, but then I did jogging, I picked up tennis, I went to the gym, so I've always held physical fitness as a very important part of my life. Just a quick question to Brendan: When you get to Calais, how do you do a tumble turn on the sand for the return trip?

Brendan Capell: I don't plan on doing one!!

Professor Parker: Good one, John. We'll turn to David Spindler, golf is not your only sporting activity, you also cycle?

David Spindler: Yes I do. For me, the last thing I want to do when I get home from work is to go back to my workplace and play golf. So I need something totally different. As I was young I used to beat balls to get outside of my own head, but now I do that by cycling. I've struggled a little bit because when I'm depressed I do exactly what I shouldn't do which is to go out and get hammered and it has taken me a long time to realise that that's not the right thing to do. I must be getting older.

Professor Parker: Do you see that a depressive symptom or do you see it as an attempt to override the depression?

David Spindler: I think it's a direct result of me being too much of a perfectionist, so I don't want to see myself sliding so I go out and try to do everything I possibly can not to get into that state because I realise that once I'm there, I'm there for a very long time. I'm bipolar so I hardly ever go straight down, I'm usually high before I go low, so I usually start riding when I'm high.

Professor Parker: So the riding will bring you down from the high, exhaust the high, or will it rev you up even more?

David Spindler: Well, that's a good question because when I'm on a high, I do absolutely everything to stay there, and I think the cycling does a bit to try to keep me there and get those positive endorphins or whatever you'd like to call them to keep that high and the fact that I do that too much sends me down. So, as John said, I need to get a little bit a lot... maybe I need to grow up!

Professor Parker: When you look at golfers, it doesn't always look like they're benefiting from exercise, so is there a lot of exercise involved in golf?

David: There's a lot more now than what there used to be. When I first went out to caddie on a tour we didn't have a fitness trailer or anything and now we've got two semi-trailers just for fitness. So, now it's becoming more of a sport and less of a past time that you can make a lot of money in. We do a lot of walking, as a caddie we do about 16km a day and it's not just the four days of the tournament, we have to do a practice run on the Tuesday and then we do a pro-am format on the Wednesday and then go around and do an actual tournament. As a caddie we have to do all of those plus our work to map the course and figure out how we're actually going to play the game, so we do a lot more work than the actual golfers do, we just don't tell them that.

Professor Parker: Plus you carry those enormous bags.

David Spindler: Yes, they're about 25kg.

Professor Parker:: As I mentioned in the introduction, you were actually caddying for the Australian golfer at a competition about 4 or 5 weeks ago when Tiger Woods came back following his sporting injury and it was chaos, would you like to briefly tell people about the chaotic environment that you've had to deal with?

David Spindler: Well, I've had a bit of a tough time, I've sort of had a really bad depressive episode, I was off work for 18 months, and my first two weeks back were a quite subdued 2 tournaments in Australia, and then Brendan said we're going to go and play the Accenture Match Play and we're flying straight to America and I really shouldn't have done it but I did, trying to get out there

and unfortunately we drew Tiger Woods as our first round. So yeah, we had about 50 million people against us pretty much. So Tiger would play a shot and then everyone would move because no-one would care what we did, so I actually said to Brendan "Let's use this against him" so if we play a great shot then he now has to have the pressure on him to play a good shot as well. So it was sort of a reverse psychology thing. I had a bit of a high because of that, which is not a bad thing after 18 months of a depressive episode.

Professor Parker: And David you're off to Japan shortly?

David: Yes, I've got three more weeks here.

Professor Parker: We hope that goes well. Thanks for joining us and thanks to the other members of the panel. We'll now take some questions from the audience.

Audience member: What is the interval generally between the commencement of exercise and the benefits?

Joanna Crawford: That's a good question. Most of the exercise programs that have been shown in randomised-controlled trials to improve clinical depression have ranged from 8 to 16 weeks. One study found that exercising regularly took longer to improve mood than an antidepressant but was equally effective at the end of that 16 weeks. I think that's an important thing to know because sometimes people might try it a couple of times or a week and think that they're still feeling bad so there's not much point continuing, but if they know that if they stick with it for a long time, just little bits for a long time like our speakers said, say walking briskly for ½ hour each day and sticking to that for 11-16 weeks then there can be a significant reduction in clinical depression.

John Konrads: There can also be an immediate payback because when you get back from the ½ hour walk you think 'gee I'm glad I did that' so there is an immediate positive feedback, but then of course you've got to get ball rolling again.

Joanna Crawford: Actually, that's a good point John. The research, as well as most people's experience, shows us that after just one bout of exercise people can have a lift in mood, but that lift doesn't necessarily stay there. So, on the one hand we have the immediate lift in mood and an immediate reduction in anxiety after a single session of exercise, but then to really reduce clinical depression in a more long-lasting way that exercise needs to be kept up for at least a few months.

