

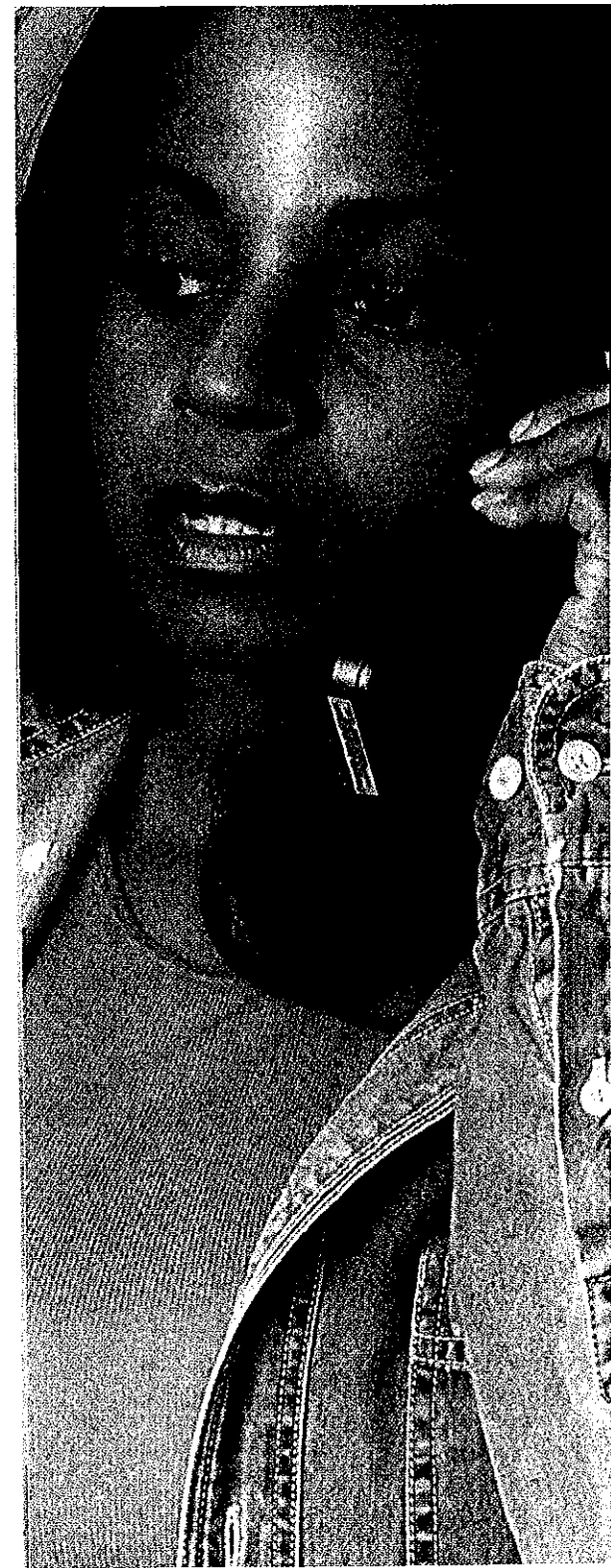
Hope and Help for Depression



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You'll find information on pricing and ordering—plus more best-selling titles—on the insert in the center of this handbook!

See inside now!



**You may find it helpful to
keep important names and
phone numbers handy.
Write them below.**

Health-care provider

Name: _____

Phone number: _____

Mental health professional

Name: _____

Phone number: _____

Pharmacist

Name: _____

Phone number: _____

An emergency contact

Name: _____

Phone number: _____



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If you or someone you care about is suffering from depression, this handbook is for you.

It is designed to help you understand and cope with depression and to remind you that depression can be treated. It also gives you places to record symptoms, start a journal and plan daily activities.

Friends and family play an important role when it comes to coping with depression. They can:

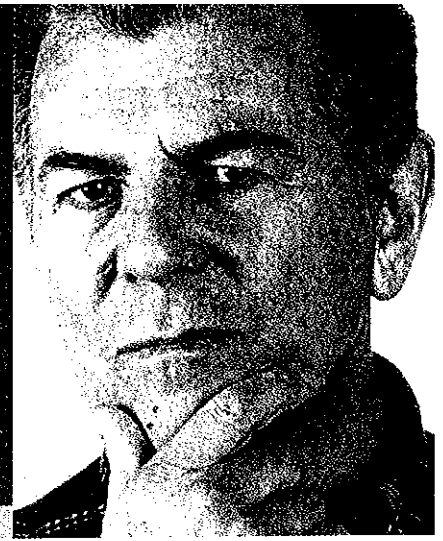
- encourage you to get treatment
- help you stick with your treatment plan
- provide love, encouragement and support.

Ask them to read this handbook with you. Or, tell them what you've learned. This will help them help you.

Please read:

Talk to your health-care provider! This handbook is not a substitute for the advice of a qualified health-care provider.

The trademarks, including registered trademarks, in this handbook are the property of the respective trademark owners.



What is depression?*

Depression is a medical illness.

Depression is more than feeling sad, blue or “down in the dumps.” A person can’t just “snap out of it.” Depression is a medical disorder, just like high blood pressure, stomach ulcers and heart disease.

It affects a person’s:

- behavior
- feelings
- thoughts
- body.

It can also prevent a person from working or enjoying activities.

Depression can affect anyone.

It affects people of all races and ages, and all social, economic and educational backgrounds. However, women, teenagers and the elderly have a higher risk of depression. Almost 10% of Americans have depression—you are not alone.

Depression is not your fault.

It does not mean that you are weak or lazy. It means that you need help to return to your “old self.”

Treatment is key.

The sooner treatment begins, the faster the recovery. Without treatment, depression can last months or years.

