

Depression

INFORMATION FOR PATIENTS AND FAMILIES

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DEPRESSION IS A FAMILY AFFAIR...

When you have depression, your loved ones are also affected. They might worry that they're somehow causing your moods. They may be angry with you for being down, or afraid of the changes they see in you.

Help your loved ones by sharing the information in this booklet. The more they understand the disease of depression, the more they'll be able to support your recovery and ease their own minds.



Nearly 1 in 10 American adults will have depression at some point in their lives.

If you or someone you love is suffering from depression, it can help to learn more about it and get support to manage it.

What is depression?

Depression is an illness caused by problems with the chemicals in your brain. When those chemicals get out of balance, your brain changes how you think, feel, and act. Depression is not a weakness or character flaw. Research shows that it's a medical illness just like diabetes or high blood pressure.

Each person experiences depression differently. It can be mild or severe. You might have it only once in your lifetime, have several episodes over time, or have ongoing depression.

You should always take depression seriously, even if it seems short-lived. Untreated, depression can make it hard to be a good spouse, friend, or parent.

The good news? Depression can be treated. Most people CAN recover and lead full, productive lives.

SCREENING FOR DEPRESSION

Your doctor may ask certain questions to see if you should be checked further for depression. For example, you may be asked about changes in sleep habits or your appetite, or about whether you've lost interest in doing things you used to enjoy. If you answer YES to some of these questions, your doctor may check you further before making a diagnosis of depression.



What are the symptoms of depression?

If you have depression, you may experience some of the following symptoms:

- Feeling down, hopeless, irritable, or out of sorts
- Taking little interest or pleasure in things you used to enjoy
- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Trouble concentrating or staying focused
- Wanting to be alone more
- Moving or speaking so slowly that other people may notice, or feeling so restless that you move around a lot more than usual
- Feeling bad about yourself — thinking you're a failure or that you've let yourself or others down

These symptoms may make it difficult for you to do your work or take care of things at home. You may have trouble getting along with others. In the worst cases, your symptoms may lead you to have thoughts of hurting yourself, or even think that you'd be better off dead.

What brings on depression?

We know depression is caused by changes in brain chemistry. But we DON'T know what triggers these changes in the first place. Still, studies show that several things seem to make a person more likely to develop depression, including:

- A family history of depression
- An unhappy event, such as a trauma, death, or divorce
- Certain personality traits or patterns of thinking
- Long-term use of some medications, or alcohol or drug abuse

While these things may raise your chance of depression, depression also happens to people who don't have any of these things, and no "reason" to feel down. When and why someone gets depression varies from person to person.

Do other illnesses occur along with depression?

Studies show that some people get depression if they have other medical conditions. For example:

- **Physical illnesses.** Depression occurs at a higher-than-normal rate in people who have had heart attacks, cancer, and strokes. It's more common in people with a variety of long-term physical problems, including heart disease, chronic pain, HIV/AIDS, diabetes, and asthma. Also, people with sleep problems, such as sleep apnea, are more likely to have depression. Unfortunately, depression may be overlooked in these cases. This can lead to poor self-care, slower recovery, and unnecessary suffering.
- **Other mental health disorders.** People with depression are more likely to have other mental health problems as well. For example, anxiety disorders — such as panic disorder, obsessive-compulsive disorder, and others — are often paired with depression. So are disordered eating (such as bulimia, anorexia, overeating) and drug and alcohol abuse. Also, in some people, depression can be part of bipolar disorder (manic depression).

THOUGHTS OF SUICIDE

Depression symptoms can lead a person to think of ending it all. These thoughts are dangerous and can put you and your family at risk. If you have thoughts like these while you are being treated for depression, be sure to contact your doctor right away. Effective treatment can help you see the value of life clearly again.

IS IT DEPRESSION?

Many people who think (or are told) they have other illnesses may actually have depression. For example, depression is often mistaken for low thyroid activity, sinus headaches, chronic fatigue syndrome, menopause, and low blood sugar.

Call your doctor if you have any symptoms that concern you.

Your doctor can help determine if you have depression, another illness, or a combination of health concerns.



How is depression diagnosed?

Doctors use several different tools to diagnose depression.

