

Depression is a common, and treatable, medical illness—NOT a character defect. Researchers estimate that in any given year, 19 million American adults suffer from depression. More than 80% of people with depression can be treated successfully.



DEPRESSION: A FAMILY AFFAIR

If you have depression, it's likely that your spouse and family are also affected. In fact, depression can affect the functioning of the whole family.

Family members may not realize that your symptoms are due to a disease—they may think they're doing something wrong. Or, they may feel angry with you because of your moods.

You can help your family by sharing the information in this pamphlet. According to their interest and comfort level, let them be part of your support system in managing your illness.



MANAGING DEPRESSION

WHAT IS DEPRESSION?

Depression is a medical illness that affects a person's moods, thoughts, behavior, and body—changing the way a person feels, thinks, and acts. Having depression doesn't mean you're weak or crazy. It's nothing to be ashamed of, and no one is to blame. Depression is an illness, just like diabetes or high blood pressure. It may occur only once in your lifetime, as repeated episodes over a period of time, or as an ongoing condition. The severity of depression varies, but you should always take it seriously. Mild depression can make you a less effective employee, spouse, friend, or parent. Severe depression can completely prevent you from working and socializing, and may even lead to suicide.

WHAT CAUSES DEPRESSION?

Researchers have discovered that when people are depressed, their brain chemistry changes. Chemicals in the brain, called neurotransmitters, are not present in the brain in the right amounts. This chemical imbalance causes both physical and emotional changes.

We don't know what triggers these changes in the brain's chemistry. Sometimes one or more unhappy events in someone's life make depression more likely. Other factors may include heredity, illness, certain personality traits, long-term use of some medications, or alcohol or drug abuse. However, depression also happens to people who seem to have no reason to be depressed. The onset of depression is highly individual and often unpredictable.

HOW COMMON IS DEPRESSION?

Depression is one of the most common illnesses in all of medicine—however, it's often overlooked or misdiagnosed. Many people who think or are told they have other illnesses (such as low thyroid, sinus headaches, chronic fatigue syndrome, menopause, or low blood sugar) could actually have depression. Or, people may suffer from depression in addition to another physical ailment. Depression commonly occurs with other illnesses and may interfere with the recovery process. Your doctor may do some tests to determine the source of your symptoms and the best approach to your treatment.

Your doctor may ask two screening questions to see if you might have depression:

1 Are you feeling down, depressed, or hopeless?

2 Have you lost interest or pleasure in doing things?

If you answer YES to these questions, it's possible you're depressed. Your doctor may ask you more questions, or have you fill out a questionnaire. This will help your doctor determine how severe your depression is, and how it might be affecting your everyday life.

Recovery from depression is the rule, not the exception. The aim of treatment is eliminating your symptoms—not just helping you get better, but helping you get well and stay well.



SELF-MANAGEMENT IS CENTRAL

The most important component in your recovery, and sometimes the most difficult, is self-management. You need to be an active partner in your care by setting realistic goals, following through on your treatment plan, and providing regular feedback to your care providers.

HOW DO I KNOW IF I'M DEPRESSED?

If you have depression, you'll probably experience many of the following:

- Feeling down, depressed, or hopeless.
- Having little interest, or finding little pleasure, in doing things.
- Having trouble falling or staying asleep, or sleeping too much.
- Feeling tired a lot or having little energy.
- Having a poor appetite—or overeating.
- Having trouble concentrating on things, such as reading the newspaper or watching television.
- Feeling like you are moving or speaking so slowly that other people may notice. Or, just the opposite—feeling so fidgety or restless that you move around a lot more than usual.

These feelings may make it difficult for you to do your work, take care of things at home, or get along with other people. In the worst cases, these feelings may lead you to have thoughts of hurting yourself in some way, or thinking that you would be better off dead.

CAN DEPRESSION BE TREATED?

Fortunately, there are many tools to help treat and manage depression. Based on your condition and personal and family preferences, your doctor will work with you to choose a treatment approach that best meets your needs.

Your treatment plan may include medications, counseling (psychotherapy), care management, or a combination of the three. (You may need to be treated with medications first, to balance your brain's chemicals, before other treatment strategies can help.) Your treatment plan should also help you learn some self-management tactics. These tactics are especially helpful during the initial period of your treatment before your medications have had a chance to take effect. Self-management should continue when you feel better to prevent returning symptoms.

The next section discusses each of these treatment components in detail.

MEDICATIONS

Medications used to treat depression are called antidepressants.

Antidepressants work by helping to balance the chemicals in the brain.

Today there are over 20 antidepressants, and new medications are emerging all the time. However, “new” does not necessarily mean “better.” Your doctor will carefully choose a medication based on such things as your health history, your symptoms, and other medications you are taking.

Your doctor will also evaluate possible side effects of the antidepressant medication, such as dry mouth, nausea, sleepiness, or insomnia. Side effects often go away after the first few days of treatment. However, you should let your doctor know if you have any side effects that worry you, worsen, or don't go away. Your doctor may want to adjust the dosage or try a different medication.

