

# Beyond the Depths of Depression



Why there's hope for people with  
"difficult-to-treat" depression

Information for individuals  
with depression,  
their families and friends

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## Introduction

*If you suffer from clinical depression, you know that it's more than just a sad feeling that can be shaken off. It affects every aspect of your life.*

*The information in this booklet will help to explain why it may be necessary for you to try a number of treatments to improve your depression.*

*The most important thing to remember is that there is good news: our understanding of how depression comes about is growing rapidly, and so is the range of treatments to address it. It may take a while to find, but one of those treatments will surely be right for you.*

*If you have tried one or more treatments without getting much benefit, you may be wondering where to go from here. If so, you are not alone—in fact, you are among the many people with depression who need to try more than one treatment for their depression before they find the one that's right for them.*

## The many faces of depression

I was wondering...  
Are there different kinds of depression?

### Did you know that depression is not one disease but many?

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) is a widely used standard for making psychiatric diagnoses. According to this manual, anyone suffering from a major depressive episode has at least five of the following symptoms for at least two weeks. One of the five symptoms must be depressed mood or markedly decreased interest or pleasure in nearly all your usual activities, and the symptoms must represent a change from your normal state.

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## Symptoms of a major depressive episode

Symptoms	Comment
<b>Depressed mood most of the day, nearly every day.</b>	You might feel irritable, with little things making you overreact and lose your temper; or you may feel empty or leaden inside. You may also feel hopeless or helpless about yourself, the world and the future.
<b>Markedly diminished interest or pleasure in all, or almost all, activities.</b>	For example, your usual hobbies and social activities may seem pointless and meaningless; your sex drive fades.
<b>Significant weight loss when not dieting, or weight gain, or decrease or increase in appetite nearly every day.</b>	Some people whose depression has a seasonal or premenstrual pattern crave carbohydrates.
<b>Insomnia or sleeping too much nearly every day.</b>	You may also have other sleep disturbances—waking in the middle of the night, waking too early and being unable to fall back asleep again.
<b>Psychomotor agitation or psychomotor retardation nearly every day.</b>	Psychomotor agitation means feeling restless and unable to sit still. Psychomotor retardation means feeling very slowed down in movement and thinking.
<b>Fatigue or loss of energy nearly every day.</b>	You are unable to complete normal daily tasks without becoming overly tired, and even getting out of bed each day may seem difficult.
<b>Feelings of worthlessness or excessive or inappropriate guilt.</b>	You may feel like you're no good, inept, incompetent, a burden to others, and even responsible for unpleasant events that you didn't cause.
<b>Diminished ability to think or concentrate, or indecisiveness.</b>	It may be hard to make even small decisions; you may be extremely forgetful too.
<b>Recurrent thoughts of death, suicide, a suicide attempt, or a specific plan for committing suicide.</b>	You may feel like you are dying or even feel empty and already dead.

Depression could be the primary condition affecting you right now, or it could be secondary to other conditions or illnesses. Clearly, depression has many faces, and certain types of depression are more difficult to treat. You and your doctor may therefore have to try more than one treatment option if your depression is:

- a symptom of a medical illness (common in seniors);
- a side effect of medication you are already taking (especially if you must take several medications);
- combined with alcohol or drug abuse;
- one with psychotic symptoms (which may require additional medications to control); and
- a combined type – for example, you have a medical illness, you are taking medications with depressive side effects and you have psychotic symptoms.

It is important to ensure that the various causes of depression have been considered. For example, if your depression is a symptom of another disease such as anemia or an underactive thyroid gland, then treating that condition needs to be the primary part of the plan. If your depression is resistant to treatment because it is being caused by a medication you are taking, then that medication may need to be reviewed and reassessed. Be sure to tell your doctor about all the prescription and non-prescription medications you take, as well as herbal and other alternative remedies.

If your first treatment doesn't work, you are not alone: a large proportion of patients do not benefit from the first medication they are prescribed. Remember, no single antidepressant will work for everyone, and researchers do not know how to predict which medication will be right for every type of person. This means that you and your doctor may need to try several drugs before finding the best treatment. This might consist of two or more carefully chosen medications.

I was wondering...

I've heard that bipolar disorder is the newer name for manic-depression. Is the "depression" in manic-depression the same thing as a major depressive episode?

## Bipolar depression: A special category

Major depressive episodes may also be part of bipolar disorder, also known as manic-depressive illness. Bipolar disorder involves both depressions and manic episodes, during which people may become overactive, overtalkative, elated or grandiose.

Bipolar disorder can occur as depressive episodes, manic episodes, a combination of both, or with psychotic symptoms. Often, the first sign of bipolar disorder is a depressive episode—and without a history of manic episodes, it may be impossible to tell that the correct diagnosis is bipolar disorder. But it is essential to make the right diagnosis as soon as possible, because treating bipolar depression with antidepressants alone may actually worsen the course of the disease later on.

