

How can I help myself if I am depressed?

If you have depression, you may feel tired, helpless and hopeless. It may be very hard to take any action to help yourself. But as you begin to understand your depression and begin treatment, you will start to feel better.

To help yourself:

- Do not wait too long to get evaluated or treated. Try to see a professional as soon as possible.
- Try to be active and exercise. Go to a movie, a ballgame, or another event or activity you once enjoyed.
- Set goals for yourself you can make and keep.
- Break up large tasks into small ones, and start on the important ones first. Do what you can as you can.
- Try to spend time with other people and confide in a trusted friend or relative. Try not to close yourself off from others who are trying to help you.
- Your mood will improve slowly; it will not be overnight. Do not think you will “snap out of” your depression.
- Don't make big decisions, such as getting married or divorced or changing jobs, until you feel better. Talk about your decisions with others who know you well and have a clear view of your issues.
- Remember that positive thinking will replace negative thoughts as your depression reacts to treatment.
- Continue to educate yourself about depression.

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<http://www.nimh.nih.gov/index.shtml>

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Quý vị có thể có thông tin này bằng các ngôn ngữ và định dạng khác miễn phí. Quý vị cũng có thể có thông tin này thông dịch ra bất kỳ ngôn ngữ nào qua điện thoại. Xin gọi Dịch vụ Thành viên số **1-888-756-0004**.

Puede obtener esta información en otros idiomas y formatos sin costo. También se le puede interpretar esto por teléfono en cualquier idioma. Llame a Servicios al Miembro al **1-888-756-0004**.

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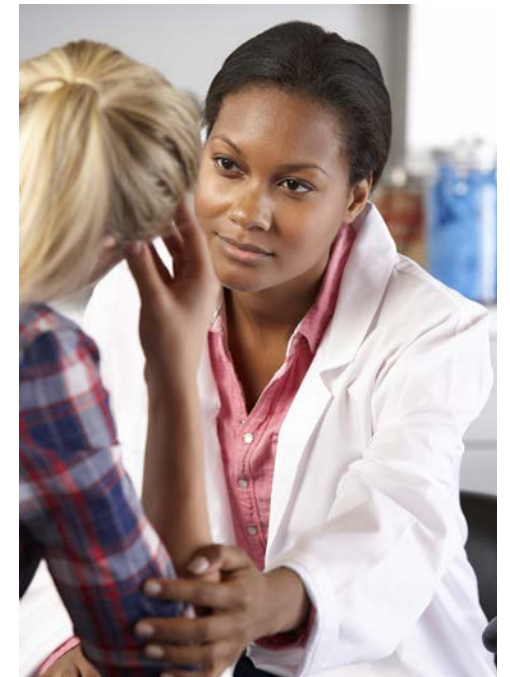
Managing Your Depression

Depression, even the most difficult cases, can be treated.

The sooner that treatment can begin, the better treatment will work.

The first step is to visit your doctor. Certain medicines and some medical problems can cause the same signs as depression. A doctor will do an exam, talk to you and sometimes do blood work. If the doctor can find no medical reason that may be causing the depression, the next step is to complete a depression test.

The doctor may feel he or she can treat the depression by just talking with you or by ordering an antidepressant. Sometimes, the doctor will suggest you see a mental health professional, who would discuss with you any family history of depression or other mental disorder, and get a complete history of your symptoms. You should talk about when your symptoms started, how long they have lasted, how severe they are and if you have had depression before. If you had depression before, they will ask how you were treated for the depression. The mental health professional may also ask if you are using alcohol or drugs, and if you are thinking about death or suicide.




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Treatments

Once diagnosed, a person with depression can be treated in several ways. The most common treatments are medication and psychotherapy.

Medication

Antidepressants work on brain chemicals to ease your depression. These brain chemicals are called neurotransmitters. Two types of neurotransmitters are called serotonin and norepinephrine. Other antidepressants work on one called dopamine. Scientists have found that these particular chemicals help keep your mood even, but they are unsure of exactly how they work.

Popular newer antidepressants

Some of the newest and most used antidepressants are called selective serotonin reuptake inhibitors (SSRIs). Some of the most common SSRIs are called fluoxetine (Prozac), sertraline (Zoloft), escitalopram (Lexapro), paroxetine (Paxil) and citalopram (Celexa). Most are available in generic versions.

Another type of antidepressant is a serotonin and norepinephrine reuptake inhibitor (SNRI). They are similar to SSRIs and include medications such as venlafaxine (Effexor) and duloxetine (Cymbalta).

SSRIs and SNRIs tend to have fewer side effects than older antidepressants. Sometimes they cause headaches, nausea, jitters or difficulty sleeping when people first start to take them. These symptoms tend to fade with time. Some people also have sexual problems with SSRIs or SNRIs. This may be helped by changing the dose or trying another medication.

One popular antidepressant that works on dopamine is called bupropion (Wellbutrin). Bupropion tends to have similar side effects to SSRIs and SNRIs, but it is less likely to cause sexual side effects. However, these medicines have been known to cause seizures in some people.

Tricyclics

Older types of antidepressant are called tricyclics. Tricyclics are powerful, but they are not used as much today because their side effects are more serious.

Monoamine oxidase inhibitors (MAOIs)

The oldest types of antidepressant medicines are called monoamine oxidase inhibitors (MAOIs). They can be especially helpful in cases of “atypical” (or uncommon) depression. For example, a person who wants more food and more sleep, instead of less food and less sleep, may have an uncommon depression. MAOIs also may help with feelings of anxiety or panic.

However, people who take MAOIs must avoid certain foods and beverages (including cheese and red wine) that contain a substance called tyramine. Certain medications, including some types of birth control pills, prescription pain relievers, cold and allergy medications, and herbal supplements, also should be avoided while taking an MAOI. These substances can interact with MAOIs to raise blood pressure. This can be dangerous. The development of a new MAOI skin patch may help reduce these risks. If you are taking an MAOI, your doctor should give you a complete list of foods, medicines and substances to avoid.

How should I take medication?

All antidepressants must be taken for at least 4 to 6 weeks before they have a full effect. You should continue to take the medication, even if you are feeling better, to prevent the depression from returning.

Medication should be stopped only under a doctor’s care. Some medications need to be lowered slowly before stopping completely. This is so the body has time to react to the lesser dose. Antidepressants are not habit-forming, but suddenly ending an antidepressant can cause withdrawal symptoms. It can also lead to a relapse of the depression. Some people with chronic depression may need to stay on the medication most of their lives.

Psychotherapy

Several types of psychotherapy — or “talk therapy” — can help people with depression.

Two main types of psychotherapies — cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) — are both helpful in treating depression. CBT helps the person look at his or her negative thinking. The therapist will help the person look at issues differently instead of always going to the negative side. By changing old thinking patterns, the person can look at his or her home, relationships and job in a positive and better way. It may also help the person look at what may be the actual cause of the depressive feelings and help the person make the right changes. IPT helps people understand and work through troubled relationships that may be causing their depression or making it worse.

For mild to moderate depression, psychotherapy may be the best option. However, for severe depression and for certain people, psychotherapy may not be enough. Treatment through medication and therapy together, for a longer period of time, may be needed.

