

# Treatment

EFFECTIVELY TREATING depression often involves medication and/or psychotherapy, and depends on:

- ✦ the depressed person's optimism, hope and energy;
- ✦ the number and types of stressors present;
- ✦ the severity of the person's symptoms;
- ✦ how long the person has been depressed;
- ✦ the results of previous treatment; and
- ✦ the support of family, friends and significant others.

Finding the best possible treatment may take time because it involves establishing a therapeutic and trusting relationship between the therapist and the depressed person. Various types and combinations of treatments may have to be tried.

# Medication

FINDING THE MOST appropriate prescription and taking it as directed are very important. You will need to learn about the medication and talk about its effect on you with your physician and pharmacist.

Identifying the best type of medication and most effective dosage may take

## What happens if depression is not treated?

People who do not receive treatment often remain depressed much longer than those who do. Perhaps even more important are the personal and financial costs associated with untreated depression as it interferes with work, family and almost all other aspects of life. Also, in some cases, the risk of suicide remains very high if depression is not treated.

time. Several weeks may have to elapse before the drug begins to take effect and you feel better. Sometimes side effects cause discomfort, but these usually get better within a few weeks.

## Antidepressants

Used to reverse depressive symptoms and stabilize mood, antidepressants may increase the amount of certain chemicals in the brain. They are not considered physically addictive. After

you start taking them, it usually takes two to five weeks before you begin to feel better. For some people, this time may be shorter.

There are three major categories of these drugs: the new generation drugs, tricyclic antidepressants, and monoamine oxidase (MAO) inhibitors.

## New Generation Antidepressants

Now available are very specific antidepressants such as the Serotonin Specific Re-uptake Inhibitors (SSRIs). These medications have fewer and milder side effects than other types of antidepressants.

### Specific Serotonin Re-uptake Inhibitors

These drugs have really become standard antidepressants. They have also shown a lot of usefulness in the treatment of anxiety.

### Common Side Effects of New Generation Antidepressants

- nausea and vomiting
- headache
- drowsiness
- dry mouth
- weakness and fatigue
- dizziness
- sexual dysfunction

Many of these side effects only occur mildly or at the beginning of treatment with antidepressants.

### NEWER ANTIDEPRESSANTS

<i>Generic Name</i>	<i>Trade Name</i>
Fluoxetine	Prozac
Fluvoxamine	Luvox
Paroxetine	Paxil
Sertraline	Zoloft
Nefazodone	Serzone
Venlafaxine	Effexor

New antidepressants with more specific actions and fewer side effects are continually being introduced.

## Tricyclic Antidepressants

These are the oldest and, until recently, were the most commonly prescribed antidepressants. They are not used now because of their side effects.

<i>Generic Name</i>	<i>Trade Name</i>
Amitriptyline	Elavil, Levate, Novopriptyn
Doxepin	Sinequan, Tridapin
Desipramine	Norpramin, Pertofrane
Trimipramine	Surmontil, Apo-Trimip
Imipramine	Tofranil, Impril, Novopramine
Nortriptyline	Aventyl
Protriptyline	Triptil
Clomipramine	Anafranil

In addition, the following drugs similar to tricyclics are used to treat depression.

<i>Generic Name</i>	<i>Trade Name</i>
Trazadone	Desyrel
Amoxapine	Asendin
Maprotiline	Ludiomil

### Common Side Effects of Antidepressants

- feeling drowsy
- weakness and fatigue
- blurred vision
- difficulty urinating
- constipation
- increased heart rate
- memory impairment
- dry eyes and mouth
- feeling dizzy or light-headed when rising.

These side effects are very particular, and individuals experience them differently.

## Monoamine Oxidase (MAO) Inhibitors

Sometimes prescribed if other antidepressants have not been successful, MAO inhibitors are not used routinely because they interact adversely with many drugs and foods. If you need to take one of these, you will be given a list of foods, beverages and other medications to avoid.

<i>Generic Name</i>	<i>Trade Name</i>
Phenelzine	Nardil
Tranylcypromine	Parnate

A new MAO inhibitor, Moclobemide (Manerix), has recently become available. It is known as a RIMA – a Reversible Inhibitor of Monamine Oxidase A. This drug is very specific in how it works, and a special diet is not required.

### **Additional Treatments**

Some physicians have found that the use of other drugs can help the effectiveness of the antidepressant treatment. Such drugs include L-Tryptophan (Tryptan), Buspirone (Buspar) and Pindolol (Visken).

## **Tranquillizers and Sedatives**

Tranquillizers (usually benzodiazepines such as Valium, Serax, Ativan or Rivotril) are used to ease anxiety. Sedatives are used to induce sleep. They are usually prescribed for short-term, intermittent use, as they may be habit-forming. They are used to ease depressive symptoms during the time you are waiting for antidepressants to take effect.

## **Antipsychotics**

These drugs supplement mood stabilizers and may be needed in large doses temporarily or in smaller doses for long-term use. Antipsychotic medications must be monitored carefully because they can have serious side effects, especially with high doses.

