

FINDING PEACE OF MIND

Treatment Strategies
for Depression



Depression and Bipolar
Support Alliance

We've been there.
We can help.

What is depression?

Depression is a treatable medical condition related to how our brains work, especially how our brains process information, emotions, and stress. It's not a character flaw or a sign of personal weakness. Just like you can't "wish away" diabetes, heart disease, or any other significant illness, you can't make depression go away by trying to "snap out of it."

While depression sometimes runs in families, many people with the condition have no family history of depression. It can have many causes; genetic or inherited risk, early life traumas, stressful life events, and other illnesses or injuries. Usually, it's not one factor, but several of them combined.

Common Symptoms of Depression

- Sad, empty, irritable, or tearful mood nearly every day
- No interest in or pleasure from activities once enjoyed
- Major changes in appetite or body weight
- Insomnia or sleeping too much
- Feelings of restlessness or agitation
- Fatigue, exhaustion, or lack of energy
- Feelings of worthlessness or excessive guilt
- Difficulty concentrating or making decisions
- Thoughts of death or suicide



Different Types of Depression

There are many types of depression, but the two most common are unipolar depression and persistent depressive disorder. For information on other types of depression visit [DBSAlliance.org/Depression](https://www.DBSAlliance.org/Depression).

Unipolar Depression

Doctors use this term to describe periods of low or depressed mood that are not accompanied by high or elevated periods. It is also sometimes referred to as major depression. Patterns of depression can vary widely between people or over time. Some people experience periods of complete wellness between bouts of depression. For other people, depression is more chronic or long term.

Persistent Depressive Disorder, once called Dysthymia

Persistent depressive disorder is a long-lasting low-grade state of depressed mood, symptoms of which include poor appetite or overeating, insomnia or oversleeping, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness. The depressed state of persistent depressive disorder is not as severe as with major depression, but can be just as disabling.

Depression and Bipolar Disorder

Bipolar disorder is a treatable medical condition marked by extreme changes in mood, thought, energy, and behavior. Most people who live with bipolar disorder experience low or depressed periods as well as mania, or speeded up periods.

It's during periods of depression (sometimes referred to as bipolar depression) that most people with bipolar disorder get professional help and receive a diagnosis. Studies show that in the primary care setting alone, 10–25 percent of those diagnosed with unipolar depression may actually have bipolar disorder. And the percentage is even higher in a psychiatric setting. Failing to recognize bipolar disorder can lead to treatment that isn't effective—or treatment that can even cause more mood swings. For that reason, doctors should always consider a diagnosis of bipolar disorder when depression is severe or doesn't improve with usual depression treatment.

How is depression treated?

The most important thing to know is that wellness is possible. There are many different paths to recovery from depression, and you should keep looking until you find the path that's right for you.

A good treatment plan for managing depression usually includes several different tools: medication, talk therapy, personal wellness strategies, and support from a peer-run group like DBSA. Seeking treatment does not mean you are weak or a failure; it means you have the strength and courage to look for a way to feel better. Getting treatment for depression is no different than getting treatment for any medical condition. If you're like most people, you may experience feelings of shame or embarrassment. Don't let those feelings keep you from getting help.

Wellness might not happen overnight. It is normal to wish you could feel better faster or to worry that you will never feel better. However, you can feel better and you can do things to help yourself.

Relief of symptoms is only the first step in treating depression. Wellness, or recovery, is a return to a life that you care about. Recovery happens when your illness stops getting in the way of your life.

You decide what recovery means to you. Talk to your health care provider about what you need to achieve wellness. Along the way, you have a right to ask questions about the treatments you are getting and to choose the treatments you want. It can also be helpful to work with a therapist, family member, peer, or fellow support group participant to help define your recovery. Your definition may change at different times in your life.

What is psychotherapy (talk therapy)?