I was wondering....

What are the different treatment options for me?

## Treatments

Today, there are different treatment options for depression, including medications, psychotherapies, herbal remedies, and electroconvulsive therapy. We will focus on the most common treatments, in particular medications and psychotherapies.

### Medications

Because depression can be difficult to treat, doctors use a variety of medications—sometimes in combination—in an attempt to find the right treatment for the right individual. It is important to remember that none of the medications for depression works right away: in some cases, it may take several weeks before any benefit can be seen. It is also important to understand that you may notice side effects before benefits. Your doctor will be able to judge whether your side effects are likely to disappear over time or whether they warrant a change of dose or of medication.

Apart from trial and error, what else can be used to guide the choice of medication?

*Family history of response to a particular medication*

- If a close relative did well on a specific type of medication, you may respond to it as well.

*The side effect profile of a particular drug*

- The side effect of a given medication can either help or hinder your treatment.

For example, some drugs used for depression may have a calming or sedating effect; so if you are both depressed and anxious or sleep-deprived, such drugs may offer an additional benefit (over and above the intended antidepressant effect). However, the same drugs may hinder your treatment if you do not actually desire or need the sedating effects. For example, if you have the type of job that requires physical and mental alertness, the side effect of sedation may prove to be a detriment. The good news is that there are a variety of medications now available, and new ones are being developed all the time. In the future, it may be possible to tell exactly which chemical systems are out of balance in the brain and to tailor the treatment accordingly.

I was wondering...

What kinds of antidepressants are available today?

### Antidepressants

Antidepressants are not one class of drugs but several different groups that all act on key neurotransmitters to improve the symptoms of depression. Here is a brief description of some of the most widely used antidepressants:

#### Tricyclic antidepressants such as Elavil<sup>®</sup>, Tofranil<sup>®</sup>, and Norpramin<sup>®</sup>

Although these medications can be quite effective, and have been used since the 1950s, many patients experience annoying side effects (drowsiness, dry mouth, constipation, weight gain, bladder problems, rapid heart palpitations, blurred vision, and dizziness) that can be serious for fragile or elderly people.

#### Monoamine oxidase inhibitors (MAOIs) such as Nardil<sup>®</sup> and Parnate<sup>®</sup>

These drugs block the production of several neurotransmitters. Some of these drugs may cause a rare but potentially dangerous rise in blood pressure if the patient eats certain foods such as cheeses and red wine. Therefore, people on these medications usually have to adhere to a strict diet. Some newer MAOIs such as Manerix<sup>®</sup> are not associated with this high blood pressure.

### **Selective serotonin reuptake inhibitors (SSRIs) such as Prozac<sup>®</sup>, Zoloft<sup>®</sup>, Luvox<sup>®</sup>, and Paxil<sup>®</sup>.**

These are probably the most widely used antidepressants today. They are very effective and lack the potentially dangerous side effects of the other two drug classes. However, they also have certain side effects (headache, nausea, insomnia, agitation [jitteriness], daytime sedation, and sexual problems).

### **Serotonin-noradrenalin reuptake inhibitors (SNRIs) such as Effexor<sup>®</sup> and Serzone<sup>®</sup>.**

These medications are a refinement on the SSRIs. They have a similar side effect profile, but may cause fewer sexual problems.

### **Other antidepressants in use include Remeron<sup>®</sup> and Wellbutrin<sup>®</sup>.**

**I was wondering...  
I have bipolar depression.  
Can I use the antidepressants, or  
do I need different medications?**

### **Medications for bipolar disorder**

The symptoms of bipolar depression may be identical to those of major depressive disorder. But there is a critical difference in the way they are treated: people with bipolar depression need a mood stabilizer—a drug that is effective against both mania and depression—and should not be treated with an antidepressant without using a mood stabilizer at the same time. Therapy with an antidepressant alone runs the risk of provoking a manic episode and ultimately of worsening the course of the disease. Moreover, bipolar depression with the manic component tends to be more difficult to treat successfully than clinical depression.

Several types of medication have been used to treat bipolar disorder. Lithium was the first effective mood stabilizer to be discovered. It can control mania and prevent the recurrence of mania and depression. It has a number of possible side effects, such as weight gain, memory impairment, tremor, acne, and kidney or thyroid dysfunction.

Anticonvulsants were first developed for use in epileptic patients, but it was later discovered that these compounds

could also stabilize mood. The traditional anticonvulsants include valproate and carbamazepine. Valproate is an effective antimanic agent, but its side effects include nausea, weight gain, hair loss, and increased bruising. Carbamazepine may be both antimanic and antidepressant, but it also has side effects such as weight gain, nausea, and skin rash. The levels of both these medications have to be monitored with periodic blood testing.

