

Depression Wellness Guide

for adults with depression and their family and friends



This guide is for adults:

- Diagnosed with depression and the family and friends who want to help them.
- With major depression or dysthymia, NOT bipolar disorder (manic depression).
- Taking antidepressant medication OR in talk therapy.

This guide is designed for informational purposes only. It is not intended to provide specific medical advice or as a substitute for professional care. If you are experiencing symptoms of an illness or if you have personal questions or concerns about depression, you should consult with a qualified health care provider.

Visit our Website: www.familyaware.org

The Families for Depression Awareness Web site provides more information, ways to reduce stigma around depression, and share issues. On our Web site, you can:

- Read family profiles (interviews with photographs of real families coping with depression) and send them to those who might benefit from reading them.
- Learn about depression, medical help, support groups, and books.
- Find out how you can help a depressed person seek treatment.
- Recognize your emotions as a caregiver and family member.
- Become a member of Families for Depression Awareness.

November 2006

Dear friend,

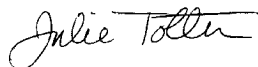
I started Families for Depression Awareness after losing my brother to suicide 15 years ago. His depression was never diagnosed, but after his death, I was able to help my father get diagnosed and treated for his depression.

In 2004, the Food and Drug Administration (FDA) advised that patients, family members, and clinicians should monitor antidepressant treatment. At Families for Depression Awareness, we have long felt that treatment of depression, including medication and talk therapy, should be monitored and family members need to be involved in this process. But we realized that there wasn't much out there to help families monitor their depression treatment. That is why we developed this Depression Wellness Guide.

I know first-hand that being educated about depression, getting effective treatment, and monitoring treatment saves lives. It is my hope that this guide will educate you about depression and how to monitor the treatment so that your family can avoid the heartbreak that mine endured.

We pilot-tested this guide with more than 600 families across the country and received extremely positive results. By using this guide, they realized how they were really feeling, how to get well, and how to work with their clinician and family. We hope that you benefit just as these families did, and you share your experience with us, so we can help more families.

With warm wishes,

A handwritten signature in cursive script that reads "Julie Totten".

Julie Totten, President and Founder

Families for Depression Awareness

About Families for Depression Awareness

Other Depression Wellness Guides

- for parents of children and teens with depression

- for teens with depression

visit www.familyaware.org
or call (781) 890-0220
to get these guides.

Families for Depression Awareness is a national nonprofit organization that helps families recognize and cope with depressive disorders. The organization provides education, outreach, and advocacy to support families, especially family caregivers. Families for Depression Awareness is made up of families who have lost a family member to suicide or have watched a loved one suffer with depression, with little knowledge about how to help. We offer:

- Educational Web site: www.familyaware.org
- Mood Questionnaire (online screening tool with links to free, in-person depression evaluations)
- Free brochures, such as *Helping Someone Who Is Depressed*
- Family and Expert Profiles (see www.familyaware.org)
- Educational conferences and events
- Media campaigns
- Outreach programs to associations, schools, police stations, health facilities, religious organizations, employers, and nursing homes
- Advocacy to support families with depression

For Clinicians

What is the Depression Wellness Guide?

In response to the Food and Drug Administration's advisory requesting patients, family members, and clinicians to monitor antidepressant treatment, Families for Depression Awareness (a national nonprofit organization) has developed the Depression Wellness Guide. This guide is an educational booklet to help adults with depression and their family members understand more about depression and how to monitor their depression treatment with daily and weekly tools.

We ask families to work closely with you, the clinician.

Who is it for?

This guide is for adults:

- Diagnosed with depression and the family and friends who want to help them.
- With major depression or dysthymia, NOT bipolar disorder (manic depression).
- Taking antidepressant medication OR in talk therapy.

We state that people with depression and their family/friends should use this guide together as a team while working closely with the clinician.

What does the guide cover?

The guide covers: depression, treatment, monitoring treatment, working together as a family, and the 3-Step Monitoring Approach.

The 3-Step Monitoring Approach includes diaries that track moods, medications, and other items. You can review the monitoring diary with them.

How do I use the guide with patients and family/friends?

We suggest that you read the guide so that you are familiar with it. Decide how you want the patient and family/friends to handle the answers to questions and what they should track in the diary. You can then review the diary with the patient and family/friends during appointments or by phone.

Where can I get a copy of the guide?

Contact Families for Depression Awareness.

Web site: www.familyaware.org

Email: info@familyaware.org

Telephone: (781) 890-0220

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About the Guide

To make this guide easier to read, we use the following terms throughout.

Family/friends

Those who want to help the person with depression. These caregivers include spouses, partners, siblings, sons, daughters, friends, or any other person who cares about the person with depression.

Clinician

Any health professional treating the person with depression. This includes primary care physicians, psychologists, psychiatrists, nurse practitioners, social workers, or other health care providers.

Depression

Clinical depression, a condition that affects almost 19 million Americans and is characterized by feelings of extreme sadness, helplessness, and hopelessness with symptoms lasting more than 2 weeks.

Dysthymia

A milder form of depression characterized by chronic, unremitting depression lasting more than 2 years.

The guide is intended to:

- Be an educational tool, not a diagnostic test or substitute for medical care.
- Help you track and monitor symptoms, side effects, and treatment progress that can be shared with the clinician.
- Help people get well and stay well.

How to use this guide

Ideally, people with depression and their family/friends should use this guide together as a team and in consultation with the clinician. Some people with depression feel alone and have difficulty finding someone to support them.

The clinician can work with the person with depression to identify appropriate family/friends who can provide a support system and help with depression treatment and monitoring. Depression treatment is more effective when family/friends are involved, and typically, family/friends want to be involved. Those who have depression feel cared for and loved when they have support from others.

Sometimes people with depression do not want their families involved because they are not supportive. Usually families are helpful once they become educated about depression and learn their role in treatment. But if preferred, people with depression have a right to keep matters confidential with their clinicians.



This guide is designed to help people with depression and their family/friends understand and monitor treatment



Treatment improves overall health and relationships and helps reduce feelings of depression, suicidal behavior, and alcohol/drug use

This guide includes: 1) educational information about the treatment and monitoring of depression and 2) a 3-Step Monitoring Approach.

People with depression and their family/friends should read this guide to educate themselves about all aspects of depression treatment. Then, they should go through the 3-Step Monitoring Approach.

If someone is not able to read the guide, this person can skim the first bold sentence in every section, then complete the 3-Step Approach. Upon completion, have a discussion with the clinician about how the diary will be used, and what information should be recorded and reviewed. Time should be set aside each day to complete the diary together. The journal should be completed at the end of each week. The diary should be shared with the clinician during office visits or on the phone, as needed.

How does treatment help?

Whether you have just been diagnosed with depression, have suffered from it for years and are struggling to find the right treatment, or are helping a loved one who has depression, you can get the help you need.

Being diagnosed with depression or having a loved one suffer from the condition can be overwhelming. Many people are confused and feel helpless. They don't know what to do next. Others feel angry, hurt, or frustrated, and wonder "Why me?" Still others experience guilt, shame, or embarrassment. All of these feelings are perfectly normal. You are not alone.

Getting treatment for depression is as important as getting treatment for any other medical condition, such as diabetes or high blood pressure. Remember, depression cannot be willed away. It is a medical condition that requires treatment.

It is important to get treatment because:

- Depression is treatable.
- Relationships with others get better.
- Work performance improves.
- Overall physical health improves.
- The ability to fight off infection is greater.

In addition, the following may be avoided, decreased, or shortened with treatment:

- Long-lasting depression. When untreated, a single depressive episode can last more than 6 months or persist for years.
- New episodes of depression. Treatment for depression reduces the risk of relapse.
- Suicidal thoughts and attempts. Depression is the #1 cause of suicide. A suicide occurs every 18 minutes in the United States.
- Alcohol and drug abuse. Depression often leads to drinking and drug problems.
- Feelings of hopelessness. With proper treatment, even those who have persistent, long-lasting depression can manage their condition and lead healthy and productive lives.

Treatment is most effective when a qualified clinician, the person with depression, and caring family/friends work together.





