

# Tools List

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All the tools used in the model clinical process are listed below. The purpose or content of each tool is indicated briefly in italics.

<b>Professional Tools</b>		Filename
	Depression Screen <i>A two-question screen to determine the possibility of depression in patients</i>	Tool 1
	Depression Evaluation: Initial Visit <i>Form for recording initial findings about the patient with possible depression</i>	Tool 2
	PHQ-9 Flow Chart <i>Tracking tool for PHQ-9 monitoring of depression response to treatment</i>	Tool 3
<b>Patient Forms</b>		
	Medical History <i>Information provided by the family or person</i>	Tool 4
	PHQ-9 — Nine Symptom Checklist <i>Information provided by the patient about the depression problem, with scoring instructions</i>	Tool 5
	Geriatric Depression Scale (short form) <i>Yesavage's rating scale for depression, with scoring instructions</i>	Tool 6
<b>Patient Handouts</b>		
	Depression <i>An explanation of depression, and common signs</i>	Tool 7
	How Do I Know If I'm Depressed? <i>A brief description of what depression is, what causes it, and when to seek help</i>	Tool 8

**Patient  
Handouts  
(continued)**

Evaluation of Depression <i>An explanation of the evaluation process for patient and family</i>	Tool 9
Treatment of Depression <i>Description of what treatment can do and the effectiveness of them</i>	Tool 10
Drug Treatment of Depression <i>Description of antidepressants used to treat depression, their side effects and the length of time needed for treatment</i>	Tool 11
Mental Health Specialists and Depression <i>Description of roles of psychiatrist, psychologist, social worker, psychiatric nurse specialist</i>	Tool 12
Taking Care of Yourself <i>Information for patient to follow while treating self</i>	Tool 13
What If I Don't Feel Better <i>An explanation of long term solutions to depression</i>	Tool 14

# Depression Screen

To quickly screen patients you think may be depressed, ask these two questions:

During the past month have you often been bothered by:

- Little interest or pleasure in doing things?      Yes                       No
- Feeling down, depressed, or hopeless?              Yes                       No

If the patient answers “no” to both questions, the screen is negative.

If the patient answers “yes” to either question, proceed with in-depth depression evaluation.

# Depression Evaluation: Initial Visit

Date: _____	Name _____	
Age: _____	<b>Story of the Illness</b>	<b>ROS</b> <i>circle positives</i> Nerves Headache Pain Sex Tired Health Sleep Weight Memory Digestive Constipation Bereaved Move Abuse Job loss Pet
<b>PHQ-9</b> Anhedonia      ___ Dysphoria      ___ Insomnia       ___ Tired           ___ Appetite       ___ Failure         ___ Concentration ___ Slow/restless ___ Death          ___ Score           ___ Difficulty      ___	<b>Current Medical History</b>	
<b>Past Med Hx</b> <i>check positives</i> CAD <input type="checkbox"/> Thyroid <input type="checkbox"/> CVA <input type="checkbox"/> Parkinson's <input type="checkbox"/> Alcoholism <input type="checkbox"/> Depression <input type="checkbox"/> Suicide <input type="checkbox"/> Drug <input type="checkbox"/> Cancer <input type="checkbox"/> Sensory <input type="checkbox"/> Pain <input type="checkbox"/> Dementia <input type="checkbox"/> Anxiety <input type="checkbox"/> Psych <input type="checkbox"/> Manic <input type="checkbox"/> Diabetes <input type="checkbox"/>	<b>Psychiatric History</b>	
<b>Fam Hx</b> ___ Dementia <input type="checkbox"/> Parkinson's <input type="checkbox"/> Depression <input type="checkbox"/> Stroke <input type="checkbox"/> CAD <input type="checkbox"/> Diabetes <input type="checkbox"/> Mental illness <input type="checkbox"/> Suicide <input type="checkbox"/>	<b>Medications</b>	<b>Education</b> _____ /yrs. <b>Employment</b>
	<b>Positives (FHx, occup., habits, function)</b>	<b>CAGE Questionnaire</b> <i>circle positives</i> Cut down Annoyed Guilt Eye opener <b>Health Habits:</b> <b>Tobacco</b> _____ /pk-yrs. <b>Alcohol</b> _____ /day

