Depression Treatment
The information of this section is selected, with approvals, from MacArthur Initiative Depression Tool Kit (www.depression-primarycare.org/clinicians/toolkits/full/).

1. How can depression be treated?
At this time, treatment of depression is primarily through medication. However, if combined with psychotherapy and close contact with trained professionals the combined treatment effect is even better than medication alone. Although depression can resolve itself, this may take a long time and treatment can shorten the duration of symptoms and reduce the chance of relapse.
You can recover from all of the symptoms and regain a normal level of functioning in work and personal life. However, relapse is possible, especially for those who lack self-esteem and/or those who are more emotionally sensitive to their environment and life experiences. After treatment, it is important to continue to take good care of your physical and mental health to prevent relapse.

2. Introduction of medication treatment for depression
Quick facts about antidepressant medications:
• Antidepressant medications work by helping to correct an imbalance of chemicals in the brain.
• Antidepressant medications are not addictive or habit forming; they are not uppers; and they are not tranquilizers.

Treating depression with antidepressant medications:
Your clinician will consider several factors in selecting an appropriate antidepressant medication for you from the many that are available. Most people respond well to medication. Some antidepressant medications are started at low doses to allow your body time to adapt; your clinician will then gradually increase the dose until you begin to feel better. After about 3-6 weeks of taking antidepressant medications, most people with depression begin to feel more like their usual self. It may take time for you and your clinician to find the medication that works best for you with the least number of side effects.

It is very important that you continue to take the medication exactly as the clinician prescribed even if you feel better. For the first 6-8 weeks after you begin treatment, your clinician will want to see you often (possibly every week) to check how much and how often you take the medication, to watch for and address any side effects you may experience, and to see how the medication is working on your depression. If your depression is significantly improved after 12 weeks, you will continue taking the medication for an additional 4-9 months to prevent your depression from returning. People who have had 2 or more previous episodes of depression may need to continue taking their medication for longer periods.

What can you do to help your clinician treat your depression with medication?
• Keep all of your appointments.
• Speak to your clinician about questions or concerns you have about the medication.
• Take the medication exactly as your clinician prescribes.
• Tell your clinician immediately about any side effects you have to the medication.
• Tell your clinician how the medication is working (e.g. whether you are feeling better or worse).

3. Frequently asked questions about antidepressant medication
A. How do antidepressants work?
Antidepressants help restore the correct balance of important chemicals (called neurotransmitters) in the brain that affect a person’s mood.
B. Are antidepressants addictive?
No, absolutely not. Antidepressants are not addictive or habit-forming, and they do not provide a “high”.

C. Will I get better if I take the antidepressant?
Between 50% and 80% of people with depression recover completely with an adequate trial of medication. If you do not feel better after taking an adequate trial of one antidepressant, there is an excellent change that you will respond more favorably to a different antidepressant.

D. How long do antidepressant medications take to work?
People with depression usually start to feel better after taking an antidepressant medication for two to six weeks. In many cases, sleep and appetite improve first. It may take a little longer for your mood and energy to improve. If the depression is not improved after about six weeks, your clinician may want to increase the dose of the medication you are taking or switch you to another antidepressant.

E. How long will I have to take the antidepressant?
Once you have completely recovered from your depressive episode, you should stay on the medication for another four to nine months to prevent your depression from returning. Some people who have had previous episodes of depression should stay on antidepressant medication for longer periods of time to prevent new episodes of depression.

F. What should I do if I forget to take a dose of the medication?
Do not take a double dose to correct for the dose you forgot without asking your clinician. Take your next does at the regular time.

G. Should I drink alcohol when I’m taking an antidepressant medication?
Alcoholic beverages can produce side effects in some persons taking antidepressants. Therefore, if you intend to have any alcohol-containing drinks while taking antidepressants, it is important you discuss this with your clinician.