Aimee, with Mother Christine

When Aimee was a junior in college, just several years ago, she started having difficulties she wasn't familiar with: crying a lot, feeling moody, not eating, and not exercising. The young lady who would soon become Miss Rhode Island and compete for the Miss America crown was sleeping a lot and eating very little. She was irritable and clueless about what was wrong with her.

A friend tried to coax her to go to the school's counseling center, but Aimee was reluctant. After a previous attempt at therapy, she didn't think it would help. But her friend, who recognized the symptoms of depression, literally carried her to the car, drove her to the counseling center, and helped her make an appointment. Over the next year and a half, Aimee took medication and went through talk therapy. She recovered and went on to become Miss Rhode Island.

"Today, I am once again under treatment, but I look at this time in a much more positive light," says Aimee. "I know now what depression is and that it can be recurring throughout someone's lifetime. But I also know that it can be treated very effectively. So the moment I started seeing the old symptoms coming back, I had my mom call the doctor. Yes, I am an adult, but getting your family involved is very important and it was one less thing I had to worry or be upset about when I was going through my depression."

"I don't consider myself a sufferer anymore, even though I am in treatment. I graduated from college with honors. I began a career as an auditor. And I still find time to take part in my favorite hobby since I was a little girl: ballet."

Monitoring treatment helps you:

- Feel better faster
- Understand what works and what doesn't
- Know when treatment needs to be adjusted
- Report symptoms more accurately to the clinician
- Recognize an adverse reaction to medication
- Avoid hospitalizations and suicidal behavior

Why monitor treatment?

The person with depression and family/friends need to monitor treatment closely with the clinician to make sure it works.

The most important reason to monitor depression is that depression can lead to self-destructive thoughts and suicide attempts. The vast majority of people who suffer from depression do not take their lives. However, depression is the leading cause of suicide. Thoughts of suicide or talk of death should be reported immediately to the clinician.

In March 2004, the United States Food and Drug Administration (FDA) issued a warning requesting patients, family members, and clinicians to monitor antidepressant treatment. A small number of patients taking antidepressants may experience suicidal thoughts and behaviors, or other unusual changes in behavior. (For more information about this warning, see [Watching for Adverse Effects](#).) It is very important that you monitor treatment to watch for these changes.

About Depression

What is depression?

Depression is a serious but treatable medical condition that affects almost 19 million Americans a year.

Everyone gets sad from time to time. Depression and sadness are different. When a person is sad, depressed, or irritable most of the time for at least 2 weeks, it could be a sign of depression.

Anyone can develop this condition. Depression does not discriminate based on age, race, religion, social class, or any other factor. It interferes with normal functioning and causes suffering, not only to those who have depression, but to their family and friends as well. The good news is that depression is treatable and the vast majority of people find relief within a few weeks or months.

There are different types of depression:

1. Major depression and dysthymia (discussed here), and
2. Bipolar disorder (manic depression), see *Watching for Bipolar Symptoms*.

Many factors can cause depression: a chemical imbalance of mood regulation in the brain, genetics, substance abuse, illness, or life events.

Regardless of the cause, a person should be treated for depression. About one half of people with depression get treatment, but only one third of people with depression get treatment that works. That is why you need to understand depression, what good treatment is, and how to monitor it so treatment works.

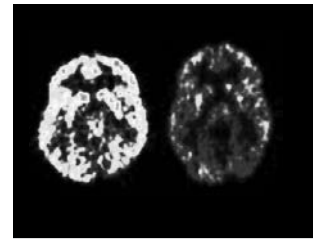
What are the signs of depression?

The most common signs of depression include feeling sad or irritable and having little interest or pleasure in doing things.

Depression can be hard to recognize because each person has different feelings. Some people feel sad and blue. Some people become quiet and withdrawn. Others feel paranoid and become less social. Still others become anxious, fearful, or just feel empty inside.

If someone is experiencing either of the following symptoms every day for at least 2 weeks, this person may have depression.

1. Depressed, persistently sad, empty, or irritable mood.
2. Diminished interest and pleasure in doing things.



Brain activity of a normal brain versus a brain with depression

PET scan shows the intensity of brain activity, which is low in the brain with depression (right image). PET scans are not used to diagnose or monitor depression, they are only used for research.

Other possible signs include:

- Having trouble falling asleep, staying asleep, or sleeping too much
- Feeling tired or having little energy
- Having a poor appetite or overeating
- Feeling worthless or guilty
- Feeling anxious
- Having trouble concentrating or remembering
- Moving or speaking slowly, or being fidgety or restless
- Having medically unexplained aches and pains
- Thinking that you would be better off dead or wanting to hurt yourself

Having one or more of these symptoms does not necessarily mean that a person has depression. Having sad feelings after losing a job or when a relationship ends is a normal reaction to disappointment. It is only when the symptoms last longer than 2 weeks that depression could be a possibility. Only a trained clinician can determine if someone has depression.

Signs for family/friends

Common behaviors that family/friends often notice in people with depression (usually these are abrupt or sudden behavior changes):

- Talking very negatively
- Acting unreasonably, without concern for others
- Abusing alcohol or drugs
- Picking fights, being irritable, critical, or mean
- Withdrawing from family and friends
- Having trouble at work or school
- Talking suddenly about separation or divorce
- Complaining of aches and pains
- Eating too little or too much
- Sleeping too much or too little

Working Together as a Family

When one person in a family suffers from depression, it impacts the entire family. There are ways for families to get or stay strong, and possibly develop even greater strength, during this difficult time. Many families suffer unnecessarily in silence as they try to cope with depression alone. Families who deal effectively with depression are those who reach out for the help and support they need. Here are some recommendations.

Have hope. Remember: In almost all cases, depression is treatable. With the proper diagnosis and treatment plan, there is usually improvement within 6 weeks, or even sooner. Admitting that there is a problem and getting help are the first and, often times, the most difficult part.

Learn all that you can about depression. Knowledge is empowering. The more you know about the condition, the better you will be able to cope through this crisis.

Look for depression in other family members. Depression tends to run in families. It is important for you to be aware of this fact so that you can help other family members who may be suffering from the same condition.

Talk regularly. It is important to talk about the feelings, thoughts, and fears that all family members are having. Holding feelings in will build anger and resentment. Openly discuss the effect of the depression on family life and work together to solve problems.

Minimize stress in the home. Maintaining a regular routine at home goes a long way toward making people who have depression feel more in control of their feelings. Be organized and predictable. Stay away from major disruptions such as relocating to a new house.

Get support. Being in touch with people who share your problem makes all the difference in the world. There are support groups for people with depression and their family/friends all over the country. Support groups have been shown to help people stay in treatment. Find sources of support on our Web site, www.familyaware.org.

Sometimes, people with depression avoid or shut out family/friends who want to help. They may be resistant and even get angry. Try to understand that their reaction is a symptom of the depression. Even if you face resistance, continue to try. People with depression really do need help and support, even if they say they don't.



“Depression affects the whole family. Everyone needs to get involved.”

Julie Totten, President and Founder, Families for Depression Awareness

What Family/ Friends Can Do

Family/friends can:

- provide encouragement
- assist in monitoring
- schedule/attend medical appointments
- help the person with depression stick with treatment
- report any unusual changes in behavior

Attending appointments

Family/friends can help by attending appointments early on and setting up communication as a team.

It is important for family/friends to attend appointments at the beginning of treatment if the person with depression gives permission. Attending appointments helps:

- The clinician gather information regarding mood and behavior from other points of view.
- Family/friends understand the treatment plan and what symptoms to look for.
- Set up the collaborative team.
- Everyone understand what is being done and what can be expected.

Once treatment is underway, family/friends may not need to attend appointments regularly. They should, however, make sure the clinician knows about any behaviors, symptoms, or side effects that give them concern.



William R. Beardslee, M.D.

How to talk about depression as a family

1. Share your history of depression. You must take time to communicate one-on-one with your partner/spouse and your children about how you have developed and now experience depression.

2. Relate your knowledge of depression to yourself. Explain what depression is and that it's a biological illness. Try to understand and alleviate your family's fears about it. Discuss your own symptoms and how they are part of the illness.

