

Understanding and managing your depression



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About depression

It's time to take action when symptoms get in the way of your normal activities at work or home.

What is depression?

Depression is an illness. Depression has a number of symptoms, both physical and mental, that happen at the same time. Symptoms include:

- Feeling down, blue, hopeless, sad, or irritable.
- No longer feeling pleasure when you do things that would usually be fun.
- Having low self-esteem (“I’m not good enough”), negative thinking (“I’ll never feel better”), and trouble concentrating.
- Having less energy.
- Changes in your appetite, weight, sleeping patterns, or having more physical pain.
- Feeling bad enough that you are having trouble doing your normal activities at work or at home.

What causes it?

Many things can cause depression:

- Stressful events, either now or in your past.
- Genetics or heredity, especially if people in your family have suffered from depression.
- Use of alcohol or drugs.
- Health problems, especially those that cause chronic pain or disability.

Depression is a medical condition that affects the whole person—body, mind, and spirit. Symptoms are both mental and physical. Stomach trouble, headaches, and backaches are all possible symptoms. Depression can come on slowly over time, so that it is hard to recognize. Or, a major loss or event can trigger it.

Most people have symptoms of depression at some point in their lives. Depression can range from a minor problem to a major, life-threatening illness. As a minor illness, symptoms can go away without treatment. It's time to take action when symptoms last for 2 weeks or more and they are getting in the way of your normal activities at work or home.

The good news is that depression is a very treatable illness. We now have many tools that can speed up the process of getting better. Most people will improve over time.

Do you have some or all of the symptoms listed on page 1 (under <i>What is depression</i>)?	Yes/ No
Have you had these symptoms for 2 weeks or more?	Yes/ No
Are they getting in the way of your normal life at home or work?	Yes/ No

How will I know if I am depressed?

If your answers to these three questions are “Yes,” it’s time to get help. Call either your primary care doctor or the Kaiser Permanente behavioral health consultant at 1-888-287-2680 to make an appointment. The first step for you to take—and often the hardest—is to ask for help.

What will happen when I call for help?

Your primary care provider or the behavioral health consultant will want to know your answers to the questions on the *Patient Health Questionnaire* (page 5).

Fill it out before you call or go in for an appointment if you can. Sometimes simple things like filling out a form seem too hard when you are feeling bad. If it is too hard to write your answers down, you can tell them to your health care provider when you talk to him or her. Remember, the first step toward feeling better is to ask for help.

How long will my depression last?

Don't put off getting help to find out if you are depressed. Treatment can greatly shorten the time it takes for you to feel better. The Self-Care Program, certain types of counseling, and antidepressants (medicines that treat depression) can speed up your recovery.

Most people who take antidepressants start to feel better in 2 to 4 weeks, and people who get counseling start to feel better in 4 to 6 weeks. About a third of all people with depression feel better after about 3 months without any treatment. Without treatment, major depression will usually last at least 6 to 9 months, and sometimes longer.

How will I know if I need treatment?

Your health care provider will use your answers from the ***Patient Health Questionnaire*** and your answers to other questions to find out if you need treatment for your depression.

Patient Health Questionnaire

Instructions: Looking back over the **last two weeks**, including today, help us understand how you have been feeling. Read each item below and circle the answer that best describes how you've been feeling.

How often have you been bothered by any of the following problems:	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
Little interest or pleasure in doing things.				
Feeling down, depressed, or hopeless.				
Trouble falling or staying asleep, or sleeping too much.				
Feeling tired or having little energy.				
Poor appetite or overeating.				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down.				
Trouble concentrating on things, such as reading the newspaper or watching television.				
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.				

About treatment

Depression is a treatable illness.

What treatments are there for depression?

There are three kinds of treatment for depression: the self-care program, counseling, and anti-depressants. Talk with your provider about which ones will be best for you.

The Self-Care Program

The simple, positive steps of good self-care will help everyone who feels down or depressed. You can start at once and see results right away. The sooner you start, the sooner you will be in a better mood and have more energy. Through the self-care program you can learn to:

- Plan activities that you like and that help you feel good.
- Identify and confront negative thoughts and avoid blaming yourself.
- Break problems down into small pieces so they aren't so overwhelming.

See page 19 for more information about the self-care program.

Will I need counseling or medicines?

If you have more severe and persistent depression, you probably will need more than good self-care. Based on an evaluation of your problem, you and your provider can talk about whether you should have further treatment.