* In this handbook, the term “depression” will be used to refer to major depressive disorder and several related disorders.

**Remember—you don’t have to suffer.
You can overcome depression and
live a happy and productive life!**



What causes depression?

Experts aren't exactly sure. But, one or more of these factors may be involved:



Genetics

Researchers have learned that depression tends to run in families, especially certain types of depression.

Brain chemistry

Imbalances of certain chemicals in the brain may play a role in some cases.

Hormonal changes

These are more likely to affect women and may play a role in postpartum depression.

Other illnesses

Depression can result from another medical problem, such as a thyroid condition, cancer, heart disease or sleep apnea. (It may also occur along with other psychiatric conditions, such as anxiety disorders.)

Misuse of alcohol and/or other drugs

These can affect the body's normal chemical balance and lead to depression.

Use of some medicines

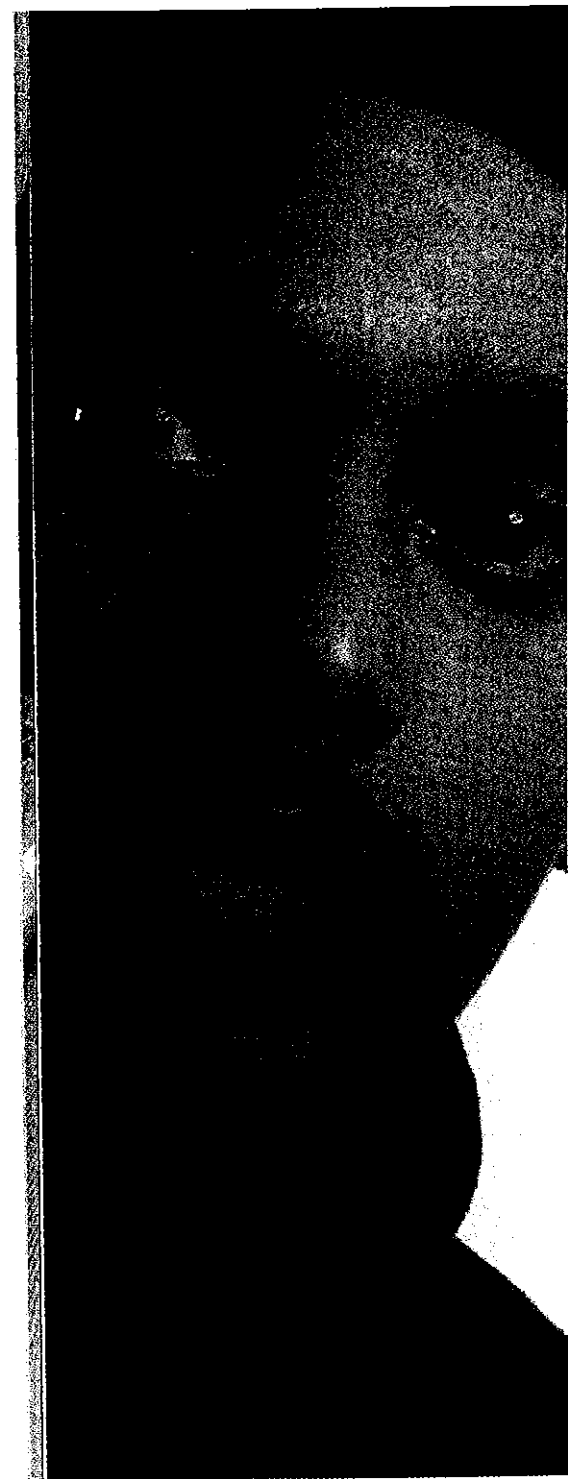
Some medicines used to treat high blood pressure and other conditions can cause a low mood and fatigue—side effects similar to symptoms of depression.

Severe stress, grief or abuse

Many experts believe that these can lead to depression. Depression may develop soon after the event or situation occurs, or much later in life. It can also occur around the anniversary of an event.

Depression can occur even if your life is going well!





How does a health-care provider tell if I'm depressed?

Different people may have different symptoms. But, a health-care provider may diagnose depression if you have daily symptoms for at least 2 weeks.

If you have depression, you may have at least 1 of the following symptoms:

- a deep sense of sadness or unhappiness
- a lack of interest in things you used to enjoy, such as hobbies, friends or sex.

You may also have at least 4 of these symptoms:

- change in appetite
- weight gain or loss
- trouble remembering, thinking or making decisions
- fatigue or lack of energy
- sleeping too much or too little
- feelings of guilt, worthlessness or hopelessness
- feelings of uneasiness or worry
- restlessness or decreased activity
- headaches
- stomachaches
- sexual problems
- thoughts of death or suicide; attempted suicide (see page 10).

Most people feel down from time to time, and many people have trouble sleeping or eating. But with depression, the person has multiple symptoms that occur daily for 2 weeks or more.

What happens in bipolar disorder?*

People with this disorder have alternating periods of depression and elation. The "high" periods are called mania. Most mood changes happen gradually, but they can also occur quickly.