- **Questionnaires.** Your doctor may use questionnaires (forms) to ask about your symptoms, stress, coping style, and the support you have in your life.
- **Medical history.** Your doctor will ask about your past and present illnesses and your family's health history.
- **Physical exam.** An exam will help your doctor know if your symptoms come from something other than depression.
- **Diagnostic criteria.** To make a diagnosis, your doctor will compare your information to standard medical definitions for mental health disorders.

How is depression treated?

There are several options for treatment. Based on your condition and preferences, you and your doctor will create a treatment plan that fits your needs. It may include counseling, medication, care management, or a combination of these therapies.

There are also some steps you can take to manage your condition and feel better. These include regular exercise, a healthy diet, getting enough sleep, and more (see [page 8](#)).

It can take some time and several visits to find the right treatments for your situation and symptoms, but it's worth the effort to feel better.

Why treat your depression?

It's important to treat depression because:

- **Hurting isn't helpful.** “No pain, no gain” doesn't apply to mental health. You don't help anyone by continuing to suffer without treatment.
- **Treatment works.** With the right treatment, 8 out of 10 people who seek help get better. Many people begin to feel better in just a few weeks. [Learn more about the different kinds of treatment on pages 6 to 8.](#)
- **You can live better today — and tomorrow.** Treatment can ease your symptoms and help you feel like yourself again. With time, it may even eliminate symptoms and help prevent them from returning.

TOTAL HEALTH — TOTAL TREATMENT

It's important to treat ALL of the conditions that affect your health. Depression treatment will help heal your body, mind, and spirit.



Counseling

Counseling, also called **psychotherapy** [sy-koh-THAIR-uh-pee] or “talk therapy,” can help you understand your problems and work through them. Counseling may work as well as medication for treating mild to moderate depression.

What to EXPECT if you choose this type of treatment

There are different types of counseling, each with its own focus. For example, counseling may aim to uncover the source of your sadness or fears. It may focus on changing your thinking patterns. Or, it can teach new ways to help you cope with stress.

Counseling is geared to the person’s situation and development. For example, counseling for children may include play therapy or involve the family. Counseling for an elderly person may include screening for conditions that come with age or involve family and caregivers.

Studies show that **cognitive-behavioral therapy (CBT)** works especially well for depression. CBT looks at both cognition (thinking patterns) and behavior (the reactions to those thoughts). It uses goal-setting to help you unlearn harmful patterns and adopt healthier thoughts and actions.

A key to successful counseling is finding a counselor you feel comfortable with. Counseling is a partnership that requires trust.

Keep in mind that although counseling can be short-term, it often takes time to work.



What to DO to self-manage this part of treatment

Talk with your doctor about the kind of therapy you may want to try. Shop around until you find a counselor you “click” with.

To learn more about CBT, check out these books:

- *Feeling Good*. David D. Burns. Avon 1999.
- *Mind Over Mood*. Dennis Greenberger and Christine Padesky. Guilford 1995.
- *Thoughts & Feelings: Taking Control of Your Moods and Your Life (Workbook)*. Matthew McKay, Martha Davis, and Patrick Fanning. New Harbinger 2007.

Be consistent with counseling. Stay focused on the goals you set with your counselor.

Medication

Medications used for depression are called antidepressants. Antidepressants work by helping to balance the chemicals in the brain. The goal of taking medication is remission of your depression, so you feel like yourself again. There are several different types of antidepressant medications. None are addictive.

What to EXPECT if you choose this type of treatment

- **Medication takes time to work.** Usually, depression symptoms don't begin to go away for 2 to 4 weeks, and it may take up to 8 to 12 weeks to see the full benefit of your medication.
- **You'll probably need to take medication for at least 6 months after you feel better.** Sticking with treatment during this time lowers the chance considerably that your symptoms will return.
- **During the first few months of treatment, your doctor may schedule several follow-up visits** to see how you're doing and adjust your medication if necessary.
- **Every person has unique chemistry,** and it can take time to find the right medication for you. If the first medication you try doesn't relieve your symptoms, don't be discouraged. There are alternatives.
- **Common side effects you might notice include dry mouth, mild nausea, sleepiness, or insomnia.** Luckily, side effects often go away after the first few days or weeks of treatment. If you have side effects that are severe or that don't go away, call your doctor. Call your doctor if you have any new or sudden changes in mood, behavior, thoughts, or feelings.

