FITNESS & EXERCISE

Can Exercise Really Help With Depression?

The trials support exercise as a real treatment option, but their limitations matter-and starting need not mean becoming an athlete.

When movement feels impossible

Depression can make the smallest action feel wildly out of proportion to its size. A walk is no longer just a walk; it is finding clothes, leaving the house and beginning something when beginning anything feels hard. Then someone tells you exercise will help, as if you simply forgot to try.

The frustration is understandable. Exercise is often offered as broad encouragement rather than a treatment backed by trials. But the research has moved beyond vague claims about movement being "good for you." Large reviews of randomised controlled trials have examined exercise in people who met clinical thresholds for major depression or had substantial depressive symptoms.

The findings are encouraging. They are also less tidy than the slogans. Exercise reduced depressive symptoms across multiple reviews, including trials of walking, jogging, yoga, strength training and mixed aerobic activity. That makes exercise a legitimate treatment option-not a test of willpower, a guaranteed result or proof that depression can be walked away.

Exercise is planned, structured physical activity, while physical activity also includes ordinary movement such as walking, dancing or gardening. That distinction can make the evidence feel more usable. You do not have to identify as sporty before movement counts, and modest amounts of physical activity can still support your wider health.

The signal is hard to dismiss

The broadest recent analysis is striking. A 2024 systematic review and network meta-analysis included 218 studies, 495 trial groups and 14,170 participants. Compared with active controls such as usual care or a placebo tablet, walking or jogging produced a moderate reduction in depression. Yoga, strength training, mixed aerobic exercise, and tai chi or qigong also reduced symptoms.

A separate 2023 review combined 41 studies involving 2,264 participants after the

interventions. It found a large overall effect favouring aerobic or resistance exercise over non-exercising control groups. When the researchers limited their analysis to studies with a low risk of bias, the benefit became smaller but remained moderate.

The pattern appeared again in a 2025 review of adults diagnosed with depression or anxiety. Across 25 studies assessing depressive symptoms, exercise produced a large pooled benefit. Aerobic exercise, resistance exercise and programmes combining the two were all helpful, so the evidence does not point to one compulsory style of movement.

Taken together, these reviews make the central claim difficult to wave away: exercise can reduce depressive symptoms. The result is not resting on one unusually positive trial or one particular activity. Different research teams, search methods and collections of trials have reached broadly similar conclusions.

Depression is not a failure to move enough.

There is no magic workout

The 2024 review found the largest estimated reductions with walking or jogging, followed by yoga and strength training. But that does not create a reliable league table. Confidence in the evidence was low for walking or jogging and very low for the other exercise types. Only one included study met the review's criteria for a low risk of bias.

Prescribed intensity mattered in that analysis: larger effects were associated with more intense exercise. That finding is not an instruction to push yourself as hard as possible. General exercise guidance says to build activity gradually, listen to your body and avoid doing too much at once. What is appropriate also depends on your health and current fitness.

Acceptability matters as much as theoretical effect when depression makes follow-through difficult. Strength training and yoga appeared to be the best tolerated options in the 2024 analysis. The 2023 review, meanwhile, reported particularly strong results for supervised and group exercise, although its authors warned that many trials were small and their methods varied considerably.

The useful choice is therefore not necessarily the activity with the largest number beside it. It is an activity that is safe for you and possible to repeat. Walking, swimming, dancing, yoga and resistance exercise all qualify as movement, and choosing something you enjoy can make regular participation easier.

Why the caveats count

Exercise trials have an obvious design problem: people generally know whether they are exercising. Researchers may compare a programme with usual care, but they cannot easily hide the treatment from participants or staff. Expectations, attention and the structure surrounding an exercise programme may therefore influence the measured result.

That does not erase the benefits, but it lowers certainty about their precise size. The 2024 review judged its results robust to publication bias, yet nearly all the included studies still had some risk of bias. The 2023 review also highlighted small samples and substantial differences between studies. Its effect estimate shrank when only lower-risk trials were considered.

This is why "exercise works" is more defensible than "this workout will work for you." Trial averages cannot promise an individual outcome. They also do not settle whether walking, yoga or lifting weights is universally best. Exercise is better understood as an evidence-based option that can sit alongside psychotherapy and antidepressants, not as a reason to dismiss either.

Depression is not a failure to move enough. If you have major depression or substantial depressive symptoms, exercise can be part of a treatment conversation rather than a substitute for one. And if you have trouble moving or balancing, have health concerns, or worry that activity may be unsafe, ask a healthcare professional which kinds of movement fit your abilities and health.

Monday takes a calendar

The research does not require you to transform yourself into an athlete before exercise counts. Regular practice matters, but you can begin slowly. Small amounts of activity can be useful, and ordinary guidance supports breaking movement into manageable pieces rather than pushing too hard at the start.

Choose one activity you do not dislike. That may be a walk, dancing at home, yoga, swimming or strength work. If weather, safety or mobility narrows your options, an indoor activity or an adapted form of movement may be more workable. Enjoyment is not a trivial extra; it can help make activity easier to continue.

Then make the intention concrete. On Monday, take a paper calendar and write down one realistic opportunity for that activity. The calendar is the tool: it turns "I should exercise" into a plan you can see. If another person's support would help, ask them to join you or check in afterward.

Keep the first step small enough that beginning is plausible, and stop if you develop pain, extreme shortness of breath or dizziness. You are not trying to prove the trials right in a single outing. You are giving one evidence-based treatment option a place in your actual week.

Where this comes from

- Exercise and Physical Fitness

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/exerciseandphysicalfitness.html
- Exercise for Older Adults

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/exerciseforolderadults.html
- Physical Activity and Your Heart - What Is Physical Activity?

  National Heart, Lung, and Blood Institute · https://www.nhlbi.nih.gov/health/heart/physical-activity
- Tips for Starting Physical Activity

  National Institute of Diabetes and Digestive and Kidney Diseases · https://www.niddk.nih.gov/health-information/weight-management/tips-get-active/tips-starting-physical-activity
- Physical exercise in pregnancy: benefits, risks and prescription.

  Journal of perinatal medicine, 2022 · https://pubmed.ncbi.nlm.nih.gov/34478617/
- Effect of exercise for depression: systematic review and network meta-analysis of randomised controlled trials.

  BMJ (Clinical research ed.), 2024 · https://pubmed.ncbi.nlm.nih.gov/38355154/
- Exercise therapy for chronic low back pain.

  The Cochrane database of systematic reviews, 2021 · https://pubmed.ncbi.nlm.nih.gov/34580864/
- The Effects of Aerobic and Resistance Exercise on Depression and Anxiety: Systematic Review With Meta-Analysis.

  International journal of mental health nursing, 2025 · https://pubmed.ncbi.nlm.nih.gov/40432290/
- Exercise as medicine for depressive symptoms? A systematic review and meta-analysis with meta-regression.

  British journal of sports medicine, 2023 · https://pubmed.ncbi.nlm.nih.gov/36731907/