### **Common Side Effects**

- ☛ drowsiness

- ☛ blurred or double vision
- ☛ loss of balance
- ☛ muscle weakness or spasms, stiff arms or legs, tremors
- ☛ restlessness and a need to keep moving
- ☛ shuffling walk
- ☛ weight gain
- ☛ dry mouth.

## **Lithium**

Most commonly used to treat bipolar disorder (manic depression), lithium may also be effective for people with depression, particularly in preventing relapse. It is believed that the drug affects nerve conduction in the brain.

Lithium's effect is felt in about 10 to 14 days. The person taking it simply "feels well." The most troublesome side effects will likely occur during the first few weeks before they lessen or you get used to them.

### **Common Side Effects**

- ☛ thirst
- ☛ increased urination
- ☛ diarrhoea
- ☛ nausea
- ☛ trembling fingers or hands
- ☛ feeling tired or light-headed
- ☛ weight gain
- ☛ swelling, particularly of the hands and feet.

With long-term use, lithium can also affect the kidneys and the thyroid gland. For this reason, your physician will want to check your renal and thyroid functions regularly.

## Anti-Convulsants

These medications affect electrical activity in the brain and are usually used to treat epilepsy and other disorders that cause seizures. However, certain types—Valproic Acid (Depakene, Epival) and Carbamazepine (Tegretol)—are helpful in treating depression because they stabilize mood.

### Common Side Effects

- ❖ loss of appetite
- ❖ diarrhoea, nausea or vomiting
- ❖ swelling of the face
- ❖ feeling tired or weak
- ❖ skin rash or itching
- ❖ sensitivity to the sun.

## Taking Medications is Important

Estimates are that approximately 30 to 60 per cent of people stop taking their medication at some time during their depression. Not taking medications or failing to take them as prescribed may cause a relapse. Always speak to your doctor before you attempt any change or decide you want to discontinue your medication.

There are several reasons why people may not take their medications.

### Forgetting

This is often the result of not having a routine. Like brushing your teeth, taking medication should become a regular habit.

### Not accepting the illness

Taking medication is a constant reminder of the depression. Some people want the medication to be a cure, not just a way to control symptoms.

### Disliking the side effects

People commonly experience dry mouth, nausea, lack of energy and weight gain. By changing the medication, the dosage, or treating the side effects, these conditions can be reduced or eliminated.

### Feeling confused

Living with certain medical conditions, an irregular schedule, a chaotic lifestyle or stress, or taking a combination of medications, can easily make you confused.

### Complacency

If a long time has passed since the last episode of depression, it is easy to be lulled into a false sense of security. Sometimes people think they are better or cured and no longer need medication, so they stop taking it. But they may soon discover this was a mistake.



## Guidelines for Taking Your Medication

### Make it easy to remember

Try to make taking your medication part of your daily routine, just like eating breakfast or brushing your teeth. Keep your medication in a convenient place so it's there when you need it. If you take several medications, consider using a dosette. If the timing of taking medication is inconvenient, ask your physician about changing to a schedule that better suits your lifestyle.

### Follow instructions carefully

Read all the labels and any special instructions on your drug containers. Some medications must be taken at certain times, with meals, others must be taken on an empty stomach. If you are not sure of the directions, ask your doctor or pharmacist.

### Know what to do if you miss a dose

Ask your physician or pharmacist what to do if you forget to take your medication. Do not simply "double-up" on the next dose. The results could be harmful.

### Watch for side effects and drug interactions

Many drugs have serious side effects and you may mistakenly attribute common drug reactions such as confusion, tiredness or lethargy to your illness. In addition, some medications are potentially dangerous when they are combined with other drugs, alcohol, or certain foods or activities. Keep the use of over-the-counter medications to a minimum because all drugs interact with each other.

### Store medications safely

Keep medications out of reach of children and others who could take your medications by mistake.

**If you have any questions about your medications, talk with your doctor or pharmacist.**

☛ *"It is very important to keep a record of treatment. By writing down the side effects and emotional responses to the drugs I was taking, I was able to work with my physician to find a treatment that worked."*

## Keep a Drug Profile

Part of dealing with depression may involve keeping track of your medication.

A drug profile is an easy way of doing this. It is a list of all the prescription and over-the-counter medicines you take on a regular basis. For each medication, record the following information:

- ☛ the medication name and dosage
- ☛ why and when you take it
- ☛ how long you have taken it
- ☛ who prescribed it
- ☛ whether it is or was effective
- ☛ any side effects it caused.

Your drug profile will be valuable for people involved in your health care. For example, if you change physicians, your drug profile provides a clear record of what drugs or combinations of drugs have been tried in the past, whether or not they were effective, and their side effects.

# Psychotherapy

IN PSYCHOTHERAPY OR counselling one or more supportive, interested and objective therapists work with people to help them understand and resolve their problems. Individual and/or group counselling can help in treating clinical depression.

Psychotherapy is conducted by mental health professionals such as psychologists, psychiatrists, social workers and psychiatric nurses. It is important to enquire about a therapist's training, experience and therapeutic approach because professionals have different ways of practising psychotherapy.

