DOWNLOAD PDF THE AMERICAN MEDICAL ASSOCIATION ESSENTIAL GUIDE TO DEPRESSION

Chapter 1 : Top shelves for The American Medical Association Essential Guide to Depression

With a listing of mental health organizations and resources and a glossary of medical terms, the American Medical Association Essential Guide to Depression presents all the information you need to help yourself or others manage this serious but highly treatable illness.

Screening for Depression in Adults Albert L. It is therefore important to ensure that efficient methods for population screening are in place and directly linked to health care systems so depressed patients receive appropriate treatment. This is particularly important because effective treatments of depression not only reduce symptoms associated with the disease and reduce the risk of suicide, but also can improve functioning and offset the negative effects that depressive symptoms can have on physical well-being. In the United States, like many other economically developed nations, primary care practices represent the best place for implementation of these methods, because it is the only venue where both screening and, if clinically indicated, treatment can be provided. Nevertheless, the 2 most essential recommendations are unchanged: Thus, as emphasized in the original report, 1 screening does not obviate the need for a diagnostic evaluation. The USPSTF concluded that additional work is necessary to confirm the utility of screening in languages other than English and Spanish and notes that another measure, the Edinburgh Postnatal Depression Scale, is better validated for use in pregnant or postpartum populations. Although the USPSTF report clearly supports routine screening for adults, it acknowledges that the optimal frequency of such screening has not been established. One reason for such uncertainty is that the benefits of screening are directly linked to the probability that a given patient or group of patients will become depressed during a specific time interval. For groups at intermediate risk, such as patients receiving regular care for chronic medical conditions such as diabetes or heart disease, it is reasonable to screen at least once each year. For patients in generally good health who only see their primary care physicians sporadically, it may make sense to screen at each visit, although it is likely that a person who rarely sees a physician may not necessarily schedule an appointment to see a primary care physician within weeks or even months of onset of a depressive syndrome. The current USPSTF report implicitly incorporates the relatively consistent findings from a large number of studies that have been published over the past several decades 4 and now asserts that these forms of targeted clinical support have become the standard for ambulatory care. In part, the B grade reflects the nature of MDD, ie, a clinically heterogeneous group of conditions that respond variably to a diverse group of interventions. The symptom severity spectrum of MDD includes both a milder group of depressions that are quite responsive to many interventions and a more persistent and disabling group of depressions that are more likely to be resistant to standard treatments. For some patients at the more severe end of the severity spectrum, first-line therapies often are not effective. Being better able to match patients to particular treatments could significantly improve the performance of an efficient screening system. When clinicians consider what to do for a given patient, the results of studies that use a placebo control condition should not be conflated with those that use no treatment or watchful waiting conditions. Patients being cared for by physicians who are prescribing treatments that are expected to work have a better chance of benefitting than individuals who are enrolled in a clinical trial and receive a double-blind placebo, who in turn have at least twice the chance of remitting as a study participant who is allocated to a waiting list. It also may be true that patients respond better to treatments that are matched to their preferences and that preference may matter more for patients who have more severe and persistent depressive episodes. For example, if the clinicians working within a collaborative care model could rapidly incorporate the information that an initial prescription was not filled or was not refilled, it may be possible to diminish the chances that nonadherence will compromise treatment outcome. Likewise, given evidence that nonresponse is predicted by a lack of symptom improvement during the first 14 days of therapy, 14 web-based monitoring of symptoms early in the course of therapy may enable physicians and other mental health professionals to intervene more rapidly and reduce the chances of treatment failure. The same approach to

ongoing care could be used to facilitate a more timely transition through treatment algorithms 13 and more expeditious referral to specialty care. Back to top Article Information Corresponding Author: Conflict of Interest Disclosures:

Chapter 2 : Recommendations for Screening for Depression in Adults | Depressive Disorders | JAMA | JAM

In clear, nontechnical language, the American Medical Association explains the latest findings on depression, the complex mood disorder that affects nearly 17 million Americans each year. Distinguishing depression from the everyday "blues," this comprehensive guide provides solid, detailed answers.

