

THE CHOICE-D

PATIENT AND FAMILY GUIDE TO DEPRESSION TREATMENT



PRACTICAL
INFORMATION
FROM CANMAT
AND MDAO



ONTARIO BRAIN INSTITUTE
INSTITUT ONTARIEN DU CERVEAU

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This resource is the result of a joint venture of the Mood Disorders Association of Ontario (MDAO; www.mooddisorders.ca) and the Canadian Network for Mood and Anxiety Treatments (CANMAT; canmat.org). It was funded primarily by the Ontario Brain Institute (braininstitute.ca), with significant in-kind support from MDAO and CANMAT. Additional support and guidance were provided by the CAN–BIND program (www.canbind.ca).

The information in this guide is drawn from the CANMAT 2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder, published as a series of seven articles in the September 2016 issue of the Canadian Journal of Psychiatry (available here: canmat.org/canmatpub.html#Guidelines). All scientific content in this resource is derived from the research summarized in the original 2016 articles, edited by Dr. Raymond Lam and Dr. Sidney Kennedy, with co-editors Dr. Sagar Parikh, Dr. Roumen Milev, Dr. Glenda MacQueen, and Dr. Arun Ravindran.

The CHOICE–D (CANMAT **H**ealth **O**ptions for **I**ntegrated **C**are and **E**mpowerment in **D**epression) Project was created in partnership with individuals (drawn from 64 applicants across Canada) who have personal experience with depression, for persons living with depression. Written in lay language, our intention is to empower individuals to understand treatment options and to engage in conversations about treatment options with their health care providers. Multiple stakeholders contributed to reviewing this document, including the public, patients, treatment providers, researchers, and administrators.

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**THE CHOICE—D PATIENT AND FAMILY GUIDE
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PRACTICAL INFORMATION FROM CANMAT AND MDAO

If you are 18 or older and have been told by a health care professional that you have depression, this booklet is for you.

Depression is treatable. This resource provides information about different depression treatments, including medication and alternative treatments. The information will help you decide what questions to ask your health care provider* and will help you decide what treatment is right for you.

If you are thinking about suicide, and are at immediate risk, please call 911 or go to your nearest emergency department.

Suicide prevention and support is available in both French and English.

Canada's national suicide help line: toll-free 1-833-456-4566

Text: 45645

Chat: www.crisisservicescanada.ca

*The term 'health care provider' is used in this resource to indicate any health care professional involved in providing care and advice in managing your depression, including psychiatrists, family physicians, nurse practitioners, psychologists, therapists, and pharmacists.

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QUICK SUMMARY

How do I know if I have clinical depression?

It is normal to feel sad, lonely, or depressed sometimes. When those feelings become overwhelming and cause symptoms that last for over two weeks, seek help from your health care provider. For a list of depression symptoms, refer to page 3.

How should I decide what treatments I should consider – self-help, psychotherapy, or medication?

Medications, psychotherapy and their combination have been shown to help people with depression. There are also alternative therapies that your health care provider may discuss with you. Your depression may respond differently depending on your personal situation. Work with your health care provider to select the best treatment for you. If one treatment does not help, your health care provider may change or add another type of treatment.

What self-help can I do for depression (including peer support groups)?

Tracking your symptoms (see page 6), making healthy lifestyle choices (e.g. exercising, eating healthy foods), and using self-help books are some ways to help manage your depression.

Support groups run by peers are available across Canada that can connect you with people who have lived experience with depression. To find support and contact your local mood disorders association, go to this website: mdsc.ca/finding-help.

What psychotherapy works for depression?

While there are many useful types of psychotherapy, some are better than others for treating depression. It is important to talk about different options with your health care provider to find the treatment that will work best for you. To learn more, read the “Psychological Treatment” section beginning on page 9. A table of top-rated psychotherapies can be found on page 11.

Why would I consider medication, and which type?

There are many advantages to using antidepressant medication; it works faster than psychotherapy, is more widely available, and is more effective, particularly for severe symptoms. Medications can be combined with other treatment options (e.g. psychotherapy). Importantly, antidepressant medications are not addictive.

When selecting a medication, there is no ‘one size fits all’. You may have to try different types to find what works best for you. Sometimes treatment needs will vary and change over time. You should work with your health care provider to choose the right medication for you.

To learn more, read the “Antidepressant Medications” section beginning on page 22. A table of commonly prescribed antidepressant medications and their associated side effects can be found on page 26.

INTRODUCTION

What is depression?

Depression is an illness that negatively affects your brain and body. You may feel tired all the time. You may not want to go outside. It might be difficult to do normal daily activities. Your health care provider will ask you how long you have had symptoms and how the symptoms have affected your life and your relationships. Early detection and treatment can reduce the burden of the condition. Half of depressive episodes are generally short and resolve within three months.

Depression does not discriminate



men & women



different ethnicities



rich & poor

Depression does not discriminate; men and women, different ethnicities, rich and poor, are all susceptible.

Learning about depression can help decrease the stigma and correct misunderstandings of mental illness.

How is depression diagnosed?

Health care providers in Canada use different tools to diagnose depression. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD-10) are two resources that help professionals understand and diagnose your symptoms.



What are the symptoms of depression?



- Sadness that has lasted two weeks or more
- Loss of interest in doing things that used to give you pleasure
- Significant weight change or change in appetite
- Increase or decrease in how much you sleep
- Changes to your movement or speech (faster/slower)
- Tired – lacking energy
- Guilt – unworthiness
- Difficulty concentrating
- Thoughts of death or suicide



In order to diagnose depression, at least five of these symptoms should be experienced daily for at least two weeks, and must cause significant difficulty in social and/or work functioning such as missing a friend's birthday or an important work meeting. Depression does not affect everyone the same way, so symptoms may vary from person to person. Your health care provider might use other terms to describe your diagnosis. A 'specifier' is a term that provides additional information about your diagnosis that makes it more specific. If you have 'depression with anxious features', the specifier is 'anxious features'. Depression does not affect everyone the same way, so the disability from depression differs from person to person.

How common is depression?

About 10% of Canadians who are 15 years or older have experienced depression at some time in their lives. Women are more likely than men to be diagnosed with depression; young people are more likely than older people to have depression.

How does depression affect your social and family life?

Your ability to have healthy relationships may be affected when you are living with depression. Treatment can help to improve social and family relationships. Ask your health care provider for resources to share with your friends and family.

Will you always have depression?

Some types of depression can last a long time, and sometimes the symptoms of depression will stop for an extended time (such as after treatment), and then may return. This is known as relapse or recurrence. If you experience periods of time without symptoms (at least two months), your health care provider might say your depression is 'going into remission' or has 'lifted'. Depression symptoms may not fully go away with treatment, or the symptoms may change over time. About 25% of people with depression experience symptoms for at least two years. About 35% of people in remission re-experience symptoms within three years.



How is suicide risk assessed?