3. Address the needs of your children. Younger children might feel burdened by worries that the depression is their fault. Take the time to reassure them that it isn't. Depression and other illnesses can be hereditary. Does your child show signs of depression? If so, make sure your child gets an evaluation.

4. Plan the family meeting. Before gathering together to talk about depression and how it affects your family, take some time to plan out what you will discuss. Perhaps there are some things that are too painful and are off limits for discussion. Take into account what is age appropriate for your child. A teenager can likely tackle more complete information than an 8 year-old could handle.

5. Conduct a family meeting. Give your family an opportunity to talk openly. Let your family and children know you're taking action to get well again, and give them the chance to share their own fears and concerns with you. Be sure to talk about events your partner/spouse and children have witnessed— particularly upsetting events. The family meeting is a powerful tool, and one that can go a long way in easing the stress surrounding depression.

6. Keep the dialogue going. The family meeting could raise more questions. As your family digests what you've shared, give them the opportunity to ask more questions as they arise, and keep them informed on your treatment and progress. Plan to have a family meeting again every 6 months.

Treatment

Clinical evaluation

The first step in treating depression is getting a thorough evaluation from a trained clinician. A trained clinician will be able to tell the difference between normal episodes of sadness and actual depression. A thorough evaluation should include the following:

A physical examination: There are some medications and physical illnesses such as thyroid conditions, hormonal imbalances, or viral infections that can cause symptoms similar to those of depression. These conditions need to be ruled out before a psychosocial evaluation can be done.

A psychosocial evaluation: The clinician should ask for a complete history of symptoms (what the symptoms are, when they started, how long they have lasted, how severe they are, and how often they occur). The clinician should also ask about:

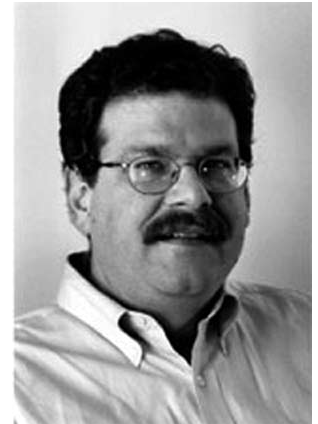
- alcohol and other drug use
- thoughts of suicide or death
- family history of depression, suicide, and bipolar disorder
- home life and work/school

Finding the right clinician can be a challenge. Mental health clinicians are in short supply, so it is sometimes difficult to find a clinician who has appointments available.

Sometimes it is necessary to visit several different clinicians before finding one that feels right. Be selective. The clinician should be available to answer questions and should provide comfort and care. If this is not the case, find another clinician.

It is important to understand the differences among health professionals. The most common clinicians who treat depression are described in the appendix.

Don't be afraid to ask questions about the clinician's expertise, the diagnosis, or the treatment plan. Keep in mind that several clinicians may be involved in the treatment plan. For example, a primary care physician may diagnose the depression and prescribe medication, but can also refer the person with depression to see a psychologist for talk therapy. It is also common for people to get a second opinion from another clinician on a diagnosis or treatment plan.



"Don't be afraid to ask your doctor questions. This is a partnership between the patient, family, and clinician."

- Scott Aaronson, M.D.

Questions to ask the clinician(s)

Before scheduling your first appointment

Your Answers

What types of patients and conditions do you currently treat in your practice?

What do you do when you are unsure of a patient's diagnosis or treatment?

How do you involve families and friends in treatment?

During the first few visits

Your Answers

What is the possible diagnosis at this point?

What is your recommended treatment (e.g., medication, talk therapy, or both)?

What are the expected results of treatment?

What signs should we look for that indicate the treatment is working?

How soon will we see these signs?

What will you recommend if this course of treatment does not work?

What role can family/friends play in helping with treatment?

How will we monitor progress, changes in symptoms, and behavior?

During the first few visits

Your Answers

How will we coordinate care between the talk therapist and doctor prescribing medication?

Which days and times are best to reach you?

Who can answer our questions as they come up when you are unavailable?

What have been your experiences with our insurance company, and how can we facilitate reimbursements?

Medication Questions

Your Answers

Why have you chosen this particular medication?

How does the medication work and when should I expect results?

How, when, and for how long should I take the medication?

What if I forget to take the medication?

If treatment is not working

Your Answers

What are the risks and side effects of the medication?

Is there something else we need to be doing?

How can we help to get the treatment to work?

Sometimes family/friends can recommend a mental health clinician. Insurance providers often require that the primary care physician be seen first, before getting a referral to a psychiatrist, psychologist, or other clinician. For people who do not have health insurance, the state department of mental health can be of assistance. (See additional resources in the back of this guide).

It is essential for the clinician to rule out bipolar disorder (manic depression), which can be mistaken for depression (major depression or dysthymia). When someone who has bipolar disorder is treated with antidepressants, it can make symptoms significantly worse. If there is any family history of bipolar disorder, be sure to tell the clinician. Even if the diagnosis is depression, it is still necessary to continue to watch for bipolar symptoms (see *Watching for Bipolar Symptoms*).

People with depression often have other disorders. Alcohol and drug abuse problems, anxiety, attention-deficit hyperactivity disorder (ADHD), eating disorders, and obsessive-compulsive disorders are common. It is important that all conditions be addressed as part of the treatment plan.

After the clinical evaluation, it is time to determine the course of treatment. The most common treatment options include talk therapy, medication, or both.

Talk therapy

Most clinicians believe the most effective treatment is a combination of talk therapy and medication

Talk therapy (also called psychotherapy) helps people develop the skills and appropriate behaviors to cope with difficult situations. When someone has difficulty at home or work, or struggles to make better choices in life, talk therapy can help.

The most common types of talk therapy for treating depression are cognitive behavioral therapy, interpersonal therapy, and family therapy.

Cognitive behavioral therapy (CBT). CBT can be very effective in relieving depression and overcoming fears. During a typical 8- to 16-week program, clinicians help people who are depressed to change their negative view of themselves, the world, and the future. When people with depression change the way they think, their feelings and behaviors change as well.

Interpersonal therapy. Interpersonal therapy focuses on the relationship issues that may be contributing to the depression. This approach is frequently used with adults and can be very effective in reducing stress in personal relationships.

Family therapy. This approach brings all family members together to work through family issues. It focuses on relationships and interpersonal dynamics. When done in a supportive environment with a skilled clinician, everyone is encouraged to speak and participate.

How often to schedule appointments

In the beginning of treatment, discuss how often you should meet with your clinician. Below are general guidelines.

Talk Therapy	Appointments are usually weekly or biweekly.
Medication	Ask your clinician how often appointments should be made. For adults taking antidepressants, they should have at least 3 appointments within the first 3 months of treatment. They should be closely monitored, especially during the first few months of antidepressant use and when the dose changes.



Medication

Medications are effective for many people (two-thirds of people), but come with risks and must be monitored.

Medication can be a lifesaver for many people with depression. Two-Thirds of people who take an antidepressant(s) at the correct dosage and for the appropriate duration of time recover from depression.

There are no lab tests or blood tests that clinicians can use to select a medication. Clinicians have to prescribe a medication and then see how well it works. It may take a few tries with different antidepressants to find a medication that works and to adjust the dosage to the right amount.

No one should take medication without careful consideration of the risk factors. The clinician should discuss those risk factors before prescribing any medication. (See list of common antidepressants in back of this guide.)

When treatment will start working

It usually takes at least a month for treatment to start working.

Talk Therapy	Talk therapy may take 6 to 8 weeks before a positive effect is noticed. Medication is almost always suggested for people who do not feel better with talk therapy alone.
Medication	On average, it takes 4 to 6 weeks for an antidepressant to work. For talk therapy or medication, if the person does not feel better in 6 weeks, or is only feeling minimally better in 12 weeks, the clinician should consider making changes to treatment and/or medication.

“Many people don’t realize that they may need to take an antidepressant everyday for a month or more before they see results. The medication is different than an antibiotic, for example, which works in a few days and then you stop taking it.”

-Carol Glod, Ph.D.

How long treatment lasts

Discuss how long treatment should last with the clinician. Consider the general guidelines below.

