

Aetna Healthy Outlook Program[®]

Caring for Depression

Helping people
with chronic
physical conditions
understand
depression.

We want you to knowSM





Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Health Insurance Company of New York, Corporate Health Insurance Company and/or Aetna Life Insurance Company.

The information in this publication has been prepared for current Aetna members for general informational purposes only. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes. The information in this publication does not constitute medical advice, and does not promote any particular form of medical treatment. Aetna does not recommend the self-diagnosis, or self-management, of health problems. Rather, you should consult your physician for the advice and care appropriate for your specific medical needs. Aetna assumes no responsibility for any circumstances arising out of the use, misuse, interpretation or application of any information supplied by the Aetna IntelliHealthSM website. Information supplied by Aetna IntelliHealth is for informational purposes only, is not medical advice, and is not intended to be a substitute for medical care provided by a physician. All physicians and other providers participating within Aetna networks are independent contractors and are neither employees nor agents of Aetna or its affiliates.

Sources for the information contained in this publication include, in part, The National Institute of Mental Health, The Center for Epidemiologic Studies, The National Mental Health Association, The American Psychological Association, and The U.S. Department of Health & Human Services' National Institutes of Health.

Table of Contents

Introduction	2
What Is Depression?	3
Depression and Chronic Illness	4
Recognizing Depression	7
Barriers to Identifying Depression	7
How Do I Know if I'm Depressed?	8
Self-Assessment	8
Scoring the Depression Scale	8
Seeking Help	8
Treatment for Depression Can Help Physical Illness and Pain	8
Center for Epidemiologic Studies Depression Scale	9
See Your Treating Doctor	10
What to Tell Your Doctor	10
Symptom Checklist	11
Treatment	12
Depression Is Treatable	12
Psychotherapy	13
Antidepressant Medications	15
People Can Help	18
Getting More Support from Others	18
Support System Chart	19
Tips on Depression	20
Depression Dos and Don'ts	20
Information for Your Friends and Family	21
Self-Help and Support Groups	22
Resources	24

Introduction



Having a chronic illness can make you feel “down” or sad. If the sadness is extreme or long-lasting, however, you may also be clinically depressed.

This booklet can help you take an active role in recognizing, accepting and getting treatment for depression.

It is designed to help you recognize the signs of depression and help you learn to deal with them. It can also help you understand how depression may be connected to chronic illness, the treatments available, and how to get help.

What Is Depression?

Clinical depression is a serious, but treatable, illness.

Depression is not just “feeling blue” or being “down in the dumps.” It is more than being sad or feeling grief after a loss. It is a medical condition, just like diabetes, high blood pressure or heart disease. Depression can affect your thoughts, feelings, health and behavior every day. It can change the way you eat and sleep, cause memory problems, affect your ability to finish activities, lower your energy level, make you feel negative about things and leave you feeling hopeless and worthless.

When you're depressed, you may experience the following ...

- You feel sad or cry a lot, and it doesn't go away.
- You feel guilty for no real reason; you feel like you're no good; you've lost your confidence.
- Life seems to have no meaning; you feel like nothing good is ever going to happen again; you have a negative attitude a lot of the time; or it seems like you have no feeling at all.
- You don't feel like doing a lot of the things you used to enjoy — like music, sports, being with friends, going out — and you want to be left alone most of the time.
- It's hard to make up your mind; you forget lots of things; and it's hard to concentrate.
- You get upset easily; little things make you lose your temper; and you overreact.
- Your sleep pattern changes; you start sleeping a lot more; you have trouble falling asleep at night; or you wake up really early most mornings and can't get back to sleep.
- Your eating pattern changes; you lose your appetite; or you eat a lot more.
- You feel restless and tired most of the time.
- You think about death; you feel like you're dying; or you have thoughts about committing suicide.

Factors that may contribute to depression include:

- Inherited tendencies.
- Family history.
- Certain medicines.
- Drugs or alcohol.
- Other psychiatric conditions.
- Other medical illnesses.
- Extreme stress or grief.

Depression and Chronic Illness

The more serious the medical condition, the more likely a person may become clinically depressed.

Why are people with chronic illnesses depressed?