He or she might recommend that you start treatment immediately. Or, they could recommend you start treatment after a few weeks of self-care if your symptoms aren't better.

Both counseling (certain types) and medicines work against depression. For most people, these two options are *equally* likely to be effective. A combination of counseling and medicine may be needed if depression is more severe or long-term. You and your health care provider can discuss your options.

Both treatments work, but only if you use them correctly. You must take antidepressants as directed. If you are in counseling, keep appointments and follow through with making changes.

About counseling

Counseling is more than just talking about past or present problems

Will counseling help?

Counseling is a very important tool that is most helpful for those who have mild to moderate forms of major depression. Counseling can help you work toward solutions and feel better. It is more than just talking about past or present problems. Counseling can help you learn and take specific steps to feel less depressed. Counselors are good listeners, coaches, and educators.

What kind of counseling will be most helpful?

Some counseling approaches are specifically designed to help with depression. Cognitive-behavioral therapy and problem solving therapy are two of these approaches. Both focus on the following:

- Increase your involvement in positive activities.
- Develop skills to overcome negative or self-critical thoughts.
- Learn to deal more effectively with problems that seem overwhelming.

Many counselors at Kaiser Permanente are trained in these specific kinds of counseling.

How soon can I expect to feel better?

Like medicine, counseling works to improve your symptoms gradually. Before starting, commit to stick with it for at least 8 weeks.

Kaiser Permanente offers psychotherapy designed to help with depression. You can get counseling one-on-one or in a group setting. Treatment usually lasts 4 to 8 weeks, and sometimes longer. Your health care provider can help you decide if this is the best treatment for you.

About antidepressant medicines

Antidepressant medicine will help you feel more like your “non-depressed” self.

Antidepressants work by re-balancing the chemistry in your brain. Over 20 different antidepressants have been approved by the Food and Drug Administration (FDA) as safe and effective. On average, all of these medicines work equally well. But different people will have different reactions to specific medications. The key is finding a medicine that works for you with few side effects.

What will antidepressants do for me?

Usually antidepressants will help you:

- Sleep better
- Have more energy
- Enjoy activities again
- Reduce negative thoughts
- Reduce anxiety and fatigue
- Improve your appetite

Will I feel “high”?

No. Antidepressant medicine will not change your basic personality. The changes are subtle. You will simply feel more like your “non-depressed” self.

Will my medicine have side effects?

All antidepressants have some side effects. Most are mild. Side effects are usually worse during the first two weeks, and then they fade over time. Some of the common side effects are: dry mouth, sleepiness, muscle tension or stiffness, diarrhea or constipation, stomach upset, dizziness when standing, headache, feeling nervous or jumpy, and reduced sexual desire and performance.

Call your health care provider right away if you have skin rash, slow or irregular heartbeat, difficulty urinating, or jaundiced (yellow) skin.

How long will it take for my medicine to work?

Antidepressants work slowly. It might take 2 to 4 weeks or more for the medicine to build up in your bloodstream before you feel better.

The first week is usually the hardest: side effects are worse the first few days and you may not feel the good effects yet. In fact, you might feel a little worse before you feel better. Don't get discouraged. This delay is normal. It doesn't mean the medicine is not going to work for you.

Almost a third of depressed patients stop taking their medicine before it has had a chance to help. Stick with it and don't give up. Always talk with your health care provider before you stop taking your medicine.

Can I just take the medicine when I feel I need it?

No. Antidepressants do not work like aspirin or Tylenol. They only work if you take them every day because they take time to build up in your bloodstream. That's why you must take them every day.

Can I get "hooked" on my medicine?

No. Antidepressants are not addictive or habit-forming. Your body will not become dependent on them. You shouldn't have trouble stopping the medicine when you follow your provider's instructions.

Will they interfere with any of my other medicines?

Our pharmacy will look at your records to see if a new prescription will interact with other medicine you take. If you start any new medicines, including over-the-counter medicine, ask your pharmacist if they will interact with drugs you are already taking.

Can I drink alcohol while taking this medicine?

It's best to avoid alcohol completely when taking antidepressant medicine. These medicines can magnify the effects of alcohol, and make depression worse. Drinking alcohol while taking antidepressant medicine can also interfere with your ability to drive safely.

Will I have to take this medicine forever?

