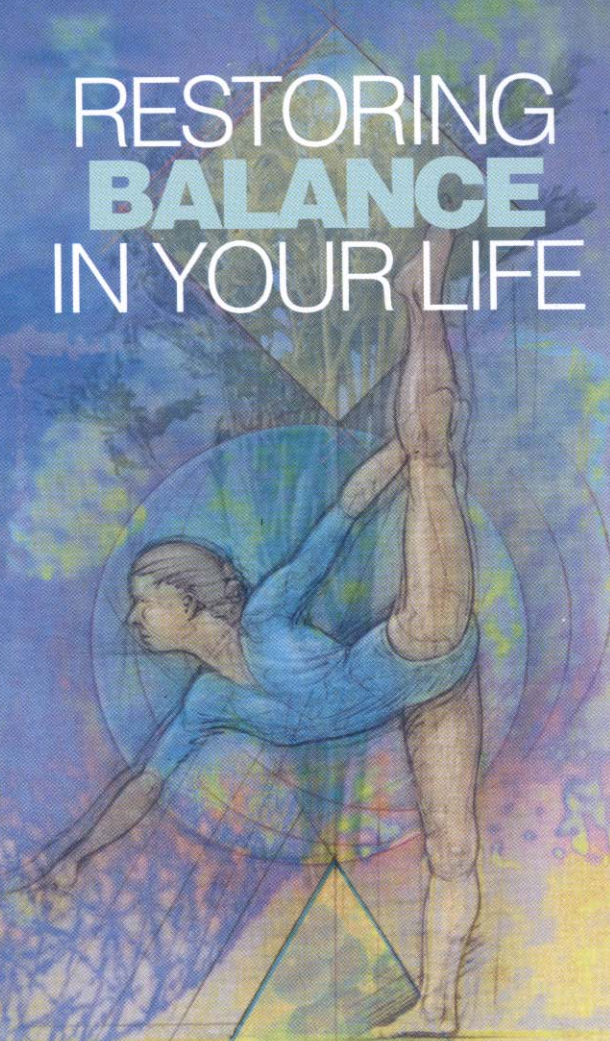


American
Medical
Association



RESTORING **BALANCE** IN YOUR LIFE

A stylized illustration of a person in a yoga pose, specifically a standing balance pose (Vrikshasana). The person is shown in profile, balancing on their right leg with their left leg raised and bent at the knee. The figure is rendered in a light blue color. The background is a vibrant, abstract composition of colors including blue, green, yellow, and purple, with a textured, painterly appearance. A large, faint watermark of the word "BALANCE" is visible in the background, oriented vertically.

An AMA Patient Guide to
Understanding and Treating
Depression

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The information contained in this book reflects current medical knowledge. The information and recommendations are appropriate in most cases; however, for specific information concerning your depression, the AMA suggests you consult your physician.

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TABLE OF CONTENTS

RESTORING BALANCE IN YOUR LIFE AN AMA PATIENT GUIDE TO UNDERSTANDING AND TREATING DEPRESSION

Are You Concerned About Depression— in Yourself or Someone Else?	3
What is Depression?	5
Common Signs and Symptoms of Depression	
Other Signs and Symptoms	
Biopolar Disorder	
Other Types of Depression	
Who Gets Depressed? Does it Look and Feel the Same in Everyone?	9
Women and Depression	
Men and Depression	
Older People and Depression	
Children and Teens and Depression	
What Causes Depression?	12
Brain Chemistry	
Family History and Genetics	
Stressful Life Events	
Physical Illness	
Personality Traits	
When Depression is Left Untreated	16
What You Can Do About Depression	18
See Your Doctor for a Diagnosis	
If Your Doctor Doesn't Ask About Your Mental Status	



Get Treated for Depression	
Psychotherapy	
Finding a Therapist	
Medication	
Electroconvulsive Therapy	
Alternative Therapy	
Stay With Your Treatment	
Practical Tips for Managing Depression	
at Home and Work	

More About Antidepressant Medications **26**

Find the Best Medication For You	
Questions for Your Doctor	
Types of Antidepressant Drugs	
Selective Serotonin Reuptake Inhibitors (SSRIs)	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)	
Norepinephrine-Dopamine Reuptake Inhibitors (NDRIs)	
Serotonin Receptor Antagonists (SRAs)	
Tricyclic Antidepressants (TCAs)	
Monoamine Oxidase Inhibitors (MAOIs)	

