

Consider adding a stimulant to antidepressant treatment

My comments are somewhat biased because for 30 years, my medical practice has been exclusively dedicated to treating attention-deficit/hyperactivity disorder (ADHD) and associated comorbid disorders. However, Dr. James W. Jefferson's brilliant article (Rediscovering antidepressants: The spectrum beyond depression, *CURRENT PSYCHIATRY*, October 2007, p. 34-42) has one major omission.

I suggest adding methylphenidate to antidepressant treatment. Methylphenidate is in fact a mild antidepressant and was introduced as such many years ago.

Over the years I have treated hundreds of adults who have seen many doctors and received many antidepressants for depression with no or minimal benefit. Most of these patients—with very few exceptions—are undiagnosed adults with ADHD.

One sequela of untreated ADHD

is depression. When a patient is placed on an effective dose of a stimulant such as methylphenidate and monitored to optimal levels together with an antidepressant, the results are nothing less than dramatic.

There are very few resistant depressions but, rather, many missed ADHD diagnoses. The response time is also exciting. In some cases, improvements—as measured by the Hamilton Depression Rating Scale and the modified Conners' Adult ADHD Rating Scale—will show within 10 to 20 days. These results often are confirmed by the patient and family members, making this treatment a clear-cut success story.

My oldest patient is 84 years old, and she has told me that she is finally living a "whole" life instead of a "half" life. I must admit I was hesitant to treat such an old patient, but her result is very gratifying indeed.

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