All antidepressant medicines take time to work. Usually, symptoms of depression don't begin to go away for 2-4 weeks, and it may take up to 6-8 weeks to see the full benefit of your antidepressant medication. It's important for you to keep taking your medication, even if you feel better. If you stop taking your medication, your symptoms could return. You also may experience discontinuation syndrome, which can include symptoms of dizziness, lightheadedness, anxiety, nausea, and insomnia.

Keep in mind that continuous treatment for at least 6 months greatly reduces your risk of a relapse (depression symptoms returning). During the first few months of treatment, your doctor may schedule several follow-up visits to see how you are doing, and adjust your medications if necessary.

COUNSELING

Counseling, also called psychotherapy, can help you understand your problems and develop ways to work through them. Counseling is as effective as medication for treating mild to moderate depression. A key to successful counseling is finding a therapist you feel comfortable with. Your doctor can give you recommendations. Keep in mind that although counseling can be short-term, it often takes time to work.

CARE MANAGEMENT

Your doctor may offer you the opportunity to work with a care manager as part of your health team. With your permission, the care manager can help follow your progress, coordinate aspects of your treatment, and provide a valuable means of education and support to help you meet your treatment goals.

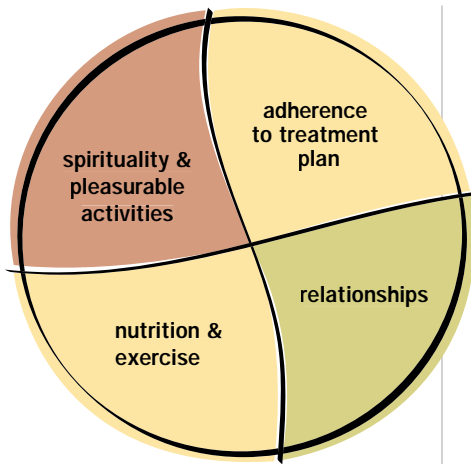
Antidepressant medication is often the key to your treatment plan. However, you must take your medication consistently, as prescribed, for it to work.

- *Take your antidepressant medication daily.*
- *Give the medication 2-4 weeks to work before you will see a noticeable effect.*
- *Continue taking your medication, even if you feel better.*
- *Do not stop taking your medication without checking with your physician.*
- *Antidepressants are not addictive.*
- *If you have questions about your medication, call your doctor or care manager.*

Doctor's number:

Care manager's number:





All of the above are important pieces in helping you manage your depression. Set a goal in one area at a time—and reward yourself for any progress you make. Treat yourself to a play or movie, take a vacation, or dine out.

To help gauge your progress in managing your depression, ask yourself: Am I finding it any easier to do my work, take care of things at home, or get along with other people?

Keep in mind: if you feel your treatment plan isn't working, don't just abandon it—talk to your doctor.

SELF-MANAGEMENT—My Self-Management Action Plan

Self-management is a vital component in your recovery from depression. It makes you a more engaged participant in your health care and helps rebuild your confidence and sense of accomplishment. However, it can also be extremely difficult—after all, when you're depressed, you probably don't feel like “managing” anything at all!

To help with self-management, set goals to help you focus on your recovery and recognize your progress. Find things that have helped you in the past—identify goals that are simple and realistic and match your natural “style” and personality. Work on only one goal at a time.

- **Adherence to Treatment Plan.** Following through on health advice can be difficult when you're down. Your success will depend on the severity of your symptoms, the presence of other health conditions, and your comfort level in using available support. However, your chances for recovery are excellent if you understand how you and your family naturally prefer to deal with your health problems. Knowing what barriers are present will help you develop realistic health goals. **Example goals:** Take medications. Participate in counseling. Keep appointments.

MY GOAL: _____

- **Relationships.** It may be tempting to avoid contact with people when you're depressed, or to “shut out” concerned family and friends. Yet, fulfilling relationships will be a significant part of your recovery and long-term mental health. Understanding your natural relational style for asking for and accepting help should guide the design of your self-management plan. **Example goals:** Talk with a friend every day. Attend scheduled social functions. Volunteer.

MY GOAL: _____

- **Nutrition and Exercise.** Often, people who are depressed don't eat a balanced diet or get enough physical exercise—which can make them feel worse. Set goals to ensure good nutrition and regular exercise. **Example goals:** Drink plenty of water. Eat fruits and vegetables. Avoid alcohol. Take a walk once a day. Go for a bike ride.

MY GOAL: _____

- **Spirituality and Pleasurable Activities.** If spirituality has been an important part of your life in the past, you should include it in your current routine as well. Also, even though you may not feel as motivated, or get the same amount of pleasure as you used to, commit to a fun activity each day. **Example goals:** Recall a happy event. Do a hobby. Listen to music. Attend community or cultural events. Meditate. Worship.

MY GOAL: _____



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IHCED-BH001 - 10/02