Suicidal thoughts, plans, and attempts are common in people with depression. Fortunately, suicide plans and attempts are less common than suicidal thoughts. If you are depressed, your health care provider is likely to ask questions about suicide as part of your care. A standard checklist or questionnaire may be used.

How can technology be used to treat depression?

Electronic mental health tools (smartphone mobile applications, online programs), are common and popular. These tools may help you and your health care provider to assess, monitor, and manage your depression symptoms. If you want to keep track of your depressive symptoms, ask your health care provider about any online tools you want to use.



Are there different phases in depression treatment?

There are two phases in treating depression. The goal in the **acute phase** of treatment is to 'get well'. The goal in the **maintenance phase** is to 'stay well', or maintain your mental health wellness. Your health care provider will encourage you to adopt a healthy lifestyle and use strategies to manage your mood. Not everyone needs maintenance treatment. The type of treatment and the length of time you undergo acute or maintenance treatment will depend on your needs and preferences as well as your biological and psychological vulnerability to depression.

How do you decide which treatment is right for you?

There are many things to consider when choosing a treatment. If your depression is severe (you have intense symptoms and frequent thoughts of hopelessness and/or suicide), you and your health care provider are likely to choose a treatment that will act quickly. You and your health care provider may consider medication, psychological treatment or other options based on your unique needs, history, and personal preferences. This resource provides information about different treatments.

The first step of treatment – Meeting with your health care provider

It may be hard to talk about your depression. It is important that you talk about your symptoms so your health care provider can help you find the right treatment.

The chart below is for you to write about your symptoms. It will be helpful for your health care provider to know what your symptoms are, how often they occur, and how long they last. Take the chart with you for your next appointment so you can talk about treatment options.

SYMPTOMS	DESCRIBE THE SYMPTOM. FOR HOW LONG? HOW OFTEN? SEVERE? MILD?
Sadness	
Restless or Irritable	
Hard to concentrate	
Loss of interest in things	
Tired	
Sleep change	
Weight change	
Thoughts of doom or suicide	

Tips to make the meeting more helpful

Things you might want to mention to your health care provider:



Bring your symptoms checklist and a list of questions. Note when the symptoms started, and things that trigger you and make you feel worse.



Write down your current prescription medications, including over the counter medications, and all nutritional or dietary supplements.



Note other medical conditions such as high blood pressure, diabetes, or anything recently diagnosed by your health care provider.



Review any family history of depression, other types of mental illness, alcoholism, or drug abuse, since this may also be discussed.

Your health care provider can answer your questions about depression and about treatment options. Write a list of questions before your appointment and take the list with you. Some questions you might want to ask:



How do I know if I have depression?

Should I have any blood tests or other tests?

What are the different treatments for depression?

What does treatment cost?

What are common or serious side effects?

Do I need to see a psychiatrist or psychologist?

When will I feel better?

What self-help groups and support groups are available?

Living with depression

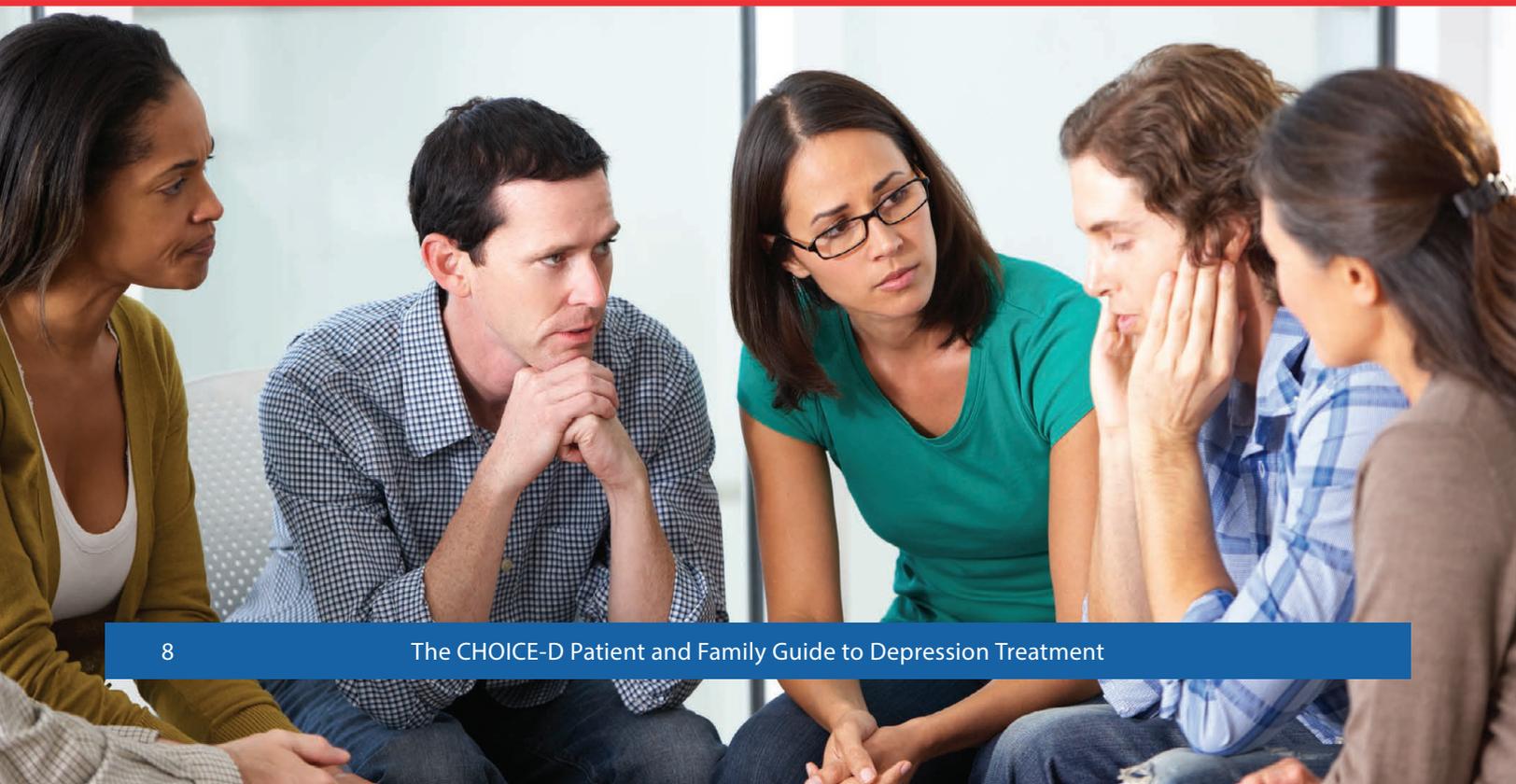
Do not be afraid to ask for help. Work with your health care provider to develop a plan to help you manage your depression. Many people with depression find different ways of managing; the following tips may be helpful:

- Talk to your family and friends
- Make healthy lifestyle choices: exercise, eat healthy foods, get enough sleep
- If you need more time with your health care provider, ask for a longer appointment time
- Use a daily pill box if you take medication

More ways to help yourself

Do you wish there was someone you could talk to that has gone through a similar situation without judgment? Peer support is a supportive relationship between people who have lived experience with depression in common. Contact your local mood disorders association that may provide additional support to help you feel less lonely and isolated – you can find this information on this website:

mdsc.ca/finding-help





What is psychological treatment?