Medication and Special Populations **29**

Women	
Older People	
Children and Adolescents	

How to Help a Friend or Loved One **31**

For More Information **34**



**ARE YOU CONCERNED ABOUT DEPRESSION—
IN YOURSELF OR SOMEONE ELSE?**

Everyone gets the blues now and then. Life can be stressful and can take a real toll on your mood some days. But if your blues are lasting longer than two weeks and are keeping you from enjoying life, you might have something more than just a passing bout of sad times. You might have **major depressive disorder**, a serious illness.

Depression is a real disease. While doctors don't understand everything about how and why it happens, they do know that it can be related to your brain chemistry, your family history, stressful events that have happened in your life, and other factors. They also know that depression is not a moral failure, a weakness on your part, or something you can just wish away.

Left untreated, depression can play havoc with your life: in addition to making you feel miserable, it can contribute to health problems and can seriously harm your professional and personal relationships and goals. And it is unlikely to go away on its own.

The good news is that most people with depression can be helped. Some very effective treatments are available, including psychotherapy and medication. *You can feel better. You don't have to suffer.*

If you think you might have depression, you must take some steps to get help. Reading this booklet is a good start. It will help you to recognize the signs of depression and learn more about it. It will help you to understand that depression is a serious illness, not something you can just "snap out of."

Your next step is to talk with your doctor. With a physical examination and some discussion, your doctor can make a diagnosis and get you started on the best treatment for you.

If you don't have a doctor (or if you're just feeling overwhelmed at the thought of seeking help), ask someone to help you. Talk to your employee assistance program at work, your teacher or coach, or a trusted friend or relative. You can also call a nearby health clinic or a hotline (look in the government pages in the phone book for Mental Health, or try the resources listed at the end of this booklet). Whomever you talk to, tell them that you are concerned about how you are feeling and that you think you should talk with a doctor about it. Let someone help you.

If you are concerned that a friend or relative might be depressed, it's O.K. to gently ask how they are feeling and to offer them some help. Many people who are depressed have a hard time seeking help, and your assistance might be just what they need to start on the road toward treatment. Don't ignore the signs of depression in those around you. (See How to Help a Friend or Loved One.)

As many as 19 million American adults—one out of every 10—have depression each year. *But far too many people never seek help and suffer needlessly. Don't be one of them. You can feel better.*

If you or someone you know is thinking or talking about suicide, seek help immediately. Call your doctor, a health clinic, the National Hopeline Network at 800-SUICIDE (800-784-2433), or 911. Or go to the emergency department at the nearest hospital or urgent care clinic.



WHAT IS DEPRESSION?

Common Signs and Symptoms of Depression

Depression is not the same as just feeling sad or listless for a few days. It is not the same as feeling down or irritable for a short time. Depression is a serious medical condition that involves both your mind and your body.

In general, depression is a state in which you have deep and overwhelming feelings of sadness and emptiness that don't go away *and* those feelings affect your ability to function in everyday life.

The symptoms of depression include a wide variety of emotional states and, perhaps surprisingly to some people, physical problems as well. Some of the most common symptoms are:

- **Feeling deeply sad or empty**
- **Finding little or no pleasure or interest in usual activities, including work, hobbies and other activities you once enjoyed (including sex)**
- A change in appetite and weight gain or loss
- Problems sleeping or sleeping all the time
- Feeling tired or slow
- Feeling agitated
- Feeling worthless, guilty, or hopeless
- Problems with concentration, thinking, or making decisions
- Repeated thinking about death or suicide

If you have either of the first two (boldface) symptoms listed above, plus at least three others in this list, *and* you have been feeling this way nearly all day, every day, for at least two weeks, you may have major **depressive disorder** (MDD). MDD is also called **clinical depression** or **major depression**.

If this situation has been going on for two years or longer, you might have **chronic depression**, which is a type of major depression. About 20 to 30 percent of people who have MDD have the chronic form.