<b>Vital Signs</b> BP ____		P__ T__	Wt. __lb	Ht. __in
<b>Eyes</b> <input type="checkbox"/> nl conjunctiva & lids Pupils <input type="checkbox"/> pupils symmetrical, reactive Fundus <input type="checkbox"/> nl discs & pos elements	<b>MS Gait</b> <input type="checkbox"/> nl gait & station Nails <input type="checkbox"/> no clubbing, cyanosis Check nl, circ abn   ROM   Strength       Tone   Abnormals <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>ENT-External</b> <input type="checkbox"/> no scars, lesions, masses Otosopic <input type="checkbox"/> nl canals & tympanic membranes Hearing <input type="checkbox"/> nl to _____ Intranasal <input type="checkbox"/> nl mucosa, septum, turbinate Ant. Oral <input type="checkbox"/> nl lips, teeth, gums Oropharynx <input type="checkbox"/> nl tongue, palate, pharynx	<b>Skin</b> <input type="checkbox"/> nl to inspection & palpation			
<b>Neck palp.</b> <input type="checkbox"/> symmetrical without masses Thyroid <input type="checkbox"/> no enlargement or tenderness	<b>Neurologic</b> <input type="checkbox"/> nl alertness, attentive Cranial nerves <input type="checkbox"/> w/o gross deficit Coordination <input type="checkbox"/> nl rapid alternating movement DTR's <input type="checkbox"/> symmetrical, __ (scale: 0-4+) Sensation <input type="checkbox"/> nl touch, proprioception			
<b>Resp. effort</b> <input type="checkbox"/> nl without retractions Chest percuss. <input type="checkbox"/> no dullness or hyperresonance Chest palp. <input type="checkbox"/> no fremitus Auscultation <input type="checkbox"/> nl bilateral breath sounds w/o rales	<b>MMSE</b>			
<b>Heart palp.</b> <input type="checkbox"/> nl location, size Cardiac ausc. <input type="checkbox"/> no murmur, gallop, or rub Carotids <input type="checkbox"/> nl intensity w/o bruit Pedal pulses <input type="checkbox"/> nl posterior tibial & dorsalis pedis	<b>Psych Orient'n</b> <input type="checkbox"/> nl to day, mo, yr, time, location    ___/10 Registration <input type="checkbox"/> register 3 items                        ___/3 Attn/Calc <input type="checkbox"/> serial subtraction, world bckwd    ___/5 Recall <input type="checkbox"/> recall 3 items                         ___/3 Language <input type="checkbox"/> nl nam'g, repit'n, compr'n, read'g, rit'g ___/8 Visuospatial <input type="checkbox"/> copy design, clock                    ___/1 Knowledge <input type="checkbox"/> current/past presidents            totals ___/30 Mood <input type="checkbox"/> nl GDS                                    GDS Score ___/15			
<b>Breasts</b> <input type="checkbox"/> nl inspection & palpation	<b>GDS (circle positives)</b> Satisfied                            Afraid                                Wonderful Dropped                            Happy                                 Worthless Empty                                Helpless                             Energy Bored                                Stay home                            Hopeless Spirits                               Memory                               Others better  Better off dead? Considered harming yourself?			
<b>Abdomen</b> <input type="checkbox"/> no masses or tenderness L/S <input type="checkbox"/> no liver/spleen Hernia <input type="checkbox"/> no hernia identified Anus/rectal <input type="checkbox"/> no abnormality or masses  GU male <input type="checkbox"/> nl to inspection & palpation Prostate <input type="checkbox"/> nl size w/o nodularity  GU female <input type="checkbox"/> external genitalia nl w/o lesions Int. inspection <input type="checkbox"/> nl bladder, urethra, & vagina Cervix <input type="checkbox"/> nl appearance w/o discharge Uterus <input type="checkbox"/> nl size, position, w/o tenderness Adnexa <input type="checkbox"/> no masses or tenderness	<b>Speech</b> <input type="checkbox"/> nl rate, volume Thought cont. <input type="checkbox"/> logical, coherent Psychosis <input type="checkbox"/> no hallucinations, delusions Judgement <input type="checkbox"/> nl Behavior <input type="checkbox"/> cooperative, appropriate			
<b>Lymphatic</b> <input type="checkbox"/> nl neck & axillae Lymph other <input type="checkbox"/>				
<b>Additional Description of positive findings:</b>  				