Sometimes called 'talk therapy' or 'psychotherapy', psychological treatment involves discussions with a health care provider to learn more about your own behaviour and thinking.

Will psychological treatment work for you?

Psychological treatment can work for people of all ages, genders, and backgrounds. It can be just as effective as medication. It may take longer for you to see results with psychological treatment, so if your depression is severe, your health care provider may recommend a different type of treatment. Remember that we are all different, with different needs, so treatment needs to be selected to suit us best. Psychological treatment may be especially helpful if you are older, if you are pregnant, or if you are taking many medications.

Can you use psychological treatment if you have other psychiatric or medical conditions?

Depression is sometimes caused or made worse by other mental and physical illnesses. Psychological treatment can still be effective. Psychological treatment may improve your depression and your ability to complete your other treatments.

How do you choose a psychological treatment?

Talk about different treatments with your health care provider. Consider what is available and/or affordable in your area. Evidence from large research studies shows that some psychological treatments work better than others for depression, and that group treatment is usually as helpful as individual therapy. Different psychological treatments are described below. Additional information on psychological treatments can be found in Tables 2 and 3.



How do you choose a therapist for psychological treatment?

Psychological treatment works best when you have a good relationship and trust your therapist. Signs you have a good relationship with your therapist include:

- You and your therapist agree on your treatment goals
- The therapist can understand and talk about what you are feeling
- The therapist wants to know how well treatment is working for you, sometimes using symptom questionnaires to measure the severity of your depression
- The therapist seems to genuinely care about your needs

How long does it take for psychological treatment to start working?

Most psychological treatments for depression take 12-16 sessions, but there are some treatments that have been designed to be given in just 8 sessions. It is important to give the treatment you choose time to work before thinking of changing treatments. You should see some benefits after 4-6 sessions; major improvement may take longer.

The Three Best Psychological Treatments for Depression — CBT, IPT, BA

What is Cognitive Behavioural Therapy (CBT)?

CBT focuses on recognizing negative or pessimistic thoughts that can lead to depression. You will learn how to become aware of and question your own negative thoughts, and you will learn methods to stop behaviours that make you feel depressed.

What is Interpersonal Therapy (IPT)?

IPT helps you learn how depression can be caused or made worse by issues in your relationships with other people. IPT is recommended for adults, especially if combined with antidepressant medication.

What is Behavioural Activation (BA) Therapy?

BA is a treatment that helps you replace negative behaviours with behaviours that can help you feel better. Treatment can be with a therapist or with the help of online tools or mobile applications. It works well at the beginning of treatment, but health care providers are unsure whether it is as effective over time.

Other Psychological Treatments for Depression

What is Mindfulness-Based Cognitive Therapy (MBCT)?

MBCT involves at least eight sessions and helps you observe and accept your thoughts without judging them as good or bad. It involves combining CBT techniques with mindfulness meditation. It is especially recommended to help you prevent depression from coming back after successful initial treatment. MBCT may not be enough to help you in the first month or two of starting treatment.

What is Short/Long-Term Psychodynamic Psychotherapy (STPP/LTPP)?

Psychodynamic therapies focus on emotions, behaviours, and ways of thinking that may reveal your long-term patterns of emotion and behaviour. Psychodynamic Psychotherapy (either short- or long-term) may be helpful to you if combined with medication or if other treatments are not working.

What is the Cognitive Behavioural Analysis System of Psychotherapy (CBASP)?

CBASP is a treatment that combines cognitive, behavioral, and interpersonal therapies. CBASP has not been well studied. CBASP may help you when combined with medication or if other treatments are not working.

What is Problem-Solving Therapy (PST)?

PST is a treatment that helps you solve everyday problems. PST can help you see how symptoms affect you and how you can make changes for improvement. Research has shown that this can help with mild depression symptoms, though it may not work for everyone.

What are Peer Interventions (PI)?

Peer Interventions are programs run by specially trained people who have lived with depression. Peer interventions (or support groups) might be helpful when you are also receiving other treatment.

What is Bibliotherapy?

Bibliotherapy means using self-help books, websites, or other resources to help you with your depression. Bibliotherapy can help you while you are in treatment or while you are waiting for treatment. Bibliotherapy works best if you are working with your health care provider.

Does it matter whether you receive treatment in a group or one-on-one?

Many psychological treatments are delivered in groups. Group treatment may cost less and is more likely to be available in your community. Some people prefer working in a group. One-on-one (individual) therapy is more likely to be customized to your needs so it might work better for you. In group therapy, you can learn how others deal with depression. Both formats are effective.



Do online or mobile application treatments work for depression?

There are some treatments that are offered over the internet and some have shown to reduce depressive symptoms. When online treatments are guided by your health care provider, they are even more effective. While there are many smartphone applications claiming to help with depression, very few have been tested, so ask your health care provider about which ones may be helpful.

Do treatments by phone or video work for depression?

Treatments with a therapist over the phone can work as well as in-person treatments. CBT has been delivered successfully by phone; CBT treatment by phone is especially useful in remote areas. Treatment with a therapist by video or online may be helpful, but there has not been enough research to determine success.



Is it better to use medication with psychotherapy?

Combining medication treatment with psychotherapy is often the most effective treatment, especially if your depression is severe (symptoms are intense and include frequent thoughts of hopelessness and/or suicide). When your symptoms are less intense, you and your health care provider might decide to try either just medication or just psychotherapy.

Is it smart to start with medication and then add psychotherapy later?

Using psychotherapy after medication may be helpful because medication usually works more quickly to reduce symptoms and improve functioning. Psychotherapy teaches skills to help prevent you from getting depressed again.





Table 1: Potential Advantages (“pros”) and Disadvantages (“cons”) of Psychological Treatments

PROS	CONS
Minimal unwanted side effects	Often takes a while to see results
No physiological addiction or dependency concerns	May not be as effective when depression is severe
Safe for pregnant or nursing women (i.e. no harm to the fetus or baby)	Often requires a large time commitment (e.g. readings, homework)
Does not contribute to drug interactions for people already taking other medications	Offers limited access to immediate support in times of acute symptom crisis
Different modes of delivery (e.g. phone, video, internet) and settings (e.g. individual or group) allow customization of treatment to meet personal needs	May be costly as coverage from provincial and/or private insurance is limited