Some medical conditions may contribute biologically to depression. Some of these include diseases of the thyroid and adrenal glands. If these glands do not produce hormones in the correct amounts, the body's chemical balance can become upset, which can lead to depression. For example, various physical changes associated with diabetes may explain the high rate of depression in people with this condition.

People with medical illnesses may become depressed as an emotional reaction to their condition. Some contributing factors are chronic pain, the prognosis of the illness, not being able to perform normal activities, restrictions to diet and the side effects of medications. People are challenged, also, to cope with disabilities and losses resulting from their medical illness. The illness may affect the role they play as a partner and/or parent. Having a chronic illness may make some people feel inadequate or damaged.



It is important to know ...

Depression is a serious condition.

**It is not a weakness.
It is not your fault.**

**Depression can be successfully treated.
It can be reversed!**

Chronic Pain

Chronic pain (pain that does not go away) may be difficult to control. People who have chronic pain may not be able to work. They may lose their appetite. Engaging in physical activity may make the pain worse and tire them out more quickly. The pain may be so bad that they may not be able to think about anything else, which can make them irritable and depressed. A person with chronic pain often can't sleep at night and the next day may feel so tired that it makes the problem worse. Specialists call this state the "terrible triad," meaning the following three symptoms: (1) suffering, (2) sleeplessness and (3) sadness.

Restrictions

The treatment of some diseases can lead to major changes in daily life and activities. The changes may be stressful and may prevent people from doing the things they enjoy. Medications (and the way they are taken), changes in diet and blood testing needed for management of some conditions can be very difficult for some people to face.

Medication

Some medications taken for physical conditions may have side effects, such as fatigue or change in sleep patterns. These side effects may seem like and can contribute to depression.

Loss and Disability

When our bodies fail us, we are faced with a loss that is similar to that when a friend or a close family member dies. We may experience a similar mourning process, as well. And with some progressive diseases, we mourn over multiple losses. People who have had diabetes for a long time may lose some of their vision, their kidneys may not work properly and they may have difficulty having normal sexual activity. Coping with these losses can be extremely difficult and can open the door to depression.

Impact on Family, Friends and Work Activities

A chronic condition may affect a person in the role of husband or wife, family member and provider. Our self-esteem is often connected to what we do and how well we do it. When our ability to produce or achieve is threatened, it can affect how we see ourselves. For example, people with chronic pain may not be able to perform at the same level at work, and may have trouble completing normal day-to-day activities. This can affect their self-esteem and make them feel less "valuable."



When depression occurs with another medical problem, both conditions must be treated.

It may be a mistake to think that all the symptoms of depression are due to a medical condition and, therefore, do not need treatment. There is evidence that untreated depression may result in:

- Interference with recovery or comfort.
- Increased difficulty with day-to-day activities.
- Decreased ability to deal with pain. Depression also makes people more sensitive to, and unable to manage, physical symptoms. For example, pain that is normally thought of as mild and something that you can live with may become unbearable during a period of depression, prompting a doctor's visit.
- Reduced ability to follow the medical treatment schedule.

However, the news is not as bad as you may think. All the problems on this list can be helped, and potentially solved, by working with your doctor.

Recognizing Depression

The good news is that depression, once diagnosed, can usually be treated successfully.

The National Institute of Mental Health reports that medications and psychological treatments, alone or in combination, can help many people with depression. Symptoms can usually be relieved in a matter of weeks. The bad news is that nearly two-thirds of depression in general is not identified or treated.

Barriers to Identifying Depression

Although depression is treatable, people frequently do not discuss how they are feeling with their doctors, and do not seek help for emotional and mental problems, including depression. People often feel that depression is a sign of weakness rather than a signal that something is out of balance.

People may not seek help for their depression because they:

- Don't realize that they are suffering from depression.
- Have trouble asking for help.
- Feel that being depressed is unacceptable.
- Blame themselves for not feeling good.
- Are not aware that depression is highly treatable.
- Are so sick that they don't have the energy or even care about seeking treatment on their own.

Families may not recognize depression because they:

- Don't know the symptoms.
- Don't know that treatments are available.
- Believe that a medically ill person would naturally be depressed.