A third, less severe type of depression is called **dysthymic disorder** or **dysthymia**. It may be diagnosed if you are:

- Feeling sad and empty more often than not, *and*
- You have no more than two additional symptoms from the above list, *and*
- These feelings have been disrupting your life and your ability to function, *and*
- You have been feeling this way for at least two years (one year for children).

Dysthymia may be less severe than major depression, but it can still cause significant problems in daily functioning and should be treated. Many people with dysthymia will also have episodes of major depression during their lives.

Other Signs and Symptoms

While the psychological symptoms listed above are those that must be present for your doctor to diagnose depression, depression can cause many other symptoms.

Some of the most common but overlooked signs of depression are physical aches and pains that don't seem to respond to treatment. In some people, in fact, such physical symptoms are much more noticeable than other symptoms, and are the only problems they may discuss with family and friends or their doctors. Depression should be suspected whenever someone has physical symptoms that don't seem to go away with treatment. Other signs and symptoms of depression include:

Physical

- Aches and pains in joints or muscles
- Frequent chest pain or dizziness
- Shortness of breath
- Headache
- Backache
- Digestion problems
- Sleep apnea (a disorder in which you stop breathing momentarily during sleep)
- Sexual performance problems
- Trouble managing a chronic medical condition, such as high blood pressure or diabetes

Psychological

- Feeling anxious or fearful
- Feeling restless or irritable
- Feeling pessimistic or helpless
- Problems with memory
- Problems with thinking or focusing
- Being very sensitive to criticism
- Being a perfectionist
- Injuring yourself
- Crying spells

Social

- Uncontrollable anger
- Withdrawing from friends and family
- Problems at work
- Compulsive behaviors
- Drug and alcohol abuse

Bipolar Disorder

A fourth type of depression is **bipolar disorder** (once known as manic-depressive disorder). Someone who has bipolar disorder has periods of mania alternating with periods of depression. During the mania phase, he or she may be very talkative, have racing thoughts, little need for sleep, or delusions of grandeur, and may be physically agitated, euphoric, or irritable. He or she may take part in extreme or irresponsible activities, such as spending large amounts of money or excessive sexual activities. The depression symptoms can be similar to those of MDD. The mood swings can occur very quickly or slowly, with each phase lasting for a few weeks or even years, and may be separated by "normal" periods. Bipolar disorder is usually treated with lithium or other mood-stabilizing drugs.

Other Types of Depression

Two other less common types of depression are also sometimes diagnosed: **post-partum depression** and **seasonal affective disorder**.

Post-partum depression is a depression that occurs within the first six months after the birth of a baby. It is more severe than the "baby blues," a short period of sadness and tearfulness that often occurs after a birth. It is

not a normal consequence of giving birth, and should be reported to a doctor. Symptoms may include:

- Withdrawal from activities, friends, and family
- Severe sadness or feeling of numbness
- Fatigue
- Appetite changes
- A sense of failure
- Thoughts of suicide or hurting the baby
- Excessive worry about the baby or disinterest in the baby

Post-partum depression, while serious, is less severe than **post-partum psychosis**, in which a new mother has extreme symptoms of depression along with delusions (false beliefs about others) and hallucinations (typically hearing or seeing things that aren't really there). The cause of post-partum depression is unknown, but it can be treated with therapy and medication.

Seasonal affective disorder is a depression that occurs when the days grow shorter in winter and a person gets less exposure to sunlight. It is often treated with phototherapy (exposure to intense light for several hours a day).



WHO GETS DEPRESSED? DOES IT LOOK AND FEEL THE SAME IN EVERYONE?

Depression is a very common illness. Each year in the United States, about 19 million adults will have some form of depression—nearly 10 percent of all adults. And while depression is most likely to first occur between the ages of 24 and 44, children are not immune to the disease. About 6 percent of all children 9 to 17 years old will have some type of depression each year. Primary care doctors report that depression is the second most common chronic condition they see in their patients, second only to high blood pressure.

Although depression is a common disease, not everyone has the same experience. Some people may have problems that last several weeks, while others have symptoms that last for years. Some might have very severe symptoms, while others would describe them as milder. Symptoms can vary over time, too, with some becoming less severe or going away altogether at times.

