

Little Interest or  
Pleasure in Activities?

Thoughts  
of  
Suicide?

Too  
Little or  
Too  
Much  
Sleep?

Fatigue or No Energy?

Feeling Worthless?

Recent Weight  
Loss or Gain?

**Depression**

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

Feeling Bad  
About Yourself?

Thoughts  
of Death?

Trouble  
Making  
Decisions?

Feeling Restless  
or Nervous?

Hard to Think or  
Concentrate?

**If You Are Experiencing Any of These Symptoms,  
Talk To Your Primary Care Manager.**

For Additional Information on Depression  
Visit the US Army Medical Command Quality Management  
Clinical Practice Guideline Web Site at:  
[www.cs.amedd.army.mil/Qmo](http://www.cs.amedd.army.mil/Qmo)

or

The VHA Clinical Practice Guideline  
Web Site at:  
[www.oqp.med.va.gov/cpg/cpg.htm](http://www.oqp.med.va.gov/cpg/cpg.htm)



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

## Internet and Other Resources

Internet sites are often excellent sources of information. These web sites, although not endorsed by the VA or DoD may provide additional help in the understanding of depression.

### **American Association for Geriatric Psychiatry**

Telephone: (301) 654-7850  
Web Site: [www.aagpgpa.org](http://www.aagpgpa.org)

### **American Psychiatric Association**

Telephone: (888) 357-7924  
Web Site: [www.psych.org](http://www.psych.org)

### **American Psychological Association**

Telephone: (800) 964-2000  
Web Site: [www.apa.org](http://www.apa.org) or <http://helping.apa.org>

### **National Alliance for the Mentally Ill**

Telephone: (800) 950-6264  
Web Site: [www.nami.org](http://www.nami.org)

### **National Depressive and Manic Depressive Association**

Telephone: (800) 826-3632  
Web Site: [www.ndmda.org](http://www.ndmda.org)

### **National Foundation for Depressive Illness, Inc.**

Telephone: (800) 248-4344  
Web Site: [www.depression.org](http://www.depression.org)

### **National Institute of Mental Health**

Telephone: (800) 421-4211  
Web Site: [www.nimh.nih.gov](http://www.nimh.nih.gov)

### **National Mental Health Association**

Telephone: (800) 969-6642 or (800) 228-1114  
Web Site: [www.nmha.org](http://www.nmha.org)

### **Substance Abuse and Mental Health Services Administration**

Web Site: [www.samhsa.gov](http://www.samhsa.gov)

### **The Center for Mental Health Services**

Telephone: (800) 789-2647  
Web Site: [www.mentalhealth.org](http://www.mentalhealth.org)

### **National HOPE-LINE Network (Suicide Hot Line) 1-800-784-2433**

Access to trained telephone counselors 24 hours a day, 7 days a week.

# What You and Your Family Should Know About Depression

## Purpose of This Booklet

Life is full of good times and bad, happiness and sorrow. But if you've been feeling "down" for more than a few weeks or been having difficulty functioning in daily life, you may be suffering from a common, yet serious medical illness known as **clinical depression**.

This booklet was written to help answer some common questions about depression and its treatment. Sharing this booklet with your family may assist them to better understand what you are experiencing and how they can best support you during this period. After reading this booklet, ask your primary care provider to explain any subjects you may not understand.

The information in this booklet, **What You and Your Family Should Know About Depression** is based on the evaluation of numerous research studies. Although there are other treatments for depression available, and while effective for some people, they have not been carefully studied. Always discuss alternative treatments with your primary care manager.

## Other Sources of Information

Another booklet, **Self-Management Guidelines** may be available in your Primary Care Clinic. It is designed to help you track your treatment and monitor your progress. Share the entries with your primary care manager during each appointment. Your notes, concerns and questions can help you become a partner in your care. Ask the clinic receptionist for a new copy each time you visit.

Videos on depression and information on specific antidepressant medications are also available. Ask a clinic staff for assistance with these educational materials.

For more information on depression contact your primary care manager, the TRICARE health care provider, local health department, community mental health center, clinic, or hospital.

Additionally, many local university medical centers have special programs that focus on the treatment of depression.

# Common Concerns About Depression

## Who Gets Depressed?

Major depressive disorder – often referred to as depression, is a common illness that can affect anyone. Between 5% and 11% of the total population in the United States has major depression.

No matter what age, gender, race or income – anyone can experience clinical depression.