Health professionals may not recognize depression in otherwise ill people because:

- The symptoms of depression and medical conditions may overlap.
- The symptoms of depression and side effects of certain medications may overlap.

How Do I Know if I'm Depressed?

It is not easy to tell the difference between symptoms of depression, symptoms of your medical illness and side effects of medication. Your treating doctor needs to make the diagnosis. However, completing the depression survey on the next page may help you to recognize symptoms of depression.

Self-Assessment

Center for Epidemiologic Studies Depression Scale (CESD)¹

On the following page, please circle the answer that comes close to how you have felt in the past 7 days, not just how you feel today. Enter that number in the "Score" column. Complete all 20 questions, and then get your Total Score by adding up the Score column.

Scoring the Depression Scale

If your total score is 16 or above, you may be suffering from depression. It is important that you get help. Please call your doctor and discuss the results of your test and how you feel.

Seeking Help

Treatment for Depression Can Help Physical Illness and Pain

Not only can depression be treated, but there is also growing evidence that treating depression in people with chronic physical conditions may actually improve their medical condition, enhance their quality of life, reduce their degree of pain and disability and help them follow their treatment plan.

Proper treatment of depression can have a positive effect on the course of a physical illness:

- It can improve your overall outlook, which may make you more likely to follow your doctor's prescribed treatment plan.
- Your medical status may improve, including improved results on some of the tests used to measure your chronic medical condition. For instance, some studies on people with diabetes found that as depression decreased, blood glucose control improved.

Center for Epidemiologic Studies Depression Scale

	Rarely or none of the time.	Some or a little of the time.	Occasionally or a moderate amount of the time.	Most or all of the time.	Score
During the past week ...	(Less than 1 day)	(1 – 2 days)	(3 – 4 days)	(5 – 7 days)	
1. I was bothered by things that don't usually bother me.	0	1	2	3	
2. I did not feel like eating; my appetite was poor.	0	1	2	3	
3. I felt that I could not shake off the blues even with the help of my family or friends.	0	1	2	3	
4. I felt that I was just as good as other people.	3	2	1	0	
5. I had trouble keeping my mind on what I was doing.	0	1	2	3	
6. I felt depressed.	0	1	2	3	
7. I felt everything I did was an effort.	0	1	2	3	
8. I felt hopeful about the future.	3	2	1	0	
9. I thought my life had been a failure.	0	1	2	3	
10. I felt fearful.	0	1	2	3	
11. My sleep was restless.	0	1	2	3	
12. I was happy.	3	2	1	0	
13. I talked less than usual.	0	1	2	3	
14. I felt lonely.	0	1	2	3	
15. People were unfriendly.	0	1	2	3	
16. I enjoyed life.	3	2	1	0	
17. I had crying spells.	0	1	2	3	
18. I felt sad.	0	1	2	3	
19. I felt that people disliked me.	0	1	2	3	
20. I could not get "going."	0	1	2	3	
TOTAL SCORE (Add your score on all 20 questions.)					

L. Radloff, *The CES-D Scale: A Self Report Depression Scale for Research in the General Population*, Appl. Psychol. Meas., Vol. 1, No. 3, Summer 1977, pp. 385-401. Copyright© 1977, West Publishing Company/Applied Psychological Measurement, Inc. Reproduced by permission.

- If you have less pain and suffering, you may be less sensitive to, and more able to accept, the physical symptoms of your condition.
- You may actually become more active and involved in daily activities.

See Your Treating Doctor

If you think you may have symptoms of depression along with your medical condition, the first step is to see your doctor.

- Your medical illness may have symptoms similar to depression. For instance, weight loss, trouble sleeping and low energy may occur not only in depression but also in diabetes, cardiovascular disease, vitamin or mineral imbalances and endocrine disorders.
- Some symptoms may be a result of side effects of medications your doctor is prescribing for your medical illness.

Your doctor must first find out whether you have one diagnosis or two. This requires careful evaluation, especially in illnesses with similar symptoms.

If the symptoms are part of the medical illness or side effects of medications, the doctor may need to change your medications or treatments to help you feel better. If depression is an additional problem, the doctor may treat you or refer you to a mental health specialist for evaluation and treatment.