Women and Depression

Women are twice as likely as men to get depressed. In fact, as many as one out of every five women will have depression at some time during her life. Some of this difference may be due to hormones. Changes in the menstrual cycle, premenstrual syndrome, miscarriage, pregnancy, and menopause may all play a role. Although many people assume that depression in women is common during menopause, it is actually more common during the child-bearing years. Studies have also suggested that stress may be a particularly significant factor in depression in women.

Men and Depression

Men, perhaps not surprisingly, are less likely than women to admit they are depressed and to seek help. Yet more than six million men will suffer from depression each year.

While men commonly develop the same symptoms as women, they are likely to have a different experience of the disease. They are less likely to talk with their doctors or other people about emotional issues, and are more likely to report symptoms such as irritability, sleep problems, loss of interest in work or other activities, and fatigue. Men are also more likely to report problems with drug or alcohol abuse, although researchers are not sure if the substance abuse is directly related to depression.

In some men, depression comes out as feelings of frustration, discouragement, and violence. Some, rather than seeking help, try to deal with depression by working extra hours or taking part in reckless and risky activities. Compounding the problem is the fact that doctors don't always consider depression when a man is seen with symptoms that suggest a depressive illness.

Suicide rates are much higher among men than among women with depression, even though women attempt suicide more often. About 40 percent of all young men who commit suicide were suffering from major depression.

Older People and Depression

Older people are also often reluctant to talk about depression. They are more likely to describe their symptoms as physical ailments, rather than tell the doctor they are feeling sad or hopeless, have lost interest in their usual activities, or are suffering from a very long period of grief after losing a loved one. Too often, the symptoms of depression in older people are mistakenly thought to be just part of the aging process. However, depression is *not* a normal part of growing older.

Suicide is more common among older people than it is among other groups—the rate of suicide in white males over the age of 85 is almost *six times* the national average. And studies have shown that among older people who commit suicide, nearly all of them suffered from major depression. Most were having their first experience with the illness.

In addition, many older people—as many as 27 percent of all older men and women—are believed to have a less severe "subclinical depression." They do not have all the symptoms necessary to diagnose depression, but they do have some symptoms and are at risk of developing major depression.

Children and Teens and Depression

All too often, the symptoms of depression in children and teens are mistaken as a "phase," a normal part of growing up, or simple misbehavior. But 2.5 percent of children and more than 8 percent of teenagers have depression. In childhood, girls and boys are equally likely to develop depression, but in teenagers, it is twice as common in girls.

Children and teenagers are diagnosed using the same criteria for depression as adults. But those symptoms can be harder to recognize. Kids might have more difficulty recognizing and expressing complex emotional feelings, and their symptoms might emerge in other ways:

- Preschoolers might appear listless or not interested in playing. They might cry more easily or more often.
- Elementary school-age children might be listless, sad, moody, or irritable. They might complain of being bored, be easily discouraged, or have new problems with friends, family, and schoolwork. They may pretend to be sick, be very clingy, or refuse to go to school.
- Teenagers may be especially argumentative, refusing to do homework or help out around the house. They may drop out of activities they once enjoyed, avoid their friends, talk about running away, or take part in harmful activities such as drug or alcohol abuse or cutting themselves. They may be thinking about suicide.

Depression in children and teens can be particularly persistent and there is a high likelihood of recurrence. The depression may continue into adulthood, and could be a warning sign of even more severe illness later in life.

Suicide rates among children and teenagers have increased in recent years: it is now the sixth leading cause of death for 5 to 14 year olds and the third leading cause of death among those aged 15 to 24. It is the second leading cause of death among college students.



WHAT CAUSES DEPRESSION?

Why does one person become depressed while someone else seemingly sails through life without a care in the world? Doctors don't have all the answers yet, but they do know that the symptoms of depression are usually a result of abnormal brain function, which can be related to several things. Your brain chemistry, your family history (genetics), stressful events, your medical history, and even your general outlook on life can make you more likely to have depression.

In many people with depression it seems that several of these factors are at work, but in others, there doesn't seem to be any obvious reason why they became depressed. There are no hard and fast rules about who gets depression and who doesn't.

Brain Chemistry

Your brain is the command center of your body. It controls everything from your memory and emotions to the movement of your muscles, your heart rate, and your sexual response.

Your brain does all this through the interaction and communication of its basic units, the neurons (or nerve cells).