Talk Therapy	Some people spend several months in therapy while others spend years, if necessary.
Medication	People who have had a single episode of depression might choose to discontinue medication under a clinician's supervision after 6 months to 1 year of continual treatment. But, if the depression recurs, antidepressants may need to be taken long-term.

When treatment does not work

About one third of people with depression do not respond to the first medication they try.

If treatment only helps improve the depression slightly or does not work, the person with depression may need to try multiple antidepressants and talk therapies. Often, people have to change clinicians or get a second opinion. This is very difficult to deal with, but know that you will find a solution if you keep trying.

For people who do not respond to antidepressants or talk therapy, other treatments or medications (such as a mood stabilizer medication) can help. Find a psychiatrist with experience in treatment-resistant depression (they often work at major psychiatric hospitals). Consider the treatment issues below.

Issue	Ask yourself	What to consider	More information
Proper diagnosis	Are you suffering from bipolar disorder or major depression?	Proper diagnosis by a psychiatrist treating people with bipolar disorder. Bipolar disorder requires mood stabilizers, which are different medications than the antidepressants used to combat depression.	See <i>Watching for bipolar symptoms</i> in this guide
Adequate medication/treatment time	Have you received adequate medication for enough time?	Even when the first medication fails, as many as two-thirds of patients recover by adding a new medication or switching medications (Star*D Study).	www.nimh.nih.gov
Have you exhausted all choices for medications?	Have you tried only newer antidepressants such as SSRIs and SNRIs?	Other classes of antidepressants: MAO inhibitors and tricyclics may work. MAO inhibitor patch is new alternative.	www.accessdata.fda.gov

Alternative Treatments

When all medication and talk therapy treatments have failed, people may be helped with the following treatments. Consult your psychiatrist:

- **Electroconvulsive therapy (ECT).** FDA approved. High response rate and much improved in recent years.
- **Vagus Nerve Stimulator.** FDA approved. Pacemaker-like device
- **Repetitive Transcranial Magnetic Stimulation (RTMS).** Off-label. Pulses of magnetic energy

Wellness tips

When you're depressed, it may be hard just to get out of bed. But, if you are able to take care of yourself by exercising and doing other activities that are listed below, you can improve your treatment.



Make good choices—eat well, exercise, and minimize stress—to improve treatment.

What you can do	How and why?
Take your medication Attend your talk therapy appointments	Sticking with your medical treatment is essential for you to get and stay well. Studies show a combination of talk therapy and medication works best for most people.
Exercise	Many studies show that exercise—swimming, running, yoga, bicycling, walking—can help reduce feelings of depression and help prevent it from coming back.
Eat healthy	Eat a healthy diet, including dairy products, protein-rich foods, vegetables, fruits, and whole grains. Avoid sugar, caffeine, simple carbs (like white bread), and alcohol, which can make your mood worse.
Get enough sleep	Sleeping problems are a sign of depression. But being deprived of sleep over time can make your depression much worse. Try to get enough sleep: people normally need 6 to 9 hours of sleep every day.
Relax	Music, yoga, meditation, deep breathing, and relaxation audio tapes are a good starting place.
Find support	Attend support groups, visit friends, relatives, or church. Go to www.familyaware.org to find support groups in your area.
Keep a journal	Studies show that keeping a journal of events in your life and how you feel about them can help you understand yourself better and relieve depression. See our journal in <i>The 3-Step Monitoring Approach</i> .



Side effects and not wanting to feel dependent are common reasons people stop treatment.

Why people don't stick with treatment

Sometimes people who have depression feel too ill to monitor their own treatment. They may not have enough energy to pick up the phone to make a doctor's appointment. They may not remember when they have appointments or how to get there. That is why it is so important for family/friends to help with these tasks.

It is common and unfortunate that many people stop taking their antidepressant before the medication has time to work (4–6 weeks is usually required). Thirty to 40 percent of people who begin taking an antidepressant quit within the first month.

According to research, nearly 40 percent of people taking antidepressants experience sexual dysfunction. This is one of the most common reasons for people with depression to stop taking their medication. If sexual side effects are a concern, talk with the clinician.

Some people don't like feeling dependent on medication to make them feel better. Taking antidepressants is not a dependency. Medication restores proper functioning in people with depression.

Sometimes talk therapy can stir up unpleasant feelings. Other times it may feel like a burden to attend regularly scheduled appointments. Talk with the clinician about these concerns rather than stopping therapy completely.

Monitoring Treatment

Taking the first steps

Creating a monitoring team, setting up treatment expectations, and defining what “well” means are all necessary to monitor treatment effectively.

Establish the team. Monitoring depression should be a joint effort of the clinician, the person with depression, and family/friends. This team approach, built on communication and collaboration, will ensure a better outcome in treating depression.

Set up expectations for treatment (see Step 1: Define Wellness). To avoid becoming discouraged, in the early stages of treatment the person with depression needs to discuss what he or she wants to get out of treatment.

Define what it means to feel well (see Step 1: Define Wellness). Many people with depression wonder how they will know when they feel better. Family/friends may also wonder what life will be like when the person with depression begins to feel better. It is helpful for family members to think about how life was before the person with depression became ill. What activities did the person with depression enjoy? How did the person typically behave?

Working with the clinician

Treatment will be more effective if there is a strong relationship between the person with depression and his or her clinician. Remember to:

Ask questions. See list on page 10. Some people feel intimidated by doctors—they are very busy people with many patients to care for. But remember that clinicians are there to provide information and answer questions. They are there to help you.

Attend all scheduled appointments. The clinician needs to see the person with depression and ask about changes in symptoms, especially after prescribing new medication or when increasing or decreasing the dosage.

Provide accurate information. Be truthful about feelings, the treatment plan, and progress toward getting well. The clinician can help best when you share as much information as possible.

Follow instructions. You might want to take a pad of paper and pen to each appointment and write down what the clinician says. Be sure to follow the guidance the clinician provides.

Call the clinician, if necessary. Ask your clinician how you can reach them in the evening or on the weekend if there are sudden changes in physical or emotional response to treatment. Be sure to get the clinician’s pager, cell phone, or other emergency contact information. If the clinician doesn’t offer this information, ask who should be called in case of an emergency.



“Close monitoring ensures that treatment is working and helps reduce the pain and suffering associated with depression.”

-David Fassler, M.D.

Taking medications

Take antidepressants exactly as prescribed. Talk to the clinician if you want to stop taking a medication.

- **Take the medication exactly as prescribed.** That includes taking the correct dosage at the right time(s) of day.
- **Use a pill dispenser** if it is difficult to remember when to take the medication or how much to take. They can be purchased at most pharmacies for just a few dollars.
- **Don't increase or decrease the dosage without approval.** The clinician is the only person who should make changes to how much or how often medication is taken.

It is very important to stop taking an antidepressant gradually and under the supervision of the clinician. People who stop taking an antidepressant suddenly can experience severe symptoms. Dizziness is a common symptom that can last for days. Other symptoms might include nausea, headaches, fatigue, tingling or burning sensations, nightmares, and vertigo. Of course, stopping antidepressants can also bring back feelings of depression and suicide.



Lynne

age 40, postpartum depression, with husband Bob and son Jack

Lynne's depression hit out of nowhere the night after her son Jack, was born. She was still in the hospital, after a 32-hour labor without three days of sleep. "Even though I am in a happy marriage, have a successful career, and understand my abilities," says Lynne, "I felt completely overwhelmed and unable to cope."

Lynne was terrified that she'd be unable to give Jack basic care, and had a huge level of anxiety.

"At one point, my anxiety was so strong I couldn't stand the physical sensation of Jack nursing," says Lynne.

After her symptoms continued for more than two weeks, she sought treatment with a psychiatric nurse practitioner who specializes in post-partum issues and a counselor.

Lynne took an antidepressant and saw her counselor for 18 months. Soon, she felt calmer and more like herself. "The talk therapy helped me put things in perspective and, ultimately, helped shape who I am as a parent," says Lynne.

Reporting side effects

Tell the clinician about any antidepressant side effects.

Antidepressants can have side effects for some people, especially when they start a new medication or change the dose. Ask the clinician which side effects are common for the antidepressant prescribed. Tell the clinician about any side effects you experience or observe.