## Diagnostic Assessment

## Recommendations

### Educational Materials

- Depression
- How Do I Know If I'm Depressed?
- Evaluation of Depression
- Treatment of Depression
- Drug Treatment of Depression
- Mental Health Specialists
- Taking Care of Yourself
- What If I Don't Feel Better?

# PHQ-9 Flow Chart

Tracking tool for PHQ-9 monitoring of depression response to treatment.

\_\_\_\_\_  
Name

Symptom	Date	Date	Date	Date	Date	Date	Date	Date
Anhedonia								
Dysphoria								
Insomnia								
Tiredness								
Appetite								
Failure								
Concentration								
Slow/Restless								
Death/Suicide								
PHQ-9 Score								
Effect Question								

# Medical History

***Instructions***

To determine the cause of depression, the doctor needs details about your history, including current and past medical problems, medications, health habits, and family history. The information may be gathered from both the person and family members.

***My name is:*** \_\_\_\_\_

***My telephone is:*** \_\_\_\_\_



**Past Medical History**

Have you been affected by any of the following problems or conditions? If so, when was it first found?

Condition	When?	Yes	No
Heart disease, angina	_____	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid trouble	_____	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	_____	<input type="checkbox"/>	<input type="checkbox"/>
Parkinson's disease	_____	<input type="checkbox"/>	<input type="checkbox"/>
Drinking problem	_____	<input type="checkbox"/>	<input type="checkbox"/>
Suicide attempt	_____	<input type="checkbox"/>	<input type="checkbox"/>
Street drug use	_____	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	_____	<input type="checkbox"/>	<input type="checkbox"/>
Vision or hearing loss	_____	<input type="checkbox"/>	<input type="checkbox"/>
Chronic pain	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dementia	_____	<input type="checkbox"/>	<input type="checkbox"/>
Bad nerves or anxiety	_____	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric problem	_____	<input type="checkbox"/>	<input type="checkbox"/>
Spells of extremely high energy	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Current Medical History**

Please list the medical conditions currently affecting you or that you are currently receiving treatment for.

When did it begin?	Condition
_____	_____
_____	_____
_____	_____
_____	_____

**Psychiatric History**

Please list all mental health or psychiatric conditions or treatments you have had, with the approximate date of onset for each.

<b>Date</b>	<b>Condition or Treatment</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Education and Employment**

How far did you go in school? \_\_\_\_\_  
\_\_\_\_\_

What type of work did you do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had electroconvulsive (ECT) or “shock” therapy? \_\_\_\_\_ No \_\_\_\_\_ Yes

**Family History**

Please indicate which family members have had any of the following medical conditions (give the relationship to you, not the relative's name).

<b>Condition</b>	<b>Family Member(s)</b>
Alzheimer's disease or dementia	_____
Parkinson's disease	_____
Depression	_____
Stroke	_____
Heart Disease	_____
Cancer	_____
Diabetes	_____
Mental Illness	_____
Suicide	_____

**Health Habits**

If you ever smoked, how many packs per day and for how many years? \_\_\_\_\_

If you no longer smokes, when did you quit?  
\_\_\_\_\_

Do you drink alcoholic beverages on most days?

\_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, how many drinks per day, usually?

(1 drink is 1 beer, 6 oz of wine, or 2 oz of hard liquor)  
\_\_\_\_\_

If yes to drinking, please circle the best answer to each question below.

