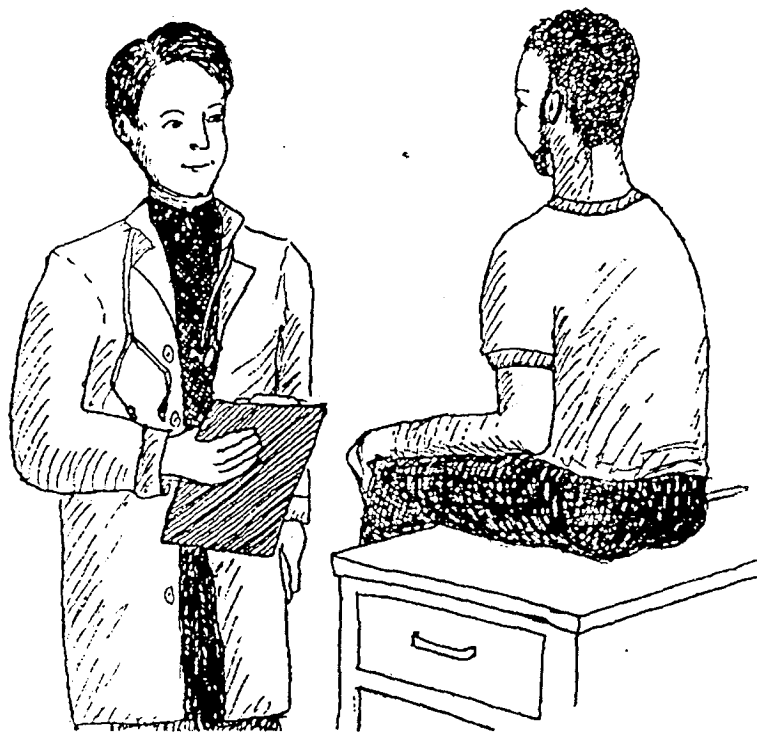


Understanding and Coping with Depression:

A Manual



Part 1 What is depression and how can I get better?

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What is depression and how can I get better? (Segment A)

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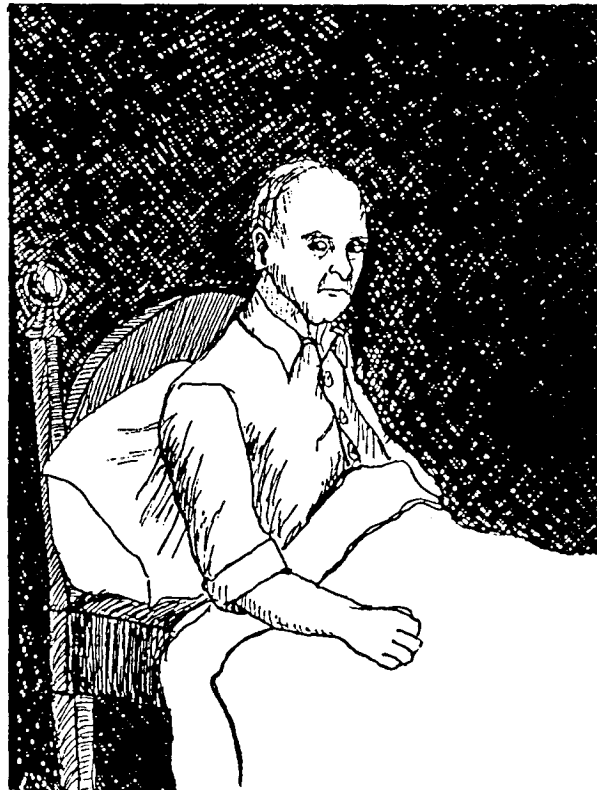
Every person who suffers from depression has unique life experiences. Even when people have the same symptoms of depression, the effects on their lives can be quite different. Nonetheless, people with depression often find that they have many situations and experiences in common.

Throughout these manuals we follow Mr. Jones's experiences with depression. Mr. Jones's experience is fairly typical of a person with depression. You will probably notice both similarities and differences between his and your situations. Mr. Jones is a divorced, 72-year-old man who has diabetes and Chronic Obstructive Pulmonary Disease (COPD). Mr. Jones lives in an apartment and is financially supported by his disability and social security checks. His daughter lives about 30 miles away and his son Tom stays with him for several months each year between jobs.