What to DO to self-manage this part of treatment

- Take your antidepressant medication daily.
- Give the medication at least 2 to 4 weeks to start working.
- Continue taking your medication, even after you feel better. Never stop taking your medication without first talking to your doctor.
- Keep all follow-up appointments with your doctor.
- If you have questions about your medication or its side effects, call your doctor or care manager.



Care management

Care management uses a team approach to coordinate mental health treatment with other healthcare needs. You and your family are important members of the team and take an active role in your care.

What to EXPECT if you choose this type of treatment

Your doctor will lead a team that includes you and various other team members, depending on your needs.

- A care manager keeps in touch with you, gives you information, and helps to resolve problems.
- A psychiatrist or psychiatric APRN (Advanced Practice Nurse Practitioner) can consult with your doctor on medications and treatment.
- A mental health provider can provide counseling.



What to DO to self-manage this part of treatment

Talk to your care manager about the kind of support you might find most helpful. That will help your care manager know how to best support you and your family throughout your treatment.

NO MATTER WHAT YOUR TREATMENT PLAN — Self-management is key.

The most important part of your recovery is self-management. Self-management means doing your part to keep up with treatment and stay in touch with your healthcare team. It also means rebuilding your confidence by being active in daily routines.

In addition to medication or other treatments, you can take some simple actions to help yourself recover. See [page 12](#) for a self-management action plan.





If you're worried about your child or teen

- **Watch for symptoms of depression.** For the most part, symptoms in kids are the same as those in adults (see [page 2](#)). But in younger kids, you're more likely to notice behavior changes like bed-wetting, tearfulness, or self-destructive actions (like head-banging). Your child might complain about stomachaches or headaches, or say things like "I never do anything right." A teen might become overly secretive, sullen, or sleepy. These things don't always mean a child is depressed, but you should keep an eye on them the same. Severe or ongoing symptoms are a concern.
- **Check in with a doctor if you notice any mental, behavioral, or emotional changes that worry you.** It's hard to tell the difference between growing pains and depression. So when in doubt, seek professional help. Depression is serious **AND** highly treatable for children.
- **Learn as much as you can if your child is diagnosed with depression.** Good information will help you make the best decisions for your child's treatment. See resources that can help you learn more on [page 11](#). Also, here are some questions to ask your child's doctor:
 - Do you need to see a specialist in childhood mental health?
 - Should medication be part of treatment?
 - When is the right time for therapy?
 - What can you and your family do to help your child recover?
- **Keep an eye on depressed children carefully — especially in the first few months of treatment, and if medication is used.** Children with depression need to be watched for irritability, agitation, or suicidal thinking or behavior.

WHAT ABOUT DEPRESSION IN CHILDREN AND TEENS?

Depression doesn't only happen in adults. According to estimates, 2 out of every 100 children and up to 8 out of 100 teenagers have depression. Unfortunately, it's often overlooked or misunderstood.

Getting to the truth about depression in kids and teens



Myths about depression in children and teens may keep them from getting the help they need. Let's look at some myths and truths below:

MYTH. "Emotional and behavioral problems are a normal part of growing up."

TRUTH. Not always. Sometimes, changes in moods and behavior are signs of depression. Don't be too quick to dismiss them as part of an "awkward phase" or the "terrible teens."

MYTH. "Depression in children and teens isn't that big a deal. They'll get over it."

TRUTH. Although some people recover on their own, not treating depression is a major risk to take. Depression can be serious for kids, even life-threatening. Depressed kids nearly always have low self-esteem. They may isolate themselves, develop problems with authority, and have trouble in school. Some begin to abuse drugs or alcohol and engage in harmful behaviors. And some — as many as 1 million each year in the U.S. — try to kill themselves. In Utah, suicide is the second leading cause of death in teens.

MYTH. "Childhood depression is more straightforward than adult depression."

TRUTH. In many cases, depression overlaps with other disorders. Common co-existing conditions include anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), learning disabilities, substance abuse, eating disorders, and conduct disorders.

MYTH. "There's not much you can do for a depressed kid."

