

# The importance of St. John's wort beyond the major depression

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Episodes of depression do not only appear within the major depression, but also within other psychosomatic conditions like Burn-out-syndrome, addiction, chronic pain patients and – last but not least – cancer patients.

We talked to Dr. Alexander Bernhaut who is a psychiatrist, psychotherapist and educated psychooncologist about the importance of anti-depressive medication with the above mentioned disease patterns.

*With which psychical diseases are you confronted when working as a therapist?*

**A. Bernhaut:** Generally speaking I work with people who contact me due to depressive mood, partner conflicts, sleep disorders and psychovegetative states of exhaustion – also known as Burn-out syndrome. Moreover I support addict patients as well as the cancer patients of Prof. Zielinsky from the Viennese private clinic.

*To what extent can the field of psychooncology be called an independent field of work?*

**A. Bernhaut:** The diagnosis "cancer" is an extraordinary burden for most of the patients and is not comparable to other depressive conditions. Cancer is associated with death, therefore every patient is anxious – activated through a kind of "psychomotoric state of shock". Moreover, a patient behaves differently shortly after receiving the diagnosis and e.g. during chemotherapy cycles and of course differently during a hopeless terminal stage. This has to be considered specifically.

*Where do you personally see significant differences to an endogenous depressive?*

**A. Bernhaut:** A cancer patient does not randomly recognize himself as a psychiatric patient. This is why the specialist often has to fight against resistance to get access to the patient at the beginning. Furthermore, as a consequence of appearing side-effects of the chemotherapy, patients are often sensitized on a bad compatibility. As a result the spectrum of psychopharmacology is limited from the outset.

*What has to be considered when psychotherapeutically treating a cancer patient?*

**A. Bernhaut:** The general attitude of a patient towards such a therapy depends on whether he was directly assigned to a psychooncological treatment or if he by himself voluntarily has chosen it. In either case it is essential to establish a relationship on a human-intellectual basis. If it is possible to clear out any clichés about the psychological activity or psychotropics, this will definitely contribute to the compliance of the patient. You also have to be aware of the social and intellectual situation of the patient as well as the personality type before he/she became the diagnosis "cancer".

*So, in general, how does that therapeutic access work?*

**A. Bernhaut:** During the first interview I try to assess how the "golden threat" pulls through psychodynamically. I always suggest cancer patients – if he/she is at least generally receptive to it – to combine the conversation therapy with a medicamentous treatment because from experience the chemotherapy takes a lot of energy. Anything that prevents the patient from losing power is kept for the fight against the cancer itself. Moreover, it is easier to deal with psychodynamic aspects because the patient is more receptive. Inversely there are often periods with psychical alterations, mainly resulting from problems with family members and friends as well as mobbing at the workplace.

*Are there any psychotropics you clearly prefer?*

**A. Bernhaut:** I mainly use antidepressants that are really well compatible, but also tranquillizers and – in extremely rare cases – low potency neuroleptics. Concerning antidepressants I use an SSRI or a highly-dosed “St. John’s wort” essence for milder forms of depression. This is also useful with patients who have a high averseness to psychotropics as it is a natural preparation with no disturbing side-effects – what is good especially during the initial period. On the other hand it is sometimes possible to apply an SSRI (e.g.) with a view to cautiously taper and then change to a St. John’s wort preparation.

*Let us now concentrate on patients with a Burn-out syndrome which you do not consider as being mentally ill.*

**A. Bernhaut:** That is right. These patients sometimes have problems too when it comes to taking psychotropics. These people are used to constantly go beyond their own limits. Therefore it is important to calm these people down what normally works with tranquillizers and a mild anti-depressive therapy. After that the patient is receptive for reflection and processing. You can compare this with the construction of a tunnel where first of all you have to blow up the rock before you can add the finishing touches.

*Is it possible to compare the situation of a pain patient with the one of a cancer patient?*

**A. Bernhaut:** Both have lost energy during the long and back-breaking fight against their disease and both need psychological support whereas pain patients are less reasonable concerning the intake of psychotropics.

*Are there also depressive symptoms with addicted patients that need to be treated?*

**A. Bernhaut:** This combination appears quite often – especially alcohol is one of the first therapeutic agents (with men more frequently than with women). On the other hand the prejudice against addicts towards psychotropics is relatively distinctive. Here the argument of the natural substance St. John’s wort is also very useful – and absolutely justified in a combination with therapeutic agents for an alcoholic withdrawal, as I know from experience.

*To conclude, how do you generally judge the importance of the essence St. John’s wort?*

**Bernhaut:** My personal judgment is a very positive one – for over three years I have only got one response about a higher photosensitivity which was even not at all seen as negative by the patient. Its effectiveness is well-documented and for milder forms of depression absolutely applicable. A great advantage is seen in the good compliance with those patients who normally refuse taking psychotropics.

**Thank you very much for the interview!**

Our interview partner:

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