Have you ever felt you ought to cut down on your drinking *Yes No*

Have people annoyed you by criticizing your drinking? *Yes No*

Have you ever felt bad or guilty about your drinking? *Yes No*

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? *Yes No*

**Medication  
History**

Please list all **prescription** medicines that you are currently taking

<b>Name of Medication</b>	<b>Strength and Times per Day</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list all **over-the-counter** medicines that you are currently taking at least once a week.

<b>Name of Medication</b>	<b>Strength and Times per Day</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Review of  
Systems**

Have you been bothered by any of the following problems in the past few months?

Please describe any problems briefly, with approximate dates. If you need more room, write on the back of the sheet. Leave the line empty if the problem had not occurred.

<b>Problem</b>	<b>Description, dates(s)</b>
Extreme nervousness	_____
Headaches	_____
Pain	_____
Problems having sex	_____
Extreme tiredness	_____
Serious health problem	_____
Problems sleeping	_____
Loss or gain of weight	_____
Problems with memory	_____
Digestive problems	_____
Constipation	_____
Loss of a loved one	_____
Difficult move	_____
Victim of violence or abuse	_____
Loss of or change in job	_____
Loss of a pet	_____

# PHQ-9 — Nine Symptom Checklist

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.

a. Little interest or pleasure in doing things

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

b. Feeling down, depressed, or hopeless

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

c. Trouble falling asleep, staying asleep, or sleeping too much

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

d. Feeling tired or having little energy

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

e. Poor appetite or overeating

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

g. Trouble concentrating on things such as reading the newspaper or watching television

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

i. Thinking that you would be better off dead or that you want to hurt yourself in some way

**Not at all**      **Several days**      **More than half the days**      **Nearly every day**

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

**Not Difficult at All**      **Somewhat Difficult**      **Very Difficult**      **Extremely Difficult**

# PHQ-9 — Scoring Tally Sheet

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**1. Over the last 2 weeks, how often have you been bothered by any of the following problems? Read each item carefully, and circle your response.**

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
a. Little interest or pleasure in doing things				
b. Feeling down, depressed, or hopeless				
c. Trouble falling asleep, staying asleep, or sleeping too much				
d. Feeling tired or having little energy				
e. Poor appetite or overeating				
f. Feeling bad about yourself, feeling that you are a failure, or feeling that you have let yourself or your family down				
g. Trouble concentrating on things such as reading the newspaper or watching television				
h. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual				
i. Thinking that you would be better off dead or that you want to hurt yourself in some way				
Totals				

**2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

Not Difficult At All 0	Somewhat Difficult 1	Very Difficult 2	Extremely Difficult 3



# How to Score PHQ-9

## Scoring Method For Diagnosis

### Major Depressive Syndrome is suggested if:

- Of the 9 items, 5 or more are circled as at least "More than half the days"
- Either item 1a or 1b is positive, that is, at least "More than half the days"

### Minor Depressive Syndrome is suggested if:

- Of the 9 items, b, c, or d are circled as at least "More than half the days"
- Either item 1a or 1b is positive, that is, at least "More than half the days"

## Scoring Method For Planning And Monitoring Treatment

### Question One

- To score the first question, tally each response by the number value of each response:

Not at all = 0

Several days = 1

More than half the days = 2

Nearly every day = 3

- Add the numbers together to total the score.
- Interpret the score by using the guide listed below:

Score	Action
$\leq 4$	The score suggests the patient may not need depression treatment.
> 5-14	Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment.
$\geq 15$	Warrants treatment for depression, using antidepressant, psychotherapy and/or a combination of treatment

### Question Two

In question two the patient responses can be one of four: not difficult at all, somewhat difficult, very difficult, extremely difficult. The last two responses suggest that the patient's functionality is impaired. After treatment begins, the functional status is again measured to see if the patient is improving.