Table 2: Top-rated Psychological Treatments for Depression

NAME OF TREATMENT	HOW DOES IT WORK?	RECOMMENDED AS A FIRST STEP OF TREATMENT (ACUTE PHASE)	RECOMMENDED TO KEEP YOU WELL OVER TIME (MAINTENANCE PHASE)
Behavioural Activation (BA)	<ul style="list-style-type: none"> • Focuses on changing activities to be more active, identifying fun things, and how to do them • Involves talking with a psychotherapist to identify behavioural solutions to problems and rehearse skills 	Recommended (Strong)	Recommended (Medium)
Cognitive-Behavioural Therapy (CBT)	<ul style="list-style-type: none"> • Focuses on the ways that unrealistic thoughts and negative beliefs about yourself can create and reinforce depression • Involves talking with a psychotherapist and completing homework between sessions, particularly by challenging and changing negative thoughts 	Recommended (Strong)	Recommended (Strong)
Interpersonal Therapy (IPT)	<ul style="list-style-type: none"> • Focuses on the impact of relationships with others that may create and reinforce depressive thoughts and feelings • Involves talking with a psychotherapist for at least eight sessions 	Recommended (Strong)	Recommended (Medium)

Recommended (Strong): Derived from CANMAT Professional guideline, a first-line or second-line treatment supported by strong research evidence

Recommended (Medium): Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

Recommended (Weak): Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

Limited information: Research is either lacking or provides inconsistent results

Should be avoided: Research shows that this does not work or causes more harm than good

First line: The first method that a health care provider chooses to treat your depression.

Second line: The second best method that a health care provider chooses to treat your depression.

Third line: The third best method that a health care provider chooses to treat your depression.

Table 2: Top-rated Psychological Treatments for Depression Continued

NAME OF TREATMENT	HOW DOES IT WORK?	RECOMMENDED AS A FIRST STEP OF TREATMENT (ACUTE PHASE)	RECOMMENDED TO KEEP YOU WELL OVER TIME (MAINTENANCE PHASE)
Cognitive-Behavioural Analysis System of Psychotherapy (CBASP)	<ul style="list-style-type: none"> • Focuses on understanding the way that depressive thoughts can change your behaviours and relationships • Involves talking with a psychotherapist and working on changing negative patterns in relationships with others 	Recommended (Medium)	Recommended (Medium)
Mindfulness-Based Cognitive Therapy (MBCT)	<ul style="list-style-type: none"> • Focuses on use of CBT techniques (see page 17) and meditation, breathing, and other strategies to help reduce depressive thinking and behaviours • Involves talking with a psychotherapist as well as learning/practising techniques to decrease worrying and improve mood for at least eight sessions 	Recommended (Medium)	Recommended (Strong)
Peer Interventions	<ul style="list-style-type: none"> • Focuses on the different ways people who have experienced depression manage symptoms in their daily lives • Involves talking with others who have experienced depression in a one-on-one or group setting 	Recommended (Medium)	Recommended (Medium)

Table 3: Other Psychological Treatments Useful for Depression

NAME OF TREATMENT	HOW DOES IT WORK?	RECOMMENDED AS A FIRST STEP OF TREATMENT (ACUTE PHASE)	RECOMMENDED TO KEEP YOU WELL OVER TIME (MAINTENANCE PHASE)
Bibliotherapy	<ul style="list-style-type: none"> • Focuses on reading books and other materials with or without a psychotherapist, and may include techniques from other therapies, personal stories, or other exercises • Involves reading and completing homework 	Recommended (Medium)	Limited information
Internet Therapy	<ul style="list-style-type: none"> • Involves the use of computer programs, mobile applications, or email to deliver various types of therapy (often CBT or IPT) • May be guided by a psychotherapist in a one-on-one or group format 	Recommended (Medium)	Limited information
Problem-Solving Therapy (PST)	<ul style="list-style-type: none"> • Focuses on developing helpful ways of thinking about depression-related problems and trying out specific skills • Involves talking with a psychotherapist and practicing problem-solving as homework format least eight sessions 	Recommended (Medium)	Limited information

Table 3: Other Psychological Treatments Useful for Depression Continued

NAME OF TREATMENT	HOW DOES IT WORK?	RECOMMENDED AS A FIRST STEP OF TREATMENT (ACUTE PHASE)	RECOMMENDED TO KEEP YOU WELL OVER TIME (MAINTENANCE PHASE)
Short-term Psychodynamic Psychotherapy (STPP)	<ul style="list-style-type: none"> • Focuses on understanding the feelings, thoughts, and behaviours that contribute to depressive symptoms during discussions with a psychotherapist • Involves talking with the psychotherapist to explore early life experiences 	Recommended (Medium)	Limited information
Telephone-delivered CBT (Tele-CBT) and Telephone-delivered IPT (Tele-IPT)	<ul style="list-style-type: none"> • Where it is difficult to see a psychotherapist in-person, CBT and IPT can be effective when delivered over the phone 	Tele-CBT: Recommended (Strong) Tele-IPT: Recommended (Medium)	Limited information
Acceptance and Commitment Therapy (ACT)	<ul style="list-style-type: none"> • Focuses on changing your thinking and behaviour so that it is more flexible and you are able to tolerate painful feelings and experiences • Involves talking with a psychotherapist, meditation, and breathing techniques 	Recommended (Weak)	Limited information

Table 3: Other Psychological Treatments Useful for Depression Continued

NAME OF TREATMENT	HOW DOES IT WORK?	RECOMMENDED AS A FIRST STEP OF TREATMENT (ACUTE PHASE)	RECOMMENDED TO KEEP YOU WELL OVER TIME (MAINTENANCE PHASE)
Long-term Psychodynamic Psychotherapy (LTPP)	<ul style="list-style-type: none"> • Focuses on understanding the feelings, thoughts, and behaviours that contribute to depressive symptoms • Involves talking with the psychotherapist to explore early life experiences 	Recommended (Weak)	Recommended (Weak)
Motivational Interviewing (MI)	<ul style="list-style-type: none"> • Focuses on how difficult it can be to make positive changes to improve negative thoughts and behaviours • Involves talking with psychotherapist in person, as well as homework between sessions 	Recommended (Weak)	Limited information
Video-conferenced Psychotherapy	<ul style="list-style-type: none"> • Where it is difficult to see a psychotherapist, treatments can be effective when delivered by video chat 	Recommended (Weak)	Limited information

Recommended (Strong): Derived from CANMAT Professional guideline, a first-line or second-line treatment supported by strong research

Recommended (Medium): Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

Recommended (Weak): Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

Limited information: Research is either lacking or provides inconsistent results

Should be avoided: Research shows that this does not work or causes more harm than good

First line: The first method that a health care provider chooses to treat your depression.

Second line: The second best method that a health care provider chooses to treat your depression.

Third line: The third best method that a health care provider chooses to treat your depression.



What is antidepressant medication?

Antidepressant medication (also called ‘antidepressants’) is medication (usually pills) that can change brain chemicals called neurotransmitters and may help to boost brain growth.

Should you try antidepressant medication?