It is important to tell the clinician how severe the side effect is. For most people, side effects can be uncomfortable, but subside over time. However, a small number of people have adverse reactions to antidepressants and need immediate help.

Many side effects can be minimized with minor adjustments to treatment. For example, if weight gain is a concern, a walking exercise program can offset this effect. If sexual side effects are troublesome, changes to behavior or medication can be made.

Common side effects of some of the newer antidepressants include:

- Sexual side effects (very common)
- Drowsiness
- Dry mouth
- Headache
- Trouble falling asleep
- Nausea/diarrhea
- Mild nervousness/agitation
- Weight loss/gain
- Dizziness

It usually takes
4-6 weeks for an
antidepressant
to start working



The FDA advises monitoring antidepressant treatment, especially when the person first starts taking the medication or when the dose is changed.

Watching for adverse effects

In March 2004, the FDA issued a Public Health Advisory about monitoring antidepressants. The advisory requested people with depression, family/friends, and clinicians to closely monitor people taking antidepressants for potential worsening depression and suicidal thoughts. The FDA recommended close observation of adults and children who take antidepressants, especially when the person first starts taking the antidepressant or when the dose is changed (for example, when the clinician changes a prescription from 20 mg to 30 mg).

In October 2004, the FDA focused its warning on children taking antidepressants, but asked that adults also be monitored. In a review of clinical trials, the FDA stated that there was an increased risk of suicidal thinking and behavior in 4 percent of young patients taking antidepressants, compared to 2 percent of those patients not taking an antidepressant. No suicides occurred in these trials. Because of this risk in a small number of young patients, the FDA recommended monitoring for everyone who is taking antidepressants.

In January 2006, a large federally-funded study of 65,000 adults being treated for depression found that: 1) suicides were rare and 2) suicide attempts dropped by 50 percent compared to the month before patients took antidepressants. This study showed that medications lower suicide attempts over time. However it is still important to monitor treatment, especially in the beginning or when dose is changed.

Remember that suicide is a risk for everyone who has depression, whether they are being treated with antidepressants or not. It is important to continually monitor the person with depression for suicidal thoughts and behavior.

Each person's reaction to an antidepressant is different. In general, if the person with depression has worsening symptoms of depression, suicidal thoughts or behavior, or unusual changes in behavior, then you should contact the clinician right away. Below are examples of some symptoms for a person with depression may experience.

- Thoughts about suicide or dying
- Attempts to commit suicide
- New or worse depression
- New or worse anxiety
- Feeling nervous or restless, such as being unable to rest, relax, or be still
- Feeling a burning or itching sensation under the skin, like it is on fire or you want to get out of your skin
- Panic attacks, such as a sudden feeling of intense anxiety in addition to a racing heart, shortness of breath, sweating, and/or trembling

- Difficulty sleeping (cannot stay asleep)
- New or worse irritability (feeling quick to react to annoyance, impatience, or anger)
- Acting aggressive, being angry or violent
- Acting on dangerous impulses
- Extreme increase in activity and talking
- Other unusual changes in behavior or mood

To learn more about the FDA warning, read the Patient Medication Guide (MedGuide) given out with an antidepressant medication or go to the FDA Web site: www.fda.gov/cder/drug/antidepressants/default.htm.

Watching for suicidal behavior

If you have thoughts of hurting yourself, get help immediately. The most compelling reason to get and monitor treatment is to prevent a suicide. Many people with depression have suicidal thoughts. Some people have chronic thoughts of suicide, others have occasional thoughts of suicide, and still others do not experience suicidal feelings, but could develop them if their depression continues. When the feelings of despair become so great that suicide seems to be the only way out, it is time to get immediate help.

Some people who are taking antidepressants may feel uncomfortable side effects or begin to feel increased energy before they start feeling better, especially in the first few weeks. At this time, they may have suicidal feelings or actions, where before they were too depressed to act on their suicidal impulses. These feelings are temporary and will go away as the person with depression begins to get well again. However, you should still call the clinician right away if someone experiences these symptoms.

It is often helpful for people with depression and family/friends to make an emergency suicide prevention agreement. A suicide prevention agreement outlines who to call in case of an emergency and specifically states what will be done if the person with depression has suicidal thoughts or behaviors. Some people find it helpful to put this plan in writing.



Where to get help:

- Call your clinician
- Call 911 or go to your local hospital emergency room
- Call suicide prevention hotline:
1-800-273-TALK

Asking someone if he or she feels suicidal will not cause the person to take his or her life.

Helping someone who is suicidal

If you think someone is suicidal:

- Tell them you are concerned they may take their life.
- Ask them if they are going to kill themselves. If so, ask them if they have a plan (the more detailed the plan, the greater the likelihood that they will act on that plan).
- Get help immediately. Call a suicide crisis hotline, 911, or the person's clinician.
- Do not leave the person alone.

Some ways to help prevent a suicide

1. Watch for suicidal behavior. Ask regularly if your loved one feels suicidal. Your question will not give the person the idea or cause the person to take his or her life. Other suicidal behaviors include:

- Making verbal suicidal threats ("You'd be better off without me.")
- Feeling hopeless or helpless
- Talking about death or having a preoccupation with death
- Engaging in risk-taking behavior
- Giving away possessions
- Lacking interest in future plans

2. Make your home safe. Remove all guns, weapons, and other lethal items from the house, or at least lock them up. Approximately 57 percent of all suicides are completed using a firearm. In a home where there is a gun, it is five times more likely that someone living in that home will take his or her life compared to a home without a gun. Other potentially harmful items such as ropes, cords, sharp knives, alcohol and other drugs, medications, and poisons should also be removed.

3. Watch for signs of drinking. If someone has depression, feels suicidal, and drinks a lot of alcohol, the person is more likely to take his or her life. If someone is drinking, this needs to be discussed with the clinician.

4. Develop a suicide emergency plan. Discuss whom you will contact if the person with depression feels suicidal. Discuss with the clinician what you should do and where you should take the person if he or she feels suicidal. The clinician will have specific recommendations.

Watching for bipolar symptoms

Bipolar disorder (also known as manic depression) is sometimes confused with depression (major depression or dysthymia). In addition to depressed feelings, someone suffering from bipolar disorder also has periods of high energy and elevated or irritated mood (with a decreased need to sleep).

Antidepressants may cause manic episodes in someone who has bipolar disorder. Therefore, the FDA recommends that everyone with symptoms of depression be thoroughly evaluated to determine if they are at risk of having bipolar disorder. The screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression.

Family/friends usually have to watch for these symptoms because people with bipolar disorder may not realize they are manic. Fifty percent of people with bipolar disorder do not realize they are ill. For example, they may believe they are a “high energy person.”

It is very common for bipolar disorder to go undiagnosed. According to a study of patients with bipolar disorder, nearly 70 percent did not receive the correct diagnosis at first. These patients had to see an average of 4 doctors before getting the correct diagnosis.

If there is a family history of bipolar disorder or if bipolar disorder symptoms exist, contact the clinician immediately. People with bipolar disorder must take a mood stabilizer medication such as lithium. Be sure to get a thorough evaluation by a clinician who has experience treating bipolar disorder.

Bipolar disorder is sometimes confused with depression. Watch for periods of high energy and elevated or irritated mood.

Bipolar Disorder: Manic Symptoms

- Increased energy (working many hours or staying up late cleaning) with a decreased need for sleep without feeling tired.
- Severe and sudden changes in mood (feeling very irritable, silly, elated, aggressive)
- Increased notion of self-importance (having an overly-inflated self-esteem or feeling grandiose)
- Increased talking (talking too much, too fast, or switching topics quickly)
- Impulsive behavior and poor judgment such as spending sprees or erratic driving
- Distractibility (having difficulty concentrating)
- Hypersexuality (increased sexual thoughts, feelings, or behaviors)
- Increased goal-directed behaviors or physical agitation

Uncover your
mental health
family history
visit www.familyaware.org/familytree

Alcohol and drug use

It is very common for people with depression to drink a lot of alcohol or abuse drugs. It is important not to drink alcohol or take drugs that have not been prescribed. The initial effects of alcohol may produce a calming feeling or relieve anxiety, but remember that alcohol is a depressant. Alcohol can stop antidepressants from working and produce dangerous side effects.

