



THE ROYAL
AUSTRALIAN AND NEW ZEALAND
COLLEGE OF PSYCHIATRISTS

COPING WITH DEPRESSION

DECEMBER 2003

A GUIDE TO TREATMENT FOR CONSUMERS

This research-based guide
may become out of date.
Best before December 2007



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Disclaimer

This research-based guide was prepared with input by an expert panel and consumers who developed clinical practice guidelines for mental health professionals. The information and advice contained in this clinical practice guideline is based on current medical knowledge and practice as at the date of publication. It is intended as a general guide only, and where relevant, not as a substitute for individual medical advice. The RANZCP and its employees accept no responsibility for any consequences arising from relying upon the information contained in this publication. Please consult the website for updates as new research becomes available.



ABOUT DEPRESSION

Most of us can feel miserable or “down in the dumps” at times. We might feel like this when someone we love has died or moved away, or if we have lost a job, or had stressful or difficult things to cope with. Usually these feelings fade over time, especially when people have other good things happening in their lives. This is ‘feeling depressed’ and is not ‘depressive illness’.

When these feelings are intense and persistent, stopping us from doing the things we would usually do over a period of weeks or longer, it is likely to be depressive illness. Even when circumstances and relationships improve, a person with depressive illness will find their low mood still persists. Despite their best efforts, and of those close to them, they are unable to ‘feel good’ again. Depressive illness can vary from just interfering with usual activities and relationships (mild to moderate depression), to being very debilitating (severe or ‘major depression’). Severe depression can make it hard for the person to relate and communicate with others, or to do day-to-day tasks.

Sometimes when depression is very severe, people may become convinced that some things are true that others know are not true. They may come to believe that they are the cause of certain bad things in the world, or that they have lost all their possessions, or are guilty of some crime. At other times, people may believe that they can hear people saying bad things about them, or may be seeing and hearing things that do not exist. Such serious illness indicates the need for urgent medical treatment.

The terms people use to describe depression may vary for people of different cultures. If your culture or first language differs from that of your health professional, you may benefit from assistance from a cultural advisor in discussing problems with symptoms of depression.

WHAT CAUSES DEPRESSION?

There are many causes of depression. There are also things that protect against or reduce the risk of getting depressive illness.

There is seldom one specific cause of depression. Some people seem more likely to become depressed than others. Sometimes depression may happen without an apparent cause. At other times coping with stressful events may contribute to becoming depressed. Examples might include:

- The death of someone you love
- Having a baby
- Being under pressure at work

Coping with ongoing stress can also result in depression. Examples of prolonged stress include:

- Trying to make ends meet on a low income
- Being unemployed
- Feeling lonely.

Sometimes more than one family member may experience depression. This is because the way we behave and react is partly shaped by our genes (the physical make-up we are born with). How we are brought up can increase the risk that we will experience depression.

Having unhappy experiences in childhood or in relationships can increase the risk of becoming depressed later in life. Equally, good experiences such as a close relationship with a parent or friend or a 'purpose in life' can reduce the risk of depression.

HOW COMMON IS DEPRESSION?

Depression is common. People of all ages, cultures and backgrounds can experience depression.

- At some stage in their life, about one in seven people will experience at least a short period of depression
- In any one month in Australia and New Zealand, 4% of the adult population will experience a depressive disorder
- Of these, 40% will also be experiencing another mental or physical illness
- A little under half of those experiencing depression will have significant disruption to their lives.

The symptoms of depression vary in severity and from person to person. They can range from feeling irritable to feeling suicidal.

COMMON SYMPTOMS OF DEPRESSION

| | | |
|------------------------------------------|---------------------------------------------------|----------------------------------------------|
| Not sleeping OR Sleeping too much | Restlessness OR Slowness observed by others | Can't make decisions and can't concentrate |
| Feeling down all day | Blaming yourself too much and feeling worthless | Fatigue or loss of energy nearly everyday |
| Significant change in weight or appetite | Thinking about death frequently | No longer interested in favourite activities |

DO I NEED TO GET PROFESSIONAL HELP?

Some people feel embarrassed about getting help for depression. In some cases, people might not even know they are experiencing depression, but may be worried about bodily symptoms, such as headaches or chest pain, which can be the way our body expresses tension and anxiety, as part of a depressive illness.

Getting help for depression is not a sign of weakness. It is important to find ways of getting help to treat it as soon as possible. A doctor, nurse or mental health professional will be able to advise on the choices you can make about which treatment will suit you best.

If you find it easier, you could always ask a friend or someone from your family or cultural/community group to go with you to your appointment.

