

Next Steps:

Getting the Treatment You Need
To Reach Real Recovery



Depression and Bipolar
Support Alliance

We've been there.
We can help.

Depression and Bipolar Disorder: Treatment and Recovery

Depression and bipolar disorder are mood disorders, real physical illnesses that affect a person's moods, thoughts, body, energy and emotions. Both illnesses, especially bipolar disorder, tend to follow a cyclical course, meaning they have ups and downs.

Treatment for these illnesses can also have ups and downs. As much as we may want it to, wellness often does 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 or bipolar disorder. 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 (HCP) about what you need to reach this recovery. Your HCP can provide the treatment(s) and/or medication(s) that work best for you. Along the way, you have a right to ask questions about the treatments you are getting and choose the treatments you want. It can also be helpful to work with a therapist, family member, or fellow support group participant to help define your recovery. Your definition may change at different times in your life.

At times, depression and bipolar disorder might make it seem difficult to set a goal for yourself. It might feel almost impossible to think about the things that you hope for or care about. But goal-setting is an important part of wellness, no matter where you are on your path to recovery. Work on what you can when you can.

Ask yourself: What does recovery mean to me?

Setting Goals

Ask yourself:

What motivates me? _____

What interests me? _____

What would I do more if I could? _____

What do I want? _____

What do I care about, or what did I care about before my illness?

Where do I want my life to go? _____

What brings me joy? _____

What are my dreams and hopes? _____

It helps to start small and work up to larger goals. You might want to begin by setting one small goal for yourself at the beginning of each day. As you move forward with your recovery, look at the different areas of your life and think about your short- and long-term goals.

Short-term goals might include:

- Be out of bed by ____:00 AM
- Finish one household chore
- Call a DBSA support group
- _____
- _____

Long-term goals might include:

- Get training or experience for a job
- Change a living situation, e.g., find an apartment
- Build a relationship with a friend or family member
- _____
- _____

Remember to take small steps at first. Looking at a goal such as “move to a new city” can be difficult to visualize and plan all at once. Ask yourself what you need to do first. What can you do now that will help you eventually reach this goal?

Creating the Life that You Want: Ten Steps to Accomplishing a Goal

1. State as clearly as possible in a positive way what it is that you want to create in your life.

Within the next (time frame) _____, I choose to _____

2. Be clear why you want this and how your life will be different once you achieve this goal.

I believe the benefits of doing this will be _____

If I decide not to do this, it will mean _____

3. Understand what you have going for you to help you achieve this goal.

Three things that I have going for me in terms of creating the kind of future that I want are _____

4. Understand the challenges that exist.

Three things that may keep me from creating the kind of future that I want are _____

5. Be especially aware of the negative self-talk that sabotages and undermines your attempts to succeed.

The negative and destructive self-talk that I need to watch out for is _____

I will combat this negative self-talk by _____

6. Be clear about what you need to achieve this goal in terms of skills, resources, support systems, etc.

I need to learn the following skills in order to accomplish this goal

I need to get these resources

I need to develop these supports

7. List the 3–5 major actions that you need to take to start moving toward this goal.

I need to get started by doing these things

8. Think of ways to care for yourself as you work to achieve this goal.

I will take care of myself while working to create the kind of future I want by

9. Stay focused on what you want to create, not on the difficulties you might be having.

I will keep myself focused on what I want to create and the benefits this will bring me by

10. Be easy on yourself! Have fun! Enjoy it! Enjoy life!

I will remember to be easy on myself. Have fun! Enjoy it! I will work to enjoy life by doing these things

For more on creating the life you want, visit www.peersupport.org.

Wellness Achievement and Maintenance

Two goals you might start with are getting well and staying well. Start by asking yourself these questions.

Defining My Wellness

What am I like when I am feeling/doing well? _____

What are the things that help me maintain or regain the quality of life that I like? _____

What can I do to maintain my wellness?

Daily _____

Weekly _____

Monthly _____

Early Warning Signs

What early warning signs of my illness have I noticed or been told about by others?

Feelings _____

Thoughts _____

Emotions _____

Sensations _____

Actions _____

Words _____

What can I do when these warning signs happen? _____

Who can help me? _____

How can I get in touch with them? _____

What should they say or do? _____

What are some things I can do that might help me feel better? _____

Crisis Plan Management

Use another sheet of paper if necessary. Give a copy to all of your support people.