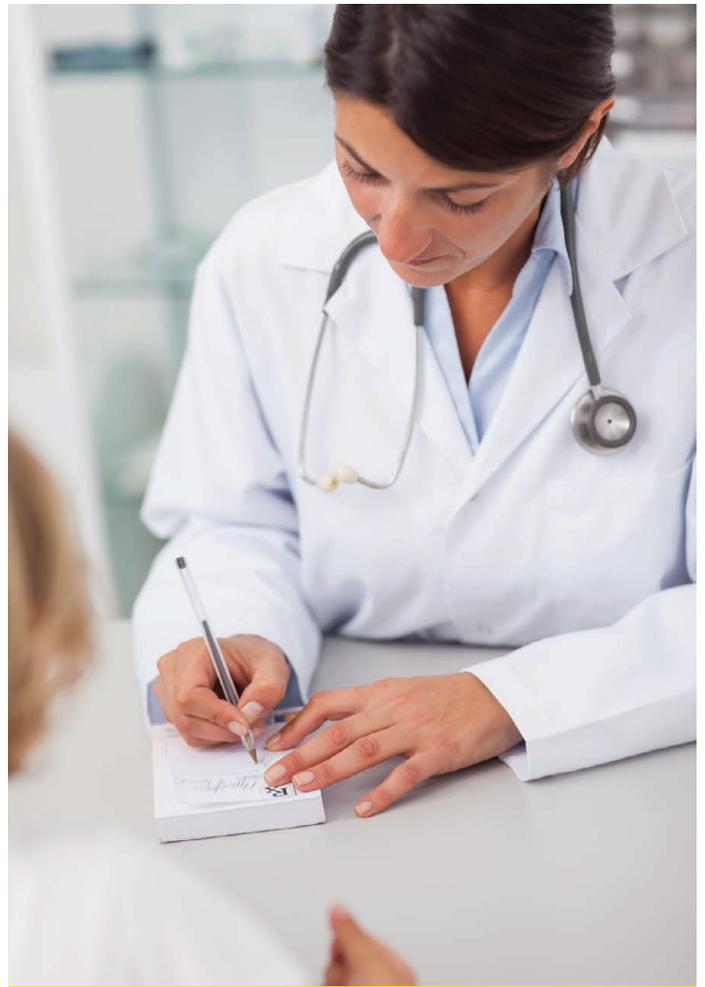
For most people with depression, antidepressants work as well as psychotherapy. Combined treatment may be most effective. For severe depression, antidepressants are often used first because they work faster. Other methods of treatment, such as psychotherapy, may be helpful for those experiencing mild depression. Treatment is not a case of ‘one size fits all’. You may have to try different medications and other treatments to find what works best for you. Sometimes the treatment needs will vary and change over time as needed.

How do you select an antidepressant?

Work with your health care provider to choose the right medication. Antidepressants work differently for different people, but we do not yet have any tests to show which medication will work for a specific person. However, age, sex, race or ethnicity does not determine which drug will work for you.

Do some antidepressants work better than others?

There are some differences in how well antidepressants work. Research has shown the following medications to be slightly more effective: escitalopram, mirtazapine, sertraline, and venlafaxine. Different drug preparations show no differences: generic or name brand; extended or immediate release.



What are the side effects of antidepressants?

Like all medications, there are possible side effects with antidepressants that you should discuss with your health care provider. It is important to know common side effects and any rare side effects. Official government, hospital, and university websites are more reliable sources than online forums or chat rooms. Tell your health care provider about all drugs and supplements you are taking because they can affect how well an antidepressant will work.

Will antidepressant medication make you think more about suicide?

Although it is very rare, you may temporarily experience increased suicidal thoughts with some antidepressants. Teenagers may be more at risk of experiencing this side effect. However, adults age 25 and older with moderate-to-severe depression are more likely to experience decreased suicidal thoughts while on antidepressant medication. If you start to feel more suicidal, talk with your health care provider right away.



How do I know if an antidepressant is working?

How well, and how quickly an antidepressant works depends on how severe your symptoms were to begin with and your response to medication. It is important to take your antidepressant medications as directed. You should take antidepressant medication for at least 4-6 weeks before deciding if it is working. Sometimes people start medication at a very low dose to minimize the chance of side effects. If there is no noticeable improvement in 2-4 weeks, your health care provider may suggest you increase the dose rather than switch to another drug. To see how much you have improved, your doctor will ask questions about your symptoms or give you a questionnaire. You can also use an online mood tracker to see how much you have improved.

How long do I have to keep taking medications?

Once your symptoms have improved, antidepressant treatment should continue for at least 6-9 months to reduce the risk of symptoms returning. If you and your health care provider think that the depression might return, you might decide to take medication for a longer period.

When you and your health care provider decide that you should stop taking medication, it is important that you decrease the dose gradually. It might take weeks or even months before you stop medication completely. Never stop taking your medications on your own. Speak to your health care provider for the best approach with your treatment plan.

What if your antidepressant medication does not work for you?

If you notice very little or no improvement after taking an antidepressant for 2-4 weeks, talk with your health care provider. Perhaps the dose will need to be increased, or the treatment may need to be changed to another medication, or an additional medication may be needed before you find one that works best for you.

Why is my doctor adding another medication to the antidepressant?

If the antidepressant is not working well enough, your doctor may prescribe a second medication to boost the effect of the first antidepressant. This second medication may be another antidepressant, a mood stabilizer (for example, lithium), or an atypical antipsychotic medication.

Why would I take a mood stabilizer or an antipsychotic if I have depression?

Mood stabilizers and atypical antipsychotics were named because they were first used for bipolar disorder and schizophrenia. These medications affect neurotransmitters and are known to be effective for treating depression and anxiety when combined with antidepressants. Make sure you ask about side effects to these medications because they are different from antidepressants.

What if you have been told you have chronic depression?

Several types of treatment exist for chronic depression. There are many drug combinations available, even for severe and persistent depression. Other treatments, particularly psychotherapy, may also be necessary to add onto medications.

Table 4: Advantages (“pros”) and Disadvantages (“cons”) of using Antidepressant Medication

PROS	CONS
<p>Antidepressant medications are often the first and best treatment with severe depression</p>	<p>Different antidepressant medications may need to be tried before finding the best treatment</p>
<p>Combining antidepressants with psychotherapy is often the best treatment in severe depression</p>	<p>There are possible side effects with antidepressants that should be discussed with your health care provider</p>
<p>Antidepressants may improve mood, sleep, clear thinking and decrease physical pain</p>	<p>Antidepressant medications may have unpleasant side effects - such as weight gain, sexual side effects</p>
<p>Antidepressant medication may work more quickly to reduce symptoms and improve motivation</p>	<p>Suicidal thoughts may temporarily increase with some antidepressants. Talk with your health care provider immediately should this occur</p>
<p>Antidepressant medications are not addictive. Discuss with your health care provider to decrease gradually to prevent unpleasant symptoms</p>	<p>Some antidepressants may interact with other medications including over-the-counter medications</p>

Table 5: Key Facts about Antidepressants

Medications have a generic name and different brand names assigned by the pharmaceutical company that makes them. In this table, the generic name is followed by the brand name in brackets.