Ever since she had been promoted at work, it seemed that she was too tired to think. She felt so out of her depth in the new position that a fear of being demoted by her boss gripped her daily. She felt that if she lost this job, she would never get another one this good. In the evenings, she dragged herself home. Her husband, Jeff, had gotten into the habit of making dinner just for himself because Theresa never seemed to be hungry. Her lack of appetite was making her lose weight these days. At one time, her weight loss would have made her proud, but not now. Lately, she had no interest in anything. She used to enjoy her sexual relationship with Jeff, but not now. She was too tired. Yet no matter how tired she was, she still woke up around 3 A. She could not remember when she had last fell happy. And she was beginning to wonder if anything good would ever happen to her again. He had never been much of a drinker when his wife was alive, but he needed a glass to make himself sleep at night. While he drank, he watched television just to hear the sound of another voice. He did not think of himself as lonely, though. His life was not great, but it was not bad either. It was just ordinary. If he wanted to talk to somebody, he could always call his son, Steve. Steve seemed worried about him now that he was living alone. It was easier to be alone. Ed winced at the familiar pain in his stomach. Maybe the nightly wine was doing damage. His back had been bothering him a lot, too, but that was to be expected at his age. Maybe the stomachache was just another part of getting old. She had always wanted to write a novel, and now she was finally doing it. The ideas flowed into her mind so quickly that it was hard to get them all down on paper. She felt inspired; she knew her novel was brilliant. And now she had ideas for a screenplay, too. Finally, after all these years, she was realizing her creative potential. Her sense of joy spilled into every area of her life. Nothing could put her in a bad mood. She had always been a little shy, but now she found it easy to approach strangers and start a conversation. The other day, she had overheard two neighbors talking about home repairs, and she had happily joined in. She had ended up doing most of the talking. She was more assertive sexually these days, too. She enjoyed letting men know she found them attractive. Michelle had more energy than ever, no matter how hard she worked. After a couple of hours of sleep, she awoke completely refreshed. Michelle felt that she could accomplish anything. For once, she was so certain of success that she was willing to buy anything she wanted, no matter what the cost. She just charged it, whether she could afford it or not. She deserved good things. Nothing was beyond her. Theresa, Ed, and Michelle are all behaving very differently, but they all have one thing in common. Human moods can be thought of as a kind of rainbow: The shades of this rainbow range from severe depression through mild depression, normal sadness, everyday moods, mild mania, and mania euphoria mixed with behavior problems. Everyone moves through various shades of the rainbow; it is normal and appropriate to respond to such events as the loss of a job or a loved one with sad, gloomy feelings. When these feelings become inappropriate, extreme, and dysfunctional, however, they are seen as a mood disorder. Because depression often goes untreated, doctors are not sure exactly how many people have the illness. They know, however, that it is far from rare. In fact, depression is so widespread that it is sometimes called the "common cold of mental illness. Almost everyone experiences sadness at one time or another. When healthy people feel dejected by everyday events -- a fight with a loved one, a rejection for a job promotion, a move from a familiar home -- they may say, "I feel depressed. Normal sadness, no matter how painful, usually goes away over time without special treatment. People who are sad can live their everyday lives despite their sorrow. Left untreated, major depression can be dangerous. Suicidal thoughts are a common part of this illness. Although deeply depressed people rarely have the energy to commit suicide, they may be more likely to do so as their depression begins to subside. Untreated depression is the most common cause of suicide in the US. In some people, periods of depression alternate with periods of extreme joy and