What are the signs that I am in crisis? _____

What are the signs that I need someone to take over making decisions for me and/or go with me to the hospital? _____

Which person or people would I prefer to help me in crisis? _____

Which medications or treatments are most helpful if a crisis occurs?

Which medications or treatments should be avoided? _____

Where would I prefer to be treated or hospitalized if that is necessary?

Which treatment facilities do I want to avoid? _____

Medications I am currently taking and why: _____

What can others do for me that would help reduce my symptoms or make me more comfortable? _____

How do I want to feel when I have recovered from this crisis?

(You may want to refer to your answer on page 6: What am I like when I am feeling/doing well?)

Things I need to do for myself every day while I am recovering from a crisis:

Things that can wait until I feel better: _____

Getting the most from your HCP

Seeing Eye-to-Eye

A good relationship with your health care providers (HCPs) should be collaborative, with open communication. A good health care provider pays attention to your needs, goals and background. You and your HCP should have a partnership, and you should have a say in your treatment plan.

Even if you have had negative experiences with HCPs or mental health treatment in the past, go into your first appointment with the belief that your HCP is concerned about you and wants to help you find your way to mental health.

Keeping Track

Track your moods, treatment and progress every day. You only need few minutes each day (e.g., when you are taking your evening medication) to write down a few thoughts about how you felt and acted that day, along with your sleep, meals, medication dosage and other life events. This helps you and your HCP find patterns and identify things that may be triggering your symptoms. You might notice, for example, that many of your bad days come after sleepless nights, or that certain places or things tend to trigger your symptoms. It also helps you see how well your treatment is working. Call DBSA or visit www.DBSAlliance.org to order a personal mood calendar, or design one that is most helpful to you.

End Result: Wellness

You and your HCP both want the same thing for you: wellness. Your common goal is for you to be able to reclaim a stable, healthy life. You have a say in your treatment, and your HCP needs to understand and hear your needs and concerns.

If you feel your HCP is not listening to you, keep bringing up your concerns until s/he addresses them. Remember, you have rights as a patient. You have a right to be treated with respect and receive good treatment no matter who you are, what your diagnosis is or what type of health benefits you have.

Resolving Concerns with Your HCP

- **Be sure your HCP knows what wellness means to you.** Let your HCP know you want more than just relief from the worst symptoms; you want a productive, quality life.
- **Ask questions.** Find out what to expect from treatment. Know how long it will take your treatment to work, what side effects it might have and what you can do about them.
- **Be honest** with your health care provider regarding your concerns about your illness and its treatments.
- **Set a schedule.** Agree to try one method of treatment or medication, and re-evaluate your health in a few days, weeks or months. If you still have symptoms or side effects that interfere with your life, you and your HCP agree to try another treatment. This is helpful when you and your HCP disagree on which treatment to try.
- **Let your HCP know when you have difficulty explaining symptoms.** When you need help the most, it is often the hardest to explain your symptoms. If you let your HCP know you are having trouble, you can work together to find a way to communicate.
- **Educate yourself about your illness.** Learn as much as you can about the symptoms of your illness. If you have questions about your illness, ask your HCP.
- **Educate yourself about your treatment.** The more you understand your treatment and feel involved in your choices, the less likely you are to become discouraged or feel hopeless. Find out what treatments are available now and what is being developed for the future.
- **Keep track of your progress over time.** You know yourself best. You can best tell your HCP how you are feeling and how your illness gets in the way of your life.
- **Let your HCP know how you feel about labels.** Ask if your HCP can hold off on a diagnosis until after you have tried at least one treatment. Agree to treat symptoms as they arise.