Today Mr. Jones is scheduled for his regular 3-month appointment with Dr. Cort, his primary care provider. Mr. Jones tells Dr. Cort that he has not been feeling "up to par" recently. He has been having trouble sleeping, experiences increased shortness of breath, and headaches a few times a week. Lately he has been worried about his health, so most days he stays at home and watches TV. His daughter is concerned, and Mr. Jones says she keeps nagging him to be more active. After a thorough physical exam Dr. Cort does not find any new symptoms. He asks Mr. Jones about recent stressful events. Mr. Jones can only think of his hospitalization for a foot ulcer several months earlier; he just hasn't been able to get back to his old routine since he was discharged. After a few more questions, Dr. Cort explains to Mr. Jones that he believes Mr. Jones is suffering from depression. Mr. Jones disagrees with this diagnosis. He remembers being down after his brother's death last year, but feels he is over that now. Dr. Cort talks with Mr. Jones about the symptoms that lead him to diagnose depression: headaches, insomnia, irritability, loss of interest, low energy and worry. Dr. Cort emphasizes that clinical depression is a medical illness, not just a low mood and sadness. Dr. Cort explains that Mr. Jones may find improvement in his symptoms with treatment for depression. He discusses the risks and benefits of short-term cognitive therapies and medication

and asks about Mr. Jones's preference. Mr. Jones is not sure he feels ready to participate in group therapy, but is willing to give the medication a try. He also wants to learn more about cognitive-behavioral therapy. At the end of the visit, Dr. Cort gives Mr. Jones a prescription for an anti-depressant medication and this manual. He has Mr. Jones schedule an appointment next month and asks him to call if he has any questions or concerns about his treatment.

The rest of this manual will help you understand depression and what can be done to control it. We will follow Mr. Jones's progress and use his experiences to illustrate how to do the workbook exercises.



Mr. Jones has been having trouble sleeping

What is depression?

Depression, sometimes called "clinical depression", is a medical illness. People experience it differently, but it usually goes beyond feeling down, blue, or sad. Depression affects the whole person. It affects physical well-being, thoughts, and feelings. It can affect the way a person thinks and feels, both physically and emotionally.

Some people with depression have aches and pains such as headaches and backaches. Depression is not a sign of weakness and is in no way an indication that a person is "crazy."

Depression is a result of chemical changes in the brain. For more information about why depression occurs, see page 7.

How Depression Affects You

Body	You sleep poorly, have less energy, have more aches and pains
Behavior	You talk less, socialize less, spend more time alone
Thinking	You have more negative thoughts than positive thoughts, feel hopeless, or lose interest in things

Depression is not the normal sadness we all have now and then that passes in a day or two. Nor it is the normal grief of losing a loved one. People who have depression may or may not say they are sad. They may say "I feel down" or "I feel irritable." They may also feel empty, tired, or lose interest in activities and people they used to enjoy.

How common is depression?

Depression is very common. It is more common than cancer, lung disease, or diabetes.

- Depression affects 10 million American men and women of all ages each year.
- Studies show that up to 20% of people will experience depression at some point in their life.

People who suffer from other medical illnesses are more likely to have depression symptoms. As depression has become more widely discussed, more people have come forward to share their experiences. Mike Wallace, reporter on the TV program *60 Minutes*, former First Lady Barbara Bush and author Kurt Vonnegut are just a few people who have struggled with depression and have shared their experiences with the public.

"I didn't know what was the matter with me. All I knew was that I was feeling lower than a snake's belly. I had pains in my arms and a kind of weakness in my legs. I had no memory, no powers of concentration."

Mike Wallace, *On the Edge of Darkness*




Barbara Bush

What are the symptoms of depression?