A single neuron has several parts:

- The main body of the cell
- Several dendrites—small branches that stick out of the body of the cell
- An axon—a larger tail-like section that can be several inches long, and which ends in many smaller branches called axon terminals

Each axon terminal reaches out and connects with the body and dendrites of other neurons. The point of connection between any two neurons—which is actually a small gap of space between their parts—is called a synapse. (Given that we each have more than a billion neurons, this results in a *huge* network of neurons.)

Communication between any two neurons begins with a message (in the form of an electrical impulse) that travels along the length of one neuron, from the body down through the axon to the axon terminals at the synapse. There the message or impulse causes the neuron to release some chemicals, called neurotransmitters, into the synapse. The neurotransmitters leap across the synapse to the next cell, essentially carrying the message across the gap. When they reach the next neuron, the neurotransmitters briefly bind to receptors—specialized parts of the neuron that will accept only certain incoming neurotransmitters, like a lock accepts a key. This binding action “turns on” the second neuron, completing the delivery of the message.

Once the message has been carried across, the neurotransmitters are released from the binding site. In some cases they are pumped back into the first neuron (a process known as reuptake), to be used again. Others are released into the surrounding area and are destroyed.

There are many different neurotransmitters at work in our brains. Some are important in transporting messages about muscle movement, hormones, or other body functions, while others play a role in conveying emotional or psychological messages.

Serotonin and norepinephrine, two common neurotransmitters, have a large role in depression. If they are in short supply or otherwise out of balance—because there is too much reuptake going on, or the receptors are not working properly, or for some other reason—your moods can be affected, resulting in the symptoms of depression. An imbalance can also leave you feeling more sensitive than usual to pain, thus causing some of the physical symptoms of depression.

Many antidepressant drugs work by changing the levels of these chemicals. For example, the selective serotonin reuptake inhibitors (SSRIs), such as Prozac or Zoloft, prevent serotonin reuptake, leaving more available for use. Other antidepressant drugs prevent the reuptake of both serotonin and norepinephrine. These include older drugs such as some tricyclic antidepressants (TCAs), such as Elavil or Tofranil, and the newer serotonin norepinephrine reuptake inhibitors (SNRIs), such as Cymbalta or Effexor.

Another messenger system in the body—the hypothalamic-pituitary-adrenal (HPA) axis—has also been found to be overactive in many people with depression. This hormonal system helps to control your body's

response to stress. When you feel threatened in any way, it causes your brain to release a chemical called corticotropin-releasing factor (CRF). CRF, in turn, tells other parts of the body to be on alert, to get ready to defend itself. If this system is always on and working overtime, it might be helping to trigger depression.

Researchers don't know yet why these changes in chemistry happen in some people—they might be hereditary, or they might be caused by traumatic events, illness, or something else.

Family History and Genetics

Doctors have long known that depression seems to run in families—if one family member has depression, his or her close relatives are 3 to 4 times more likely than other people to have it too. In studies of identical twins, doctors found that if one has depression, the other one has a 70 percent chance of developing it at some point.

It is likely that there are some specific genes involved in depression that are passed down from one generation to the next, and that these genes interact somehow with outside stressful events, putting the person at higher risk of depression.

Stressful Life Events

Nearly any stressful event in your life—even happy ones—can trigger an episode of depression. This is especially true for people who also have another factor, such as a family history of the disease.

A stressful event can be just about anything—a difficult romantic relationship, money problems, a move across the country, a new job or school, a difficult childhood, changes in friendships and other social relationships, graduation from college, a heavy academic load, telling friends or family that you are gay, sexual abuse, or exposure to violence.

Physical Illness

Depression often goes hand-in-hand with physical illness.

If you have a chronic illness such as diabetes or coronary artery disease, you are at higher than average risk for developing depression. Other conditions that are linked to depression include Cushing's syndrome, Addison's disease, thyroid disorders, Alzheimer's disease, Parkinson's disease, stroke, multiple sclerosis (MS), some nutritional disorders, and some forms of cancer. In fact, as many as half of all people who have Alzheimer's, Parkinson's or MS are depressed. It is not entirely clear whether the depression is caused by physical factors related to these illnesses, or if it stems from an emotional reaction to a serious diagnosis. Depression is also more common in obese people.