Psychotherapy can be an important part of treatment. A good therapist can help you cope with the feelings you are having and make positive changes that will help you manage mood symptoms. There are different types of psychotherapy that focus on different things. Behavioral therapy concentrates on your actions; cognitive therapy focuses on your thoughts; and interpersonal therapy looks at your relationships with others. Your loved ones may join you in family or couples therapy. Group therapy involves

several, usually unrelated people, working with the same therapist and each other. Many therapists use a combination of approaches. One approach is not necessarily better than another; the best choice is the one that works best for you. Therapists are people, and they have their own personalities and styles. If psychotherapy is going to help you, you need to feel that your therapist understands you and is on your side. If you don't feel that way, be sure to speak up about it or try a different therapist.

How is medication used to treat depression?

There are many safe, effective medications that may be prescribed to relieve symptoms of depression. While doctors do know something about the average effects of medication (how any medication works for most people), you're an individual and your reaction may not be the same as someone else's. You and your doctor will need to work together to find the right medication or combination of medications for you. This process may take some time, so don't lose hope. Many people need to try several medications before they find the best one(s). Your health care provider might prescribe one or more types of medications to treat mood symptoms.

Antidepressants

These medications help lift the symptoms of depression. There are several different classes and types of antidepressants to choose from. It is believed that certain brain chemicals, called neurotransmitters, are associated with depression. These brain chemicals include serotonin, norepinephrine, and dopamine. Most antidepressants relieve depression symptoms by working on these neurotransmitters. Each class of antidepressant affects these neurotransmitters in slightly different ways.

Mood Stabilizers

This category of medications includes lithium as well as several medications that were originally developed to treat seizures or epilepsy. Several of these medications are approved as safe and effective for treatment of bipolar disorder. Some others are commonly used, even if they are off-label. Mood stabilizer medications also work slowly—it usually takes at least 2–4 weeks to see if one of these medications will really help.

These medications are sometimes used to treat more severe depression in people who do not have bipolar disorder.

Atypical Antipsychotics

These medications are called antipsychotics because they were first used to treat schizophrenia, but they're now used most often to treat bipolar disorder. All of these medications can reduce symptoms of mania, and some are also effective for reducing depression symptoms.

Even if a medication is not officially approved for a specific condition or diagnosis, it can still be helpful. But your doctor should tell you when they prescribe a medication that isn't officially approved. Doctors call this off-label prescribing.

It can take several weeks for medications to fully work, so it's important not to get discouraged and give up too soon. You might feel some side effects of your medication before you feel the benefits. Be sure to talk with your doctor about when you might expect to notice the benefits from a new medication. You'll be much more successful finding the right medication plan if you keep a daily record of your mood symptoms, medications, sleep patterns, and other things that seem to affect your mood. DBSA offers a printed personal calendar, which allows you to record changes in your mood level, symptoms, stressful life events, the medication you take, and the side effects you experience each day. Print or download the calendar at [DBSAlliance.org](https://www.DBSAlliance.org). DBSA also offers a web and phone-based app called DBSA Wellness Tracker to help you track your well-being, moods, symptoms, medicines, physical health and more. Visit [DBSAlliance.org/Tracker](https://www.DBSAlliance.org/Tracker) for more information.



Is it safe to take medication if I'm pregnant or nursing?

Try to discuss pregnancy ahead of time with your doctor if you're planning it. If you become pregnant, inform your doctor immediately. You and your doctor should discuss your health in detail and make medication decisions based on your need for medication compared to the risk the medication may pose to your baby's health. Some medications used to treat depression are known to cause birth defects, and those should be avoided. Some are not known to cause birth defects, and taking them during pregnancy may be appropriate for some women. The greatest period of risk for most medications is during the first three months of pregnancy, but some medications may also be harmful to a fetus during later stages of pregnancy. Medications may also be present in breast milk, so your doctor may advise you to stop breastfeeding if you take medication.