What to Tell Your Doctor

Carefully describing what is wrong and why you are concerned will help your doctor do a better job of diagnosing and treating your depression. Remember to go to each visit prepared with a list of your symptoms or problems. On the next page is a checklist that you and your family members can complete prior to your doctor visits. This may help you to identify possible symptoms and give your doctor valuable information.



Symptom Checklist

Use this checklist to record when your symptom started, how often you've had it in the last two weeks, and if you've noticed a change since getting ill or starting a new medication.

SYMPTOM	COMMENTS
I feel sad or "empty." I cry a lot.	
I feel worthless. I feel guilty for no real reason.	
I've lost my confidence. I don't feel good about myself.	
I have feelings of helplessness.	
Life seems meaningless or like nothing good is going to happen again.	
I have lost interest or pleasure in activities that I once enjoyed, including sex.	
I want to be left alone most of the time.	
I have difficulty making decisions. I am forgetful. It's hard to concentrate.	
I get irritated often. Little things make me lose my temper. I overreact.	
My sleep pattern has changed.	
I've lost my appetite or I eat a lot more.	
I am "slowed down" and tired most of the time.	
I have persistent physical symptoms that do not respond to treatment, such as headaches.	
I have thoughts of death or suicide.	

Scale: 1 = Often 2 = Sometimes 3 = Not at All or Rarely

Treatment

Depression Is Treatable

In general, about 80 percent of people with depression can be helped by treatment. Symptoms can usually be relieved in a matter of weeks.

The major treatments for depression include antidepressant medicine, psychotherapy (talking with a doctor or mental health professional), and a combination of both. Your treatment will depend on your diagnosis and how serious your symptoms are. Treatment may include medication and/or one of the forms of psychotherapy proven effective for depression. Some people do best with combined treatment — that is, medication for quick symptom relief and psychotherapy to help them learn better ways of dealing with life's problems.

- There are effective medications and psychotherapies (talk therapies) that are often used in combination.
- A number of short-term talk therapies to treat clinical depression have been developed in recent years.
- Severe depression, especially if it comes back after treatment, may require medication along with psychotherapy for the best outcome.
- People with recurring depression, including bipolar disorder, may need to stay on medication to prevent or decrease further episodes.
- Many people need psychotherapy to deal with the psychological or interpersonal problems that often accompany their illness.
- Other special treatments can be helpful. For example, electroconvulsive treatment (ECT) may be a safe and effective treatment for the most severe depressions. Research is also being done on the use of light for the treatment of depression.
- Early treatment may decrease the severity of symptoms and shorten the episode. Individuals respond differently to treatment. If, after a certain period of time, symptoms have not improved, the treatment plan should be re-evaluated and discussed with your doctor.
- Most people can be successfully treated for depression on an outpatient basis.

Psychotherapy

Psychotherapy is a partnership between an individual and a professional trained to help people understand their feelings and assist them with changing their behavior. The psychotherapist is generally a licensed professional with an advanced degree in psychiatry, psychology, social work or nursing. Therapists usually have specialized training in performing therapy, human development, mental disorders and psychological processes. They are trained to bring to the therapeutic relationship a nonjudgmental attitude, an honest curiosity and, perhaps most important, a vision that the person suffering from depression (you!) can be helped to get better.

WHAT DOES RESEARCH SAY?

- Research suggests that therapy effectively decreases depression, anxiety and related symptoms — such as pain, fatigue and nausea.
 - Research increasingly supports the idea that emotional and physical health are very closely linked, and that therapy can improve a person's overall health condition.
 - Nine out of 10 Americans surveyed by Consumer Reports said that psychotherapy had helped them.
-

Psychotherapy for People Diagnosed with Depression and a Chronic Medical Condition

People with chronic conditions often face a set of problems that can contribute to depression. Chronic conditions can lead to psychological, interpersonal and financial challenges. You might be faced with one or more of the following:

- Loss of physical functioning and capacity, or disabilities associated with the illness.
- Not being able to function in the same way in your roles as parent, spouse and friend.
- Limitations on your activity level.
- Difficult medical treatments, and dietary or lifestyle restrictions.
- Physical pain and less vitality.

- Difficulties accomplishing certain daily activities.
- Inability to complete the same amount of work.
- Increased financial burdens.
- Interpersonal problems as a result of illness and depression.

