INTRODUCTION
- Depression is a leading cause of disability. It negatively impacts the outcomes of other diseases (CDC, 2012).
- The treatment of depression is highly focused on medications, even though response to antidepressants is poor. Over 50% of patients are resistant to multiple antidepressants (Gaynor, Lux, & Galleran, 2012). Such that the standard of treatment is usually response to treatment and not remission of symptoms. Residual symptoms increase relapse and suicide rates.

OBJECTIVES
- To encourage PA counseling and incorporation in treatment plans as adjunct to antidepressants.
- To encourage routine assessments of patients’ exercise habits.
- To determine providers’ perceptions, barriers and facilitators to the promotion of PA in the treatment of depression.

SIGNIFICANCE
- Physical activity (PA) is one of the most modifiable risk factors against depression and other diseases. Yet, more than 95% of U.S. adults do not meet the recommended guidelines for PA. And only 30-50% of PCPs offer PA counseling to patients (McPhail & Schippers, 2012).
- Patients with depression have even greater risk of limited PA (Rogerson, Murphy, Bird, & Morris, 2012; Song et al., 2012). Yet, PA counseling is focused on patients with other medical disorders.

METHOD
- Setting/Participants: JCCHC
- Design: Descriptive pretest posttest
- Ethics: IRB approval, informed consents
- Data Collection/Analysis

RESULTS
- Demographic factors were similar in both groups. Overall, providers perceived PA as important in the treatment of depression. Majority reported they frequently assess PA habits and provide specific recommendations, but fewer integrated PA in treatment plans or followed up with patients. The chart review showed otherwise.

DISCUSSION
- Perceived barriers such as the lack of time and lack of interest by patients, or the perceived inefficacy in changing patients’ behaviors, is a likely explanation for the inconsistency between providers’ perceptions in the survey and their actual practices per the chart review.
- Antidepressants are not just a “happy pill.” Providers should strive to shift patient’s attitudes towards medication as the only way to manage their symptoms. The bidirectional relationship between depression and other diseases, as well as the metabolic side effects from psychotropics should reinforce the need for PA counseling in treating depression.
- To improve the effectiveness of PA counseling, targeted advice using MI, as opposed to generic advice, should be encouraged. Support, reinforcement, incorporation into treatment plans, follow-up and a multidisciplinary team approach with everyone reinforcing the message is necessary for successful behavior change.

REFERENCES
- Gaynes, B. N., Lux, L.J., & Gartlehner, G. (2012). Primary care depression guidelines and recommendations, but fewer integrated PA in treatment plans or followed up with patients. The chart review showed otherwise.