The clinician needs to know if there is alcohol or drug abuse in order to help. If the person with depression has an alcohol or drug addiction, then additional treatment is required (e.g., detoxification, intensive outpatient treatment, 12-step program).

Taking medication, other than what is prescribed, can also make depression worse. Check with the clinician before taking over-the-counter medications such as cough syrup or cold medicine to make sure it will not have an adverse reaction when taken in combination with antidepressants.

What's wrong with alcohol and drugs?

Alcohol and drugs make depression much worse. That's because:

- Alcohol is a depressant.
- Alcohol makes people more depressed.
- Drugs and alcohol stop antidepressants from working and can cause serious side effects.

The CAGE questionnaire is most useful if you assume the questions refer to an extended period of time such as "over the last 5 years." If someone answers yes to 2 or more of the questions, the person most likely has a drinking problem and needs to get help.

CAGE Questionnaire

- Have you ever felt you should CUT down on your drinking?
- Have people ANNOYED you by criticizing your drinking?
- Have you ever felt bad or GUILTY about your drinking?
- Have you ever had a drink first thing in the morning or to get rid of a hangover (EYE-opener)?

Developed by Dr. John A. Ewing of the Bowles Center for Alcohol Studies.

Worsening signs of depression

Question	What to do
Have you experienced any worsening depression? (See Step 1 of the 3-Step Monitoring Approach)	Contact your clinician.
Have you had thoughts of hurting yourself today?	If yes and it is a change from how you have been feeling, contact your clinician immediately.
Do you have a plan to hurt yourself? Have you tried to hurt yourself today?	If yes, contact your clinician immediately.
Have you done things that were fun today? Are you planning any activities that you are looking forward to?	
Are you experiencing any of these symptoms? <ul style="list-style-type: none"> • anxiety • agitation • impulsivity • hostility • aggressiveness/anger • insomnia • irritability • panic attacks • restlessness 	If these feelings are severe, abrupt in onset, or not something you have experienced in the past, contact your clinician immediately.
Are you experiencing any of these symptoms? <ul style="list-style-type: none"> • severe and sudden changes in mood • poor judgment • inflated sense of self-importance • impulsiveness • dramatically increased energy • distractibility • hearing/seeing things (hallucinations) • hypersexuality • racing speech or thought • recklessness • dramatically increased productivity • decreased need for sleep without tiredness 	Contact your clinician immediately if you are experiencing any of these symptoms.

The 3-Step Monitoring Approach

The 3-Step Monitoring Approach helps people with depression and their family members monitor treatment, working closely with the clinician.

The 3-Step Monitoring Approach included in this guide is designed to help those with depression and their family/friends take an active role in monitoring treatment. The approach helps you define wellness and goals, be aware of red flags that alert you to call the clinician, and keep track of important changes.

Here is the 3-Step Monitoring Approach:

- **STEP 1: Define Wellness.** A Wellness Worksheet will help you define what is well and not well, what your treatment goals are, and signs and life events you can identify for when the depression gets worse.
- **STEP 2: Record Daily.** In the Monitoring Diary, you will record mood, medications, wellness, and other items you want to keep track of.
- **STEP 3: Keep a Journal.** Use the Journal to gain insight into your own thoughts and feelings.

You will be most successful if you establish a regular routine. Complete the diary at the same time each day, preferably towards the end of the day. Try to make filling out the diary as enjoyable as possible. You might work on it while enjoying a hot cup of tea or after you have finished your chores.

If the person who is depressed doesn't feel well enough to complete the diary, family/friends should help. Family/friends can base their answers on behaviors they have observed. Remember to share the diary with the clinician at each appointment.

Remember, depression is a treatable condition

Have hope that things will get better. Eighty percent of patients who receive treatment for depression improve. With a good clinician, a thorough evaluation, and a treatment plan that can be monitored, most people with depression live healthy and productive lives.

The 3-Step Monitoring Approach

STEP 1: Define Wellness

STEP 2: Record Daily (Monitoring Diary)

STEP 3: Keep a Journal

Don't like writing? Then type on your computer instead.
Download the electronic (Excel) version of the 3-step Monitoring
approach at www.familyaware.org



Step 1: Define Wellness

Your Wellness Worksheet

Define what feeling well, ok, and not well means. Both the person with depression and family/friends should answer the questions below.

What is well?

Person with depression: (e.g., I think clearly, I feel like making plans to do fun activities, I feel thankful for my family and friends).

Family/friends: (e.g., Maria wants to see the kids, she plays the piano).

What is feeling ok?

Person with depression: (e.g., I can do what I have to do, but it's an effort).

Family/friends: (e.g., Maria goes to work, but she still says negative things).

What is not well?

Person with depression: (e.g., I feel like a piece of lead, I feel guilty and really anxious).

Family/friends: (e.g., Maria can't make phone calls, she doesn't eat, she drinks a lot).



What makes the depression worse or better?

1. Worsening Signs. Can you identify when the depression is getting worse?

Person with depression: (e.g., I start to feel really lonely).

Family/friends: (e.g., Maria says her back is hurting her again).

2. Stressful Life Events. What stressful events make the depression worse?

Person with depression: (e.g., The anniversary of my mother's death).

Family/friends: (e.g., Maria seems worse when she gets a bill).

3. Helpful Activities. What are helpful activities you can do?

Person with depression: (e.g., avoid eating sugar).

Family/friends: (e.g., It helps if we both go to support groups).

What are your wellness goals?

(e.g., Short-term goal is to go to work everyday. Long-term goal is to feel enthusiastic about life and spend quality time with my son.)

Step 2: Record Daily

EXAMPLE

Month 1

Date: October, 2006

Answer the questions below every day. Discuss your answers with your clinician.

	Week 1							Week Total	Week 2							Week Total
	S	M	T	W	TH	F	S		S	M	T	W	TH	F	S	
If you answer yes to a question, check off the box on the right for the day.																
Are you feeling down, depressed, or hopeless?	✓	✓	✓	✓	✓	✓		6	✓	✓	✓	✓	✓		✓	6
Do you have little interest and a lack of pleasure in doing things?	✓	✓	✓	✓	✓	✓		6	✓	✓	✓	✓	✓	✓		6
List all drugs, prescription and nonprescription, you are taking.																
<i>Prozac</i>	✓	✓	✓	✓	✓	✓	✓	7	✓	✓	✓	✓	✓	✓	✓	7
<i>Tylenol cough & cold</i>	✓	✓	✓	✓	✓	✓	✓	2	✓	✓	✓	✓	✓	✓	✓	0
<i>Excedrin Migraine</i>	✓	✓	✓	✓	✓	✓	✓	3	✓	✓	✓	✓	✓	✓	✓	1
What other signs would you like to keep track of?*								<i>Avg</i>								<i>Avg</i>
<i>Hours slept</i>	5	5	6	7	8	5	6	6	6	6	6	7	8	7	7	7
<i>Went to work</i>		✓			✓	✓		3			✓		✓			2
<i>Walked 30 minutes</i>							✓	1		✓						1
What positive events or feelings happened this week?																
	<i>I saw a movie</i>								<i>I saw a friend</i>							
	<i>My clinician helped me create a good plan</i>															
What is your overall wellness today? (as you defined in Step 1)																
☺ ☹ ☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹	☹

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

EXAMPLE

Week 3								Week 4								
S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total	
✓	✓	✓					3		✓						1	Are you feeling down, depressed, or hopeless?
✓	✓	✓					3		✓						1	Do you have little interest and a lack of pleasure in doing things?
✓	✓	✓	✓	✓	✓	✓	7	✓	✓	✓	✓	✓	✓	✓	7	List all drugs, prescription and nonprescription, you are taking. <i>Prozac</i>
✓				✓			2								0	<i>Tylenol cough & cold</i>
			✓		✓		2								0	<i>Excedrin Migraine</i>
6	6	7	7	7	5	6	Avg 7	7	7	6	7	8	7	7	Avg 7	What other signs would you like to keep track of?: <i>Hours slept</i>
			✓	✓	✓		3		✓	✓	✓	✓	✓		5	<i>Went to work</i>
				✓		✓	2		✓		✓		✓		3	<i>Walked 30 minutes</i>
<i>felt better after walking</i>								<i>I felt good about things</i>								What positive events or feelings happened this week?
<i>paid all of my bills</i>								<i>I enjoyed my walks</i>								
								<i>My boss said "good job"</i>								
☹	☹	☹	☹	☹	☹	☹	☹	☺	☺	☺	☺	☺	☺	☺	☺	What is your overall wellness today? (as you defined in Step 1)
																☺ ☹ ☹

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

Step 3: Keep a Journal

Why keep a journal?