## What is Depression?

Depression is not just “feeling blue.” It is more than being sad or feeling grief after a loss. Depression is a medical disorder (just like diabetes, high blood pressure, or heart disease are medical disorders) that affects your thoughts, feelings, physical health and behaviors.

Many people wrongly think that depression is “normal” for older people, young adults, new mothers, menopausal women or those with a chronic illness. The truth is, clinical depression is never “normal,” no matter what your age or life situation.

## Clinical Depression Is Not Grief

For many, a depressed mood is a normal reaction to the death of someone they love or the loss of the ability to perform routine activities. But, when a depressed mood persists for a long period of time with no signs of lifting, a person will benefit most from talking to their primary care provider to determine if clinical depression is the cause.

## Clinical Depression and Aging

Growing older usually means adjusting to changes in life. Sometimes, these changes can mean loss of loved ones, of familiar routines, or loss of excellent health. It’s normal to feel sadness or distress during these periods. After a period of time, most older adults cope, move on and feel satisfied with their lives.

For some however, the feelings persist. The pleasure found in daily life can be lost. This may indicate clinical depression.

## Causes of Clinical Depression

Many things can contribute to clinical depression. For some people a number of factors seem to be involved, while for others a single factor can cause the illness. Often times, people become depressed for no apparent reason. Regardless of the factors involved, clinical depression needs to be diagnosed and treated.

Some causes of depression may include:

- **Biological** – People with depression typically have too little or too much of certain brain chemicals called “neurotransmitters.” Changes in these brain chemicals may cause, or contribute to, clinical depression.
- **Cognitive** – People with negative thinking patterns; people who are pessimistic, have low self-esteem, worry too much or feel they have little control over life events are more likely to develop clinical depression.
- **Gender** – Women are twice as likely as men to experience clinical depression. While the reasons for this are still unclear, they may include the hormonal changes women go through during menstruation, pregnancy, childbirth and menopause. Other reasons may include the stress of the many roles and responsibilities women have. In some cases being a victim of abuse, of poverty or of low self-esteem may contribute to an increased risk of clinical depression.
- **Co-Occurrence** – Clinical depression is more likely to occur along with certain illnesses, such as stroke, heart disease, cancer, Alzheimer’s disease, diabetes and hormonal disorders. This is called “co-occurring depression.” Any depressive symptoms with other illnesses should be reported to your primary care manager. It is important that co-occurring depression be treated in addition to the physical illness.
- **Other Psychiatric Conditions** – Depression can “co-occur” in people who suffer from other mental illnesses, such as eating disorders or anxiety disorders, including panic disorders, obsessive-compulsive disorder and post-traumatic stress disorder.
- **Drugs or Alcohol Abuse** – Alcohol and some drugs of abuse are psychic depressants.

- **Genetic** – Clinical depression can occur in people who have had no family history of clinical depression. However, a family history of clinical depression increases the risk.
- **Situational** – Difficult life events, including divorce, financial problems, moving to a new place, the death of a loved one, or any significant loss, can contribute to clinical depression.
- **Medications** – Some medications can cause clinical depression. Tell your primary care manager what medications you are taking, including over the counter drugs and herbals. Any medical specialist will want to know the same information. Additionally, if dental procedures are planned, provide your dentist with the names of all the medications you are taking.
- **Unexplained Reasons** – Sometimes depression occurs for no known reason, even when life is going well.

**Remember, depression is not your fault. It is not a personal weakness. It is a medical illness.**

### Symptoms of Major Depressive Disorder

People who have major depressive disorder have a number of symptoms nearly every day, all day, for **at least two weeks**. These always include at least **one** of the following:

- Loss of interest in the things you used to enjoy.
- Feeling sad, blue or down in the dumps.

You must also have **at least four** of the following symptoms:

- Feeling slowed down in speech or movement or the opposite - restless, unable to sit still or moving around a lot more than usual.
- Feeling of worthlessness or excessive or inappropriate feelings of guilt.
- Increase or decrease in appetite or significant gain or loss in weight.
- Problems concentrating, thinking, remembering or making decisions.
- Trouble sleeping or sleeping too much.
- Loss of energy or feeling tired all of the time.
- Thoughts that you would be better off dead or of hurting yourself in some way.