IF IT HAPPENED ONCE, WILL IT HAPPEN AGAIN?

It can do. Sixty per cent of those who have an episode of depressive illness remain free of it over the next year, but the others can have a relapse during this time.

Depression may recur. Treatment reduces depression again.

- Those who have had three episodes of depression have a higher rate of recurrence
- Of this group, 20% remain free of depression over three years
- The pattern of relapse varies between different people – some have long periods free of depression, others have clusters of episodes; and still others have more episodes more often as they grow older
- For some people, depression is more common at a particular time of year, particularly the winter months.

HOW DO I GET HELP?

A family doctor or GP is often the first place to get help. When making an appointment, it is a good idea to ask for a long appointment. This is so there is time to discuss your situation, complete an assessment and begin treatment.

It is OK to ask for help before your depression gets severe.

If you have severe depression, always ask for help if you have thoughts of self-harm.

Most depression will be treated by a GP, although sometimes your GP might involve a specialist, either to provide advice or to take over the treatment for a short period. This might be a psychologist or a psychiatrist or a referral to a local specialist mental health team.

It is common for people who have depression to have thoughts about harming themselves. Some, people feel so distressed that they fear they will act on these thoughts. Seeking professional help at your mental health centre or doctor is recommended if at any time such thoughts distress you.

You can also discuss this symptom with a trusted family member or friend until you feel safer – it is important not to be alone when depression symptoms worsen, so you do not feel overwhelmed with negative and distressing thoughts.

WHAT CAN I EXPECT FROM TREATMENT?

It is often hard to know what to expect from treatment for health problems. This guide is based on research evidence and is written by people, both experts and those who have had treatment for depression, who agree that it is your right to have treatments that have been shown by research to work. It is a responsibility of health professionals to tell you about those treatments which are more likely to work in most people, and which are likely to benefit you.

The diagram overleaf shows the stages of getting professional assessment and treatment for depression. Good treatment includes:

- A thorough health and mental health assessment
- Information about the condition and its treatment
- Information about, and choices between those health professionals who are available to treat depression
- Referral to another professional or specialist if your condition worsens or if treatment seems not to be working
- Information about the condition for your family or partner if this is wanted
- Follow-up to help you prevent a repeat episode of depression.

ASSESSMENT AND TREATMENT FOR DEPRESSION

Questions at your initial visit and assessment include:

- Your symptoms and their effects on your life
- Any previous episodes of depression
- Any other medical or mental health problems
- Pressures relevant to this episode of depression
- Your current supports and relationships.

Depending on the outcome of the assessment, your GP or health professional will recommend:

Education: about depression, problem solving and lifestyle changes

AND/OR

Initial treatment:

- Anti-depressant medicine
- Counseling (CBT or IPT) or both.

Weekly check-ups with a GP or another health professional.

Every six weeks, your GP or health professional will:

- Review your symptoms
- Review changes in your problems and your supports
- Review any side effects of treatment, if any
- May adjust or change your treatment(s), including reviewing problem solving therapy.

If no improvement after 12 weeks, or if depression worsens:

- Discuss referring you to a psychiatrist, another specialist mental health professional or hospital care.

Follow -up

- For one year for first episode
- For up to three years for two or more episodes include booster session of CBT or IPT to maintain your wellbeing.

WHAT ARE THE TREATMENTS FOR DEPRESSION?

Whatever the severity of a person's depression, treatment should include learning new skills like problem solving and changes to lifestyle, like cutting down on stress, increasing exercise and physical fitness and not using alcohol or other drugs.

If the depression is moderate to severe, then two main treatments can be considered, anti-depressant medication and psychological therapy.

Taking a medicine (an anti-depressant)

Depression involves changes in brain chemistry and can change the way people respond to their world. Anti-depressant medicines can correct the imbalance of chemicals in the brain until such time as the natural balance is restored. There are many options with proven effectiveness and a particular medicine can be selected which best meets your needs.

Psychological therapy

Talking with a health professional in a structured way has been shown to help relieve depression. This therapy involves a choice of one or more psychological therapies. The therapist aims to work with you on the way you react to circumstances and relationships. Two types of therapy have been shown to be most effective: Cognitive Behavioural Therapy (CBT) and Interpersonal Therapy (IPT). These therapies should be conducted by professionally trained staff for the best results. Some of these professionals might include clinical psychologists, GPs who have had training in psychological therapies, psychiatrists, social workers or other specialist mental health professionals.