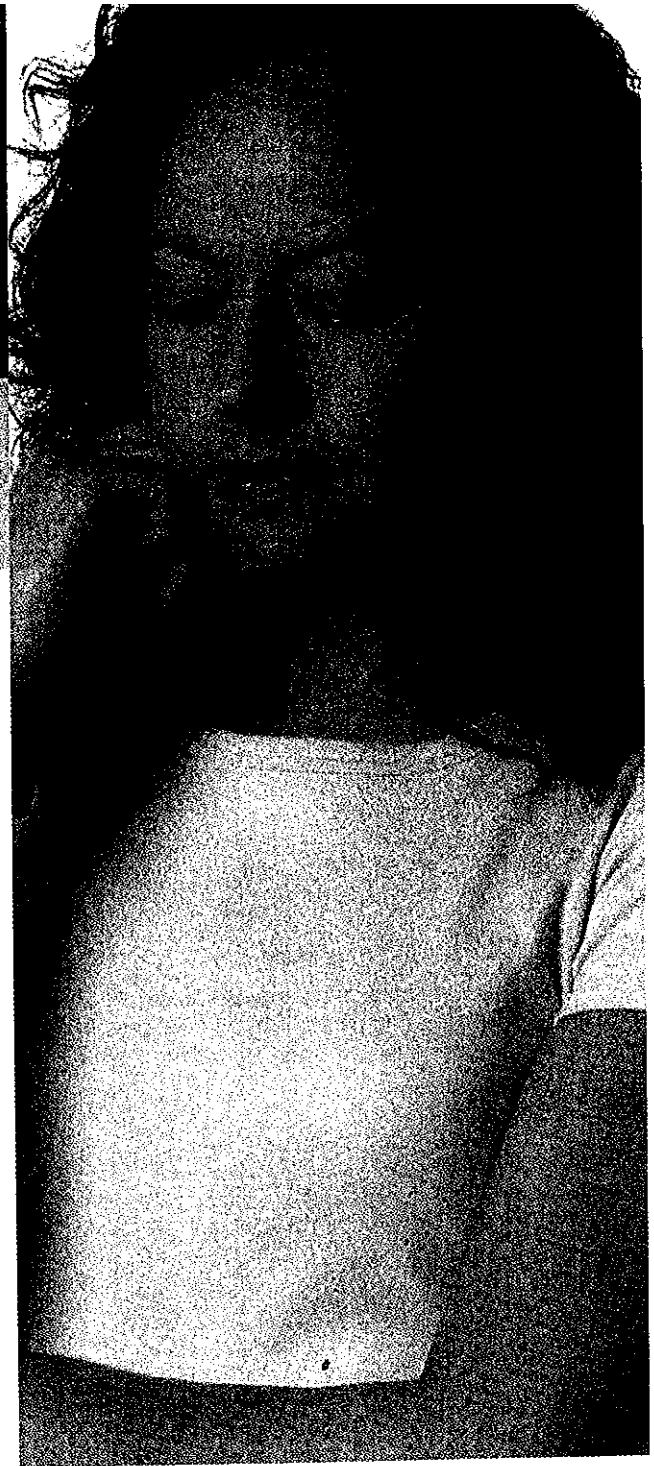
Symptoms

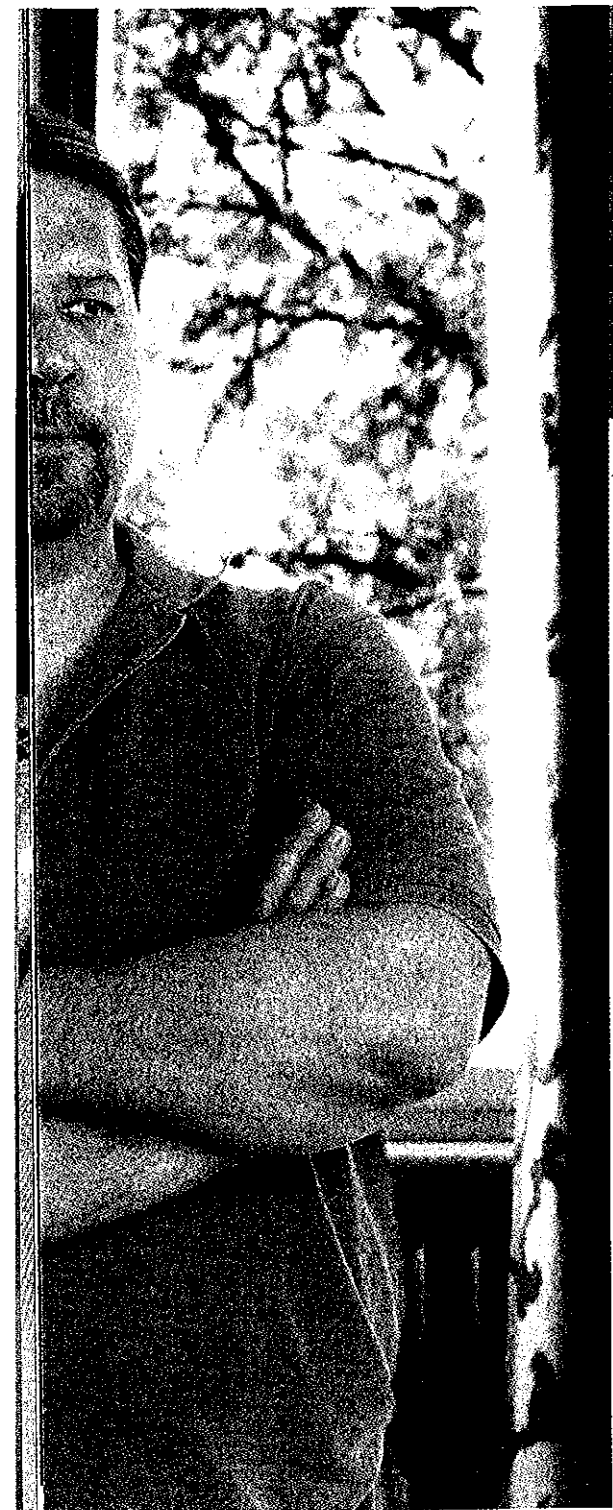
A person with bipolar disorder experiences many of the symptoms of depression listed on page 6.