As mentioned earlier, depression affects both the mind and body. Some people experience more physical symptoms, others report more psychological symptoms, and others have a combination of physical and mental symptoms. Depression can cause a variety of symptoms including:

- ◆ Persistently feeling down, sad, blue, tearful or irritable
- ◆ Difficulty sleeping such as insomnia, early waking or sleeping too much
- ◆ Feeling fatigued, slowed down or lacking energy
- ◆ Feeling restless or unable to sit still
- ◆ Changes in appetite or weight gain/loss
- ◆ Loss of interest in friends and activities previously enjoyed
- ◆ Feeling helpless, worthless, or guilty
- ◆ Feeling pessimistic or hopeless
- ◆ Problems concentrating, thinking, remembering or making decisions
- ◆ Thinking about death or suicide
- ◆ Recurring aches and pains (such as headache, stomach ache, back pains) that do not respond to medical treatment
- ◆ Anxiety, nervousness or tension

 Now that you have read about the common symptoms of depression, take a few minutes to identify your depression symptoms on the next page.

Depression Rating Form

Indicate how often you have each of the following symptoms of depression by circling one number for each symptom. This will give you a starting point for monitoring your mood. Fill out these forms once a week to monitor any changes in your mood. As you feel better, your total number will get smaller.

Today's Date _____

	Never	Sometimes	Frequently
1. Persistently feeling down, sad, blue, tearful or irritable	0	1	2
2. Difficulty sleeping, insomnia, waking too early, or sleeping too much	0	1	2
3. Feeling fatigued, slowed down or lacking energy	0	1	2
4. Feeling restless or unable to sit still	0	1	2
5. Changes in appetite: weight gain or loss	0	1	2
6. Loss of interest in friends and activities previously enjoyed	0	1	2
7. Feeling helpless, worthless, or guilty	0	1	2
8. Feeling pessimistic or hopeless	0	1	2
9. Problems concentrating, thinking, remembering, or making decisions	0	1	2
10. Thinking about death or suicide	0	1	2
11. Recurring aches and pains (such as headache, stomach ache, back pains) which do not respond to medical treatment	0	1	2
12. Anxiety, nervousness and tension	0	1	2

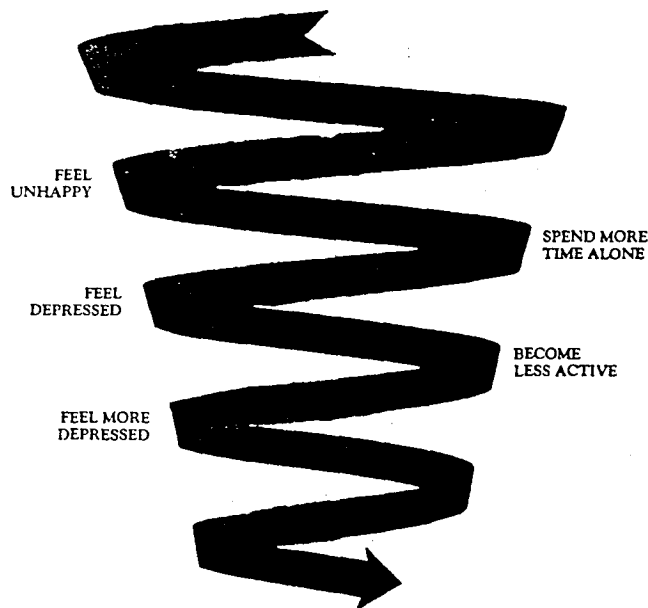
Add up all circled numbers

Total _____

Why does depression occur?

Depression is not a weakness or punishment. Many things can cause it. Some people can pinpoint a single trigger event, while others experience a variety of events and feelings related to their depression. Still others become depressed for no apparent reason. It is not the depressed person's fault that he or she is depressed, nor is it a weakness. Depression may be an inherited condition for some people. One may have close relatives who also have suffered from depression. Depression can begin in the brain where messages about moving, thinking, and feeling are relayed by electrical and chemical signals in the nerve cells. Research has shown that people with depression may have different patterns of signals or different amounts of certain chemicals that result in some messages not being delivered between nerve cells. Chemical changes in the brain can be responsible for depression. Stress may trigger chemical changes in some people. Researchers are continuing to discover more about why chemical changes occur and how they contribute to symptoms of depression.

One reason depression can become such a serious illness is that it usually feeds on itself, resulting in a negative spiral* (see diagram below).



* From *Depression: Self-Care Companion for Better Living*, Time-Life Medical © 1996.

