

Depression



This year, nearly 20 million 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.

Depression a family affair...

When you have depression, your loved ones are also affected. They might worry that they're somehow causing your moods. Or, they may be angry with you for being down. Probably, they're 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.

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2-QUESTION SCREENING FOR DEPRESSION

Your doctor may ask two screening questions:

- 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, your doctor will evaluate you further before making a diagnosis of depression.

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
- Feeling like you are 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 other people. In the worst cases, your symptoms may lead you to have thoughts of hurting yourself, or thinking that you'd be better off dead.

What brings on depression?

We know that 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

But 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 also more common in people with lifelong diseases such as **HIV/AIDS, diabetes, and asthma.** Unfortunately, depression is often 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 is 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 asks about your past and present illnesses and your family's health history.
- **Physical exam.** An exam helps your doctor know if your symptoms come from something other than depression.
- **Diagnostic criteria.** To make a diagnosis, your doctor compares 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 your preferences, your doctor will work with you to create a treatment plan that best meets your needs. Your plan may include counseling, medication, care management, or a combination of the three.



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 health care team. It also means rebuilding your confidence by staying active in daily routines. See page 8 for a self-management action plan.

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COUNSELING

Counseling, also called **psychotherapy** or “**talk therapy**,” can help you understand your problems and develop ways to 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.
- Studies show that one type of counseling, **cognitive-behavioral therapy (CBT)**, works especially well for depression. CBT looks at both your thinking patterns (cognition) and your usual reactions to those thoughts (behavior). Its 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.
- If you want 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.
 - *Control your Depression*. Peter Lewinsohn. Fireside 1992.
- Shop around until you find a counselor you “click” with.
- Be consistent with counseling, and stay focused on the goals you set with your counselor.

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MEDICATION

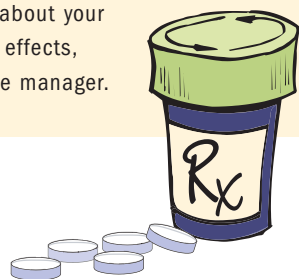
Medications used for depression are called **antidepressants**. Antidepressants work by helping to balance the chemicals in the brain. There are several different types of antidepressant medication. None are addictive.

What to expect... if you choose this type of treatment

- Medications take time to work. Usually, depression symptoms 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 medication.
- You'll probably need to take medication for at least 6 months. 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 medications if necessary.
- You might have side effects from antidepressants. Common side effects include dry mouth, nausea, sleepiness, or insomnia. Luckily, side effects often go away after the first few days or weeks of treatment.

What to do... to self-manage this part of treatment

- Take your antidepressant medication daily.
- Give the medication 2-4 weeks to work.
- Continue taking your medication, even if 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.



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CARE MANAGEMENT

A **care manager** is someone who follows your progress and coordinates your treatment.

What to expect... if you choose this type of treatment

- Your doctor may offer you the opportunity to work with a care manager as part of your health care team. You'll need to give your permission before the care manager will contact you.
- Besides contacting you personally, your care manager may connect you to other community resources that offer support, education, and other services.

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.

WHY TREAT YOUR DEPRESSION? BECAUSE...

- **Hurting isn't helpful.** "No pain, no gain" may work for athletic training, but it 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 your symptoms entirely, and help prevent them from returning.

What about depression in children and teens?

Do you think that 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.



If you're worried about your child...

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.

- **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 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? 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? Get counseling or join a support group. Openly discuss your feelings with others. 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 about depression.

Books



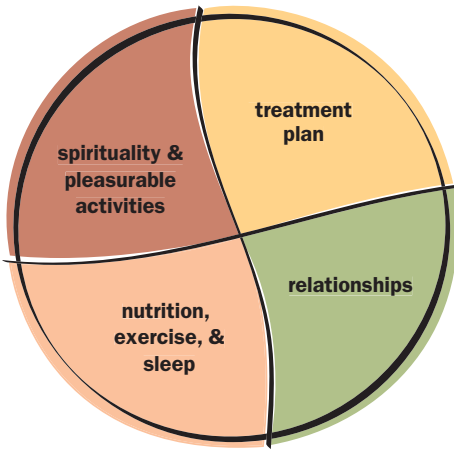
- **The Noonday Demon: An Atlas of Depression.** Andrew Solomon. Scribner 2002.
- **The Beast: A Reckoning With Depression.** Tracy Thompson. Plume Books 1996.
- **Growing Up Sad: Childhood Depression and Its Treatment.** Leon Cytryn, Donald H. McKnew. Norton & Co. 1998.
- **When Nothing Matters Anymore: A Survival Guide for Depressed Teens.** Bev Cobain. Free Spirit Publishing 1998.
- **Overcoming Teen Depression: A Parent's Guide.** Miriam Kaufman. Firefly 2001.

See page 4 for books about cognitive-behavioral therapy (CBT).

Websites



Visit IHC's Mental Health Online Center: www.ihc.com/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.** Following health advice can be difficult when you're down. But 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 medications. Participate in counseling and care management. Keep appointments. Call your doctor if you have questions.

MY GOAL: _____

- **Maintain 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 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!