Psychotherapy may help you deal with the losses you may experience, as well as the psychological or interpersonal problems often associated with your illness.

Psychotherapy may help you feel better by acknowledging or unlocking feelings that may be difficult for you to express to friends and family. A person's role in the family may be impacted by a chronic illness. You may feel like a burden and may not want to express the difficult feelings you have about your illness and your change in role.

Sometimes a person's ability to express their feelings — that they feel cheated, for example, by the restrictions they are facing, or ashamed in not being able to perform sexually, or grieving over the loss of abilities and social roles — can in itself be a big relief and lessen depression. The impact of your condition, and your ability to function, may seriously affect your sense of self-worth. Therapists are also trained to help people in dealing with losses and to help them develop new ways to cope with the challenges in their life.



People with some chronic illnesses may often feel worn out and tired, resulting in irritability and frustration. This, in turn, may affect close relationships and create a new set of problems with which the person is even less prepared to cope. Therapists may be able to help people by assisting them in determining what they can and cannot realistically accomplish, setting up schedules that will take into account their need for more rest and relaxation, coping better with their pain, and letting go of the guilt or shame that is hindering them from doing the best they can for themselves and those around them.

Antidepressant Medications

Antidepressants are medications used to treat depression. They are not habit-forming.

There are many types of medications — so different ones can be tried if:

- One doesn't work.
- Side effects are a problem.
- The antidepressant medication interferes with medications needed for the physical illness.

There are several groups of antidepressants (see following charts). Each class or type of antidepressant has different side effects. With the wide variety of antidepressant medications now available, a person should expect to find a medication that is effective, but with the fewest side effects. The Selective Serotonin Reuptake Inhibitors (SSRI) class of antidepressants is prescribed more often than any other class because they have fewer side effects than other medications. However, there are some side effects that all groups of antidepressants may have, such as sleepiness or difficulty sleeping, dizziness, dry mouth, constipation, nausea and sexual dysfunction. Generally, these side effects may go away after a certain period of time. Nevertheless, it is important for you to consult with your doctor about various side effects.

Antianxiety drugs or sedatives (such as Ativan, Klonopin or Valium) are not antidepressants. While they are sometimes prescribed along with antidepressants, they should not be taken alone for a depressive illness.

As with any type of medication prescribed for more than a few days, antidepressants have to be carefully monitored to see if you are getting the correct dosage. Your doctor will want to check the dosage and how well it is working on a regular basis.

ANTIDEPRESSANT MEDICATIONS *

Selective Serotonin Reuptake Inhibitors (SSRIs)

Generic Name	Brand Name	Generically available?
escitalopram	Lexapro®	Yes
paroxetine	Paxil®	Yes
paroxetine	Paxil CR®	No
sertraline	Zoloft®	No
citalopram	Celexa®	Yes
fluoxetine	Pexeva®/Prozac®	Yes
fluoxetine	Prozac Weekly®	No
fluvoxamine	Luvox®	Yes

Selective/Norepinephrine Reuptake Inhibitors (SNRIs)

Generic Name	Brand Name	Generically Available?
venlafaxine	Effexor®/Effexor XR®	No
duloxetine	Cymbalta®	No

Tetracyclics

Generic Name	Brand Name	Generically Available?
maprotiline	Ludiomil®	Yes
mirtazapine	Remeron®/Remeron Soltab®	No

Triazolopyridines

Generic Name	Brand Name	Generically Available?
trazodone	Desyrel®	Yes

*Some antidepressant medications may not be covered by your health plan.

Aminoketones

Generic Name	Brand Name	Generically Available?
bupropion	Wellbutrin®/Wellbutrin SR®	Yes
bupropion	Wellbutrin XL®	No

Tricyclic Antidepressants (TCAs)

Generic Name	Brand Name	Generically Available?
protriptyline	Vivactil®	Yes
trimipramine	Surmontil®	Yes
amitriptyline**	Elavil®	Yes
clomipramine	Anafranil®	Yes
desipramine	Norpramin®	Yes
doxepin**	Sinequan®	Yes
imipramine**	Tofranil®	Yes
nortriptyline	Pamelor®	Yes

Monoamine Oxidase Inhibitors (MAOs) (Special dietary restrictions with use)

Generic Name	Brand Name	Generically Available?
phenelzine	Nardil®	No
tranylcypromine	Parnate®	No

**Drug not recommended for use in the elderly.

It is recommended that people be seen by their doctors at least three times during the first 12 weeks of antidepressant medication treatment. Once you are responding to a medication, it may be continued for 6 months or longer, in order to be effective and to prevent a relapse of the depression.