When people stop doing enjoyable things they may become unhappy. An unhappy person spends more time alone, and may become less active and more isolated. For some people the negative spiral of depression begins with a stressful event, difficulty with a medical illness, or a change in lifestyle, such as a move or retirement. For a small number of people, depression is caused by another illness or is a side-effect from a medication. A complete check-up and review of medications by a medical provider will help determine if any of these factors are contributing to depression.

What can be done about depression?

The good news is that depression is a treatable condition and many patients fully recover. Some people mistakenly believe that depression will go away by itself that they ought to “snap out of it,” that they are too old to get help, or that if they ask for help they are weak. Not true!

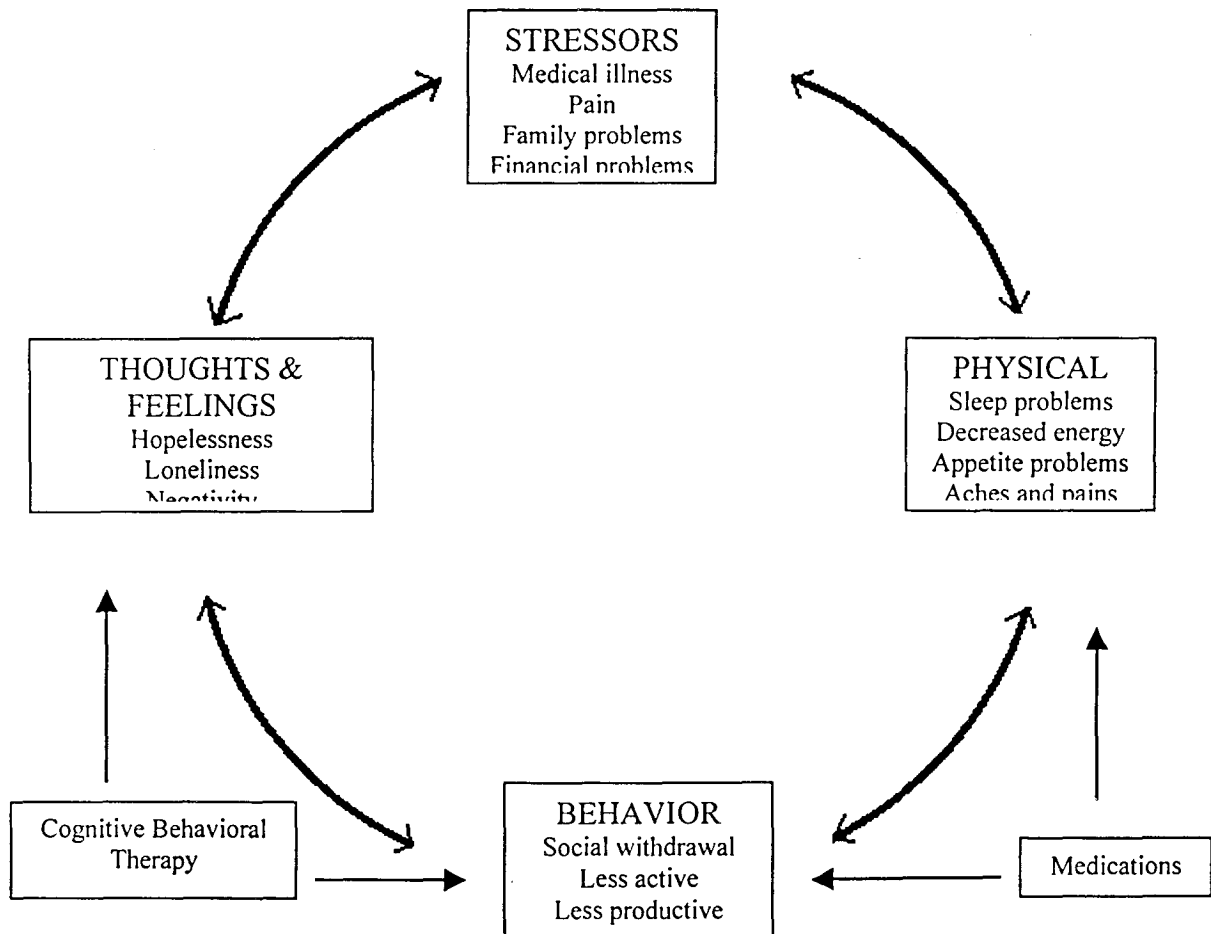
- ◆ One obstacle to getting help can be a person's attitude.
- ◆ Once depression is diagnosed and treated people usually feel better.