# Geriatric Depression Scale (GDS)

**Instructions:** Circle the answer that best describes how you felt over the past week.

- |   |     |    |
|---|-----|----|
| 1. Are you basically satisfied with your life?                            | yes | no |
| 2. Have you dropped many of your activities and interests?                | yes | no |
| 3. Do you feel that your life is empty?                                   | yes | no |
| 4. Do you often get bored?  | yes | no |
| 5. Are you in good spirits most of the time?                              | yes | no |
| 6. Are you afraid that something bad is going to happen to you?           | yes | no |
| 7. Do you feel happy most of the time?                                    | yes | no |
| 8. Do you often feel helpless?  | yes | no |
| 9. Do you prefer to stay at home, rather than going out and doing things? | yes | no |
| 10. Do you feel that you have more problems with memory than most?        | yes | no |
| 11. Do you think it is wonderful to be alive now?                         | yes | no |
| 12. Do you feel worthless the way you are now?                            | yes | no |
| 13. Do you feel full of energy?   | yes | no |
| 14. Do you feel that your situation is hopeless?                          | yes | no |
| 15. Do you think that most people are better off than you are?            | yes | no |

**Total Score** \_\_\_\_\_

# Geriatric Depression Scale (GDS)

## Scoring Instructions

**Instructions:** Score one point for each bolded answer. A score of 5 or more suggests depression.

- |   |            |           |
|---|------------|-----------|
| 1. Are you basically satisfied with your life?                            | yes        | <b>no</b> |
| 2. Have you dropped many of your activities and interests?                | <b>yes</b> | no        |
| 3. Do you feel that your life is empty?                                   | <b>yes</b> | no        |
| 4. Do you often get bored?  | <b>yes</b> | no        |
| 5. Are you in good spirits most of the time?                              | yes        | <b>no</b> |
| 6. Are you afraid that something bad is going to happen to you?           | <b>yes</b> | no        |
| 7. Do you feel happy most of the time?                                    | yes        | <b>no</b> |
| 8. Do you often feel helpless?  | <b>yes</b> | no        |
| 9. Do you prefer to stay at home, rather than going out and doing things? | <b>yes</b> | no        |
| 10. Do you feel that you have more problems with memory than most?        | <b>yes</b> | no        |
| 11. Do you think it is wonderful to be alive now?                         | yes        | <b>no</b> |
| 12. Do you feel worthless the way you are now?                            | <b>yes</b> | no        |
| 13. Do you feel full of energy?   | yes        | <b>no</b> |
| 14. Do you feel that your situation is hopeless?                          | <b>yes</b> | no        |
| 15. Do you think that most people are better off than you are?            | <b>yes</b> | no        |

*A score of  $\geq 5$  suggests depression*

**Total Score** \_\_\_\_\_

Ref. Yesavage: The use of Rating Depression Series in the Elderly, in Poon (ed.): Clinical Memory Assessment of Older Adults, American Psychological Association, 1986

# Depression

## ***What Is Depression?***

Depression is a common illness that affects millions of Americans each year. However, many people fail to get treatment because they are afraid to talk about their symptoms with their doctor. Some people have the mistaken idea that depression is a sign of weakness or is a problem that will go away on its own. We now know that depression is a medical condition just like high blood pressure or diabetes, and it needs to be treated seriously.

Research shows that people who are depressed may have more problems with their general health if their depression is not treated. The good news is that there are many good choices of medications that treat depression effectively with very few side effects. Medications must be taken daily, and improvement of depressive symptoms is expected within a few weeks.

Many people fear that these medications for depression are habit forming or that they may become addicted to them. This is not true, and most people may need to take them for only a year or less.

## ***What Are Common Signs of Depression?***

Here are some of the most common signs of depression. If you have experienced any of them in the last two weeks, you should talk with your doctor.

- Have you felt sad or blue?
- Have you felt tired or without energy?
- Have you found it hard to concentrate, remember things or make decisions?
- Have you lost interest in activities that you usually enjoy?
- Have you been sleeping too much or too little?
- Have you either lost or gained weight?
- Have you been feeling guilty or worthless?

# How Do I Know If I'm Depressed?

## ***What Does Depression Feel Like?***

In the past month, have you had little interest or pleasure in doing things? Are you feeling down, sad, or hopeless?