Thoughts of suicide or death are often a part of depression. If you have these thoughts, tell a trusted friend or relative immediately. Know where to find their telephone numbers if they are not near you when you have these thoughts. Ask them to help you find professional help right away. Have a list of emergency numbers available, such as your primary care manager, the hospital emergency room, a mental health crisis center or your areas emergency medical services (ambulance). Once your depression is treated, these thoughts will go away.

With depression, there are often other physical or psychological symptoms, including:

- Headaches
- General body aches and pains
- Digestive problems
- Sexual problems
- Feeling pessimistic or hopeless
- Being anxious or worried

### If You Have Symptoms of Depression

Too often people do not get help for their depression because they don't recognize the symptoms, have trouble asking for help, blame themselves or don't know that treatments are available.

Sometimes a few symptoms can go on to become a major depressive disorder. Some forms of depression are mild, but persistent or chronic. Chronic symptoms of depression also need treatment.

Early treatment can shorten the length of time a depressive episode lasts, lessen its severity and reduce the risk of depression returning.

Primary care managers or health maintenance organizations are often the first places that people turn for help. The role of health care providers is to:

- Determine if there is a physical cause for the depression.
- Treat the depression.
- If indicated, refer you to a mental health specialist for further evaluation and/or treatment.

## Common Concerns About Treatment

### Types of Treatment

The major treatments for depression are:

- Antidepressant medicine
- Psychotherapy
- Antidepressant medicine combined with psychotherapy

Sometimes other treatments, such as electroconvulsive therapy or light therapy are useful.

Successful treatment removes all of the symptoms of depression and returns you to a normal life. The earlier you start treatment, the sooner you will begin to feel better. As with other medical illnesses, the longer you have the depression before you seek treatment, the more difficult it can be to treat.

Most people who are treated for depression feel better and return to daily activities in several weeks. Sometimes you may have to try one or two treatments before finding the one that works best. It is important not to get discouraged if the first treatment does not work. In almost every case, there is a treatment for depression that will work for you.

In most instances, your primary care manager can diagnose and treat depression in the clinic setting. Other times a mental health specialist is required.

### Mental Health Care Specialists

A mental health care specialist may be a psychiatrist, psychologist, psychiatric social worker or psychiatric nurse. You may be referred to one of these health care providers for psychological testing, individual, group, family or marital therapy, or evaluation for antidepressant medication. Many times, a second opinion or consultation is all that is needed.

Most often, a mental health specialist provides care on an outpatient basis. If hospitalization is required, you will be under the care of a psychiatrist (who is also a licensed physician). If you feel that you want to be seen by a mental health specialist, tell your primary care manager.

### Treating Depression

Depression is usually treated in 2 steps:

#### ■ Acute Treatment

The aim of acute treatment is to remove the symptoms of depression until you feel well.

#### ■ Continuation Treatment

Treatment is continued for some time even after you are well. This is important because it keeps the episode of depression from coming back. This period may last as long as 6-9 months.

Recurrent depression requires a third step called:

#### ■ Maintenance Treatment

Long term continuous treatment is maintained to prevent recurrence of depression.

### Antidepressant Medication

There are many different types of medicines that can be used to treat depression. Each type works a little differently. Your symptoms, medical history and family history often determine the best medicine for you. Still, it may take time to find the one that works the best and has the least side effects. Always discuss the risks and benefits of antidepressant medication with your primary care manager.

Many people begin to feel the effects of medicine in the first few weeks of treatment. After about 6 weeks, more than half of the people who begin antidepressant medicine will feel more like their usual self.

Antidepressant medicines are not addictive or habit forming. They work best in severe depression and may be useful in mild to moderate depression.

At the beginning of your treatment your primary care manager will want to see you more often (possibly every week or two). The purpose of these visits is to check the medication dosage, to watch for side effects and to see how the treatment is working.

Once you begin to feel better, you will visit your primary care manager less often. In continuation treatment you will probably schedule clinic visits every month or two. In maintenance treatment, visits are usually every two to three months or more.

## Psychotherapy

In psychotherapy, you work with a qualified mental health specialist who listens, talks and helps you resolve your problems. Psychotherapy can be individual or group or it can be family or marriage therapy. Most psychotherapy is brief and often has a time limit of 8 to 20 visits. More than half of the patients with mild to moderate forms of major depression respond well to psychotherapy. Psychotherapy alone is not recommended as the only treatment for severe depression. Antidepressant medication is required. Your primary care manager can help you decide if psychotherapy is the right treatment for your depression.

