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.



This year, nearly 1 in 10
American adults will have depression. If you — or someone you love — is suffering from this disease, read on. This booklet gives you the information you need to understand depression and get the support you need to manage it.

What is depression?

Depression is an illness caused by problems with the chemicals in your brain. This chemical imbalance affects how you feel, think, and act. So it's wrong to see depression as a weakness or character flaw. Research has shown that it's a medical illness just like diabetes or high blood pressure.

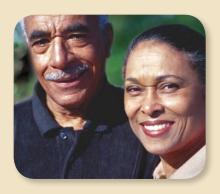
There's a lot of variety in how people experience depression. It can be mild or severe. You might have it only once in your lifetime, have several episodes over time, or have ongoing depression. Your symptoms may differ from those of other people with depression.

Despite its various patterns, you should always take depression seriously. Untreated, depression can make it hard to be a good spouse, friend, or parent. It can hurt you at work and prevent you from taking care of yourself. It can prompt you to pull back from the world — and may even lead to suicide.

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

SCREENING FOR DEPRESSION

Your doctor may ask screening questions to see whether you should be evaluated 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 evaluate you further before making a diagnosis of 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.

What are the symptoms of depression?

If you have depression, you'll probably experience several 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
- A poor appetite or overeating
- Trouble concentrating
- 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 do show that several factors seem to make a person more likely to develop depression:

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

While these factors may raise your chance of depression, depression also happens to people who have none of them, and "no reason" to feel down. The onset of depression is highly individual and often unpredictable.

Do other illnesses co-exist with depression?

Studies show that depression often occurs in people with other ailments, 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 chronic 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 eating disorders and drug and alcohol abuse. Also, in some people, depression can be part of bipolar disorder (manic depression).

TOTAL HEALTH — TOTAL TREATMENT

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

How is depression diagnosed?

Doctors use several different tools to diagnose depression:

- **Questionnaires.** Your doctor may use questionnaires (forms) to check for depression and other mental health problems. The questionnaires ask about your symptoms. They may also ask about stress, your 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.



IS IT DEPRESSION?

Many people who think (or are told) they have other illnesses actually have depression. For example, depression is often mistaken for low thyroid, 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.



How is depression treated?

You have several options for treatment. Based on your condition and preferences, your doctor will work with you to create a treatment plan that fits your needs. It may include counseling, medication, care management, or a combination of the three.

There are also some basic steps you can take to manage your condition and feel better. These include regular exercise, a healthy diet, getting enough sleep, and others — 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. Would you avoid treatment for an earache or broken bone?
- **Treatment works.** With the right treatment, 80% of those who seek help get better. Many people begin to feel better in just a few weeks.
- 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 entirely, and help prevent them from returning.

Counseling

Counseling, also called psychotherapy 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 special 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 on with age, or involve family and caregivers.
- Studies show that one type of counseling, cognitive-behavioral therapy (CBT), works especially well for depression. CBT looks at both thinking patterns (cognition) and the reactions to those thoughts (behavior). 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 pursue. 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 medication is remission of your depression, so you feel like yourself again. There are several different types of antidepressant medication. 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 greatly lowers the chance 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 other 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. Be sure to 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 can consult with your doctor on medications and treatment.
- A mental health provider can provide counseling.
- NAMI (the National Alliance on Mental Illness) is a consumer support organization that offers free information, education, and support.

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 best to support you and your family throughout your treatment.

NO MATTER WHAT YOUR TREATMENT PLAN —

Self-management is central.

The most important factor in 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 staying active in daily routines.

In addition to medication or other treatment, you can take some simple actions to help yourself recover. See page 8 for a self-management action plan.

WHAT ABOUT DEPRESSION IN CHILDREN AND TEENS?

Do you think depression only happens to adults? Think again. According to estimates, 2% of children and up to 8% of teenagers have depression. Unfortunately, it's often overlooked or misunderstood. Myths about depression in kids often mean that they don't get the help they need.

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." See the list at right if you're worried about your child.

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 big 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 some — as many as one million each year in the U.S. — attempt suicide. 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.



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 bedwetting, 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 monitor them nevertheless. Severe or ongoing symptoms are a particular 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.
- If your child is diagnosed with depression, learn as much as you can. Good information will help you make good decisions for your child's treatment. Should you 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? Talk to your child's doctor, and see the resources on page 7.
- Parents and caregivers should monitor depressed children carefully — especially in the first few months of treatment, and especially if medication is used. Children with depression need to be watched for irritability, agitation, or suicidal thinking or behavior.

Family or friend? What you can do

It's hard to see someone you care about going through depression. What can you do? Here are a few ideas.

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 takes a nose dive. 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.



WHERE CAN I LEARN **MORE ABOUT DEPRESSION?**

Here are a few good resources to help you learn more.

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.

Internet

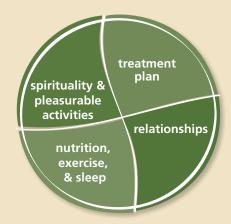
Visit Intermountain Healthcare's Mental Health Online Center: www.intermountainhealthcare. org/mentalhealth

On this site you'll find materials on many common disorders. You'll also find links to other trusted sources for information, support, and advice for people with mental health disorders.

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 different areas 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 questions.

IY 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.

Get proper nutrition, exercise, and sleep.
 Often, people who are depressed don't eat a halar

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 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:

REMEMBER....

If you feel your treatment plan isn't working, don't just abandon it. Talk to your doctor. Most people CAN recover from depression. With time and help, you can, too!