John Konrads: I'd like to make another comment about swimming. Just briefly, swimming is recognised as a boring sport because you can't talk to anybody and you can't see much, but for someone who is experiencing depression it's almost meditative, we count our strokes it's almost like meditation, 1,2,3,4... and it's a way of almost blanking out and getting in the observer's position in Buddhism.

Audience member: What's the difference between what exercise physiologists do and what physiotherapists do?

Chris Tzar: EPs in essence focus on active based therapy or exercise therapy for people with a range of medical issues, physiotherapists generally provide manual, passive or manipulative therapy and focus on muscular-skeletal disorders, but there's an element of crossover and certainly a physiotherapist with an interest in exercise therapy and particularly the management of depression would also be someone who could amply manage someone with depression.

Audience member: When people are depressed, motivation is a major issue, so it takes maybe 16 weeks for the benefits to flow on how do you keep them motivated to get to that point?

Chris Tzar: There are a number of strategies that we implement. But the first thing is that people with depression don't necessarily present with any more barriers than your average person who's undertaking an exercise program from a sedentary lifestyle. What it does warrant is certain consideration for the effects of depression, so in a general sense, most of the patients we consult we work together with their treating GP or their psychologist so that we can make sure that reinforcing one another's message, it's really about the left hand knowing what the right hand's doing, so not to contradict the treatment that the psychologist might be propelling. The strategies we implement are primarily behaviour change strategies, we don't do clinical counselling, but we certainly use strategies to assist a person to change their behaviours and lifestyle. So, it can incorporate developing motivational elements, development of self-efficacy which can often be a barrier to sustaining exercise, goal setting strategies and other strategies that enhance compliance. I have to clarify, that figure I mentioned about the 80% drop out rate, that's for people who are unmanaged or unsupported, but that does represent a lot of people. Having support makes a lot of difference.

Audience member: How much difference?

Chris Tzar: There have been studies across different chronic disease states and certainly you can reverse the figures, so from an 80% drop out rate to a 20% drop out rate. We're talking 12 months and beyond, so it certainly makes a difference. You're never going to get a 100% compliance rate, but certainly it's about shifting the majority of those people. And often the barriers are small things that could have been dissolved had anyone identified them and work together with strategies to overcome them.

David Spindler: I think that the point you were making before about needing a support network to do the exercise is a huge thing. If you try to go and do it yourself you'll find that when you're starting to get depressed you actually need someone to come to you and motivate you. I like to say that when you're depressed you can take a million sideways steps, just don't make one backwards.

Audience member: What is the response from depressed people when faced with the message to exercise. Perhaps they think that they need something more than just exercise.

Professor Parker: I don't think there's any generalisation, I think it's horse for courses. There are some people that have such profound melancholic depression that they can't lift their head off the pillow and I think it would be quite inappropriate at that stage to tell someone that they must exercise. When the person is better to some degree, if they start exercising then they can do more and their mood state improves. For people with non-melancholic depression which are less biological disorders, then I think there are quite different mechanisms and therefore the lack of energy that is in the other group is not so much of a problem. I also think the answer, looking at why people do it and what benefits they find, as Graeme said his study of 350 yields pretty similar results to the study that Jo and I did of 3,000 people, basically exercise came out as effective as the best antidepressant. Now it would be very easy to say, well therefore exercise equals good antidepressants, but I think that's facile because they're two worlds. One is the antidepressant drug is dealing with the biological issues, once they're under reasonable control then what happens with people who are going to manage their mood disorder well over time, is that they want to own it, they want to own their improvement, and therefore then they start to minimise the antidepressant drug, they take that as a base from which to move on. The other thing that I would like to quickly comment on is that we used to think that exercise just merely got the endorphins going, but in the last few years we've reached a much wider perspective and so it's not just exercise but it's also getting outdoors and getting exposure to sunlight which has effects via the pineal gland being stimulated and melatonin and so on and so forth and there are a whole series of cascading biological factors that are making this a very rich field.

Matthew Johnstone: Has there been any research into what exercise is better, like is swimming more beneficial or yoga or karate..?

Chris Tzar: There have been some studies that have looked at different types of activities, like yoga for instance and they found some mild benefits, but they weren't as well controlled as some of the RCTs we've seen with cardiovascular exercise. What is interesting is that they have looked at resistance based exercise which is a different type of energy system and activity to cardiovascular exercise, and particularly in older adults with depression they found that it was very effective and they did look at dose response, they got people to exercise with 20-30% of maximal effort versus maximal effort and certainly there was a marked reduction in depression in those that did maximal effort strength training. We're going to see a lot more of those now that all of the preliminary data has come about.

Professor Parker: At the Institute we owe a lot to Winston Churchill who gave us the wonderful 'black dog' concept and descriptor. Churchill was famous for not exercising, in fact he said "If you can sit, don't stand and if you can lie down, don't sit", so it seems somewhat paradoxical that after a period of time we've come to appreciate that this was one area the Churchill didn't have the best information. So thank you Jo, for putting all of this together, thank you Chris, thank you to our elite athletes and thank you to all of you for coming along.