## Combining Medicine & Psychotherapy

In combined treatment an antidepressant medication is used to treat the symptoms of depression and psychotherapy is used to explore ways in which depression causes problems in your life. With combined treatment, more than half of the patients feel better after 6 to 8 weeks. Combined treatment may be most helpful for longer lasting depression, for those with symptoms between episodes or for those who do not respond fully to medication or psychotherapy alone.

## Other Treatments for Depression

■ **Electroconvulsive Therapy** – Most depression, even severe depression can be treated completely with medication, psychotherapy or the combination of both. Sometimes, but not often, electroconvulsive therapy (ECT) is recommended. ECT effectively removes the symptoms of depression, although the exact way it works is not understood. It is primarily used for severely depressed patients who have not responded to antidepressant medications, when someone is debilitated due to depression or to another physical illness, when a person cannot take medication or for patients in whom suicide is a serious possibility.

ECT is performed in a hospital where general anesthesia and special muscle relaxing drugs can be administered. Your primary care manager does not do this procedure. A psychiatrist knowledgeable in ECT will manage and monitor this procedure. The choice of ECT as a treatment will be a decision you, your primary care manager and a psychiatrist will make together.

■ **Light Therapy** – In light therapy, a special kind of light called broad-spectrum light is used to give people the effect of having a few extra hours of daylight each day. Specially made light boxes or light visors are used to provide this light. Light therapy may help people who have mild or moderate seasonal depression. This treatment should only be given by a specialist trained in this procedure.

■ **Herbal Therapy** – St. John's wort (hypericum) is a plant product that has antidepressant properties. St John's wort has not been studied extensively in the United States. Ask the opinion of your primary care manager before taking this over the counter medication.

## About Hospitalization

Most people with depression receive treatment through regular outpatient visits to their primary care manager. However, sometimes treatment in the hospital is needed. This may be because other medical conditions could affect the treatment. Sometimes the depression is so severe that the depression may need hospital care to adjust medication. Also, people who are at great risk for suicide are hospitalized until those feelings pass and treatment begins to work. If you must go to the hospital for treatment, it is often only for a few days or a week or two. Early treatment, before the depression becomes severe or chronic, can lower the chances of hospitalization.

## Why Depression Must Be Treated

Without treatment, a major depressive episode can last 6 to 12 months. In between the episodes, most people feel better or are without symptoms.

Though some people are able to struggle through an episode of depression without treatment, most find that it is more beneficial to themselves (and others) to get help for their emotional pain and suffering.

### Important reasons to get treatment for depression:

■ Thoughts of suicide are common in depression and the risk of suicide is increased when patients are not treated and the depression recurs. When depression is successfully treated, the thoughts of suicide will go away.

- Between episodes, about 1 out of 4 people with depression will still have some symptoms and trouble performing their daily activities. These people, if not treated, have a greater chance of having another episode of depression.
- The more episodes of depression you have had, the greater the chance that you will have another. Without treatment, after two episodes, the chances of having a third episode (recurrent depression) are even greater. After three episodes, the chances of having a fourth are 90 percent. Treatment can prevent recurrences.
- Depression can interfere with interpersonal relationships, school and job performance. With treatment almost everyone returns to his or her normal life.

### Your Role in Your Treatment

Your treatment is a partnership between you and your primary care manager. You will get the most help from your treatment if you take responsibility for the following things:

**Keep all your appointments whether you are feeling better or worse.** If you are taking antidepressant medicines you must keep all of your appointments to check the dosage and watch for side effects.

**Tell your primary care manager about any medication side effects you may be experiencing.** The clinic may have informational brochures about the specific antidepressant medication you are taking. These handouts provide a brief description about specific antidepressant medication. Ask for a copy of this handout and read it.

With antidepressant medication up to half of the people have some side effects early in treatment (within the first 4 to 6 weeks). Side effects are usually not a problem after that. For a small number of people, side effects are bad enough to stop the medication. To prevent or lessen side effects your primary care manager may reduce the dosage of the medication, change your antidepressant medication to a different type, switch the time of day you take the medication or divide the dose into smaller amounts taken more often during the day. Do not make changes in your antidepressant medication on your own.

Keep a record of unusual symptoms (possible side effects) from the medicine you are taking. If available in your clinic, record this medical information in the **Self-Management Guidelines Booklet** under the heading, "Medication Information."