H. Is it safe to take antidepressants with other medications?
In general, antidepressants can be taken safely with other medications. However, it is very important for you to tell your clinician exactly which other medications you are taking (including over-the-counter medications) so s/he can assure that there are no potentially dangerous interactions.

I. Can I stop taking the medication once I start feeling better?
No. You should not stop taking the medication without first talking with your clinician. If you stop taking the medication too soon, you would be at high risk for having your depression return. In addition, some medications must be stopped gradually to give your body time to adjust. In most cases, you should expect to continue taking the medication for four to nine months after all of your depressive symptoms have gone away.

J. My problem is inability to sleep. How can an antidepressant help with this?
In many cases, poor sleep is a primary symptom of depression. Once the depression lifts, sleep improves as well.
Some antidepressants can help restore normal sleep, even in people who do not have depression. They are advantageous over other sleeping pills in that they are not habit-forming, and they usually do not impair concentration or coordination.

K. I have a problem with pain. How can an antidepressant help with this?
Some antidepressants have been shown to be successful (even in the absence of major depression) in a number of pain conditions such as diabetic neuropathy, post-herpetic neuralgia, and phantom limb pain. Antidepressants may also help restore normal sleep and “reverse” a vicious cycle of pain and poor sleep.

L. I have low energy and feel tired a lot of the time. How can antidepressant help with this?
Low energy and fatigue commonly occur in people with depression. Once the depression improves, their energy starts to return as well. Antidepressants can help restore energy in patients who are depressed. With successful treatment, patients will feel less tired and more able to do their usual activities.

M. I have a lot of stress in my life. How can an antidepressant help with this?
Life stress can cause or worsen the symptoms of depression. The depression can then worsen the impact of stress (such as work stress, family problems, physical disabilities or financial worries) and your ability to cope with them. Treating depression can help some patients break out of this vicious circle.

N. My problem is anxiety or panic attacks, not depression. How can antidepressants help?
In many cases, anxiety is a by-product of depression. Once the depression lifts, the anxiety improves as well. Some antidepressant medications are also among the most effective medical treatments for anxiety disorders, including panic disorder and generalized anxiety disorder.

O. Are there any dangerous side effects?
Side effects from antidepressants are usually mild. You should ask your clinician what to expect and what to do if you have a problem.
In many cases, your body will get used to the medication and you won’t be bothered with the side effect for long. In other cases, your clinician may suggest that you lower the dose, add another medication, or change to another antidepressant. If used properly, there are no dangerous or life-threatening side effects.

4. Introduction of psychological counseling for depression Medication
Quick facts about psychological counseling
- In psychological counseling, patients with depression work with a qualified mental health care specialist (mental health specialist) who listens to them, talks, and helps them correct overly negative thinking and improve their relationships with others.
- Psychological counseling for depression is not talking about your childhood.

Treating depression with psychological counseling
Psychological counseling has been shown to be just as effective as antidepressant medication in treating many people with depression. Psychological counseling can be done individually (only you and a mental health specialist), in a group (a mental health specialist, you, and other people with similar problems), or it can be family or marriage therapy where a mental health specialist, you and your spouse or family members participate. More than half of people with mild to moderate depression respond well to psychological counseling. While the length of time that persons are involved in counseling differs, people with depression can typically expect to attend a weekly hour-long counseling session for 8-20 weeks. If your depression is not noticeably improved after six to twelve weeks of counseling, this usually means that you need to try a different treatment for your depression. Psychological counseling by itself is not recommended as the only treatment for persons whose depression is more severe. Medication is needed for this type of depression, and it can be taken in combination with psychological counseling.
What can you do to help your clinician most effectively treat your depression with psychological counseling?

- Keep all of your appointments with the mental health specialist.
- Be honest and open, and ask questions.
- Work cooperatively with the mental health specialist (e.g., complete tasks assigned to you are part of the therapy).
- Keep appointments with your primary care clinician and tell him/her how the therapy is working (e.g., whether your depression is getting better or worse).