People often are tempted to stop medication too soon. It is important to keep taking medication until your doctor says to stop, even if you feel better. Some medications must be stopped gradually to give your body time to adjust. Of course, if you develop or show symptoms that you

may be experiencing a negative reaction to a medication, call your doctor immediately — even if you have not completed taking a certain cycle or amount of a prescribed medication.

Be sure to contact your doctor if you have a question about any drug, or if you are having a problem you believe is drug-related. Ask your doctor if the medications you are taking to treat your medical condition can contribute to depression.

People Can Help

Since depression can make you feel tired and helpless, you will probably want and need help from others.

Look around you at your “support system.” A personal support system is made up of people you can turn to when you need help — such as friends, family, co-workers and neighbors. Reach out to people who may also be facing chronic conditions and/or depression. Talking to people in similar circumstances can help when you are feeling lonely or down. Your support system can help you take an active role in managing your illness and depression. Consider contacting someone in your support system when you need help. Remember that you do not have to be alone in managing your condition. You can turn to other people for support.

In the following chart, fill in the left column with the names of the people in your support system. Write in as many names as you can think of. Then list the things you can do with them. In the last column, write in how they can help you. Remember to call them when you need support.

Getting More Support From Others

You may discover that you do not have many people in your life who are able to support you right now. Even if you have a lot of friends and family, people who have never had a chronic condition or depression may not fully understand how you are feeling. They may not mean to hurt your feelings, but they may say and do things that do.

It may help to share this booklet, especially this section, with those you most care about so they can better understand and help you.

You may also benefit by increasing your support system and joining a support group of people facing similar challenges. See the last section of this booklet for information about support groups.

SUPPORT SYSTEM

Names of:
Family Members

Things I Do With Them

They Help Me With

Friends

Other People With
My Medical Conditions

Spiritual Groups

Clubs and Organizations

Other

Tips On Depression

Depression Dos and Don'ts

Depression may make you feel exhausted, worthless, helpless and hopeless. Such negative thoughts and feelings make some people feel like giving up. It's important to realize that these negative feelings are part of the depression and do not correctly reflect your situation. Negative thinking fades as treatment begins to take effect. *In the meantime:*

DO

Do break large tasks into small ones, set some priorities and do what you can as you can.

Do try to spend time with other people. It is often better than being alone. Use your support system.

Do take part in activities that may make you feel better. You might try mild exercise, going to a movie or ball game, or participating in religious or social activities.

Do seek treatment and support groups. Remember, negative thinking is part of the depression and will disappear as your depression responds to treatment.

DON'T

Don't set difficult goals for yourself or take on a lot of responsibility. This will only increase feelings of failure.

Don't overdo it or get upset if your mood is not greatly improved right away. Feeling better takes time.

Don't expect to snap out of your depression. People rarely do.

Don't blame yourself for not feeling up to par. Help yourself as much as you can.



Information for Your Friends and Family

People who are depressed may *need* help to get help.

The very nature of depression can interfere with a person's ability or wish to get help. Depression can deplete energy and self-esteem and make a person feel tired, worthless, helpless and hopeless. That is why seriously depressed people need encouragement from family and friends to get treatment.

The National Institute of Mental Health recognizes that the most important thing anyone can do for the depressed person is to help him or her get help from a health care professional to get the correct diagnosis and treatment. Don't ignore suicidal thoughts, words or acts. Seek professional help right away. Encourage the person to stay with treatment until symptoms begin to go away or get better (several weeks), or to ask for different treatment if they do not improve. Sometimes you may have to make an appointment and take the depressed person to the doctor. It may also mean watching whether the depressed person is taking any medications the way they were prescribed.