Most people recover. Even people who are seriously depressed can greatly improve with treatment. Keep in mind, however, that recovery takes time.

The two most common types of treatment for depression are: anti-depressant medication and cognitive-behavioral therapy (either group or individual). Anti-depressant medications improve the chemical and electrical messages in the brain, while cognitive-behavioral therapy can help improve relationships, manage stress, and increase positive thinking and pleasant activities. The patient and his/her medical provider should discuss the treatment options. However, like other illnesses, recovery from depression will not happen on its own. It's very important for all patients to participate in their recovery by following their treatment regimens, going to medical and/or therapy appointments and taking good care of themselves.

As shown by the diagram, the body, thinking, and behavior interact in ways that can make a person feel more and more depressed. Fortunately, the downward spiral and cycle of depression can be reversed with medication and/or cognitive behavior therapy. With these treatments patients begin to sleep better, feel more energetic, socialize more, think more realistically, and generally feel better. Most of the exercises in this manual are related to cognitive-behavioral therapy. The exercises focus on behaviors that will lead to feeling better (such as doing more pleasant activities) and on improving thoughts and feelings (such as reversing negative thinking patterns that cause feelings of hopelessness).

The Cycle of Depression *




* From "Planning to Feel Better" by Group Health Cooperative

As the Cycle of Depression diagram shows, difficult or stressful situations can have a major effect on thoughts, which in turn, may affect your moods. Moods are a reflection of thoughts and feelings. Identifying thoughts and feelings can help us understand the way stressful events affect us.

One way to learn more about how situations affect you is to write down the thoughts and feelings you have during a stressful time. Identifying feelings can be difficult. Below is a list of feelings to help you identify feelings later.

Uncomfortable	Put down	Peaceful	Ignored
Confident	Shy	Angry	Happy
Fearful	Irritable	Listless	Bored
Secure	Content	Interested	Energetic
Trapped	Relaxed	Excited	Frustrated
Calm	Strong	Silly	Restless
Anxious	Sad	Proud	Tired
Loving	Lonely	Confused	Ashamed
Misunderstood	Depressed	Worn out	Hyper

 Think of 3 recent stressful events and write what they were in the first column. Next think about what you thought of the situation and how it made you feel.

Stressful Situation/Event	Thoughts	Moods
1.		
2.		
3.		

Summary

- ◆ Depression is a common medical illness that affects men and women of all ages.
- ◆ Depression is caused by a combination of factors including chemical changes in the brain, heredity, and stressful events.
- ◆ Depression has multiple symptoms which affect a person's body (for example, trouble sleeping, aches and pains), behavior (less active, more irritable) and thinking (hopelessness, trouble concentrating). Each person has a different combination and severity of symptoms.
- ◆ Depression is treatable. The two most common treatments for depression are anti-depressant medications and cognitive-behavioral therapy (either group or individual). These treatments help to break the cycle of depression and the negative downward spiral.

What is depression and how can I get better? (Segment B)

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Who can treat depression?

Many professionals treat people with depression. Some receive depression treatment from their doctor or other primary care provider (such as a nurse practitioner). Mental health providers, such as psychiatrists, psychologists, and social workers, also treat depression. Psychiatrists are medical doctors who have the same medical training as your doctor, but specialize in mental health. Like your physician, psychiatrists can prescribe medications for depression. Psychologists are trained to use cognitive-behavioral therapies to help people with their depression symptoms. Social Workers are trained to help people coordinate their medical care and manage stressful situations, as well as to assist them with other challenges such as finances or housing. Clinical Social Workers have jobs similar to psychologists.

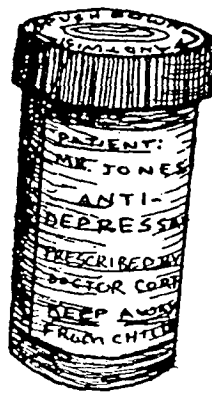
Some hospitals and clinics have teams that include primary care doctors, psychiatrists, psychologists and social workers. These teams work together to treat patients with depression. Regardless of the number of health professionals, THE PATIENT is the most important person on the treatment team. Cooperation, effort, and active participation are essential for a timely recovery!