During the manic periods, the person may experience some of these symptoms:

- "high" or euphoric moods
- irritability
- trouble sleeping or less need for sleep
- increased sex drive
- increased talking or talking at a much faster pace
- change in appetite
- racing thoughts
- unrealistic beliefs in his or her own abilities or feelings of greatness
- poor judgment and reckless behavior
- inability to pay attention
- increased activity
- delusions or hallucinations.

* Bipolar disorder has also been called manic depression.





Other related disorders

In addition to depression and bipolar disorder, a person might be diagnosed with one of these conditions:

Dysthymia

People with this illness have a milder, longer-lasting form of depression. They feel down or don't function at "full steam" most of the time. They can usually function well day-to-day, but over time their work and relationships suffer. People with dysthymia can also experience one or more episodes of major depression.

Seasonal affective disorder (SAD)

This is a form of depression that occurs with a change in seasons. For most sufferers, the depression begins in the fall or winter, when days are shorter and there is less sunlight. It usually ends in the spring.

People with SAD usually:

- feel low or depressed
- have an increased appetite (particularly for carbohydrates)
- gain weight
- sleep a lot more, but still feel very tired.

If you or someone you know shows any signs of depression or related disorders, see a health-care provider right away. Early diagnosis and treatment are important. Other serious medical conditions may have symptoms similar to these disorders, so don't ignore the signs.



Visiting your health-care provider

It may not be easy to talk about what you're feeling. Having a list of your symptoms, along with the following information, will help. (Ask a loved one to help you, if necessary.)

Write down the answers to these questions. Bring them to your visit:

1. How long have you had symptoms? Do you feel depressed continuously or from time to time?

2. Have you had symptoms of depression or another mental illness before?

3. Do you have any allergies to foods or medicines?

4. What illnesses do you have or have you had?

5. Do you take any prescription or over-the-counter medicines? Which ones?

6. Have you had any major changes or stresses in your life recently?

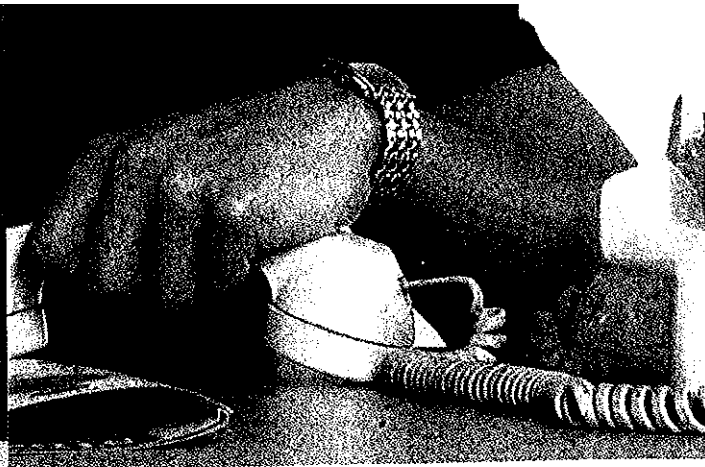
7. Do any illnesses, including mental illnesses, run in your family? Which ones?

8. Do you use alcohol or other drugs? How much? How often?

9. Have you thought seriously about suicide?

Your health-care provider may run tests to rule out other conditions.

If you are thinking about suicide...



Get help right away!

If you have thoughts of suicide—this is an emergency! Go to a local hospital or clinic, or call:

- a mental health professional
- the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255)
- 9-1-1 or your local medical emergency number.

Here are a few other things you should do:

Avoid or remove dangerous objects

from your home (firearms and razor blades, for example). Do not use alcohol or other drugs—they will only make the depression worse!

Review your accomplishments

—think of all the people you've helped, the kind things you've done and the ways in which your life has benefited others.

Share your feelings

with a close friend, spiritual leader or someone you trust. Don't keep your emotions bottled up inside.

Agree to call

a friend, a family member, a spiritual leader or a health-care provider. Promise to call them if you start to have suicidal impulses. Keep their phone numbers handy, and be sure they know how to help you.

Information for family and friends

Suicide and suicide attempts are not uncommon for people who are seriously depressed. This is one reason why getting treatment as soon as possible is so important. Get help immediately if your loved one becomes suicidal or shows these warning signs:

- extreme depression
- threats of suicide
- giving away prized possessions or making a will
- a sudden lift in spirits—this can mean the person is relieved because problems will “soon be ended.”

Talk with the person and encourage him or her to share emotions. Remind the person that depression can be treated. Remember to always take the threat of suicide seriously. Call for help (see left). In an emergency, stay with the person until help arrives.

My local suicide hotline number is:



Treatment for depression

Treatment can help most people feel better within a few weeks. And, it can help prevent depression from coming back.



Types of treatment

The main treatments for depression are:

- antidepressant medicines
- psychotherapy.

They may be used alone or together.

Other treatments include electroconvulsive therapy (ECT) and light therapy. These are less common.

Choosing a treatment

Work with your health-care provider to select the best treatment for you. Ask questions about it, such as:

- What are the possible risks and benefits?
- What are the side effects?
- What are the chances treatment will work?
- How long will treatment take?
- How much will it cost?
Will my insurance cover some or all of the cost?

Concerns about treatment

If you have any concerns, talk to your health-care provider. Get a second opinion, if necessary.

Will I need to be admitted to the hospital?

Most people with depression don't need to be admitted to the hospital. But, some people with severe depression and other illnesses may stay at the hospital so health-care providers can be sure treatment is working. People who are at risk for suicide may also be admitted.



Treating depression with medicines

Medicines called antidepressants* usually play a key role in treating depression. Antidepressants can help improve your mood and relieve symptoms.

