

## WHAT YOU and YOUR FAMILY SHOULD KNOW ABOUT DEPRESSION

**What is Major Depression?** - A medical illness, characterized by depression that is believed due to biochemical changes in brain function.

**Myths** - Major depression is not a trivial disorder, will not go away on its own and is not the result of personal weakness, laziness or lack of will power.

**Incidence** - Depression is one of the most common illnesses treated by health care professionals, affecting one out of every 20 people sometime in their lifetime.

**Risk Factors** - Females, people with a first degree relative with depression, people with a history of drug or alcohol abuse or people with a history of anxiety or eating disorders have an increased incidence of depression.

**Treatment Response** - Depression is very responsive to treatment through antidepressant medication, psychotherapy or a combination. People do get better.

**Medications** - All antidepressant medications take several weeks to produce their full effect.

**Medication Safety** - Antidepressants are safe when taken as prescribed and are not addicting.

**Medication Side Effects** - Discuss medication side effects or other problems with your primary care manager. Most problems can be resolved.

**Don't** - Drink alcohol, self-medicate, blame yourself or make major life decisions or changes during treatment.

**Do** - Get plenty of rest, exercise, eat regularly, socialize.

**Outpatient vs Inpatient Care** - Most depressions are successfully treated in the primary care manager's office. Inpatient hospitalization is generally reserved for patients who have delusions or hallucinations or are a danger to themselves or others.

**Consultation/Referral** - Sometimes a second opinion is required because a combination of treatments might work best, or the depression is severe or lasts a long time or the first treatment did not work well.

**Treatment Compliance** - Medication must be taken as directed, including dosage, frequency and length of time prescribed. Follow-up appointments with your primary care manager, mental health specialist or others need to be kept as scheduled.

**Suicide** - Thoughts of death often accompany depression. Always discuss this symptom with your primary care provider. If your provider is not available, tell a trusted friend or relative who can get you immediate emergency professional help.

**Communication** - Ask questions about treatment. Verbalize any concerns. Discuss with your primary care manager your feelings, activity, sleep and eating patterns, as well as unusual symptoms or physical problems.

**Recurrence** - Depression is often recurrent. Maintenance antidepressants are sometimes indicated.

VA/DoD Depression Clinical Practice Guideline  
April 2002



# Self-Management

## A Guide for Patients

**Depression**  
Treat it as if your  
life depended on it.



**save.**  
Suicide Awareness Voices of Education™

**Complete a new booklet before each appointment. Review with your Primary Care Manager.**

Date/Time of Today's Appointment: \_\_\_\_\_ Date/Time of Last Appointment: \_\_\_\_\_

My Primary Care Manager is: \_\_\_\_\_ at the \_\_\_\_\_ Clinic

Telephone: \_\_\_\_\_ Date/Time of Next Appointment: \_\_\_\_\_

**Since my last visit with my Primary Care Manager I have had the following symptoms:** (Check all that apply)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Depressed Mood            | <input type="checkbox"/> Feelings of Guilt  | <input type="checkbox"/> Weight Loss    | <input type="checkbox"/> Insomnia           |
| <input type="checkbox"/> Little Interest/Pleasure  | <input type="checkbox"/> Crying Spells      | <input type="checkbox"/> Weight Gain    | <input type="checkbox"/> Sleeping Too Much  |
| <input type="checkbox"/> Feelings of Worthlessness | <input type="checkbox"/> Indecisiveness     | <input type="checkbox"/> Hopelessness   | <input type="checkbox"/> Homicidal Ideation |
| <input type="checkbox"/> Fatigue/Loss of Energy    | <input type="checkbox"/> Poor Concentration | <input type="checkbox"/> Suicidal Ideas | <input type="checkbox"/> Suicidal Plans     |
| <input type="checkbox"/> Other Symptoms: _____     |   |   |   |

**Health Care Concerns:** I want to discuss the following concerns with my Primary Care Manager:

\_\_\_\_\_  
\_\_\_\_\_

**Medication Information:**

My antidepressant medication is: \_\_\_\_\_ mg, taken at these times: \_\_\_\_\_

Side Effects I am experiencing: \_\_\_\_\_

Other medications I am taking: \_\_\_\_\_

**Educational Resources:** I will read or view the following to help me learn more about depression:

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> CD-ROM "Taking Control of Depression" | <input type="checkbox"/> VA/DoD Depression Brochure | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Medication Information Handout        | <input type="checkbox"/> Depression Video           | <input type="checkbox"/> Other: |

**Referral Services:** I will keep the following appointments, if scheduled. Write in appointment date and time.

- |  |   |
|--|---|
| <input type="checkbox"/> Behavioral Health: _____        | <input type="checkbox"/> Chaplain/Minister: _____       |
| <input type="checkbox"/> Case Management Services: _____ | <input type="checkbox"/> Substance Abuse Program: _____ |

Other Referral: \_\_\_\_\_

**Supportive Family or Friends:** Fill in Name and Telephone Number:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts:** Fill in Telephone Number:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Emergency Dept: _____ | <input type="checkbox"/> Crisis Center: _____ | <input type="checkbox"/> Police/EMS: _____ |
|--|---|--|

I will contact a support friend or relative or call an emergency contact in the event I experience serious medication side effects, suicidal thoughts or plans or thoughts of harming others.

**Instructions from My Primary Care Manager:**

\_\_\_\_\_  
\_\_\_\_\_

Signature of Patient / Date