TRUTH. Studies show that children and teens often do best with a combination of medication and counseling. Care management can also be helpful.

How can family and friends help?

It's hard to see someone you care about going through depression. Here's how you can help:

Do

- **Remind yourself that depression is a medical condition, not laziness or a character flaw.** Know that a depressed person can't just "snap out of it." Explain to children that the person is sick, not angry with them.
- **Encourage your loved one to get proper treatment.** Drive them to the doctor, if necessary.
- **Listen and be patient.** Offer a shoulder to lean on, not a solution or judgment. Remember that no one is depressed on purpose and that recovery takes time.
- **Support and celebrate recovery.** Encourage your loved one to stay active. Keep inviting them to gatherings and events. Applaud their efforts and milestones toward recovery.
- **Take care of your own emotional and physical health.** Feeling dragged down by your loved one's depression? Think about your natural way of seeking support, and follow it. It may help to get counseling, join a support group, or discuss your feelings openly with friends. For other people, it helps just to have the company of people you enjoy while doing something active. Either way, find healthy ways to relieve your stress.

Don't

- **Don't take your loved one's depression personally.** You didn't cause it. You can't cure it. If a depressed person says something hurtful, keep in mind that they're suffering. They're prone to saying things they don't truly mean.
- **Don't ignore remarks about suicide or signs of worsening depression.** Help your loved one by calling a doctor for advice.
- **Don't try to nag someone into feeling better.** The more you tell someone what they should be doing, the worse they'll feel. Instead, give affection, encouragement, and compliments.
- **Don't do too much for your loved one.** When someone's depressed, their self-esteem is low. So don't "help" too much or take over too many responsibilities for them. If you do, they'll feel even more unproductive.
- **Don't let your loved one's illness consume you.** No one will be helped if you become overwhelmed. Respect and value your own mental health first. You'll be a good model.

HOW CAN I LEARN MORE?

Here are a few good resources:

Books

The Noonday Demon: An Atlas of Depression.
Andrew Solomon.
Scribner 2002.

Growing Up Sad: Childhood Depression and Its Treatment.
Leon Cytryn, Donald H. McKnew. Norton & Co. 1998.

When Nothing Matters Anymore: A Survival Guide for Depressed Teens.
Bev Cobain. Free Spirit Publishing 2007.

Overcoming Teen Depression: A Parent's Guide.
Miriam Kaufman.
Firefly 2001.

Your Care Manager

Your care manager can provide additional information on common mental health illnesses, and recommend other trusted sources for information, support, and advice.

Self-management action plan

Self-management is the most important part of your treatment, but it can also be the most difficult. After all, when you're depressed, you probably don't feel like "managing" anything at all!

Creating a goal-centered action plan can help. For each area of your life, choose realistic goals that match your natural "style" and personality. Work on only one goal at a time, and reward yourself for any progress you make.



- **Stick to your treatment plan.** It's easier if you understand how you and your family naturally prefer to deal with health problems, and if you set realistic goals to stay on track.

Example goals: Take your medication. Participate in counseling and care management. Keep appointments. Call your doctor if you have any questions.

MY GOAL: _____

- **Maintain supportive relationships.** When you're depressed, it's tempting to shut out concerned family and friends. But fulfilling relationships are important to your recovery and long-term mental health. Understanding your natural style of asking for and accepting help should shape your goals in this area.

Example goals: Talk with a friend every day. Attend scheduled events. Volunteer. Join a support group. Leave the house at least once a day.

MY GOAL: _____

- **Get proper nutrition, exercise, and sleep.** Often, people who are depressed don't eat a balanced diet or get enough physical exercise. They may sleep too little or too much. All of this can make them feel even worse. Take steps to make sure this doesn't happen to you.

Example goals: Drink plenty of water. Eat more fruits and vegetables. Avoid alcohol. Take a walk once a day. Go for a bike ride. Sleep 8 hours each night. Stick to a schedule for going to bed and getting up.

MY GOAL: _____

- **Make time for spirituality and pleasurable activities.** If spirituality has been important to you in the past, include it in your current routine. Also, commit to a pleasurable activity every day — even if you're not motivated.

Example goals: Meditate. Worship. Do your hobby. Listen to music. Keep a journal.

MY GOAL: _____

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