This publication lists a few examples of some commonly used brand-name medications for depression and bipolar disorder. This list does not constitute an endorsement of these products. Your health-care provider may prescribe a medication with a different name. If so, ask what type of antidepressant it is and what kind of side effects you may experience.

*** Please read:** According to the FDA (U.S. Food and Drug Administration), those taking some antidepressants should be on the lookout for worsening depression or thoughts of suicide. Fully discuss all risks and benefits of any medication you are considering with your or your child's health-care provider.

If you, a friend or a relative becomes more depressed, anxious or suicidal while taking antidepressants, get medical help right away. If you, a friend or a relative already takes antidepressants, never increase or decrease the dose or stop taking them except as directed by your health-care provider.

Selective serotonin-reuptake inhibitors (SSRIs)

These offer relief with fewer side effects than most other antidepressants. SSRIs are often prescribed for people with other health problems in addition to depression.

SSRIs can cause dangerous interactions when combined with some other medications, including MAOIs (see page 13). If you switch from an SSRI to an MAOI, or vice versa, you must stop taking one medicine for several weeks before starting another.

Some possible side effects: nausea, diarrhea, sleeplessness, nervousness and headaches.

Some common brand names: Prozac®, Zoloft® and Celexa®.

Tricyclics and heterocyclics

Before SSRIs were introduced, these drugs were usually the first choice of many health-care providers. They are very effective but may have more side effects than SSRIs.

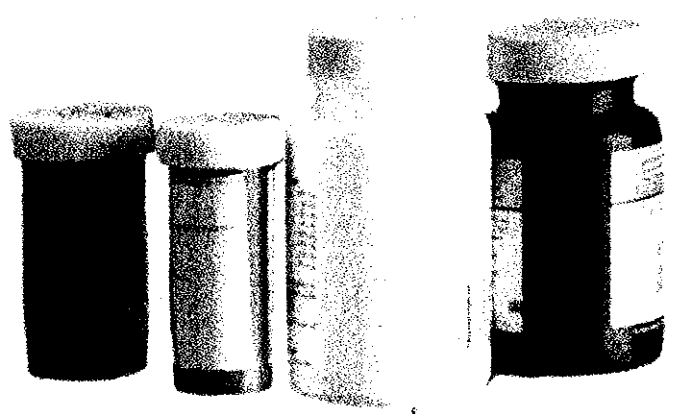
Some possible side effects: sleepiness, dry mouth, trouble urinating, blurred vision, constipation, fast heart rate and dizziness when standing up. Over time, the side effects may go away or become easier to handle.

Some common brand names: Norpramin®, Tofranil®, Pamelor® and Surmontil®.

Please read:

This handbook is not able to list all the risks, benefits, side effects and special precautions for each medication discussed. Patients (or guardians) should talk with their health-care provider about risks, benefits, side effects and special precautions for each medication prior to use. Use medications only as prescribed or directed by your health-care provider.

This handbook lists a few examples of some commonly used brand-name medications. The listings do not constitute an endorsement of these products. Your health-care provider may prescribe a medication with a different name.



Monoamine oxidase inhibitors (MAOIs)

These may be prescribed if the person doesn't respond to other medicines.

MAOIs can cause severe—even life-threatening—reactions when combined with certain foods and medicines (including over-the-counter medicines). Things to avoid include:

- aged cheese
- caffeinated drinks
- chocolate
- many cold medicines
- some painkillers.

Be sure to get a complete list of foods and drugs to avoid from your health-care provider. Never take MAOIs with SSRIs.

Some possible side effects: blurred vision, rapid or slow heartbeat, drowsiness, weight gain, dry mouth, dizziness and reduced sexual interest and function.

Some common brand names: Nardil® and Parnate®.

Other kinds of antidepressants

These medications don't fall into one of the previous categories. In general, they usually have fewer side effects than other antidepressants.

Some possible side effects: nausea, headaches, sleep problems and dizziness.

Some common brand names: Wellbutrin®, Remeron® and Effexor®.

Lithium

This drug is used to treat bipolar disorder. If you take lithium, you will have a blood test periodically. This helps determine if you are taking the correct dose.

Some possible side effects: fatigue, weight gain, thirst, hand tremors, frequent urination, diarrhea and a metallic taste in the mouth.

Some common brand names: Eskalith® and Lithobid®.

About St. John's wort

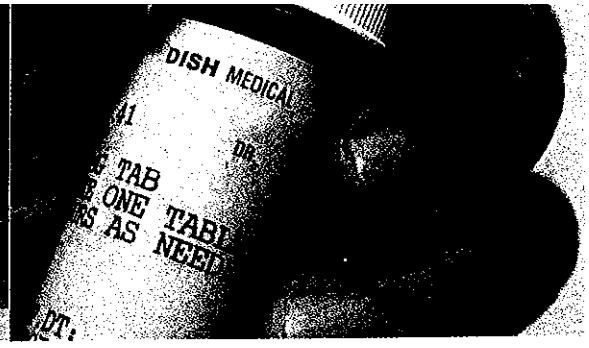
St. John's wort, an herbal dietary supplement, may interfere with the effectiveness of medications. Always check with your health-care provider before using St. John's wort or any other supplement.

It may take some time to find the medicine or combination of medicines that works best for you. Don't get discouraged. Keep in touch with your health-care provider. Let him or her know about any side effects.

Taking antidepressants doesn't mean you are weak. It means that you have a medical condition that requires treatment.



Tips for managing your medicines



Do not stop taking your medicine,

even if you're feeling better, until your health-care provider says it's OK. Stopping too soon can cause symptoms to return.

Tell your health-care provider about any side effects

right away. He or she may change the amount or type of medicine you take.