When depression is severe, medication and other therapies may be the primary method of treatment. As the person's condition stabilizes, psychotherapy can be used, too.

Through psychotherapy a person gets help in:

## **Making change easier**

A therapist can help you understand and deal with problems that are contributing to your depression. These may be negative and self-defeating thinking styles, stress and low self-esteem.

## **Dealing with relationship problems**

In a setting where you can voice your concerns, disappointments and fears related to important relationships in your personal and working life, you learn to solve problems and be more communicative and assertive. Marital and family counselling are used to help resolve conflicts.

## **Detecting and dealing with relapses**

You can learn to recognize the subtle changes indicating that an episode of depression is returning. With your therapist's help, you can learn the special signals that mean you need to change how you take care of yourself. For example, your therapist can help you become more aware of self-defeating thinking that can affect your mood and self-esteem.

## **Understanding and making acceptance easier**

Understanding depression, how it affects you, and the psychological, interpersonal, and social factors that contribute to your mood disturbance can help you to live more effectively. Psychotherapy can also help you to deal with the stigma sometimes associated with depression.

## **Types of Psychotherapy**

There are many therapeutic approaches, but all are aimed at improving an individual's personal and interpersonal functioning.

### **Cognitive**

The cognitive approach focuses on how people think about themselves, their world and their place in it. It explores negative thoughts and examines how these result in low self-esteem, worry and depression. By correcting negative thinking patterns, self-esteem is enhanced and mood improves.

## **Interpersonal Skills**

In dealing with their interpersonal problems and difficult relationships, people are helped to resolve differences, communicate more effectively, reduce stress and improve their functioning.

## **Behavioral**

Based on the assumption that behaviours are learned, this therapy aims to help individuals learn healthier behaviours and gain greater self-control.

## **Supportive**

This approach encourages people to talk and gives them the emotional support they need. The focus is on sharing information, ideas and strategies for coping with daily concerns.

## **Family**

By focusing on family dynamics the goal is to help people live together more harmoniously, undo patterns that are destructive to relationships, and teach family members to support each other more effectively.

# **Other Treatments**

## **Electroconvulsive Therapy**

Electroconvulsive therapy (ECT) is sometimes used to treat severe depression, usually when drugs have not been effective or the risk of suicide is high. It can also be used during pregnancy when there is a risk that certain medications may cause birth defects. ECT is done in the hospital, usually at the rate of three treatments per week. Typically a person requires a total of between eight to 12 treatments.

ECT has improved considerably since its early days and is today recognized as a humane and effective treatment for mental illness. It's quick-acting, and improvements are usually obvious after a few treatments.

What is it? A small and carefully controlled current of electricity is sent to the brain to induce a seizure. Electrodes are used to apply the current in a similar way paddles are used in heart resuscitation (but with only about one per cent of the amount of energy). Patients are given anaesthesia and muscle relaxants before the procedure and are not awake during it. They do not experience any sensations or body movement. Short-term memory loss or headaches may result from the treatment.

For more information about ECT, contact your physician or a mental health clinic.



## Phototherapy (Light Therapy)

Phototherapy has proven very useful in treating Seasonal Affective Disorder (SAD). A person is exposed to special forms of bright light for about two hours a day, increasing the production of certain chemicals in the brain that relieve the symptoms of depression. This treatment should only be done by a physician. It is not effective with ordinary light.

## Hospitalization

The key to dealing with depression is early intervention and prompt treatment. People with depression are occasionally hospitalized, particularly if they are suicidal or have delusions and/or hallucinations. This time is used for assessing, diagnosing, starting medications, providing support, reducing the risk of suicide or other harmful behaviours, and helping the person deal with problems contributing to depression.

### Returning Home

After being hospitalized for depression, you may need a period of physical and mental recuperation to concentrate on proper rest, eat nutritious foods, get regular exercise and reduce your stress.

Family roles and responsibilities often shift when you are hospitalized; therefore returning home may require some adjustments. In some families, people may be hesitant to relinquish responsibilities to the person returning for fear she or he may suffer a relapse. On the

other hand, other families may expect too much and become impatient for everything to return to normal. Patience, understanding, and good communication are important. Everyone should express their expectations clearly.

Alternative housing may be required because going from the ordered environment of a hospital back to an unstructured or isolated living arrangement can create problems. Staying in a half-way house, living in supported housing or participating in a day program may help to make the transition more successful.

### Early Release

Early release from a hospital is a fact of life in today's health system. Patients are often released much sooner than they were in the past—sometimes before they (or their families) feel they are completely ready.

If you (or the person you are caring for) will be discharged from hospital after only a short stay, the following suggestions may help.

- Ask questions of and talk about your concerns with the hospital staff who are working with you on the discharge plan. Ask them specifically about what to expect after release and what type of support will be needed (e.g., home care, child care services, support groups).
- Make sure you understand what symptoms or changes in condition should cause concern.
- Obtain a list of resource people and their telephone numbers to call if