- Gain awareness and insight into your own thoughts and feelings.
- Studies show journals help people cope with depression and improve their long-term health.
- Write what you wish you could tell someone, but don't feel comfortable talking about.

What should I write about?

- Write about issues you are living with now, how you feel about it, and why.
- Don't judge your writing; the process of writing is what helps.

Who should I share it with?

- Write for yourself, so you stay honest.
- If you can, share your journal with your clinician, to get feedback on your thinking.

What if I don't like writing?

- Use an audio recording device or type on your computer using our Excel file (available at www.familyaware.org).

What are the drawbacks of journals?

- You still need to talk to your clinician or therapist. Your clinician helps you gain perspective on your life and feelings. If you find writing makes you feel worse, then talk to your clinician instead.
- You may feel depressed while writing or right after working through difficult feelings.
- You may find it hard to write when you are very depressed.

Your Journal

Ask yourself the questions below.

1. Describe your general mood and behavior during the past week (e.g., sleeping patterns, energy level, appetite, alcohol consumption, feelings about self, ability to concentrate).

I didn't sleep well several nights this week; I tossed and turned all night long and was very tired the next day. I haven't felt much like eating.

2. Describe any stressful life events that you had this week (e.g., health concerns, family disagreements, marital difficulties or trouble at work).

I had a bad cough and cold so I didn't feel very well. I had a fight with my wife on Thursday night.

3. Describe how you feel about the stressful life events that happened this week and why.

I felt really angry at my wife. She kept asking me to do things even though I told her I didn't feel well. She wasn't listening to me.

4. Describe what you want to accomplish in treatment (e.g., I want to get along better with co-workers. I want to stop being so irritable at home and at work.)

I guess I need to work on the way I communicate with my wife because we always seem to get into fights over little things.

5. Describe your progress in treatment (e.g., I am less irritable at home, but I am still having trouble getting along with my co-workers. I still feel irritable at work.)

We discussed ways to communicate better during my last appointment; now I need to "try out" those skills with my wife and my co-workers.

6-Month Monitoring Diaries






Record Daily

Month 1

Date: _____

Answer the questions below every day. Discuss your answers with your clinician.

	Week 1							Week 2								
	S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total
If you answer yes to a question, check off the box on the right for the day.																
Are you feeling down, depressed, or hopeless?																
Do you have little interest and a lack of pleasure in doing things?																
List all drugs, prescription and nonprescription, you are taking.																
What other signs would you like to keep track of?*																
What positive events or feelings happened this week?																
What is your overall wellness today? (as you defined in Step 1)																
  																

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

Record Daily

Month 2

Date: _____

Answer the questions below every day. Discuss your answers with your clinician.

If you answer yes to a question, check off the box on the right for the day.

Are you feeling down, depressed, or hopeless?

Do you have little interest and a lack of pleasure in doing things?

List all drugs, prescription and nonprescription, you are taking.

What other signs would you like to keep track of?*

What positive events or feelings happened this week?

What is your overall wellness today? (as you defined in Step 1)



	Week 1								Week 2							
	S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total
Are you feeling down, depressed, or hopeless?																
Do you have little interest and a lack of pleasure in doing things?																
List all drugs, prescription and nonprescription, you are taking.																
What other signs would you like to keep track of?*																
What positive events or feelings happened this week?																
What is your overall wellness today? (as you defined in Step 1)																

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

Week 3								Week 4									
S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total		
																<p>If you answer yes to a question, check off the box on the right for the day.</p> <p>Are you feeling down, depressed, or hopeless?</p> <p>Do you have little interest and a lack of pleasure in doing things?</p> <p>List all drugs, prescription and nonprescription, you are taking.</p>	
																What other signs would you like to keep track of?*	
																	What positive events or feelings happened this week?
																	What is your overall wellness today? (as you defined in Step 1)
																	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.*

Reminder: Call your clinician to schedule your appointments

Record Daily

Month 3

Date: _____

Answer the questions below every day. Discuss your answers with your clinician.

If you answer yes to a question, check off the box on the right for the day.

Are you feeling down, depressed, or hopeless?

Do you have little interest and a lack of pleasure in doing things?

List all drugs, prescription and nonprescription, you are taking.

What other signs would you like to keep track of?*

What positive events or feelings happened this week?

What is your overall wellness today? (as you defined in Step 1)



	Week 1								Week 2							
	S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total
Are you feeling down, depressed, or hopeless?																
Do you have little interest and a lack of pleasure in doing things?																
List all drugs, prescription and nonprescription, you are taking.																
What other signs would you like to keep track of?*																
What positive events or feelings happened this week?																
What is your overall wellness today? (as you defined in Step 1)																

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

Record Daily

Month 4 Date: _____

Answer the questions below every day. Discuss your answers with your clinician.

	Week 1								Week 2							
	S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total
If you answer yes to a question, check off the box on the right for the day.																
Are you feeling down, depressed, or hopeless?																
Do you have little interest and a lack of pleasure in doing things?																
List all drugs, prescription and nonprescription, you are taking.																
What other signs would you like to keep track of?*																
What positive events or feelings happened this week?																
What is your overall wellness today? (as you defined in Step 1)																
😊 ☹️ 😞																

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

Record Daily

Month 5

Date: _____

Answer the questions below every day. Discuss your answers with your clinician.

If you answer yes to a question, check off the box on the right for the day.

Are you feeling down, depressed, or hopeless?

Do you have little interest and a lack of pleasure in doing things?

List all drugs, prescription and nonprescription, you are taking.

What other signs would you like to keep track of?*

What positive events or feelings happened this week?

What is your overall wellness today? (as you defined in Step 1)



	Week 1								Week 2							
	S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total
Are you feeling down, depressed, or hopeless?																
Do you have little interest and a lack of pleasure in doing things?																
List all drugs, prescription and nonprescription, you are taking.																
What other signs would you like to keep track of?*																
What positive events or feelings happened this week?																
What is your overall wellness today? (as you defined in Step 1)																

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

Record Daily

Month 6

Date: _____

Answer the questions below every day. Discuss your answers with your clinician.

If you answer yes to a question, check off the box on the right for the day.

Are you feeling down, depressed, or hopeless?

Do you have little interest and a lack of pleasure in doing things?

List all drugs, prescription and nonprescription, you are taking.

What other signs would you like to keep track of?*

What positive events or feelings happened this week?

What is your overall wellness today? (as you defined in Step 1)



	Week 1								Week 2							
	S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total
Are you feeling down, depressed, or hopeless?																
Do you have little interest and a lack of pleasure in doing things?																
List all drugs, prescription and nonprescription, you are taking.																
What other signs would you like to keep track of?*																
What positive events or feelings happened this week?																
What is your overall wellness today? (as you defined in Step 1)																

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

Week 3								Week 4								
S	M	T	W	TH	F	S	Week Total	S	M	T	W	TH	F	S	Week Total	
																If you answer yes to a question, check off the box on the right for the day.
																Are you feeling down, depressed, or hopeless?
																Do you have little interest and a lack of pleasure in doing things?
																List all drugs, prescription and nonprescription, you are taking.
																What other signs would you like to keep track of?*
																What positive events or feelings happened this week?
																What is your overall wellness today? (as you defined in Step 1)
																<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, light box use, relaxation, stressful life events, worsening signs for depression, helpful activities.

Reminder: Call your clinician to schedule your appointments

Keep a Journal

Your Journal

Ask yourself the questions below.

1. Describe your general mood and behavior during the past week (e.g., sleeping patterns, energy level, appetite, alcohol consumption, feelings about self, ability to concentrate).