Ask questions

about your medicines, such as:

- What is the name of this medicine?
- Can I take a generic equivalent?
- When and how often should I take it?
- How long will it take to work?
- What are the side effects?
- Do I have to avoid any foods?
- What if I forget to take it?

Write down any other questions you have about your medicine in the space at right. Bring them with you when you visit your health-care provider. Be sure to write down the answers, too.

Do not change your dose

without your health-care provider's approval. Changing doses can be dangerous. Don't "double dose" to make up a dose you have missed.

Don't take any other medicines

or use alcohol or other drugs without talking to your health-care provider. They may reduce the effectiveness of your medicine or cause dangerous side effects.

Tell other health-care providers (including your dentist) that you take antidepressants

—some medicines, such as anesthetics, can affect antidepressants. (Carry a list of your medicines with you. See the card between pages 30 and 31.)

A note for family and friends

Make sure you understand the person's medicine, too. This will help you take better care of him or her.

Notes:

Remember, it can take as long as 4-6 weeks for antidepressants to become effective. Don't expect changes overnight.

Weekly medicine record

Use this chart to record information about your medicines and symptoms. Show your chart to your health-care provider. It will help him or her develop the best treatment plan for you and make sure your medicines are working. If you need help, ask a family member or friend to complete this chart with you.

Week of:	Name of medicine(s), dose and when taken	Side effects you experienced	Symptoms—how did you feel today?
	<i>Drug #1, 30 mg in the a.m.</i>	<i>mild nausea</i>	<i>had more energy than usual</i>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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Treating depression with psychotherapy

In psychotherapy, you work with a therapist to understand and address problems that might be contributing to your depression. Psychotherapy works gradually.

People with mild to moderate depression may respond well to psychotherapy. Others may need both psychotherapy and medicine.



Your health-care provider may recommend one of these types:

Cognitive

Cognitive therapy helps a person recognize negative thoughts and beliefs. The therapist then helps the person think about situations in a more positive and accurate way.

For example, a depressed college student may feel hopeless about graduating or landing a job because she did poorly on a single test. Cognitive therapy would help this person see that her thinking is based on only one test and help her think positively.

Behavioral

Behavioral therapy tries to change behavior that leads to negative feelings. It also encourages pleasant activities that give a sense of accomplishment. It is often used with cognitive therapy.

For example, the therapist might help the college student examine behaviors that harm her performance and make her feel hopeless.

Interpersonal

The goal of interpersonal therapy is to improve relationships, communication ability and social skills. Interpersonal therapy is typically used to treat grief, disputes between friends and family or problems related to changing roles (getting married, landing a new job or having a baby, for example). This therapy can be brief or longer term.



Settings for psychotherapy

While you'll probably meet one-on-one with a therapist, other settings are possible. These include:



Group therapy

The goals of group therapy are the same as for other therapies—to change thoughts, improve relationships and improve communication skills. But several people attend each session. Participants have the chance to benefit from others' experiences and discuss ways to meet challenges. Group sessions are led by a therapist.

Marital and family therapy

The goal of this therapy is to improve communication and relationships between family members. Family members may meet in small groups or individually with the therapist.

Ask questions about the recommended type of therapy,

and get a referral to a therapist. Some questions you should ask include:

1. Why do you think this therapy will help me?
2. How long will it take to work?
3. What training has the therapist had? What are his or her credentials?
4. Is the therapist available to answer questions between visits?
5. Is the cost covered by my insurance?

If you have trouble finding a therapist, check the resources on page 30.

Remember—you probably won't notice the benefits of psychotherapy right away. But stick with it! Psychotherapy can help you feel better.



Treating SAD with light therapy



Many people who suffer from SAD (see page 8) have found light therapy to be a highly effective treatment. It can be used alone or with psychotherapy and/or medicine.

What does treatment involve?

During treatment, the person sits in front of a special light box. The box contains fluorescent light bulbs with a reflector behind them. The extra light affects chemicals in the brain. This can reduce symptoms of depression.

Are there any side effects?

Some people may experience eye strain, headaches, sleeping problems or irritability. These may go away if you sit farther away from the box or use it for less time.

Those taking certain drugs that increase sensitivity to light can't use light therapy.

When should I use the light box?

This varies from person to person. Many people use their lights in the morning because they find it helps them wake up. Work with your health-care provider, and experiment to see what works best for you. (Stick with a particular schedule for at least a week before changing it.)

How long should I sit by the light?

Again, this varies from person to person. It can range from about 15 minutes to 2 hours a day. Your health-care provider can help determine how much time you will need.

When will I feel better?

Many people start to feel better in just a few days. But, improvement may take as long as two weeks. Light therapy may be needed only during winter months.



Treating severe depression with electroconvulsive therapy (ECT)

ECT has come a long way in the past few decades—it's not the scary treatment shown in old movies. In fact, ECT is very effective for people with severe depression or people who are at risk of suicide.

A person may also be treated with ECT if he or she is unable to take antidepressants or has gained no relief from them.



What does treatment involve?

ECT involves sending an electrical current through the brain. The electrical stimulation affects the chemicals in the brain. This can reduce symptoms of depression.

Patients receive an anesthetic and a muscle relaxant and are asleep during ECT. The level of current is low and is tailored to the patient's condition. The patient is monitored throughout the procedure.

How often is ECT given?

To be effective, 6 to 12 treatments are needed over a 2- to 4-week period. In most cases, the person feels better by the time the treatments end.

Are there any side effects?

Memories of events around the time of treatment may be lost, but many come back over time. The ability to form new memories may be affected for a short time, too. Severe memory loss is rare. Other side effects may include headaches, muscle aches and confusion right after the treatment.

What about follow-up treatment?

When ECT treatments are completed, some patients may take antidepressants or have periodic ECT treatments to prevent depression from recurring.