dysfunctional behavior known as mania. Such people have a kind of depressive illness called bipolar disorder or manic depression, or manic-depressive illness. This illness can make you hyperactive, irritable, and excessively self-confident. In addition, it can destroy your normal judgment and cause reckless behavior. Cyclothymia, also called cyclothymic disorder, is a milder but more lasting form of bipolar depression. People with cyclothymia have moods that swing between hypomania a mild form of mania and mild depression. Like major depression, bipolar depression can be dangerous. During the depressed phase of your illness, you may be haunted by thoughts of suicide. During the manic phase of your illness, your good judgment may evaporate and you may not be able to see the harm of your actions. You may incur huge credit card debts, for example, or become sexually promiscuous. In some cases, people with mania lose touch with reality. Milder, less common forms of depression include dysthymia, also called dysthymic disorder or depressive neurosis, and minor depression, also called minor depressive disorder. Recurrent brief depressive disorder feels like major depression but lasts for only a brief time. Postpartum depression is a depressive illness that develops in new mothers about 1 week to 6 months after the birth of their babies. Premenstrual dysphoric disorder is a cyclic illness that affects 3 percent to 5 percent of menstruating women. Women with this illness feel extremely depressed and irritable for a week or two before menstruation each month. Seasonal affective disorder SAD is a type of depression that occurs only at certain times of the year. People with this illness typically feel lethargic and depressed during winter months, yet their moods are normal during the summer months. Atypical depression has a mix of depressive symptoms that do not fit in perfectly with any of the existing categories. In all its guises, depression distorts the way people view themselves, others, and the world. In each of these cases, depressive illness is preventing people from leading their everyday lives. No matter how their symptoms may vary, people with depressive illness find it affects almost every aspect of their lives, from how well they concentrate at work to how deeply they sleep at night. Eventually, it can make ordinary life impossible. But depression, in all its forms, can be treated. Major depression is one of the most treatable illnesses. Bipolar depression has no cure but can be controlled with medication. Other types of depression are also treatable. The different types of depressive illness are discussed more fully in Chapter 2. Treatments are discussed in Chapters 5 and 6. Am I Depressed or Just Blue? If you are coping with a major loss, such as the death of your spouse or partner, you will experience some symptoms of depression. For example, you may find it hard to fall asleep, you may have no appetite for food, and you may have difficulty concentrating during the day. During a period of mourning after a major loss, such symptoms of depression are normal. Chances are you are enduring normal grief which, though difficult, is healthy. Normal grief tends to go through stages, during which you react to your loss by first denying it, then coming to terms with it, and eventually accepting it. Immediately after the death of a loved one, for example, you may react with tears or pretend that he or she is still alive. You make funeral arrangements but your actions feel unreal, as if you were watching a movie. You cannot believe this has happened to you. You may feel completely numb.

Chapter 3 : The American Medical Association Essential Guide to Depression by American Medical Associ

American Medical Association Essential Guide to Depression by AMA, Angela Perry, American Medical Association In clear, nontechnical language, the American Medical Association explains the latest findings on depression, the complex mood disorder that affects nearly 17 million Americans each year.

For many of us, learning how to understand and handle our feelings is a lifelong task. For depressed people, however, recognizing and experiencing emotions is essential to recovery. But first, some background Of course, some depressions are "situational" -- that is, they may stem from trauma or an overwhelming loss, such as the death of a loved one. If you have suffered such loss, you are probably very aware of the grief and anguish you feel. Many people who are struggling with depression, he says, may have learned ineffective or self-defeating ways of coping with feelings. More specifically, they are out of touch with their emotions because they fear feeling them. But the fear is misplaced, say therapists. To regain mental health, people need to understand that suffering is sometimes caused not by the feelings themselves, but by the fear of experiencing them and the habits that spring up to control or avoid that fear. The danger of tuning out your feelings, therapists say, is that if you lose your ability to feel painful feelings, you can also lose your ability to feel joy and vitality. This emotional numbing may cause you to withdraw from people and become isolated. Acting out inappropriately or self-destructively is also common, and the behavior -- including quarreling, road rage, or developing addictions to keep anxiety and painful feelings at bay -- is often repeated over and over. Other consequences may include a loss of interest in work, family or friends as well as divorce, fatigue it takes a lot of energy to repress emotions , insomnia, increased stress, and even physical illness. When trying to change old patterns, treat yourself with sensitivity, Padgett says. Go in with the intent to learn rather than judge. And what is this in response to? This is an especially powerful tool, he says, since depressed people are usually more aware of their shifting moods than the feelings that caused the moods. Mood changes like these may be caused by an unfelt feeling, he says, which can be traced to an external event. The Mood Journal is designed to help you trace and monitor your feelings -- and if you stick to it and use it correctly, you can begin to get around your own defenses. When you notice a shift in your mood, write down the change such as neutral to sad , external circumstances what you were doing, where, with whom , and the internal circumstances what you were thinking about, daydreaming or remembering. Then, based on those external and internal circumstances, describe how you think a well-adjusted person with a full range of emotion might feel such as happy, sad, proud, discouraged. In that log, make a calendar with room for: The date and time usually a date for every day of the month, divided into hourly categories. Externals who was there, what was going on, where the mood change took place, and other unusual circumstances. Internal thoughts what your thoughts, fantasies, and memories were at the time. What you think a well-adjusted person would feel in the same circumstances. Review the Mood Journal each day, and see what patterns you begin to notice. References American Medical Association: Essential Guide to Depression.

Chapter 4 : Depression Recovery: Keeping a Mood Journal

In clear, nontechnical language, the American Medical Association explains the latest findings on depression, the complex mood disorder that affects nearly 17 million Americans each year.

Chapter 5 : THE AMERICAN MEDICAL Association Essential Guide to Depression (The-ExLibrary - $ | Pic

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