Your health care provider will help decide how long you should take antidepressants. Usually, you should take them for 9 to 12 months after your depression goes away. At that point, some people can stop taking them. Many people who have had previous episodes of major depression require longer term treatment. You and your health care provider can decide if you should take medication for longer. **Regardless of how long you take your medicine, always check with your health care provider before you stop.**

Never stop taking your medicine all at once unless your health care provider tells you to. Just as it took several weeks for the medicine to get into your bloodstream, it will take several weeks to stop them safely. You are more likely to have success tapering off antidepressants if you and your doctor make a specific plan. That plan should include the warning signs you'll watch for and the positive things you'll do to keep depression from coming back.

One of the most common mistakes people who are on antidepressants make is to stop them too soon. It is easy to think that because you are feeling better that you no longer need to take them. You are more likely to get depressed again if you stop your medicine before you have been on it for 8 months.

How often should I be in contact with my health care provider?

Call your health care provider if you:

- Have questions about your treatment, the medicine, or side effects.
- Feel you are getting worse.
- Think you cannot stick with the treatment program.

To make sure the medicine is working well for you, follow up with your doctor in person, by phone, or by sending a secure e-mail:

- One week after starting your medicine.
- Between 2 to 4 weeks.
- Between 4 to 8 weeks.
- Every few months after that.

For people who don't have severe or long-term depression, it may be reasonable to taper off after about 8 months. People with severe or long-term depression should continue taking medication for longer.

What steps do I need to take while getting started on my medicine?

Work with your health care provider and follow the six steps below. You will be more likely to succeed with your treatment.

- Follow the self-care program.
- Don't stop taking your medicine without calling your health care provider.
- If you have side effects that bother you, call your health care provider and ask for advice.
- If you do not feel better in 2 to 4 weeks, call your health care provider.
- Don't stop taking your medicine if you are feeling better. Ask your health care provider first.
- Take your medicine at the same time every day. Make it part of your daily routine. For example, take it at meals or when you brush your teeth.

The spiral of depression

Even though depression robs you of energy, you must take small steps to get out of the downward spiral of depression.

What is the spiral of depression?

- Feeling sad, blue, powerless.
- Thinking others don't like being with you.
- Thinking you are a failure.
- Feeling less like working or doing things you used to enjoy.
- Staying away from your friends.

These are common thoughts and feelings for people who are depressed. Having thoughts and feelings like these often lead you to withdraw from your friends and family and quit doing things you like to do.

Staying away from your friends, family, and activities makes you feel worse about yourself. Your thoughts may become even more negative. Sound familiar? This is the downward spiral of depression.

The downward spiral also can:

- Make symptoms from a chronic illness worse.
- Make chronic pain worse.
- Put you at higher risk for drug or alcohol abuse as you search for a way to escape or reverse the downward spiral. Drugs and alcohol can hide your depression for a short time. But they also get in the way of your good judgment and make depression worse.
- Make it harder to get things done at work and at home.

How can I begin to reverse the spiral of depression?

The self-care techniques described in the next section can help you reverse the downward spiral.

Who can be helped by self-care techniques?

These techniques can help all patients who are depressed.

But I don't feel like doing anything!

When you are depressed, it seems easier and less scary to do nothing. *Getting started is the hardest part of getting better.*

Even though depression robs you of energy, you must make yourself take small steps to get out of the downward spiral of depression and turn it around.

The self-care program

Taking small steps and reaching simple goals will help you feel better.

What is the self-care program?

The Self-Care Program is made up of small actions you can take to help you feel better. It will show you how to take small steps and reach simple goals. The key to success of the Self-Care Program is described on the next few pages. Write down what you plan to do. That will help you remember what you want to do, focus on it, and carry it out. Depression makes it hard to focus on one thing, remember things, or feel good about yourself. *Writing things down will help.* Use the worksheets on the next few pages.

You will gradually see positive changes in your thoughts and feelings if you have a plan and you *follow it every day*. You'll feel better about yourself when you go through with something you planned.

Does self-care mean I'm on my own?

No. Ask your friends and family for ideas and support. Your health care provider can help you understand and practice self-care methods. The keys to success are to get started and stick with the Self-Care Program, even when you are feeling better.

Different things will work for different people. Several different self-care approaches have been proven to help people with depression:

- Scheduling time for positive activities
- Spending more time with people who support you
- Learning to interrupt or balance negative thoughts
- Increasing your physical activity level
- Practicing relaxation
- Learning to break big problems down into smaller pieces

Your self-care program could include several of these things. Read the descriptions below, and pick two or three things you'll work on over the next week.

Helpful self-care techniques:

1. Make time for activities you like.

What are some things you like to do, or used to before you were depressed? Write letters? Listen to music? Watch a video? Do a hobby? Other?