The newer anticonvulsants Lamictal<sup>®</sup> and Topamax<sup>®</sup> are now being researched for their potential as mood stabilizers. Newer antipsychotic medications, also called novel atypical antipsychotics (e.g., olanzapine, risperidone, and quetiapine), are being studied for their potential as mood stabilizers. Unlike the traditional antipsychotics, these have shown some promise against both the manic and the depressive symptoms of bipolar disorder. Research is underway to explore this further. The novel group has almost no tendency to neurological side effects, but some of these antipsychotics may be associated with side effects (e.g., large amounts of weight gain)<sup>1,2</sup>, some of which may lead to a number of health issues, concerns and complications.

**I was wondering...  
Is there anything else I can do that's  
of proven benefit for my depression?**

## **Psychotherapies**

Psychotherapy can be an important addition to the treatment of depression. While medications are used to relieve the symptoms of depression, psychotherapy can help you learn coping strategies to help you deal with the depression and with the stresses that may trigger it. Usually, you meet with your therapist to discuss issues, review any “homework” assignments, and design the next steps in the therapy.

- Interpersonal therapy focuses on better handling of the personal relationships in your life that may be contributing to the disease.
- Cognitive-behavioral therapy helps change the negative styles of thinking and behaving that are so often a part of depression.
- Family therapy can sometimes be helpful when the level of family stress is high.

## Self-help for patient and family

Investigate the benefits of joining a self-help group where you can gain support from people who understand what you are going through (either as a patient or as a family member); learn more about your illness or the illness of a loved one and strategies others use to cope. Research supports the value of self-help as a supplement to professional care. The Mood Disorders Society of Canada can direct you to provincial mood disorders self-help groups and associated peer support organizations where the motto is “helping others help themselves.”

## What does the future hold?

New brain imaging techniques are allowing researchers to take pictures of the living brain. At the same time, the chemical changes that cause depression are being explored and new medications are being designed as a result of this new information.

Researchers are working toward the day when it will be possible to use new techniques to diagnose the exact set of genetic and/or chemical disturbances that are most responsible for your depression. In this way, it may be possible to design a treatment program that is highly effective—because it has been tailor-made specifically for you.

## You are not alone: where to get more information and help

### Mood Disorders Society of Canada

The Mood Disorders Society of Canada (MDSC) is a national, not-for-profit, registered charitable organization that is volunteer-driven and is committed to improving the quality of life for those Canadians living with depression, and other related disorders and their families. Comments and questions are welcomed. The web site contains the contact information for most Mood Disorders Associations and other helpful sites as well as comprehensive information on mood disorders. If you need further assistance you may contact us either directly through our web site or by phone or fax at the numbers below.

Tel: 519 824-5565 Fax: 519 824-9569  
Email: [info@mooddisorderscanada.ca](mailto:info@mooddisorderscanada.ca)  
Web site: [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca)

## Other Organizations

### Canadian Mental Health Association

The Canadian Mental Health Association (CMHA) exists to promote the mental health of all people and to serve mental health consumers, their families and friends. The CMHA provides direct service to Canadians through locally run organizations.

2160 Yonge Street, 3rd floor, Toronto, ON M4S 2Z3  
Tel: 416 484-7750 Fax: 416 484-4617  
Email: [national@cmha.ca](mailto:national@cmha.ca)  
Web site: [www.cmha.ca](http://www.cmha.ca)

### FFPAMI

The Federation of Families and Friends of People Affected by Mental Illness represents a number of groups working with families and friends throughout the province of Quebec. The Federation represents 45 member groups working in 15 administrative regions of Quebec. These groups have been active in the province of Quebec for an average of 10 years and their mission is to bring together people from the community: families and friends fighting a common enemy - mental illnesses like schizophrenia, bipolar disorder, severe and persistent depression, obsessive compulsive disorder, etc.

Web site: [www.ffapamm.qc.ca](http://www.ffapamm.qc.ca)

### Revivre

Revivre-Association québécoise de soutien aux personnes souffrant de troubles anxieux, dépressifs ou bipolaires (Quebec Association for the Support of People Who Suffer from Anxiety, Depressive, or Bipolar Disorders), aims to help not only those suffering from these disorders, but also their families. The Association's mission is to offer quality services and meet the real needs of people suffering from anxiety disorders, depression, or bipolar disorder, as well as those of their families, by creating a variety of programs and services.

801 Sherbrooke Street East, Montreal, Quebec H2L 1K7  
Telephone: 514 529-7552  
Web site: [www.revivre.org](http://www.revivre.org)

### Additional Information

You may find additional information on mental illness at the following web site: [www.janssen-ortho.com](http://www.janssen-ortho.com)

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