If the answer to either question is “yes,” you may suffer from depression. Depression is a feeling of sadness that lasts for many weeks and does not go away. It interferes with your daily activities and may keep you from eating, sleeping, or enjoying yourself. You may also feel more tired than usual and have difficulty concentrating or remembering.

Depression is not just "feeling blue" or "down in the dumps." It is not just being sad or feeling grief after a loss. Depression is a medical disorder — just like diabetes, high blood pressure, or heart disease — that day after day affects your thoughts, feelings, physical health, and behaviors.

## ***What Causes Depression?***

Depression is usually caused by low levels of special brain chemicals that change the way the brain sends messages. These brain chemicals can change as we get older, but they can also change after a time of stress, after a medical illness, or after taking certain medications.

Like many medical disorders, depression has an effective treatment that can relieve the bad feelings and thoughts. Treatment is available from your family doctor.

## ***When Should I Seek Help?***

If you think you or someone you know might have depression, seek help quickly. The longer treatment is delayed, the more difficult depression is to treat. Remember, depression is not caused by personal weakness, laziness, or lack of will power. It is a medical illness that can be treated.

# Evaluation of Depression

## ***Why Is Evaluation Necessary?***

A number of medical conditions can cause or contribute to depression. For instance, some blood problems can cause symptoms much like depression. For this reason, before prescribing a treatment, your doctor needs an accurate diagnosis of your problem. The key to accurate diagnosis is understanding how you feel inside and how your problems developed.

## ***What Will My Doctor Ask Me?***

To make an accurate diagnosis, your doctor will...

- Ask about your symptoms.
- Ask about your general health.
- Check your medications for those that can cause depression.
- Ask about your family history of general medical and mental disorders.
- Give you a physical examination.
- Conduct some basic laboratory tests.

# Treatment of Depression

## ***What Will***

### ***Treatment Do for Me?***

Treatment reduces the pain and suffering of depression.

Successful treatment removes all of the symptoms of depression and returns you to your normal life. As with other medical illnesses, the longer you have the depression before you seek treatment, the more difficult it can be to treat. Most people who are treated for depression feel better and return to daily activities in several weeks. Because it takes time for treatment to work fully, the earlier you get treatment for your depression, the sooner you will begin to feel better.

You may have to try one or two treatments before finding the best one. It is important not to get discouraged if the first treatment does not work. In almost every case, there is a treatment for the depression that will work for you.

## ***What Are***

### ***Effective Treatments?***

The two effective treatments for depression are medications and psychotherapy. Either can be used alone, or they can be used together. Primary care doctors are most familiar with medication treatment.

Other treatments, such as herbal medicine, are not so effective. For instance, non-prescription therapies such as St. John's Wort, ginkgo biloba, and ginseng have been used to treat depression. In general, however these therapies are not very reliable, and many people delay getting appropriate treatment when they take herbal medicines. If you are taking any herbal medicines, or are thinking about trying them, check with your doctor first.

# Drug Treatment of Depression

## ***What Are Antidepressants?***

Antidepressant medications help stabilize the amount of special chemicals in your brain. Your doctor may start you on selective serotonin reuptake inhibitors (SSRIs), which are very effective in treating depression and are taken once a day.

These medications include Celexa (citalopram) Paxil (paroxetine), Prozac (fluoxetine), or Zoloft (sertraline). The prices of these medications may vary, but they generally cost \$65 to \$85 per month.

Tricyclic antidepressants are an older, sometimes less expensive type of medicine for depression. These drugs are effective, but have side effects that can be particularly troubling in older persons.

Other useful antidepressants include Effexor (venlafaxine), Serzone (nefazodine), Remeron (mirtazapine) and Wellbutrin (bupropion).

## ***What Are the Side Effects?***

The most common side effects of SSRIs include nausea, diarrhea, and headaches. If you have any of these side effects, they are usually mild and disappear in the first few weeks.

Even if you experience mild side effects from the medicine, you should still take it until it has a chance to help you. If the side effects are more troublesome, call or visit your doctor to discuss changing medicine or dosage.

(continued)



***How Long Does  
Drug Treatment  
Take?***

Treatment with antidepressant medications takes 4 to 6 weeks to change the brain chemicals and relieve the depression.