Depression in Children

Depression in early life may have symptoms such as headaches, muscle aches, stomach aches, tiredness, frequent absences from school or poor performance in school, talk of or efforts to run away from home, irritability, complaining, unexplained crying, isolation, poor communication, and extreme sensitivity to rejection or failure.

Many mood disorder medications used for adults are prescribed for children. If your child has a mood disorder, make sure they are being treated by a doctor who has experience treating mood disorders in children.

Much has been written about the use of certain types of depression medications in children and adolescents and the possibility of increased risk of suicide. Families and physicians must make informed decisions that compare benefits and risks of all treatment options.

Treatment involves more than taking a medication. Talk therapy can be helpful in assisting children in learning coping and effective communication skills. In addition, many wellness strategies used for adults can help children as well such as relaxation exercises, artistic expression, or journaling.

Parents, in partnership with their child, must monitor the child's moods and behaviors and develop a close working relationship with their child's health care providers that includes regular follow-up appointments.



How do depression and its treatments affect older adults?

With older adults, depression can sometimes be mistaken for normal signs of aging. These symptoms are not a normal part of growing older. Depression and memory problems often go together; depression can contribute to memory problems and memory problems can contribute to depression. Treatment can be very helpful for older adults, and they should be given a thorough physical examination if they have symptoms of a mood disorder. It's also important for older adults to be aware of possible medication interactions or medication side effects if they're taking several medications for different health conditions.

What should I do if I experience side effects?

Many of the medications that affect the brain may also affect other systems of the body, and cause side effects such as dry mouth, constipation, sleepiness, blurred vision, weight gain, weight loss, dizziness, or sexual problems. Some side effects lessen or go away within days or weeks, while others can be long-term.

Don't be discouraged by side effects; there are ways to reduce or get rid of them. It may help to change the time you take your medication to help with sleepiness or sleeplessness, or to take your medication with food to help with nausea. Sometimes another medication can be prescribed to block an unwanted side effect, or your dosage can be adjusted to reduce the side effect to a tolerable level. Other times, your medication must be changed. Tell your doctor about any side effects you are having. The decision to change or add medication must be made by you and your doctor together. You should never stop taking your medication or change your dosage without talking to your doctor first.

Contact your doctor or a hospital emergency room right away if side effects cause you to become very ill with symptoms such as fever, rash, jaundice (yellow skin or eyes), breathing problems, heart problems (skipped beats, racing), or other severe changes that concern you. This includes any changes in your thoughts, such as hearing voices, seeing things, or having thoughts of death or suicide.

Be sure your doctor knows about all the medications

you're taking for depression and any other health conditions you have. This includes over-the-counter or natural/herbal supplements. Even natural treatments may interact with your medications and change the way they work.

What if I don't feel better?

If you don't feel better right away, remember that it isn't your fault and you haven't failed. Never be afraid to get a second opinion if you don't feel your treatment is working as well as it should. Here are some reasons the medication you're taking may not be giving you the results you need.

Not Enough Time Often a medication may not appear to work, when the reality is that it may not have had enough time to take effect. Most medications for depression must be taken for two to four weeks before you begin to see results. Some can take as long as six to eight weeks before you feel their full effect. So, although it may not be easy, give your medication time to start working. Whenever your doctor prescribes a new medication or changes the dose of an old medication, be sure to ask when you should judge whether it's helping.

Dosage Too Low With most medications used to treat depression, the actual amount reaching the brain can be very different from one person to the next. A medication must reach the brain to be effective, so if your dose is too low and not enough reaches your brain, you might incorrectly assume the medication doesn't work, when you actually just need your doctor to adjust your dosage.

Different Type (Class) of Medication Needed Your doctor may need to prescribe a different type of medication, or add one or more different types of medication to what you're currently taking. While different medications may be equally effective on average, each individual responds differently.

Not Taking Medications as Prescribed A medication can have poor results if it is not taken as prescribed. Even if you start to feel better, keep taking your medication so you can keep feeling better. If you often forget to take your medications, consider using an alarm to remind you or keeping track of what you have taken using a pillbox with one or more compartments for each day. It may also be helpful for you to keep a written checklist of medications and times taken, or to take your medication at the same time as a specific event—a meal, a television show, bedtime, or the start or end of a work day.