People who are already depressed may find that a new illness, or discovering that your existing illness is getting worse, can worsen their depression.

Depression can also be caused by some medications, such as sedatives, steroids, and some drugs used to treat high blood pressure and heart disease, to name a few.

Personality Traits

People who have low self-esteem, have a generally negative view of the world (pessimists), or are easily overwhelmed by stress are more likely than others to become depressed. But scientists don't know yet if these are early factors that make some people prone to develop depression or if they are just an early form of the disease.



WHEN DEPRESSION IS LEFT **UNTREATED**

Clearly, depression is more than just a very bad mood. It is a serious illness, and left untreated, it can wreak havoc on your life.

Being depressed makes you more likely to develop other illnesses, and can also affect the outcome of existing conditions, such as arthritis, backache, diabetes, cancer and heart problems. Some of this impact is likely due to the fact that depression can lessen your ability to care for yourself, take medication properly, and eat a good diet. The physical consequences of depression range from an increase in falls among elderly people to higher death rates among people who've had a heart attack. One study found that people who have cancer and depression have higher death rates and longer hospital stays. Another found that people with a history of major depression were four times as likely as others to have a heart attack in the next 12 to 13 years. Even those who had had only an episode of mild depression were more likely to have a heart attack.

Depression can also lead to major problems with your home life, your finances, your educational and career plans, and your social life. It can also lead to suicide. As many as 40 percent of people with depression have recurring thoughts of suicide, and up to 15 percent of severely depressed people commit suicide.

Untreated depression rarely gets better. Studies show that less than 40 percent of untreated episodes of major depression will go away by themselves within 6 months. And even if it does go away on its own, it's likely to come back. About half of all people who have had one episode of major depression will have another within the next two years. Untreated depression can also get worse over time. Episodes may be more severe, and they may happen more often. Depression in children that is not treated can lead to even more serious disease in adulthood.

With proper treatment, however, you *can* significantly reduce or eliminate your symptoms and also lessen the chance that you will have to deal with depression again in the future.

Depression is a serious medical condition. It is not a sign of weakness, nor is it something you can just wish away. *But it can be treated.* More than 80 percent of all people with depression can be helped.

You can feel better.



WHAT YOU CAN DO ABOUT DEPRESSION

See Your Doctor for a Diagnosis

Your first step toward getting help is to see a doctor for a checkup. (If you don't have a doctor, look in the phone book's government pages for a health clinic, or contact your local medical society.)

Your doctor will first see if there are any medical problems that could be causing your symptoms, such as another illness or the side effects of any drugs you are taking.

Your doctor may then ask you some questions about how you are feeling, to assess your mental state. This might include questions about your ability to concentrate, your sleeping habits, your appetite, your outlook for the future, and how well you are doing at home, work, or school. He or she may also ask if you have had any thoughts of death or suicide, and if you've tried to harm yourself.

To get the most out of your visit with the doctor, take a few minutes beforehand to think about any symptoms you've had and what's going on in your life. You might want to write down:

- Any physical symptoms you've had, how severe they are, and how long they have lasted
- Your current emotional state and how long you have felt that way
- Recent major changes in your life, such as graduation from school, a change of jobs, divorce, a death in the family, a new baby
- Changes in your appetite
- Alcohol, drug or tobacco use
- A list of all the drugs you are taking for other conditions, including vitamins and herbs
- Your family history of depression, if any
- Your exercise routine

It is understandable that you might be reluctant to talk with your doctor about your emotions. Many people feel the same way. But it's important that you are honest with your doctor and that you tell him or her how you are feeling and what is going on in your life. Only then can your doctor diagnose depression and start treatment.

If Your Doctor Doesn't Ask About Your Mental Status

If your doctor *doesn't* ask about your emotional state, you will need to bring it up yourself. Otherwise you might not be properly diagnosed and your treatment will only be delayed. If you're not sure how to raise the topic, try one of these phrases to open the conversation:

- My friends say I can't seem like myself lately.
- My wife (husband, kids, parents) thinks I might be depressed. Is that possible?
- I just can't seem to control my chronic illness (diabetes, high blood pressure, etc.) and I don't know why.
- I seem to worry about everything these days.
- I sleep an awful lot lately.
- I'm having a lot of trouble with school (work, family, friends).
- I'm feeling hopeless about things lately.

