

11. Relapse Prevention

Half of patients with a single episode of depression will go on to have another episode, if a patient has 2 episodes there is a 70-90% chance of having a third episode. With each successive episode of depression evidence suggests that these episodes tend to get more severe, occur closer together and become harder to treat which makes it critical to prevent future episodes. Long term antidepressants are recommended for patients who have a high risk of recurrence.

So how do I keep this from happening again?

With depression we talk about preventing a relapse or preventing the onset of another depressive episode. The best ways to do this is to do everything you can to treat your depressive episode so that you reach remission. Once you reach remission it is important for you to maintain the healthy behaviors after the episode has subsided to prevent depression from recurring. This includes:

- Taking medications as prescribed. (Don't stop unless your health care provider says it is ok!)
- See your health care provider regularly (Be sure to get your prescriptions refilled)
- Make sure you refill your medications on time so you don't run out unexpectedly. If you do call your doctors office.
- Continue to maintain healthy behaviors:
 - Exercise at least 3x/week.
 - Eat a balance diet
 - Manage your stress levels
 - Take time out for yourself
 - Maintain good sleep hygiene and get adequate sleep!
- Avoid stress especially during vulnerable times (i.e. travel across time zones, perimenopausal, after pregnancy, those working late shifts)
- Learn to recognize your triggers
- Learn techniques to cope with your triggers.
- Identify *prodromal symptoms and engage others in helping you to be alert for prodromal symptoms.
- Ongoing monitoring of symptoms (MDOCC)

- Learn to recognize when you may need to seek out professional help, getting treatment earlier is more effective.
- Learn how to activate your social support network when need it.

* A depressive episode is often preceded by milder, less specific/severe symptoms which are called **prodromal symptoms**; some common prodromal symptoms are mild sleep, appetite and mood disturbances, sexual disinterest, irritability, negative thinking and decreased confidence level. In addition to these common symptoms, patients often have very individual, specific symptoms that identify to them that they may be getting depressed again.

Exercise : Relapse Prevention Plan

<p>Relapse Prevention Plan For _____ (name)</p>
<p>The first signs (prodromal symptoms) that tell me I am not doing well are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Things that I can do that may help are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Signs that my depression is worsening and I need to contact my health care provider are:</p>

Names of people I can call are: (names and phone numbers)

Support People:

Doctor or Health Care Provider:

In an Emergency I will:

You can also call:

Your MDOCC care manager (734)936-8706

Psychiatric Emergency Services (734)936-5900

Treatment Plan

It is important to work with your health care provider in determining your plan for treatment. Make sure you understand the plan and what the short and long range goals are.

Establish how often your health care provider wants to see you. It is likely they will want to see you more frequently in the beginning and then as your symptoms improve you can see them every few months.

Remember to talk to your provider about what to do if your symptoms don't improve or worsen before your next scheduled appointment. Usually you can change your appointment to be seen earlier. Establish whether it is ok to leave voice messages for your clinician. Some clinicians even communicate through e-mail. If it is an emergency then you should go to the closest emergency room.

Disclaimer:

This written information is not intended as a substitute for medical or mental health care advice. Please be sure to discuss any questions or concerns you may have with a professional person.