

# Exercise as a treatment for depression

Carl Zhou MD, Nicholas Fabiano MD

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## 1 Exercise effectively treats depression and may decrease suicide attempts

A 2023 meta-analysis of randomized controlled trials (RCTs) found that supervised, group or non-group, moderate- or vigorous-intensity, aerobic or resistance exercises (excluding mind-body activities such as yoga) decreased depressive symptoms among participants with depression, with a number needed to treat of 2 and an effectiveness comparable to first-line treatments such as psychotherapy and medication.<sup>1</sup> Another 2023 meta-analysis of RCTs found that exercise decreased suicide attempts among people with mental or physical illness.<sup>2</sup>

## 2 Psychological barriers to exercise should be addressed

For people with depression, these include amotivation, low energy, and perceived fatigue, among others.<sup>3</sup> While meta-analyses have found positive effects of exercise interventions, these largely involved willing participants with professional support.<sup>1,2</sup> Addressing psychological barriers is important for exercise implementation.

## 3 Exercise prescriptions should be specific and exercise supervised

Clinicians should specify the frequency, intensity, time, and type of exercise for patients.<sup>4</sup> Moderate- to vigorous-intensity aerobic or resistance exercise for 45–60 minutes 3–5 times per week has been shown to have anti-depressive effects,<sup>3</sup> although any physical activity is better than none,<sup>5</sup> and supervision by an exercise professional can maximize effects.<sup>1,3</sup> Most importantly, patients should be involved in the choice of exercise to increase adherence.<sup>5</sup>

## 4 Behavioural change techniques, tailored to each stage of change, can increase exercise initiation and adherence<sup>5</sup>

Clinicians should begin with motivation-building techniques, then progress to action-oriented strategies, and, finally, focus on maintenance. They should regularly assess progress, adapt strategies as needed, and provide positive reinforcement. Fortier and colleagues<sup>5</sup> have provided a practical guide for exercise among people with depression.<sup>5</sup>

## 5 Exercise interventions are generally safe

Exercise in this population is well tolerated, with minor adverse events such as joint pain, headache, and fatigue.<sup>1,2</sup> Patients should be screened for pre-existing comorbidities such as injuries, physical inability, and conditions such as severe cardiovascular disease that increase the risk of exercise.<sup>1</sup> Among those without such comorbidities, clinical supervision is not necessary for safety.<sup>4</sup>

## References

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**Affiliation:** Department of Psychiatry, University of Ottawa, Ottawa, Ont.

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**Correspondence to:** Carl Zhou, [carl.zhou@medportal.ca](mailto:carl.zhou@medportal.ca)

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