ANTIDEPRESSANT MEDICATIONS			
DRUG CLASS	DEFINITION	EXAMPLES	COMMON SIDE EFFECTS
Selective serotonin reuptake inhibitors (SSRIs)	SSRIs are most commonly prescribed. They work by decreasing serotonin reuptake in your brain to make it more available to improve your mood.	<ul style="list-style-type: none"> • Sertraline (Zoloft) • Fluoxetine (Prozac, Sarafem) • Citalopram (Celexa, Cipramil) • Escitalopram (Cipralex, Lexapro) • Paroxetine (Paxil) • Fluvoxamine (Luvox) • Vortioxetine*(Brintellix, Trintellix) • Vilazodone* (Viibryd) <p>* different type of SSRI with other effects on serotonin</p>	<ul style="list-style-type: none"> • Nausea • Trouble sleeping • Nervousness • Tremors • Sexual problems
Serotonin and norepinephrine reuptake inhibitors (SNRIs)	SNRIs work by improving serotonin and norepinephrine levels in your brain. Some SNRIs can also relieve chronic pain.	<ul style="list-style-type: none"> • Desvenlafaxine (Pristiq) • Duloxetine (Cymbalta) • Levomilnacipran (Fetzima) • Venlafaxine (Effexor XR) 	<ul style="list-style-type: none"> • Nausea • Drowsiness • Fatigue • Constipation • Dry mouth
Tricyclic antidepressants (TCAs)	These are older antidepressants that work as well as newer ones, but usually have more side effects and are more toxic in overdose.	<ul style="list-style-type: none"> • Amitriptyline • Clomipramine (Anafranil) • Desipramine (Norpramin) • Doxepin • Imipramine (Tofranil) • Nortriptyline (Pamelor) • Protriptyline • Trimipramine (Surmontil) 	<ul style="list-style-type: none"> • Constipation • Dry mouth • Fatigue • Low blood pressure • Irregular heart rate • Seizures

Table 5: Key Facts about Antidepressants Continued

ANTIDEPRESSANT MEDICATIONS			
DRUG CLASS	DEFINITION	EXAMPLES	COMMON SIDE EFFECTS
Monoamine oxidase inhibitors (MAOIs)	MAOIs are older drugs that stop the breakdown of norepinephrine, dopamine, and serotonin. They can interact with other drugs, and some foods.	<ul style="list-style-type: none"> • Isocarboxazid (Marplan) • Phenelzine (Nardil) • Selegiline (Emsam), which comes as a transdermal patch • Tranylcypromine (Parnate) 	<ul style="list-style-type: none"> • Nausea • Dizziness • Drowsiness • Trouble sleeping • Restlessness
Atypical antidepressants	These medications do not fit into other antidepressant categories. They are unique in how they work to treat depression.	<ul style="list-style-type: none"> • Bupropion (Wellbutrin SR, Wellbutrin XL) • Mirtazapine (Remeron) • Nefazodone • Trazodone 	<ul style="list-style-type: none"> • Nausea • Vomiting • Constipation • Dizziness • Blurry vision • Drowsiness • Dry mouth • Sexual problems • Weight gain • Trouble sleeping



How do I choose between antidepressant medication and psychotherapy?



It is important to discuss your concerns about different treatment options with your health care provider. Some things to consider when you are deciding which type of treatment is right for you include:

- How severe your depression is
- Your preferences and attitudes
- The availability and cost of treatment where you live
- Special circumstances, such as pregnancy

For many people, a combination of medication and psychotherapy is the best way to treat depression symptoms.

Antidepressant medication is likely the best type of treatment for you if...

- You have a severe or high-risk case of depression, and immediate treatment is needed
- Psychotherapy is not easily available to you
- You have psychotic depression or persistent depressive disorder

Psychotherapy is likely the best type of treatment for you if...

- You have a mild-to-moderate case of depression
- You are pregnant, planning to become pregnant, or nursing
- You are taking other medications that will have drug interactions with antidepressants



What is Neurostimulation?

Neurostimulation (or neuromodulation) aims to improve your depression by using small electrical currents or magnetic waves to activate areas in your brain.

In most cases, no medical equipment goes inside the body, so it is not like surgery. Neurostimulation treatment might be an option for you if other kinds of treatments have not worked.

What is Repetitive Transcranial Magnetic Stimulation (rTMS)?

Magnetic pulses are used in rTMS to increase activity in parts of your brain. You are awake during treatment, usually sitting in a special treatment chair. A psychiatrist will identify an area of your head where a magnetic coil will be placed for 20-40 minutes a day for several weeks. You

can continue to take medication while undergoing rTMS. Side effects are usually mild, such as headaches or itchy skin. Maintenance treatment after a first round of rTMS is recommended.

What is Electroconvulsive Therapy (ECT)?

ECT is the most effective treatment for depression, especially severe depression. ECT works by stimulating a variety of normal brain chemicals. Improvement may be seen when other treatments have not been helpful. Though ECT is often portrayed negatively in the media, many people experience significant improvement with ECT. Treatment usually takes place in a hospital after you have been given anesthetic and a muscle relaxant. For approximately 1-2 seconds, while you are under anesthesia ('sleeping'), a small electrical current will be applied to your head, which creates a short (less than a minute) small seizure visible only on brain monitoring equipment (there is little or no body shaking

due to the muscle relaxant). A single treatment lasts only a few minutes, and after the treatment, you might have short-term side effects like headaches, dizziness, and muscle soreness. Some people have difficulty remembering things around the time of the treatment; older memories are usually not affected. ECT usually involves treatment two to three times a week for 4-6 weeks. ECT is often an outpatient procedure so staying overnight in a hospital is not required. After successful ECT, you might continue with antidepressant medication to prevent a relapse or you might choose to have occasional ECT as a maintenance treatment.

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) TREATMENTS

What are Complementary and Alternative Medicine (CAM) Treatments?

There are two types of CAM treatments:

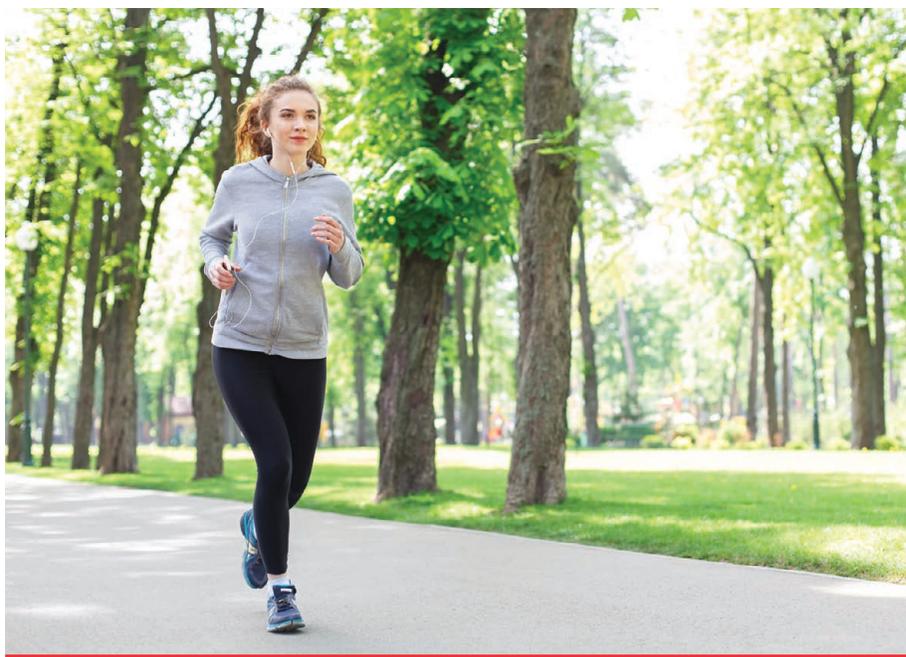
- Physical and meditative treatments
- Natural health products