Medications Approved by the FDA for Treatment of Unipolar Depression

Medication Class	Medication	Brand Name	Common side effects	May interact with
Selective serotonin reuptake inhibitors (SSRI)	Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, Vilazodone HCl	Celexa®, Lexapro®, Prozac®, Luvox®, Paxil®, Zoloft®, Vibryd®	Nausea, Insomnia, Sleepiness, Agitation, Sexual dysfunction	MAOI antidepressants, Tricyclic antidepressants, Alcohol, Anxiety medications, Blood thinning medications, Anticonvulsants, Heart medications
Norepinephrine and dopamine reuptake inhibitors (NDRI)	Bupropion	Wellbutrin®	Agitation, Insomnia, Anxiety, Dry mouth, Headache, Seizures are a danger when there are specific risk factors such as previous seizures, heart trauma, eating disorders, or abrupt stopping of alcohol, anxiety medications, or sleep medications.	MAOI antidepressants, Tricyclic antidepressants, Anxiety medications, Steroid medications, Anticonvulsants, Alcohol, Diabetes medications
Serotonin antagonist and reuptake inhibitor (SARI)	Nefazodone Trazodone	Desyrel®	Nausea, Dizziness, Sleepiness, Dry mouth, Constipation, Weight gain, Nefazodone can rarely cause serious liver damage.	Anxiety medications such as BuSpar or Ativan, MAOI antidepressants, Heart medications such as Lanoxin or Digitek, Sleep medications
Serotonin and norepinephrine reuptake inhibitor (SNRI)	Desvenlafaxine Duloxetine Levomilnacipran Venlafaxine	Pristiq® Cymbalta® Fetzima® Effexor®	Anxiety, Nausea, Dizziness, Sleepiness, Sexual dysfunction, Withdrawal symptoms when stopped abruptly	MAOI antidepressants, Stomach medications such as Tagamet
Noradnergic and specific serotonergic antidepressant (NaSSA)	Mirtazapine	Remeron®	Sleepiness, Increased appetite, Weight gain, Dizziness, Dry mouth, Constipation	MAOI antidepressants, Alcohol, Anxiety medications
Serotonin Modulators	Vortioxetine	Brintellix®	Nausea, Constipation, Vomiting, Diarrhea, Dry mouth	MAOI antidepressants
Tricyclic (TCA), Tetracyclic	Amitriptyline, Amoxapine, Clomipramine, Desipramine, Imipramine, Maprotiline, Nortriptyline, Protriptyline, Trimipramine	Elavil®, Asendin®, Anafranil®, Norpramin®, Tofranil®, Ludiomil®, Pamelor®, Vivactil®, Surmontil®	Sleepiness, Nervousness, Dizziness, Dry mouth, Constipation, Urinary retention, Increased appetite, Weight gain, Low blood pressure, Sexual dysfunction, May be toxic if levels in blood get too high	Alcohol, Sleep medications, Allergy medications, Cold medications, Pain medications, Heart medications, Anxiety medications, Birth control pills, Anticonvulsants, Spasm or cramp medications
Monoamine oxidase inhibitor (MAOI)	Isocarboxazid, Phenelzine, Selegeline, Tranylcypromine	Marplan®, Nardil®, Emsam®, Parnate®	Dizziness, Dry mouth, Urinary retention, Sleep problems, Low blood pressure, Weight gain, Sexual dysfunction, Can cause dangerously high blood pressure if taken with the wrong food	Fatal interaction with some prescribed and over-the-counter medications including pain or cold medications, Foods containing tyramine, such as some cheeses, meats, or beans, Caffeine, Alcohol

Please note that these lists may not include all possible side effects or all possible interactions. You should thoroughly discuss all medication choices with your doctor.

DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. Consult your doctor for more information about specific treatments or medications.

Additional Medications that May Be Used to Treat Unipolar Depression or Depression in Bipolar Disorder

Medication	Brand Name	Common side effects	May interact with
Aripiprazole ⁽¹⁾	Abilify®	Insomnia, Nausea, Restlessness, Tiredness	Antidepressants such as Prozac or Paxil, Mood stabilizers such as Equetro or Tegretol
Brexiprazole ⁽¹⁾	Rexulti®	Weight gain, Restlessness	Mood stabilizers such as Equetro or Tegretol, Antifungal medications such as Nizoral
Cariprazine	Vraylar®	Weight gain, Restlessness	Mood stabilizers such as Equetro or Tegretol, Antifungal medications such as Nizoral
Divalproex Sodium	Depakote®	Nausea, Shaking, Weight gain, Decrease in blood platelets, Rash, Pancreatitis, Liver dysfunction (rare), Polycystic Ovary Syndrome (rare)	Aspirin or other blood thinning medications, Mood stabilizers such as Equetro, Tegretol, or Lamictal, Barbiturates, Cyclosporine (Neoral or Sandimmune)
Fluoxetine + Olanzapine	Symbyax®	Dizziness, Dehydration, Headache, Nausea, Sweating	MAOI antidepressants, Antipsychotics such as Mellaril, Pain medications, Sleep medications, Blood pressure or heart medications, Anticonvulsants, Herbal supplements, Alcohol
Olanzapine	Zyprexa®	Dry mouth, Shaking, Increased appetite, Weight gain	Anxiety medications, Sleep medications
Lamotrigine	Lamictal®	Sleepiness, Blurred vision, Sensitivity to sunlight, Headache, Nausea, Can rarely cause severe skin rashes.	Mood stabilizers such as Depakote, Equetro, or Tegretol, Antibiotics such as Bactrim, Septra, or Proloprim, Anticonvulsants, Birth control pills, Barbiturates
Lithium carbonate	Eskalith®, Lithionate®, Lithobid®, Lithotabs®	Shaking, Nausea, Increased thirst/Dry mouth, Frequent urination, Diarrhea, Fatigue/Dull feeling, Lowered thyroid activity, Weight gain, Kidney trouble, Avoid sweating too much or getting dehydrated, which can make your blood lithium levels toxic.	Birth control pills, Antidepressants, Pain medications, Anxiety medications, Caffeine, Mood stabilizers such as Equetro or Tegretol, Anticonvulsants such as Dilantin, Antibacterial medications such as Flagyl Iodine, Heart, blood pressure, or diuretic medications
Lurasidone	Latuda®	Sedation, Tremors, Restlessness, Nausea	Mood stabilizers such as Equetro or Tegretol, Grapefruit juice
Quetiapine fumarate	Seroquel®	Weight gain, Dry mouth, Constipation, Stiffness/Restlessness, Shaking, Sedation, Low blood pressure	Blood pressure or heart medications, Antipsychotics, Anxiety medications, Parkinson medications
Risperidone	Risperdal®	Weight gain, Sedation, Increased saliva, Stiffness/Restlessness, Shaking, Low blood pressure	Heart and blood pressure Medications, Cytotoxic or immunosuppressive Medications, Anticonvulsants, Anxiety or sleep medications, Parkinson medications, Antibiotic or antibacterial Medications, Antipsychotics, Medications used after surgery, Malaria medications, Mood stabilizers, MAOI antidepressants
Ziprasidone	Geodon®	Stiffness/Restlessness, Nausea/Dizziness, Insomnia, Tiredness, Cough, Upset stomach, Shaking, Rash, Tell your doctor if you have ever had heart problems. Contact your doctor or an emergency room immediately if you faint or feel a change in your heartbeat.	Heart and blood pressure Medications, Cytotoxic or immunosuppressive Medications, Anticonvulsants, Anxiety or sleep medications, Parkinson medications, Antibiotic or antibacterial Medications, Antipsychotics, Medications used after surgery, Malaria medications, Mood stabilizers, MAOI antidepressants

Please note that these lists may not include all possible side effects or all possible interactions. You should thoroughly discuss all medication choices with your doctor.

DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. Consult your doctor for more information about specific treatments or medications. Some of the uses under discussion in this brochure may not have been approved by the FDA.

⁽¹⁾ Medication is approved as an add-on treatment for depression or depression in bipolar disorder.

Other Things to Keep in Mind about Medication

Medication Interactions

Medications used to treat other illnesses may interfere with the medication you're taking for your depression—either increasing or decreasing the amount in your system. This can prevent the medication from being effective or cause more side effects. Be sure that all of your doctors and your pharmacist know about all of the medications you're taking so they can check for any interactions.

Other Medical Conditions

Other medical conditions can sometimes cause symptoms like depression or agitation. Make sure that your medical doctors know about your mental health treatment and that your mental health providers know about your medical treatment.

Substance Use

Alcohol or recreational drug use may interfere with the treatment of depression. The combination of alcohol or drugs with your medication(s) may lead to serious or dangerous side effects. It can also be difficult to benefit from talk therapy if you're under the influence. If you're having trouble stopping drinking or using, you may want to consider seeking help from a 12-step recovery program or a treatment center.

What are some other treatments for depression?

Electroconvulsive Therapy (ECT)

In the 1930s, researchers discovered that applying a small amount of electrical current to the brain caused small, mild seizures that changed brain chemistry. Over the years, much has been done to make this form of treatment milder and easier for people to tolerate. ECT can be effective in treating depression. However, there can be side effects such as confusion and memory loss. The procedure must be performed in a hospital with general anesthesia.

Transcranial Magnetic Stimulation (TMS)

In 2008, the Food and Drug Administration (FDA) approved TMS as a treatment for depression for those who haven't adequately benefited from previous antidepressant medications. TMS works by using a special electromagnetic device that's placed on the scalp and sends short bursts of energy to the brain. These pulses of energy stimulate nerve cells in the part of the brain that's associated with mood regulation. A TMS treatment session lasts 30–40 minutes, and individuals usually have five sessions a week over the course of 4–6 weeks. While TMS is approved to treat depression, it's not officially approved to treat depression in people with bipolar disorder.

Vagus Nerve Stimulation (VNS)

The vagus nerve is one of the primary communication pathways from the major organs of the body to the brain. VNS is delivered through a small pulse generator, similar to a pacemaker, which is inserted into the left chest area and connected to the vagus nerve in the left side of the neck. The pulse generator sends small pulses to the vagus nerve, which then delivers these pulses directly to the brain. Because the vagus nerve does not contain pain fibers, stimulation is typically painless. VNS therapy targets specific areas of the brain that affect mood. It also influences the activity of neurotransmitters, such as serotonin and norepinephrine.

The FDA has approved VNS therapy for people 18 years of age or older who are experiencing chronic or recurrent treatment-resistant depression. The treatment has been shown to be equally effective in both unipolar depression and bipolar disorder. The antidepressant effect of VNS tends to build



up slowly and continue over time. Side effects of VNS therapy are mild to moderate. They occur only during stimulation and typically become less noticeable over time. The most common VNS side effects include temporary hoarseness or a slight change in voice tone, increased coughing, a feeling of shortness of breath during physical exertion, and a tickling in the throat. In many cases, the dose can be adjusted to avoid or reduce any troublesome side effects.