Even though you don't feel like it, and even if it isn't as much fun as it used to be, make time to do things you enjoy and find rewarding. This can help get you out of the cycle of depression.

What could you do? _____

Every day during the next week, I will commit at least _____ minutes (make it easy and be reasonable) to doing: _____

2. Spend time with people who can support you.

Who can you talk to? _____

Who will support you? _____

You might feel like staying away from others or think that others will not want to be around you when you are depressed, but you need support from people who care about you. If you can, tell them how you feel so they can encourage and support you. If you can't talk at all, that's OK—just ask them to be with you, maybe for one of your activities.

What could you do? _____

With whom? _____

During the next week, I will make contact for at least _____ minutes (again, make it easy and be reasonable) with (name) _____

doing or talking about: _____

3. Balance your thoughts

What are your negative thoughts about yourself? (Some examples of negative thoughts: "I am stupid;" "I am a bad parent or partner;" "I'm ugly;" "I can't do anything right.")

Depression leads to negative thinking. Before you were depressed, you might have changed or stopped such negative thoughts. Now you must work to change negative thoughts to positive ones. Pay special attention to guilt; depression often makes you dwell on past or present disappointments.

Think of your mind as having two parts: feelings and thoughts.

The way you think about things affects how you feel about them. Feelings and thoughts influence what actions you take. If you think you are depressed and will never get better, you are likely to feel hopeless. On the other hand, if you think your depression is temporary and it will improve, you will be more hopeful and willing to do things that will help you.

Because we know that depression does get better no matter how bad we feel sometimes, it's very important to take action even when we don't want to.

Negative thoughts lead to negative feelings. Read this example from a depressed person. You can see how she changed her thoughts, actions, and feelings from the negative to the positive:

Negative thought	Positive counter thought
This depression will never change.	This is temporary, it will get better.
I could only walk for 5 minutes. I'm a total failure.	I walked for 5 minutes! This is a good start, considering I'm depressed.
I forgot to get the groceries. I cause my family terrible problems. I'm an awful person.	I forgot the groceries, but at least I got out of the house. I'm doing responsible things to change the way I feel. Just getting out will help my depression and as a result, help my family.

Write down your negative thoughts. Then write positive thoughts to counter them. Carry the list with you so you can look at it when you feel worse. Writing these things down will help you, as depression can make you forget things more easily.

Negative thought	Positive counter thought

4. Stay physically active.

What will physical activity do for you?

- Increase natural pain-killers in your body, known as endorphins.
- Change the chemicals in your brain (the same ones antidepressants target).
- Make you feel better.

What could you do every day? Walk for a certain amount of time? Other?

Every day during the next week, I will commit at least _____ minutes (make it easy and be reasonable) to doing:

5. Help yourself relax

Most people who suffer from depression also feel anxious. For many people, the downward spiral (not doing things you used to like, not doing things you should, feeling sad and hopeless) leads to feeling anxious. Since physical relaxation can lead to mental relaxation, another way to help yourself is to physically relax. Here is a method that works:

First, find a quiet, comfortable space.

- Take a deep breath and say something that helps you feel better. (For example, “It’s OK.”)
- Watch your breathing. Let it get slower and deeper.
- While breathing deeply, think about a peaceful image from your past or a calm situation.
- Using different small groups of muscles, tense them one at a time for 5 seconds and relax for 15 seconds. For example, make a tight fist for 5 seconds, then relax your hand for 15 seconds; clench your jaw for 5 seconds, then relax it for 15 seconds.

When could you find time to relax?

Write down a specific time: _____

Every day during the next week, I will practice physical relaxation at least _____ times, each at least _____ minutes at a time (make it easy and be reasonable.)

6. Address problems step-by-step

(Problem Solving Treatment)

How can you deal with problems? Despite your depression, your life continues. Although you can put off some problems and decisions, others you cannot. It's hard to deal with problems and make decisions when you feel sad, have little energy, and your thinking is negative. Having a system to follow will help. Use the steps below as a way to address a problem or decision you have.

Step 1: Write down all the problems or decisions you face right now.

Step 2: Number the problems or decisions (1,2,3, etc.) in order of priority—which ones must you take care of now? Now go back and mark “E” for those that are fairly easy, and “D” for the more difficult.

Step 3: Pick one problem. Pick an easy problem before taking on a harder, but higher priority one. As you practice, those difficult problems will get easier.