CAM treatments are becoming more popular in North America and Europe. Research suggests that some CAM treatments may be a good option especially if you have mild depression. However, there is much less research done with CAM treatments and much less is known about side effects and interactions with medications and other treatments. Generally, psychological and medication treatments would be considered before using CAM treatments. You should tell your health care provider if you are using any of these treatments.

What are Physical and Meditative Treatments?

Exercise is any physical activity that improves fitness or health. Ideally, you should exercise at least three times a week for a minimum of 30 minutes. Both strength and endurance-based exercise can change your body chemistry and improve your sense of mental well-being.





Light therapy (also called phototherapy) uses bright light from a special lamp to help restore chemicals in your body that improve mood. Light therapy may also help improve your normal sleep-wake cycle. Light therapy is most often used for seasonal depression or mild to moderate depression. During light therapy, you will usually sit in front of a special lamp for 30 minutes daily for up to six weeks. You may have results sooner. Light therapy can be combined with medication. Side effects may include eye-strain and mild headaches.

Yoga encourages the thoughtful connection of the body, mind, and spirit. Yoga combines physical postures that build strength and flexibility with breathing exercises and meditation. Yoga can help regulate heart rate to establish a sense of calmness, and it can boost the production of natural body chemicals that lead to feelings of well-being. For results, yoga is best practiced 2-4 times a week for at least 2-3 months. There is limited research support for yoga treatment, so it is usually added to other treatments.

Acupuncture is when a trained provider inserts several thin, sterile needles into specific points in your skin to activate nerves and muscles, increase blood flow, and influence the production of natural chemicals in your body. Some acupuncturists also send electrical current through the needles or they may use special lasers. Treatments typically include 10-30 sessions, with each one lasting about 20-30 minutes. There is limited research support for acupuncture, so it is usually added to other treatments, and is not recommended by itself as a treatment.

What are Natural Health Products?

Natural health products are naturally occurring, non-prescription substances that promote or preserve good health. It is important to talk to your health care provider before taking any natural health products, as some may have side effects and drug interactions.

St. John's Wort

St. John's Wort affects the body's internal chemical balance to improve mood. Patients may take varied amounts for 4-12 weeks. Side effects can include stomach upset, headaches, skin irritation, and sensitivity to light. St. John's Wort may also interact negatively with other medications. For mild depression, it may be used alone; for moderate or severe depression, it should be used in combination with other treatments.

Omega-3 Fatty Acids

Omega-3 Fatty Acids are present in fish oils and certain nuts and seeds. Some studies show positive results for managing depression with omega-3 fatty acids, in particular DHA (docosahexaenoic acid). Side effects are rare and usually mild, including diarrhea and vomiting. Omega-3 fatty acids may interact negatively with some other medications. It is a second-line treatment, either alone or in combination with other treatments.

S-Adenosyl Methionine (SAM-e)

SAM-e is naturally made in your body and helps promote a positive mood. It can work well by itself or with antidepressants. It is available over the counter and should be taken with food to avoid stomach upset. Other side effects may include trouble sleeping, sweating, headache, and tiredness. SAM-e is recommended as a second-line option in the treatment of mild to moderate depression, but only in addition to other treatments.

Dehydroepiandrosterone (DHEA)

DHEA is a hormone that comes from glands above the kidneys. There are several side effects of DHEA supplements, including acne, sleep problems, headache, and nausea. DHEA may increase the risk of breast cancer and prostate enlargement. It is a second-line treatment for mild to moderate depression.

Tryptophan

Tryptophan comes from our diet (plant and animal proteins) and helps make serotonin, a chemical in the brain. Tryptophan is not recommended for treating depression.

Other Natural Health Products

Several other natural health products have been studied to treat depression, but very little evidence exists to support them. See Table 7 for details.

Table 6: Key Features of Physical and Meditative Treatments for Mild to Moderate Depression

NAME OF TREATMENT	WHAT IS THE TREATMENT LIKE?	RECOMMENDATIONS*
Exercise	<ul style="list-style-type: none"> • Uses physical activity to improve fitness or health • Physical activity should occur at least three times a week for a minimum of 30 minutes 	Recommended (Strong)
Light therapy (phototherapy)	<ul style="list-style-type: none"> • Uses bright light from a fluorescent lamp to help restore certain chemicals in the body and restore the sleep-wake cycle • Involves using the lamp for 30 minutes daily for up to six weeks 	Recommended (Strong)
Yoga	<ul style="list-style-type: none"> • Combines physical postures that build strength and flexibility with breathing exercises and meditation to increase both calmness and certain chemicals in the body • Best practiced two to four times a week for at least two to three months 	Recommended (Medium)
Acupuncture	<ul style="list-style-type: none"> • Inserts thin, sterile needles (with or without electrical current) into specific points in the skin to activate nerves and muscles, increase blood flow, and restore certain chemicals in the body • Treatments typically include 10 to 30 sessions, with each one lasting about 20 to 30 minutes 	Recommended (Weak)

* **Recommended (Strong):** Derived from CANMAT Professional guideline, a first-line or second-line treatment supported by strong research evidence

Recommended (Medium) : Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

Recommended (Weak): Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

Limited information: Research is either lacking or provides inconsistent results

Should be avoided: Research shows that this does not work or causes more harm than good

First line: The first method that a health care provider chooses to treat your depression.

Second line: The second best method that a health care provider chooses to treat your depression.

Third line: The third best method that a health care provider chooses to treat your depression.

Table 7: Recommendations of Natural Health Products for Mild to Moderate Depression

TREATMENT	RECOMMENDATIONS*	MONOTHERAPY (BY ITSELF) OR ADD-ON TREATMENT
St. John’s Wort	Recommended (Strong)	Monotherapy
Omega-3	Recommended (Strong)	Monotherapy or add-on
SAM-e	Recommended (Medium)	Add-on
Acetyl-L-Carnitine	Recommended (Weak)	Monotherapy
Crocus Sativus (saffron)	Recommended (Weak)	Monotherapy or add-on
DHEA	Recommended (Weak)	Monotherapy
Folate	Recommended (Weak)	Add-on
Lavandula (lavender)	Recommended (Weak)	Add-on
Tryptophan	Should be avoided	
Inositol	Should be avoided	
Rhodiola rosea (roseroot)	Should be avoided	

* **Recommended (Strong):** Derived from CANMAT Professional guideline, a first-line or second-line treatment supported by strong research evidence
Recommended (Medium): Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence
Recommended (Weak): Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

Limited information: Research is either lacking or provides inconsistent results
Should be avoided: Research shows that this does not work or causes more harm than good
First line: The first method that a health care provider chooses to treat your depression.
Second line: The second best method that a health care provider chooses to treat your depression.
Third line: The third best method that a health care provider chooses to treat your depression.