2. Describe any stressful life events that you had this week (e.g., health concerns, family disagreements, marital difficulties or trouble at work).

3. Describe how you feel about the stressful life events that happened this week and why.

4. Describe what you want to accomplish in treatment (e.g., I want to get along better with co-workers. I want to stop being so irritable at home and at work.)

5. Describe your progress in treatment (e.g., I am less irritable at home, but I am still having trouble getting along with my co-workers. I still feel irritable at work.)

Your Journal

Ask yourself the questions below.

1. Describe your general mood and behavior during the past week (e.g., sleeping patterns, energy level, appetite, alcohol consumption, feelings about self, ability to concentrate).
2. Describe any stressful life events that you had this week (e.g., health concerns, family disagreements, marital difficulties or trouble at work).
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4. Describe what you want to accomplish in treatment (e.g., I want to get along better with co-workers. I want to stop being so irritable at home and at work.)
5. Describe your progress in treatment (e.g., I am less irritable at home, but I am still having trouble getting along with my co-workers. I still feel irritable at work.)

More About Depression

What are the common antidepressants?

Ask the clinician for detailed information on the drug prescribed.

Newer Antidepressants (SSRIs, SNRIs, Atypicals)

Celexa (citalopram HBr)
Cymbalta (duloxetine HCl)
Effexor (venlafaxine HCl)
Lexapro (escitalopram oxalate)
Paxil (paroxetine HCl)
Pexeva (paroxetine mesylate)
Prozac (fluoxetine HCl)
Remeron (mirtazapine)
Sarafem (fluoxetine HCl)
Wellbutrin (bupropion HCl)
Zoloft (sertraline HCl)

Older Antidepressants (MAO Inhibitors, Tricyclics)

Anafranil (clomipramine HCl)
Aventyl (nortriptyline HCl)
Desyrel (trazodone HCl)
Elavil (amitriptyline HCl)
Ludiomil (Maprotiline HCl)
Marplan (isocarboxazid)
Nardil (phenelzine sulfate)
Norpramin (desipramine HCl)
Pamelor (nortriptyline HCl)
Parnate (tranylcypromine sulfate)
Sinequan (doxepin HCl)
Surmontil (trimipramine)
Tofranil (imipramine HCl)
Tofranil-PM (imipramine pamoate)
Vivactil (protriptyline HCl)

Who treats depression?

*** Primary Care Physicians (family physicians, internists) and Osteopaths** are medical doctors (MDs and DOs). They may have training in treating mental or psychiatric problems and prescribe medication. They will offer supportive counseling, but usually refer patients to psychiatrists or psychologists for talk therapy.

Physician Assistants are trained in the identification of depressive symptoms. They may treat people with depression under the close supervision of a physician.

***Psychiatric Nurse Practitioners or Clinical Nurse Specialists** are registered nurses (RNs) who have advanced training in treating psychiatric problems with talk therapy and medications.

***Psychiatrists are medical doctors (MDs)** who have the highest level of training in the diagnosis and treatment of psychiatric illnesses. They prescribe medication and can also provide talk therapy.

Psychologists have a doctoral degree (PhD or PsyD) or a master's degree (MA or MS) in psychology. They are trained in talk therapy and psychological testing but are not usually licensed to prescribe medications.

***Psychopharmacologists** are psychiatrists who choose to focus on medications to treat psychiatric disorders.

Marriage and family therapists have advanced training (master's or doctoral degree) in talk therapy and family and marriage therapy.

Clinical Social Workers (MSW) or Licensed Professional Counselors

Provide counseling for depression and other mental health illnesses.

Employee Assistance Professionals provide counseling services in the workplace to help employees resolve family and work-related problems.

**These clinicians are licensed to prescribe medication.*

What are other resources?

Academy of Cognitive Therapy
(610) 664-1273, www.academyofct.org

American Academy of Family Physicians
(800) 274-2237, www.aafp.org

American Association for Marriage and Family Therapy
(703) 838-9808, www.aamft.org

American Foundation for Suicide Prevention
(888) 333-AFSP (2377), www.afsp.org

American Medical Association
(800) 621-8335, www.ama-assn.org

American Psychiatric Association
(703) 907-7300, www.psych.org

American Psychological Association
(202) 336-5500, www.apa.org

Depression and Bipolar Support Alliance (DBSA)
(312) 988-1150, www.DBSAAlliance.org

Depression and Related Affective Disorders Association (DRADA)
(703) 610-9026, www.drada.org

National Alliance on Mental Illness (NAMI)
(800) 950-NAMI (6264), www.nami.org

National Association of Social Workers
(800) 638-8799, www.socialworkers.org

National Institute of Mental Health (NIMH)
(301) 443-4513, www.nimh.nih.gov

National Mental Health Association (NMHA)
(800) 969-NMHA (6642), www.nmha.org

Suicide Awareness Voices of Education (SAVE)
(952) 946-7998, www.save.org

Suicide Prevention Action Network USA (SPAN USA)
(202) 449-3600, www.spanusa.org

Contribution Form

Millions of families are affected by depression. Help us help families recognize and cope with the most serious health issue in America today. Please make a tax-deductible donation to Families for Depression Awareness. We are a nonprofit, 501 (c) (3) organization that needs your support to continue our service to families in need. You can make a general donation or a donation in the memory or honor of a loved one. We are extremely grateful!

General Donation

I would like to make a gift of:

- | | | | |
|--------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> Other: _____ |

Name _____

Title _____ Organization _____

Address _____

City/State/Zip _____

Phone _____ Email _____

- | | | | |
|--------------------------------|--------------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Money Order | <input type="checkbox"/> VISA | <input type="checkbox"/> MasterCard |
|--------------------------------|--------------------------------------|-------------------------------|-------------------------------------|

Credit Card Account: _____ Expiration Date: _____

Name (as it appears on card): _____

Signature (required): _____

- ☐ I'd like details on including Families for Depression Awareness in my will.
- ☐ I've enclosed my company's matching gift form.
- ☐ I'm interested in volunteer work. Please contact me.
- ☐ I'm interested in being interviewed for a Family Profile, by the media, or being a speaker.

I'd like to make a memorial or honorary gift in someone's name:

- | | |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Memorial donation | <input type="checkbox"/> Honorary donation |
|--------------------------------------------|--------------------------------------------|

Your loved one's name: _____

Please list this person on the web site: ☐ yes ☐ no

Send notification of this gift to:

Name _____

Address _____

City/State/Zip _____

Thank you!

Please send to: Families for Depression Awareness, 395 Totten Pond Road Waltham, MA 02451-8778

Questions? Please call (781) 890-0220 or e-mail info@familyaware.org.

Important Phone Numbers

Your clinician(s)

Phone Number

<hr/>	<hr/>
<hr/>	<hr/>

Your pharmacy

Phone Number

<hr/>	<hr/>
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Person to contact in case of emergency

Phone Number

<hr/>	<hr/>
<hr/>	<hr/>

Emergency Numbers

• 911

• Suicide crisis hotline: 1-800-273-TALK (8255)

Clinical review committee

The clinical review committee represents clinicians from the:

- American Academy of Family Physicians
- American Psychiatric Association
- Advisory board of Families for Depression Awareness
- Newton-Wellesley Hospital

Scott T. Aaronson, MD

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Allen Dietrich, MD

Margaret Howard, PhD

Amy Farabaugh, PhD

Michael Jellinek, MD

David Fassler, MD

Howard King, MD

We pilot-tested these guides with more than 600 families across the country

“The guide helped my husband and I take stock of our feelings, talk about them, own them, and feel more grounded.”

— Lori Gillen

“My teen daughter and I both used the guides and my daughter really loved ‘monitoring mommy’.”

— Cynthia Armistead

“The guide helped me tremendously in answering my therapist’s question, ‘How have you been?’ That was always difficult to answer and it was easy to say that I was awful. But guide showed that I really was improving.”

— Mary Margaret D.

“I was blown away by the positive effect the guide had on me. It made all the difference in my recovery. I was able to recognize certain feelings and situations as key trigger points when I could barely see a ray of hope.”

— Cynthia Kapin



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