Discuss these entries with your primary care manager. If you experience severe problems from the medication, contact your primary care manager immediately or go to the nearest emergency center for assistance.

**Take your medication as directed, even when you begin to feel better.** It is important to continue the medicine in order to keep feeling well. Most treatment failures are due to the discontinuation of antidepressant medication too soon or not taking it as ordered. Do not change the amount of antidepressant medication you take, the time you take it or stop the medication altogether. Discuss any concerns with your primary care manager.

**Tell your primary care manager how you are feeling at each visit.** One way to know how the medication is working is to record how you are feeling in the **Self-Management Guidelines Booklet** (available in some clinics). There are areas in this booklet to record depressive symptoms you may be experiencing, health care concerns and medication side effects. These are all topics that are important to discuss with your primary care manager. If you are not getting better sometimes adjusting the medication dosage can help, or starting a different medication, adding another medication, or adding individual or group psychotherapy to the treatment plan.

**Educate yourself.** The health care clinic has informative booklets on many medical topics including depression and antidepressant medications. There are also videos on depression that may be viewed during your clinic visit. Take advantage of this information to learn more about depression and its treatment.

Talk openly with your primary care manager about how you are feeling (your mood), discuss any concerns you have about the medication, physical problems you may be experiencing or issues in general. Sharing this information will help your primary care manager to choose what treatment is best for you. Remember, you are an important part of this partnership in care.

### Family, Friends and Employers

Ask your family and friends for their support and understanding during your depression. It may be helpful to talk to your family and friends about your feelings and your treatment. Many people find that family members and close friends are very supportive and helpful, especially those who have received education about depression.

Do spend some time with family and friends in social activities even if you don't feel "very sociable." If you need to be alone, engage in pursuits that lift your mood, like working on a hobby, reading, gardening, or watching an interesting show on TV. Being alone too much of the time without activity is not healthy.

Know the names and phone numbers of people that you trust and can talk to openly, especially if you need help in handling thoughts of suicide. The **Self-Management Guidelines Booklet** (if available in your clinic) has space for you to record this information. There is also space to record the phone numbers of emergency personnel, such as a crisis center, the hospital emergency room, ambulance service or law enforcement.

Some jobs (where the safety of others or yourself is involved) require that you report treatment for medical illnesses (including depression). You and your primary care manager should discuss the management of this situation, if this applies to you. How and what to tell your supervisor should be reviewed.

### Your Children

Parents often worry about whether depression is inherited. Most children of people with depression will not get this illness. Overall, research shows that only about 1 in 7 children with one parent who has had several episodes of major depressive disorder will develop a depressive illness.

### Taking Care of Yourself

When you are depressed it is important to:

- Pace yourself. Do not expect to do all of the things you were able to do in the past. Set a schedule that is realistic for you.
- Remember that negative thinking (blaming yourself, feeling hopeless, expecting failure, and other such thoughts) is part of depression. As the depression lifts, the negative thinking will also.
- Avoid drugs and alcohol. Research shows that drinking too much alcohol and use of drugs can cause or worsen a depression. It can also lower the effectiveness of antidepressant medications or cause dangerous side effects.
- Get plenty of rest, keep a regular eating schedule and eat healthy foods. Continue hobbies and social activities with others.

- Avoid making major life decisions during a depression. This might include a change in employment, a financial investment, moving, divorcing, making a major purchase. If you feel you must make a major decision about your life, ask your primary care manager or someone you trust to help you.
- Understand that it took time for the depression to develop and it will take time for it to go away.
- In milder cases of depression, exercise can be a helpful addition to treatment.
- Ask your primary care provider questions about your treatment. Verbalize any concerns. Discuss feelings, activity, sleep and eating patterns, unusual symptoms or physical problems.
- Depression can sometimes cause confusion and withdrawal. It may be helpful to involve family and/or friends in your treatment. For example, driving and accompanying you to clinic appointments, picking up prescription medication with you or writing down instructions from your primary care manager.
- Maintain treatment compliance. Before making changes in your treatment plan, discuss your ideas with your primary care manager.
- Thoughts of death often accompany depression. Always discuss this symptom with your primary care provider. Or tell a trusted friend, spouse or relative who can get you immediate emergency professional help.

### LOCAL CRISIS MANAGEMENT INFORMATION

This patient education booklet is a component of the VA / DoD Major Depressive Disorder Clinical Practice Guideline Initiative. April 2002