How should I prepare for ECT?

Your health-care provider will give you specific instructions. Because confusion often follows treatments, have a friend or family member drive you home.

Be sure to discuss the risks and benefits of ECT with your health-care provider before beginning treatment.





Keeping a journal of your feelings

can help you better understand your depression.

Keeping a journal has many benefits.

It can be:

- an outlet for your feelings
- a decision-making tool, allowing you to explore the pros and cons of possible choices
- helpful in confronting problems or a change in your life
- a source of insight about yourself
- a way to document improvement over time.

You can even use the journal to explore issues you've discussed during psychotherapy or to pinpoint subjects for future therapy sessions.

Use the next few pages to start your journal.

If you have trouble getting started, try writing about:

- your feelings
- your goals and accomplishments for the day (exercise, social activities and work, for example)
- what you did that helped you feel better
- how others helped you
- future events or activities you're looking forward to
- a problem you're facing and some positive steps you could take to solve it.

Share insights from what you have written with a family member, close friend, clergy member or your therapist, if you feel comfortable doing so.

If you don't have the energy to keep a journal right now, that's OK. It's meant to be helpful, not stressful. Save it for a time when you feel better, but stick with the rest of your treatment program.



**Today's
date is**

**Today's
date is**

**Today's
date is**

Today's date is	

**Today's
date is**

Today's date is	

**Today's
date is**

**Today's
date is**

If keeping a journal helps you manage depression or prepare for therapy, keep it up! Consider purchasing a diary or notebook to record your thoughts and feelings over a longer period of time.



Take care of yourself.

When you're depressed, it's important to:

Exercise regularly.

Exercise can help improve mood because it affects chemicals in the brain. It can also give you a sense of accomplishment, improve your self-esteem, help you sleep better and improve your overall fitness. Try to get at least 30 minutes of moderate physical activity on most days of the week. If this seems too much to start, gradually work up to this amount. Consider walking, jogging or swimming. Be sure to include warm-up and cool-down periods. Talk to your health-care provider before starting an exercise program.

Eat a healthy, balanced diet.

Poor eating habits can make you feel worse. Choose a variety of fruits, vegetables and grains (at least half should be whole grains). Limit saturated fats, trans fats, cholesterol, salt (sodium) and sugar. Make lean, low-fat or nonfat choices when possible—for example, with meat and milk. These foods will give your body and mind the energy, vitamins and minerals they need. Avoid caffeine—it can alter your mood and worsen depression. Skipping meals or eating too quickly can also make you feel worse.

Get the proper amount of sleep.

Getting too much or too little sleep can make depression worse. Try to go to bed and get up at the same times every day. Tell your health-care provider if you have problems sleeping.

Avoid alcohol and other drugs.

Alcohol is a depressant and can make depression worse. If you are taking antidepressants, alcohol and other drugs can cause dangerous side effects or prevent antidepressants from working properly.

Go out with friends.

Being with other people is better than being alone. Or, try activities you'll enjoy or that will give you a sense of accomplishment.

Laugh.

Laughter can improve your mood and help you relax. Watch a funny movie or TV show. See a show at a comedy club. Or read a funny book.





Pace yourself.

You may not be able to do everything you normally could. That's OK. Break big jobs into smaller tasks. Set priorities.

Don't forget your personal hygiene.

Get dressed, brush your hair and bathe regularly. Looking better can help you feel better.

Plan a realistic schedule.

Having a plan helps some people get through the day. Include activities that you enjoy along with the things that you have to do. Don't try to do too much. (See page 26.)

Learn relaxation techniques.

These include meditation, visualization, deep breathing and progressive muscle relaxation. Ask your health-care provider to teach you these techniques, and practice on your own.

Join a self-help group.

You don't have to fight depression on your own. Self-help groups give people with depression a chance to share their feelings with others and talk about things that might help them feel better. They also provide comfort and encouragement. Ask your health-care provider if one meets near you.

A note for family and friends

Helping a person with depression can be an exhausting job. That's why it's important for you to maintain good physical and mental health. Try to:

- Follow the advice on these 2 pages.
- Make time for yourself.
- Share caregiving responsibilities with others.
- Talk to the person about something besides the illness.



Plan your day.

Having activities scheduled—including exercise, social activities and time to relax—can keep you on track and help prevent a recurrence. You'll also feel a sense of accomplishment when you finish something you planned to do!

Use this chart or one like it to plan your time. If you need help, ask a family member or friend to complete your plan with you.



	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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A problem with alcohol or other drug use

combined with depression is called dual diagnosis or co-occurring disorders.

Why do some people have a dual diagnosis?

There are several possible reasons. Experts think that:

- Some people are depressed and then turn to alcohol or other drugs to try to make the pain go away. (But remember—alcohol or other drugs are never a solution. They can create new problems and make old problems harder to solve.)
- Some people may have an alcohol or drug problem first. The depression sets in as the person begins to realize that he or she cannot control the use of alcohol and/or other drugs and that the consequences are severe.

What does treatment involve?

Treatment for a dual diagnosis is more complicated than treatment for depression alone because each condition requires different types of treatment.

This can involve medicine and psychotherapy. The person may stay in a hospital or treatment center for a short time.

Getting better will take time and hard work, but the rewards are well worth the effort. Many people care and can help you!





Can the depression come back?

Sometimes, yes. About half of those who've suffered from depression will have it again at some point. But, you may be able to tip the odds in your favor.

Here's how:

Continue to take your medicine.

Don't stop taking prescribed medicine, even if you are feeling better. Stopping too soon can cause depression to return. Your health-care provider can tell you when you can stop taking the medicine. (In some cases, you may need to take it for the rest of your life.)