If, after your visit with the doctor, he or she does not suggest that you start treatment or be further evaluated for depression, ask why. Of course, it may be that you do not have depression. Your doctor might have determined that you are having some normal blues that will go away soon. But studies show that some doctors may not always recognize all of the symptoms of depression, such as the physical symptoms. If you are not satisfied with the outcome of your visit, tell your doctor and ask whether you should be treated for depression. You might also want to get a second opinion.

Get Treated for Depression

The two primary treatments for depression are **psychotherapy** (talking with a doctor or trained counselor) and **medication** (antidepressants). For some people, such as those who have very severe depression or cannot take medication for some reason, another option is **electroconvulsive therapy**.

The treatment plan that you and your doctor choose will depend on what kind of depression you have, how severe it is, and your personal preferences.

If you have mild depression you might be helped by psychotherapy alone, while if you have more severe symptoms or have suffered from depression in the past, you might benefit from antidepressants. Often both are used: medication to help you feel better relatively soon, plus psychotherapy to help you learn how to cope with and resolve problems.

Whatever treatment you choose, do your best to stay with it. Treatment takes time. It might be a few weeks before you really feel better (medication typically takes several weeks to have a noticeable effect), but for most people, treatment for depression *does work*.

Your doctor might describe your treatment as occurring in three phases:

- **Acute treatment**—the first phase of your treatment, in which the goal is to lessen your symptoms and get your depression into remission (the first 6 to 12 weeks).
- **Continuation treatment**—the second phase, in which the goal is to prevent any relapse of your current episode of depression. This period lasts 4 to 9 months after your symptoms have been relieved. Once 6 months have passed without symptoms you are considered "recovered" from the episode.
- **Maintenance treatment**—long term therapy that begins after you have recovered from the current episode, and aims to prevent future episodes (recurrences) of depression. Maintenance treatment is not always used, but it is recommended for many, especially if you have had two or more bouts of depression within 5 years.

Psychotherapy

If you have mild or moderate depression, psychotherapy might be the only treatment you need. For many people it is just as effective as medication. If you have more severe depression, psychotherapy might be combined with medication.

Psychotherapy involves talking with a trained professional who helps you to take a look at your life and understand why some of your problems occur. The therapist will work with you on changing some of the attitudes, relationships, or behaviors that might be contributing to your depression. In many cases, therapy will focus on finding practical solutions to issues, as well as learning coping strategies for dealing with future problems.

Some strategies include:

- Cognitive behavioral therapy (CBT) helps people to change negative thinking and behaviors
- Interpersonal therapy (IPT) focuses on the personal relationships in one's life
- Problem-solving therapy (PST) helps people focus on their current problems and identify steps to make positive changes
- Family therapy and couples therapy bring other people into the therapy process, to address issues relevant to those relationships

You may need to take part in therapy for only a few weeks, or it might be a longer process. However, many people do see improvement after only 10 to 15 sessions.

Finding a Therapist

Your doctor might recommend a specific therapist. You can also ask friends and family for names, or call a local mental health association or hospital for recommendations. (See also the listings in this booklet under "For More Information." Several of those groups will help you to find local resources.)

When you find a potential therapist, ask about his or her approach to therapy and depression, how much training he or she has had in this field, and the charge for therapy sessions. Ask if he or she specializes in particular groups of people—some therapists, for example, work mostly with teens or couples.

Many different types of mental health professionals are referred to as "therapists." But they do not all have the same education or training.

- Psychiatrists are medical doctors (M.D.s) who have special training in mental illnesses and emotional problems
- Psychologists are not medical doctors, but they usually have an advanced degree, such as a master's, a Ph.D., or a Psy.D (doctor of psychology)
- Licensed clinical social workers (LCSW) also have advanced training in psychotherapy and usually a master's degree in social work (MSW)

When you start working with a therapist, tell him or her what you hope to gain from the process. Do your best to attend every session and to be open and honest. Give the process some time to work. But if you don't think you are getting any benefit from it after 6 to 12 weeks, talk with your therapist about your concerns. You may need to try another approach or start working with a different therapist.