COMMON ABBREVIATIONS AND DEFINITIONS

Table 8: Some Common Abbreviations and Definitions

Acceptance and Commitment Therapy (ACT)	Focuses on changing your thinking and behaviour so that it is more flexible. Helps you to tolerate painful feelings and experiences. Involves talking with a psychotherapist, meditation, and breathing techniques.
Acupuncture	Treatment from an acupuncture specialist where small needles are inserted at specific points into the skin.
Acute phase	Initial period of depression treatment when you are working to get better.
Add-on	A treatment that is added to something to improve it.
Antidepressant	Medication prescribed by a physician or nurse to treat depression (also can treat anxiety disorders).
Behavioural Activation Therapy (BA)	Helps you replace negative behaviours with behaviours that can help you feel better. Treatment can be with a therapist or with the help of online tools or mobile applications.
Bibliotherapy	Learning about depression management from self-help books.
Cognitive Behavioural Analysis System of Psychotherapy (CBASP)	Combines cognitive, behavioural, and interpersonal therapies.
Cognitive Behavioural Therapy (CBT)	Focuses on recognizing negative or pessimistic thoughts that can lead to depression. You learn how to become aware of and question your own negative thoughts, and learn methods to stop behaviours that make you feel depressed.

Table 8: Some Common Abbreviations and Definitions Continued

Dehydroepiandrosterone (DHEA)	Hormone produced by glands above the kidneys.
Electroconvulsive Therapy (ECT)	The most effective depression treatment, particularly for severe depression.
First-line treatment	The first method that a health care provider chooses to treat your depression.
Interpersonal Therapy (IPT)	Helps you learn how depression can be caused or made worse by issues in your relationships with other people.
Light Therapy (also called 'phototherapy')	Use of a special bright lamp to treat depression.
Maintenance phase	Period of depression treatment when you are working to stay healthy, after improvement in acute phase.
Mindfulness-Based Cognitive Therapy (MBCT)	Helps you observe and accept your thoughts without judging them as good or bad. It involves combining CBT techniques with mindfulness meditation.
Omega-3 Fatty Acids	Present in fish oils and some nuts and seeds.
Peer Intervention Therapy (PI)	Programs or support groups run by specially trained people who have lived with depression.
Problem Solving Therapy (PST)	Form of psychological treatment to help you resolve specific problems that can then relieve depression symptoms.
Psychodynamic Psychotherapy (short or long-term)	Focus on emotions, behaviours, and ways of thinking that may reveal your long-term patterns of emotion and behaviour.

Table 8: Some Common Abbreviations and Definitions Continued

Psychological treatment (also called 'talk therapy')	Any treatment that involves talking.
Remission	Period when depression symptoms are no longer present.
Repetitive Transcranial Magnetic Stimulation (rTMS)	Magnetic pulses are used to increase activity in parts of the brain using a magnetic coil.
S-Adenosyl Methionine (SAM-e)	A natural substance in the body, also available at pharmacies as a natural health product.
Second-line treatment	The second best method that a health care provider chooses to treat your depression.
St. John's Wort	Natural plant derivative available at pharmacies.
Symptoms	Changes to your health or activity that may mean you are ill.
Therapist	Health care professional who works with you in psychological treatment.
Third-line treatment	The third best method that a health care provider chooses to treat your depression.
Tryptophan	Amino acid found in many common foods, involved in helping create serotonin.

HEALTH CARE PROVIDERS

Table 9: Descriptions of Common Health Care Providers who Treat Depression

Psychiatrist	A medical doctor who treats mental or emotional disorders. Can order blood tests, brain scans, conduct a physical exam, prescribe medication, provide psychotherapy, deliver brain stimulation, and admit and treat patients in a hospital.
Psychologist	A clinician who specializes in the study and treatment of the mind and behavior. Can conduct psychological tests to measure intelligence, personality, and symptoms, and provide psychological treatments.
Family Physician	Family physicians are medical doctors who can diagnose psychiatric problems, order tests, prescribe psychiatric medication, and sometimes can provide psychotherapy.
Psychotherapist	A person who helps with mental or emotional illness by talking about problems rather than by using medicine or drugs.
Nurse Practitioner	A specialized nurse who can diagnose illnesses, prescribe medications, order and interpret diagnostic tests, and performs procedures within specific professional limits.
Pharmacist	A person who focuses on the safe and effective use of medication.
Social Worker	A person who helps individuals, families, groups and communities to enhance their individual and collective well-being, often by using psychological treatments.
Occupational Therapist	A person who helps a person improve symptoms and coping ability, ranging from basic self-care to acquiring specific social, work, and leisure skills.

HELPFUL ORGANIZATIONS & WEBSITES

Ontario Brain Institute (OBI) braininstitute.ca

The OBI is a provincially funded, not-for-profit research centre maximizing the impact of neuroscience and establishing Ontario as a world leader in brain research, commercialization and care.

Mood Disorders Association of Ontario (MDAO) mooddisorders.ca

The Mood Disorders Association of Ontario is a leader in group-based and one-on-one peer support for individuals living with mood disorders and their families. MDAO offers counseling and provides free support to individuals living with mood disorders since 1985. Need to talk to someone who's been there? Call our 'warm line' at 1-866-363-MOOD (6663) Monday to Friday, 9:30 a.m. - 5:00 p.m.

Arthur Sommer Rotenberg Suicide & Depression Studies Program

asrlife.ca

Scientists with the Arthur Sommer Rotenberg Chair in Suicide and Depression Studies are innovators in facilitating research and clinical initiatives, leading to a greater understanding of the causes and prevention of suicide.

CAN-BIND canbind.ca

The Canadian Biomarker Integration Network in Depression (CAN-BIND) is a national program of research and learning. Our community includes persons with lived experience, caregivers, researchers, health care providers, government agencies, industry partners, and mental health advocates who are working together to achieve mental wellness for all Canadians. CAN-BIND is discovering ways to identify the right treatment for the right person in order to help individuals with depression get well quickly, and stay well.

CANMAT canmat.org

Canadian Network for Mood and Anxiety Treatments (CANMAT) is a 20 year Canadian organization of academic and clinical leaders in depressive, bipolar and anxiety disorders that provides resources for clinicians, patients, and the public.

Canadian Mental Health Association (CMHA) cmha.ca

The Canadian Mental Health Association is a nation-wide, voluntary organization that promotes mental health, and supports resilience and recovery of people experiencing mental illness.