The following outlines what is likely to happen when you seek help and treatment for depression. When you first visit a doctor or counsellor they will ask you questions about your symptoms, your current stresses and current supports, and some aspects of your past history, such as whether you have had a previous episode of depression. After this assessment, they will then provide information about depression and how you can best cope with it. If you wish, they can provide information for your family/friends.

Depending on the severity of your depression, your family doctor or counsellor will recommend:

- Use of a medicine (e.g. an anti-depressant)
- Use of a specific psychological therapy (e.g. CBT or IPT)
- A mix of both psychological therapy and medicine

WHAT WILL HAPPEN IF I SEEK TREATMENT FOR DEPRESSION?

Sometimes your family doctor may suggest you see a specialist (e.g. a psychiatrist or another specialist mental health professional) if you need extra treatment or recommend admission to hospital for a short period if the depression is severe or if there are concerns about your safety.

Following the initial visit, you should have at least weekly check-ups with your family doctor, or nurse or a psychologist or counsellor (including by telephone). Your doctor will reassess your depression every six weeks for one year, or for three years if the depression is severe or if you have had depression before. These visits are to check on your symptoms and changes in your circumstances and to make any necessary adjustments in your treatment.

HOW EFFECTIVE ARE DIFFERENT TREATMENTS?

The table below summarises information on the most effective treatments for depression. Many other treatments have been studied but have been shown to be less effective (e.g., vitamins, exercise).

| Treatment | Does it work? | Will it work for you? (some considerations) | Are there risks? |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| SSRI anti-depressant medication (eg fluoxetine, fluvoxamine, paroxetine, sertraline, citalopram etc). SSRI stands for serotonin selective reuptake inhibitors. | Yes | Some people feel agitated on SSRIs and you should tell your doctor if this happens to you. | Concerns that they may prompt suicidal feelings have never been proven. |
| Tricyclic anti-depressants (TCA) (eg imipramine, nortriptyline, etc) | Yes | These are more likely to be used if the depression is severe and/or another treatment has not worked sufficiently. | Side effects more common than SSRIs, especially early in treatment. Not suitable when some medical conditions are present. Dangerous in overdose. |
| Venlafaxine – this is a SNRI anti-depressant which stands for serotonin and noradrenaline reuptake inhibitor. | Yes | Particularly useful when other treatments have been unsuccessful or for severe depression. | Side effects more similar to tricyclic anti-depressants. |
| Cognitive behaviour therapy (CBT). There are several forms of this form of psychological (talking) therapy. | Yes | As effective as anti-depressants for mild to moderate depression, may provide skills which reduce risk of relapse. | Can be difficult to find an expert therapist. Requires considerable commitment by the person with depression. |
| Interpersonal Psychotherapy – a particular form of psychotherapy that follows a treatment manual. | Yes | As effective as anti-depressants for mild to moderate depression. | Can be difficult to find an expert therapist. Requires considerable commitment by the person with depression. |
| Problem Solving Therapy (PST) is a form of CBT that looks at how you solve problems, not the problem itself. | Yes | May be available in general practice as part of the support for mild and moderate depression. | Not all GPs are trained in this treatment. |

OTHER CONSIDERATIONS WHEN CHOOSING BETWEEN MEDICATION TREATMENTS

While all these anti-depressants are equally effective in treating depression, they all cause some side effects. These differ between types of anti-depressants (TCAs, SSRIs, SNRIs) and, to a lesser extent, between different ones of the same type. It is important to discuss how likely particular side effects are with your doctor when choosing a medication and to discuss your experience of these as your treatment progresses.

SSRIs are used most often, as they are less likely to cause side effects. However, some people find they cause nausea, particularly in the first week of treatment. Other side effects include difficulty going to sleep, nervousness, headaches and sexual problems, particularly delayed orgasm. Rarely, they can cause diarrhoea. Very rarely, they can cause extreme agitation, jerky movements, a high temperature and confusion – if this occurs, it is important to seek urgent medical attention, as people with this ‘serotonin syndrome’ can become very ill if they are not treated. This is more likely if SSRIs are combined with certain other anti-depressants.

Side effects of venlafaxine may include nausea, reduced appetite, headache, sweating, rashes, agitation and sexual difficulties.

Side effects of tricyclic anti-depressants (TCAs) include a dry mouth, blurred vision, constipation, difficulty urinating, sedation, sexual problems and weight gain. It is not a good idea to drink alcohol when depressed as it tends to worsen the depression. It also interacts with TCAs, increasing sedation.

If you are experiencing side effects, discuss these with your doctor. It may be possible to adjust the dose or change the medication to control them.