Lifestyle Changes

Whether you are newly diagnosed with a mood disorder or have been managing depression for years, you can benefit from a healthy lifestyle. While you cannot change your diagnosis, you can change aspects of your life to manage or lessen your symptoms and improve the quality of your life. Many people living with depression find that managing their illness also means committing to some of the following lifestyle changes:

- **Learning and practicing techniques to manage stress (like relaxation or meditation)**
- **Sticking to a regular sleep schedule (especially a regular time for getting up each morning)**
- **Regular physical activity (several days a week)**

It's also important to look after your general health. People who live with depression are also more likely than average to smoke and/or to be overweight. A healthy lifestyle is always important. Even if symptoms of depression make things like physical activity, healthy eating, or regular sleep difficult, you can improve your moods by improving your health. A talk about lifestyle changes should be a part of your goal setting with your health care providers.



No question is too simple or unimportant.

Visits with your mental health or medical providers can be stressful. It's easy to be intimidated and leave with lots of unanswered questions. It often helps to think about your questions before a visit, write a list, and bring it with you. Some of the things you'll probably want to know include the following:

- What dosage(s) of medication should be taken, at what time(s) of day, and what to do if you forget to take your medication.
- How to change your dosage, if this needs to be done before your next visit.
- The possible side effects of your medication(s) and what you should do if you experience a side effect that bothers you.
- How you can reach your doctor in an emergency.
- How long it will take to feel better and what type of improvement you should expect.
- The risks associated with your treatment and how you can recognize problems when they happen.
- If your medication needs to be stopped for any reason, how you should go about it. (Never stop taking your medication without first talking to your doctor.)
- If psychotherapy is recommended as part of your treatment, and if so, what type.
- If there are things you can do to improve your response to treatment, such as changing your diet, physical activity, or sleep patterns.
- What your next step will be if your current medication isn't helpful.
- The risks involved if you are pregnant, plan to become pregnant, or are nursing.
- The risks involved if you have another illness, such as heart disease, cancer, or HIV.

How can DBSA support groups help me?

When managing depression, it's helpful to have reliable, knowledgeable people around you who know what you are going through. People with mood disorders and their families participate in DBSA groups to share experience, discuss coping skills, and offer hope to one another in a safe and confidential environment.

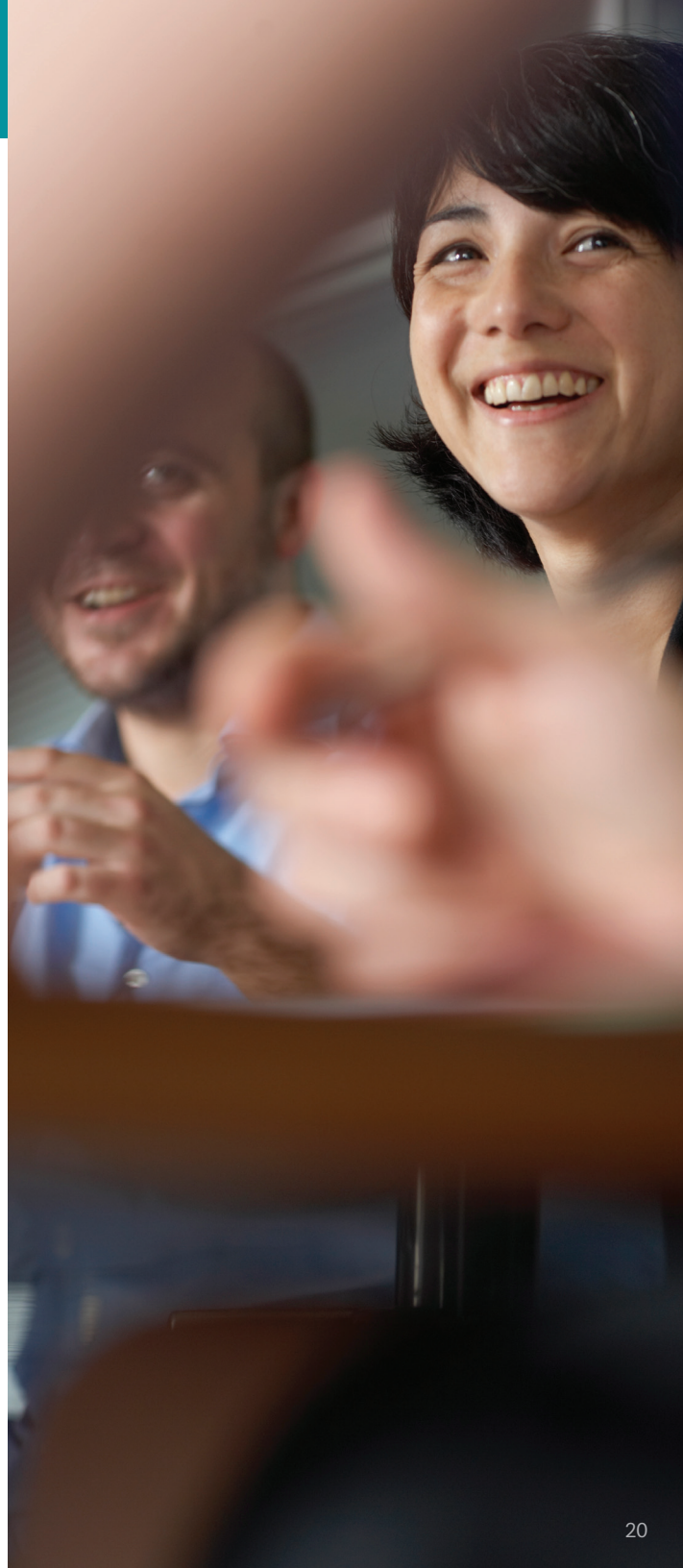
People who go to DBSA groups say the groups:

- provide a safe and welcoming place for mutual acceptance, understanding, and self-discovery
- give them the opportunity to reach out to others and benefit from the experience of those who have been there
- motivate them to follow their treatment plans
- help them to understand that mood disorders do not define who they are
- help them rediscover their strengths and humor

According to a DBSA survey, people who had been attending DBSA groups for more than a year were also less likely to have been hospitalized for their mood disorder during that year.

I think the reason I was depressed for so long was that I felt excluded from everything, even my family. Finding people who accept you for who you are—I can't put a price tag on that.

—DBSA support group participant



Never give up hope.

Right now you might be dealing with symptoms that seem unbearable, and it can be difficult to have patience as you search for effective treatment. The most important thing you can do is believe that there is hope.

Treatment does work, and most people can return to stable, productive lives. Even if you don't feel 100% better right away, it's important to stick with treatment and remember that you are not alone.

It's a struggle for all of us to deal with our issues. We have to keep learning & working in order to make our lives manageable & healthy. The important part to remember is that it WILL happen!

—DBSA constituent





We've been there.
We can help.

Depression and Bipolar
Support Alliance

The Depression and Bipolar Support Alliance (DBSA) is the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder, which affect more than 21 million Americans, account for 90% of the nation's suicides every year, and cost \$23 billion in lost workdays and other workplace losses.

DBSA's peer-based, wellness-oriented, and empowering services and resources are available when people need them, where they need them, and how they need to receive them—online 24/7, in local support groups, in audio and video casts, or in printed materials distributed by DBSA, our chapters, and mental health care facilities across America.

Through our extensive online and print resources and our nearly 650 support groups and more than 250 chapters, DBSA reaches millions of people each year with in-person and online peer support; current, readily understandable information about depression and bipolar disorder; and empowering tools focused on an integrated approach to wellness.

Depression and Bipolar Support Alliance

55 E. Jackson Blvd., Suite 490

Chicago, IL 60604

Phone: (800) 826-3632 or (312) 642-0049

Fax: (312) 642-7243

DBSAlliance.org

Please visit DBSAlliance.org to connect with support and for detailed information about the conditions and treatment of, and helpful wellness tools for, mood disorders.

We hope you found the information in this brochure helpful. If you would like to support DBSA's mission, please consider making a donation by calling (800) 826-3632 or by visiting DBSAlliance.org/Donate.

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