What if medications are recommended?

Anti-depressant medications may greatly improve recovery. Many new anti-depressant medications improve mood, energy level, sleep and anxiety problems and have few negative side effects. Anti-depressant medications are not addictive or habit-forming. A doctor will decide whether a patient should take an anti-depressant drug. The patient and doctor must work together to find the medication that works best for the patient. There are different types of medications for depression. If one type does not work, another might. It is very important for patients to monitor symptoms and call the primary care provider if there are questions or concerns. It is also important to not stop taking a medication without consulting with the medical provider.

How do anti-depressant medications work?

Since depression is associated with chemical changes, anti-depressants work by re-balancing the chemicals and signals in the brain. Besides helping mood, they often help improve sleep, energy level, concentration, appetite, aches and pains. They do not take effect immediately; they often take 4-6 weeks to build up in the body before you feel better. Like any other medication, it should be taken as directed. Anti-depressants will not work properly if the directions are not followed. Even when the patient's mood begins to improve s/he will need to continue the medication. All patients should consult with their providers about how long to continue taking anti-depressants.



There are several common types of anti-depressant medication.

Tricyclics/heterocyclics like Amitriptyline, Nortriptyline or Trazodone have been used for the last few decades. The newer anti-depressants include the Selective Serotonin Reuptake Inhibitors (or SSRIs), such as Sertraline ("Zoloft"), Paroxetine ("Paxil"), Fluoxetine ("Prozac"), and Citalopram ("Celexia"), as well as other medications such as Bupropion ("Wellbutrin") and Venlafaxine ("Effexor") that do not fit into the SSRI category, and other new medications that continue to be developed. These newer medications often have fewer and more tolerable side effects than the older anti-depressants. All anti-depressants work by activating natural chemicals that aid in communication between nerve cells in the brain.

Anti-depressant Medication Information and Tips

- ◆ Anti-depressants help balance chemicals in the brain.
- ◆ Anti-depressants are not addictive or habit forming.
- ◆ Many people find their sleep and appetite improve first, while their mood, energy and negative thinking take a few more weeks to get better.
- ◆ Anti-depressants need to be taken daily.
- ◆ If you think you are experiencing side effects write down what they are and how often they occur. Talk about them with your provider.
- ◆ Call your provider if you are concerned about an unpleasant sensation you think is related to your medication.
- ◆ Do not stop taking the medication before you discuss it with your provider.
- ◆ Keep all medications away from children.
- ◆ Call your provider if you have any questions about your anti-depressant medication.

What can be done about side effects?

All medicines have some side effects. However, not all people experience them. Side effects often mean that the medication is working. Many people who take anti-depressants feel side effects before their mood improves. This can be discouraging, but try to wait it out because your symptoms will improve. Side effects often go away within a few weeks and can be managed in the meantime with some simple remedies (see chart below). If you experience side effects, continue to take your medications as directed, but consult your doctor right away. If the side effects are too negative, your provider will be able to adjust the dosage or switch you to a different anti-depressant.

Some Common Side Effects: What To Do Until They Disappear*	
Side Effect	Solution
Dry mouth	Drink plenty of water. Chew sugarless gum or use sugarless gumdrops to increase moisture in your mouth.
Constipation	Eat more fiber-rich foods such as prunes, fresh fruits, bran cereals, or whole wheat breads. Take a stool softener. Increase fluid intake.
Drowsiness	Get fresh air and take frequent walks. Try taking your medicine earlier in the evening. If you are taking your medication in the day, ask your medical provider if you can take it at night.
Wakefulness	Take medications early in the day. Learn more about insomnia (see page 18). Take a hot bath and have a light snack before bed.
Dizziness	Get up slower. Drink plenty of fluids. If worried, see your medical provider.
Sexual Dysfunction	Ask your doctor about medications that minimize this side effect, such as Bupropion ("Wellbutrin") or Nefazodone ("Serzone").

*From the Integrated Program Intervention Manual, Group Health Cooperative