Step 4: Brainstorm as many solutions as you can for that one problem. Ask someone to help you come up with your options.

Step 5: Choose a solution and turn it into a goal.

Step 6: Name one small, first step that will help you meet your goal.

Step 7: Plan when you will take that step. What might get in the way? What will you do if something gets in the way?

Step 8: DO IT. Even if you don't feel like it. Congratulate yourself for following through.

Step 9: How did you do? Check your results. Watch out for negative thoughts! Adjust your goals and try again. Remember, nothing will be as easy to do when you feel depressed as when you feel OK.

Example 1

A depressed woman gave us this example of how she did steps 1 and 2:

Problem list	Priority	Difficulty
Find child care to give me some time without the kids to see one of my good friends.	3	E
Find a new job.	5	D
Get the laundry done.	4	E
Talk to my husband about how badly I have been feeling.	1	D
Pay the overdue bills.	2	E

Exercise 1: Making a problem list

Now list your own problems and rate them by difficulty and priority like the example above. Which are most important? Which are the most difficult? Easiest?

Sometimes you can feel worse when you write down your problems. Seeing all your problems all at once can be overwhelming. Writing them down and choosing which ones are the most important and easiest to tackle is *a very big step* toward feeling better.

Honor yourself for whatever part of this exercise you are able to complete. One last tip: do this exercise with someone you trust and who supports you.

Problem list	Priority	Difficulty

Example 2

Address problems step-by-step:

The problem: A 35 year-old woman with major depression has trouble facing the usual many demands placed on her by her kids and husband. She has trouble getting up in the morning to get the kids ready for school. Fixing breakfasts and dinners and cleaning feel as if they take more energy than she has. It seems to her that her family is making bigger messes since she has been depressed.

Options: Not doing anything will leave her trapped in a downward spiral. When she gets angry at her husband and kids, they just get angry back. She has to have help.

Solution/goal: Ask for help from her children and husband.

First step: Explain how desperate she feels. Ask husband to help by starting work later and getting their kids ready for school. Even 2 or 3 mornings a week would help.

Results: Husband agrees to help two mornings a week.

What next? Ask husband to help get the children to pick up after themselves.

Exercise 2: Solving a problem — Getting started

Now try to address one of your problems step-by-step. Copy this exercise onto a larger sheet of paper if you need more room. Pick a problem or situation that has been bothering you. Remember, start with an easy one.

The problem: _____

Options: _____

Solution/goal: _____

First step: _____

Results: _____

What next? _____

Planning to prevent relapse

Be on guard for early signs of depression.

What is relapse?

Relapse is having depression again after you have gotten well. Most people with depression get better within several months or even within a few weeks after they start treatment. That is the good news.

The bad news is that over half of those who get well will have depression again. To keep depression from coming back, practice good self-care every day, even after you are well.

Depression is easier to treat before it gets so bad you can't function. Understand and be on guard for your early warning signs of depression. If you see signs of depression again, take action right away.

What are early warning signs of depression?

Early warning signs of depression are the first symptoms you feel when you start the spiral of depression.

Some early warning signs might be:

- You don't want to answer the phone
- You say no when your friends want to do things with you
- You feel sad or tearful
- You exercise less

Please take the time to fill out the relapse exercise below. If you see your early warning signs of depression begin, take action right away. Start the Self-Care Program again if you haven't been following it and continue it daily.

Exercise 3: What are your early warning signs?

Stressful life events (negative and positive) can trigger depression.

What events do you have coming up? Think about them ahead of time and have a plan of action ready.

Steps I will take to be ready for these stresses, prevent them from happening, or reduce their effects on me:

My own warning signs of depression:

If I notice signs of depression returning, I will:

What do I do if I start to feel depressed again?

Depression is typically a recurrent problem. But, many people think they have failed if they get depressed again. They feel ashamed to tell a friend or family member, or to call their health care provider. If you get depressed again, start your Self-Care Program. Don't let it get so bad that it gets in the way of your activities, family, or work. If you don't feel better after a couple of weeks call your health care provider.

If you have any questions or concerns about anything covered in this pamphlet, please contact your health care provider.

Further reading

If you would like to read more about depression, we suggest these books. Other patients have found them very helpful.

- Katon, W., Ludman E., Simon G. *The Depression Help Book*. Boulder: Bull Publishing Company, 2002.
- Burns, D. D. *Feeling Good: the New Mood Therapy*. New York: Morrow, 1999.
- Lewinsohn P.M. *Control Your Depression*. New York: Fireside, 1992.

