



For several decades, psychological research asserted that a particular matrix of genes, when present, predisposed someone to developing depression. No, these studies did not claim that genes are entirely causative in this regard, but did maintain that having this genetic makeup significantly increased one's risk of developing depression. We refer to this as the "candidate gene hypothesis," for what that's worth.

Now, a new, large and comprehensive study refutes this premise. Conducted at the University of Colorado, this research evaluated the results of 18 previous studies covering over 600,000 individuals that formed the basis for the candidate gene hypothesis. What they found was that individuals with this gene complex were no more likely to develop depression than folks without it.

To be clear, the authors of this new research did not deny there is a heritable influence in depression, which there is. Folks with a family history of depression are more susceptible to this mood disorder, but genes are only one factor, and not a large one, in determining whether one gets the blues or not. The other risk-elevating factors include a host of variables, including childhood deprivation, abuse or trauma, unhealthy diet, lack of exercise, personal losses, stress and burnout, repeated concussions, substance abuse, loneliness . . . the list goes on.

If this new research stands the test of time, it will be a disappointment to some mental health professionals. If specific genes are a risk factor, then, in the future, it may prove possible to develop therapies that mitigate their impact. This no longer looks like a promising area for new treatments.

The bottom line here is to reinforce what we already know about addressing depression. With the right lifestyle choices and proper treatment, we can often prevent or, once in place, effectively treat this widespread condition (the second most common mood disorder after anxiety). Here, the research is clear. Regular exercise (particularly aerobic), a healthy diet (like the Mediterranean variant),

nature interaction, talk therapy and brain fitness help keep depression at bay, or at least diminish its severity.

In fact, some studies suggest exercise is more effective than antidepressant medication in addressing moderate depression. Combine that with sound nutrition, restful sleep, time outdoors and some form of contemplative practice, like meditation, and the helpful impact of physical activity amps up considerably.

What about medication? There's a place for it, particularly when depression is severe and unremitting. Trouble is, we lack effective ways to determine which medication will work best for any given individual. The process is largely trial and error. Some mental health professionals assert that we can pinpoint the proper medication by testing certain hormone levels and biomarkers in the body, but this remains controversial.

We do know that certain genes are a primary risk factor for developing specific diseases, including maladies like breast cancer and early onset Alzheimer's. With depression, it's not that simple. Should we abandon the search for a genetic predisposition to depression? No. There is much we don't know. However, now, we do know the "candidate gene hypothesis" of depression falls short.

When it comes to the blues, genes are not destiny.