The cost of medication treatment will include the cost of visiting your doctor at the first and subsequent visits, plus the cost of the prescription from your pharmacist.

The cost of psychological treatment for depression from a GP, psychiatrist or other mental health professional varies in both Australia and New Zealand. Here are some approximate 2003 costs:

Australia

- In Australia, many GPs bulk bill so that Medicare will cover the full cost. If they do not bulk bill, Medicare will pay up to 85% of the cost if you visit the GP's surgery. GP care in hospital or an aged care facility will provide patients with 75% cover of the fee from Medicare.
- Seeing a psychiatrist outside of hospital costs approximately \$140 in Australia. Medicare will cover 85% of the scheduled fee and you pay the balance. Medicare will pay 75% of the cost if you are treated by the psychiatrist whilst a patient in hospital. The care you receive in a hospital emergency department is free.

All medications must be taken as prescribed by your doctor. You can discuss adverse side effects and interactions with other medications with your doctor or pharmacist.

WHAT DOES TREATMENT COST?

- Community Mental Health Services run through Health Departments are free clinics where you can see a psychiatrist, psychologist or social worker or other health professional by appointment. Sometimes after-hours crisis care is available.
- Medicare does not cover the cost of treatment if you see a psychologist or social worker who works as a private practitioner. These visits cost between \$60 and \$120 for a one hour session.

New Zealand

- In New Zealand you will pay between \$40-\$60 to see a GP. It may be less if you hold a community services card. Mental health services provided by District Health Boards (public hospitals and their mental health services) are free.
- In New Zealand, services by private psychologists cost from \$120 per hour, and private psychiatrists cost from \$160 per hour. It is a good idea to confirm the price before the consultation.

The cost may discourage people from getting professional help. However, treatment for depression can help you get better quicker, give you the skills to recognise depression early and possibly prevent depression recurring in the future.

WHAT CAN I DO TO ASSIST WITH TREATMENT?

Research has shown that the greatest contribution to a positive outcome from treatment comes from:

- The person and their health professional developing a trusting relationship and working together to find a suitable treatment
- Identifying and working on factors which appear to have contributed to the depression
- Continuing with treatment for as long as is necessary to deal with the issues causing the depression and to make sure that mood remains stable afterwards without risk of relapse (at least one year, but up to two to three years if there has been previous depression or there are significant risks that it will occur again).

These three factors are more important than the relatively small differences between the treatments outlined on page 8.

OTHER SUPPORT DURING RECOVERY FROM DEPRESSION

Maintaining and making good friendships is also very important in recovery from depression. Make the most of family, friends and local community groups. Try not to get isolated.

There are also groups run by people who have experienced a mental illness and who have had successful treatment. These include self-help and mutual support groups or associations, and mental health consumer organisations. Such organisations may run mutual support by telephone or in groups that meet face to face. Some offer website chat rooms. Others provide formal information and referral services for personal support, postal or telephone information for you or for your family or partner, and some may suggest clinics, after-hours crises lines and information about the treatments available. While not directly treatment services, these organisations may be helpful when you are trying to find the right treatment for you, and may make it easier to remain in treatment to get the best results.

¹ Toprac MG, Rush AJ, et al. *The Texas medication algorithm project patient and family education program: A consumer-guided initiative.* Journal of Clinical Psychiatry 2000; 61(7): 477-486.

APPENDIX 1

INFORMATION AND SUPPORT

AUSTRALIA

For further information on this guideline and other Clinical Practice Guidelines see www.ranzcp.org

Useful websites for depression include:

www.bluepages.anu.edu.au
www.beyondblue.org.au
www.depressioNet.com.au
www.ybblue.com.au

If you wish to talk to someone about depression the most useful contact is your GP or local Mental Health Service.

To find out what mental health services are available in your area look in the Emergency Health and Help section of your local White Pages or contact Lifeline's Just Ask information line on 1300 131 114.

If you need to talk to someone urgently please call:

Lifeline 131 114 (local call)
Kids Helpline 1800 55 1800 (free call)

NEW ZEALAND

For further information on this guideline and other Clinical Practice Guidelines see www.ranzcp.org

Useful websites for depression include:

www.mentalhealth.org.nz
www.beyondblue.org.au
www.depressioNet.com.au

If you wish to talk to someone about depression the most useful contact is your GP or local mental health service.

To find out what mental health services are available in your area look in the Emergency Health and Help section of your local phone book.

If you need to talk to someone urgently please call:

Lifeline: 0800 111 777
Samaritans: 0800 726 666



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