Even if you were addicted to alcohol or other drugs, you don't have to worry about antidepressants—they are not considered addictive.

Get follow-up care.

Continue to meet with your therapist. (Sessions may not be as frequent as in the past.) Some evidence shows this can delay a recurrence of depression. If you've experienced relief with ECT in the past, your health-care provider may recommend ECT periodically.

Schedule activities.

Having a daily schedule that includes time for work, play, exercise and your treatments often helps. Try not to leave large blocks of time unscheduled—these may encourage you to fall back into negative thinking or behavior patterns. (See page 26.)

A note for family and friends

You play a key role in preventing a recurrence! Make sure the person sticks with his or her follow-up care. If you see symptoms of depression, encourage the person to get help right away.

If depression returns, get treatment right away and think positively! You've beaten depression before. You can do it again.

Family members and friends can help.

Depression can be difficult to overcome. And, people with depression often lack the will or energy to take action on their own. That makes your love and support important.



Encourage the person to get treatment.

This is the most important thing you can do. Proper treatment (medicines and/or psychotherapy, for example) can help the person beat depression. Help the person stick with his or her treatment plan. (You may need to help the person find a therapist. See pages 17 and 30.)

Try not to blame the person.

Being depressed is not his or her fault.

Offer emotional support.

Allow the person to share his or her feelings. Listen carefully. Point out negative or distorted thinking without sounding critical.

Try not to criticize the person.

This may only reinforce the person's negative thinking and worsen the depression.

Don't tell the person to "snap out of it."

A depressed person can't "snap out of it," no matter how hard he or she tries. Don't accuse the person of faking it.

Encourage the person to be active.

Exercise and activity can help improve the person's mood.

Show you care.

Take time to go for a walk or eat a meal with the person. Ask how you can best help.

Don't take it personally.

A depressed person may say things he or she doesn't mean. If the person is a spouse or partner, don't feel rejected if he or she doesn't want to have sex. Depression reduces desire.

Remember—it's normal for caregivers to feel frustration or lose patience from time to time.

If this happens, take some time for yourself. Forgive yourself. You might also join a self-help group for caregivers. (See pages 24 and 25 for more tips.)





Other sources of help

are available. Try talking to your health-care provider, a local mental health center or your spiritual leader. If you're thinking of suicide, call the hotline on page 10 right away.

Many employers offer an EAP (employee assistance program). The EAP can help you handle problems related to depression, provide counseling or give you a referral.

For more information about depression, contact:

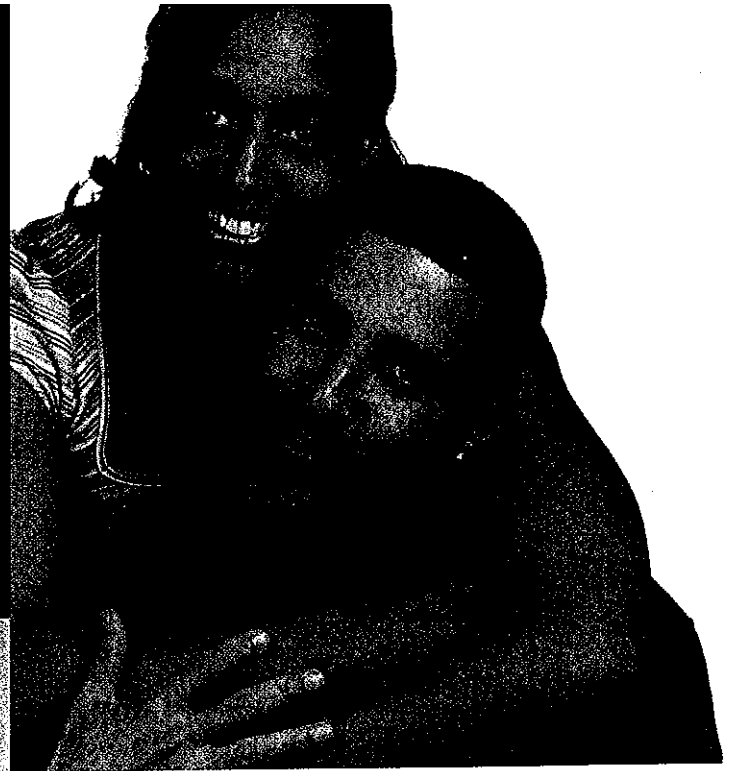
- National Alliance on Mental Illness (NAMI)
1-800-950-NAMI
(1-800-950-6264)
1-703-516-7227 (TDD)
www.nami.org
- Depression and Bipolar Support Alliance
1-800-826-3632
www.dbsalliance.org
- National Institute of Mental Health
1-866-615-6464 (toll-free)
1-301-443-8431 (TTY)
www.nimh.nih.gov
- Mental Health America (MHA)
1-800-969-6642
1-800-433-5959 (TTY)
www.mentalhealthamerica.net
- Depression and Related Affective Disorders Association (DRADA)
1-703-610-9026
www.drada.org

NOTE: These numbers are NOT for emergency help. In an emergency, call 9-1-1 or your local medical emergency number. If you are calling for someone else, stay with the person until help arrives.



Don't let depression keep you down!

There is hope. You can get treatment for depression and live a productive and happy life.



Remember to:

Keep appointments

with your health-care provider or mental health professional. Do any “homework” or other exercises he or she suggests.

Take your medicine

(if prescribed) according to your health-care provider’s instructions.

Take care of yourself

—eat a variety of healthy foods, exercise, pace yourself and remember to laugh.

Involve friends and family

—they can support you and encourage you to stick with your treatment plan.

Keep in mind that it will take time and effort to conquer depression—but it’s worth it!