The second most important thing is to offer emotional support. This takes understanding, patience, affection and encouragement. Talk to the depressed person and listen carefully. Do not ignore remarks about suicide. Always report them to the doctor or a mental health professional.

Encourage the depressed person to participate in activities that once gave him or her pleasure such as hobbies, sports and religious or cultural activities. Do not, however, push the depressed person to do too much too soon. He or she needs diversion and company, but too many demands can increase feelings of failure.

Do not accuse the depressed person of being lazy or faking illness. Keep in mind that people with depression cannot simply "snap out of it" and feel better because we want them to. Eventually, with treatment, most depressed people do get better. It is important to keep that in mind. In addition, keep reassuring the depressed person that, with time and help, he or she will feel better.

“Mutual support groups, involving little or no cost to participants, have a powerful effect on mental and physical health.”²



Support Groups

If you are unable to find the support you need from your family and friends, consider joining a support group for your physical illness or for depression.

There are thousands of support groups where people with the same illness help each other cope with similar challenges in their lives. Support groups can be found in most neighborhoods, especially at local hospitals. “[Support groups] take diabetes, or other illnesses, or trying experiences that usually leave people feeling frustrated, depressed and isolated — and turn them into the only criterion for membership. In this powerful way, people can come together with dignity, compassion and cooperation to lighten the burdens of disease, disability, bereavement — whatever.”³

The National Institute of Health’s Office of Alternative Medicine has recognized that support groups may have a powerful effect on physical illnesses. Support groups have other major benefits including: (1) they are generally low-cost, or even free; (2) members learn practical ways of coping with the effects of their disease; and (3) they help members form bonds with each other — an experience that may empower them for the rest of their lives.

“When you sit down with others who have shared your experience — no matter whether it’s diabetes, multiple sclerosis, an unfaithful spouse or a recent cancer diagnosis — you feel a sense of comfort and closeness no professional relationship can match.”

Edward Madara, M.S.

Director of the American Self-Help Clearinghouse in Denville, New Jersey



Resources*

The Reawakening Center

www.reawake.com

The Reawakening Center is an online depression screening and information tool, with interactive features that are both entertaining and educational. Featured sections include:

- **Learn About Yourself:** Understand your thoughts and feelings.
- **Online Coaching:** Get encouragement and support for handling your emotions.
- **Weekly Wake-Up Call:** Learn new ways to feel good about yourself each week.
- **The Library:** Get information about treatment and support options quickly and easily.

The American Self-Help Clearinghouse

www.selfhelpgroups.org

The American Self-Help Clearinghouse provides information on support groups (both physical illnesses and depression) affiliated with a national organization for specific diseases. Many of these support groups operate at the local level.

Aetna IntelliHealth®

www.intelihealth.com

Aetna IntelliHealth is Aetna's award-winning health information website. It is a premier provider of online consumer-based health information and includes pages dedicated to behavioral health. The Mental Health Zone material contains information on co-occurring depression.

Depression and Bipolar Support Alliance

1-800-826-3632

www.dbsalliance.org

The Depression and Bipolar Support Alliance is a not-for-profit organization that educates the public concerning the nature of depressive and bipolar illnesses as treatable medical conditions.

*This information is provided for your convenience only and does not constitute or imply endorsement by Aetna Inc. or its subsidiary companies of any products or services described on these sites, or of any other material contained therein or information obtained by calling the telephone number provided.

1. The Center for Epidemiologic Studies Depression Scale (CESD) was developed in the 1970s to detect major or clinical depression. The questionnaire has been completed by thousands of individuals in primary care offices and from their homes. Almost 85 percent of those found to have depression after an in-depth structured interview with a psychiatrist will have a relatively high score on the CESD. However, about 20 percent of those who score relatively high on the CESD will have rapid resolution of their symptoms, and do not meet the full criteria for major or clinical depression. Therefore, it is necessary to see your doctor for an accurate diagnosis.
2. Davison, K.P., Pennebaker, J.W., and Dickerson, S.S. "Who Talks?: The Social Psychology of Illness Support Groups." *American Psychologist*. February 2000, pp. 205-217.
3. The Best Medicine in the World — Love and Care (visited May 12, 2003) http://personal.nbn.net.nbn.ca/mdetjld/Webpage/S_group.