Antidepressants are not addictive or habit forming, and they do not make you high. The only thing that you may feel from the medicine is the side effects, which are usually unpleasant.

In general, you will probably take the antidepressant for at least 6 to 9 months, but your doctor will determine, along with you, the length of time you should take this medicine. A common reason medicine doesn't help depression is that the medicine is stopped before it has enough time to work. It is important to continue taking the medicine every day, even if you start to feel better.

# Mental Health Specialists and Depression

## ***When Should I See a Mental Health Specialist?***

Many people with depression can be successfully treated by their general healthcare provider. However, some people need specialized treatment because the first treatment does not work, because they need a combination of treatments, or because the depression is severe or it lasts a long time. Many times, a second opinion or consultation is all that is needed. If the mental health specialist provides treatment, it is most often on an outpatient basis (not in the hospital).

## ***What Are the Types of Mental Health Specialists?***

Several types of mental health specialists treat depression.

**Psychiatrist.** A physician (M.D. or D.O.) who specializes in the diagnosis and treatment of mental or psychiatric disorders. A psychiatrist may help your physician adjust your antidepressant medications or give other advice about the medicines you are taking. A psychiatrist may also provide counseling.

**Psychologist.** A person with a degree in psychology and training in counseling, psychotherapy, and psychological testing. A psychologist will meet with you on a regular basis to discuss any situations or problems you are experiencing that may be contributing to your depression.

**Social Worker.** A person with a master's degree and specialized training in counseling.

**Psychiatric Nurse Specialist.** A nurse (R.N.P with a master's degree in psychiatric nursing who specializes in treating mental or psychiatric disorders.

If you think you need to see a mental health specialist, tell your doctor.

# Taking Care of Yourself with Depression

When you are depressed, it is important to...

**Pace yourself.** Do not expect to do all of the things you were able to do in the past. Set a schedule that is realistic for you.

**Think positive.** Remember that negative thinking (blaming yourself, feeling hopeless, expecting failure, and other such thoughts) is part of a depression. As the depression lifts, the negative thinking will go away, too.

**Avoid making major life decisions.** If you must make a major decision about your life while you are depressed, ask your clinician or someone you trust to help you.

**Avoid drugs and alcohol.** Research shows that drinking too much alcohol or using drugs can cause or worsen a depression. It can also lower the effectiveness of antidepressant medicines or cause dangerous side effects.

**Be Patient.** Understand that it took time for the depression to develop and it will take time for it to go away.

**Ask for Support.** Your friends and family can be very supportive and helpful, especially if they have received education about depression. Keep the name and phone number of people that you can talk to and to ask to help you. Ask your friends and family members for their understanding and patience. Talk to them about your feelings and treatment. Spend time with them in social activities.

(continued)

Some people find it difficult, almost a burden, to interact with others during this time. If you feel this way, don't force yourself to get out among people. However, if you find yourself alone and unable to interact with others, tell your clinician.

(based on Clinical Practice Guideline on Depression in Primary Care, by the Agency for Health Care Policy and Research)

# What If I Don't Feel Better

A common effect of depression is a strong belief that nothing can help you get better. This is not true. Stick with your doctor and your treatment.

Your doctor may choose to either increase the dose of your medication, or switch you to another type of antidepressant. There are a lot of choices of medications, and it may take time to find the medication that works best for you.

Combining psychotherapy with medication can also help you improve. A mental health specialist may be recommended.

Not all depression gets better with medicines or psychotherapy. Some may require other treatment. Electroconvulsant therapy (ECT) is a very effective treatment that is sometimes used for people who have a severe, life threatening depression that does not respond to medicine or psychotherapy. The problems with memory that happened with ECT when it was first used in the 1940's have been solved, and it is now safe and effective.

If you are having any thoughts about death or about hurting yourself, you should call your doctor immediately. Your doctor can make sure you get the help you need. Remember, recovery is the rule, when depressed people get the proper treatment. While the first treatment chosen doesn't always work, nearly all depressed people improve with treatment.