- **Know the difference between your symptoms and your true self.** Your HCPs can help you separate your true identity from your symptoms by helping you see how your illness affects your behavior. Be open about behaviors you want to change and set goals for making those changes.
- **Educate your family and involve them in treatment** when possible. They can help you spot symptoms, track behaviors and gain perspective. They can also give encouraging feedback and help you make a plan to cope with any future crises.
- **Work on healthy lifestyle choices.** Recovery is also about a healthy lifestyle, which includes regular sleep, healthy eating and avoidance of alcohol, drugs and risky behavior.
- **Stay with your treatment.** Talk to your HCP about your medications' effects on you, especially side effects that bother you. You might need to take a lower dosage, a higher dosage, or a different medication. You might need to switch your medication time from morning to evening, or take it on a full stomach. There are many options for you and your HCP to try. Side effects can be reduced or eliminated.
- **Talk with your HCP *first*** if you feel like changing your dosage or stopping your medication. Explain what you want to change and why you think it will help you.

Treatments for Depression and Bipolar Disorder

Treatments that work can help you:

- Reach your goals
- Build on the strengths you have and the things you can do
- Plan your health care based on your needs
- Live your life without the interference of symptoms

Medications for Depression and Bipolar Disorder

Your HCP might prescribe one or more medications to treat your symptoms. These may include:

- **Mood stabilizers:** These medications help balance your highs and lows. Some mood stabilizer medications are called anticonvulsants, because they are also used to treat epilepsy.
- **Antidepressants:** These medications help lift the symptoms of depression. There are several different classes (types) of antidepressants.
- **Antipsychotics:** These medications are primarily used to treat symptoms of mania. Even if you are not hallucinating or having delusions, these medications can help slow racing thoughts to a manageable speed.

For more detailed information on medications, visit www.DBSAlliance.org or call (800) 826-3632 to order the DBSA brochure “Finding Peace of Mind”.

Questions to ask your HCP

- How does this treatment work in my brain? What chemicals or processes does it affect?
- When will I start to feel some improvement? What symptoms should this treatment relieve?
- What might the side effects of my treatment be? How can I cope?
- How can I recognize problems if they happen?
- What can I do to make this treatment more effective?
- Is this the usual treatment for my illness? If not, how did you choose it?
- What is our next step if this treatment is not effective?
- How will this treatment affect the treatments I’m receiving for other illnesses?
- How can I reach you in an emergency?

Choosing Non-Medication Treatments

The best treatment for depression or bipolar disorder may include medication, talk therapy, new technological treatments, healthy lifestyle choices, and support from others who understand in a DBSA support group.



Talk Therapy

There are many types of talk therapy that can help you address issues in your life and learn new ways to cope with your illness. Goal-setting is an important part of talk therapy. Talk therapy can also help you to:

- Understand your illness
- Overcome fears or insecurities
- Cope with stress
- Make sense of past traumatic experiences
- Separate your true personality from the mood swings caused by your illness
- Identify triggers that may worsen your symptoms
- Improve relationships with family and friends
- Establish a stable, dependable routine
- Develop a plan for coping with crises
- Understand why things bother you and what you can do about them
- End destructive habits such as drinking, using drugs, overspending or risky sex
- Address symptoms like changes in eating or sleeping habits, anger, anxiety, irritability or unpleasant feelings

New Technological Treatments

Vagus Nerve Stimulation

The vagus nerve is one of the primary communication pathways from the major organs of the body to the brain. Vagus Nerve Stimulation (VNS Therapy) is delivered through a small pulse generator, similar to a pacemaker, which is implanted in 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, and the vagus nerve 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 and other symptoms of depression. Vagus nerve stimulation also influences the activity of neurotransmitters, such as serotonin and norepinephrine.

The pulse generator is programmed by a doctor to deliver this mild electrical stimulation to the brain at regular intervals. A person with VNS Therapy can also use a special magnet to temporarily stop stimulation during certain situations or activities if needed.

The Food and Drug Administration (FDA) has approved VNS Therapy for people 18 years of age or older who are experiencing chronic or recurrent treatment resistant depression (depression that has not responded adequately to multiple treatment attempts). The treatment has been shown to be equally effective in both unipolar depression and bipolar disorder. Studies are ongoing for the use of VNS Therapy in rapid cycling bipolar disorder.

Side effects with VNS Therapy are mild to moderate, occur only during stimulation, and typically become less noticeable over time. The most common side effects with VNS Therapy 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. The dose can be adjusted to avoid or reduce any troublesome side effects in many cases.

VNS Therapy is not associated with sexual dysfunction or memory impairment. Incidence of weight gain and sleep disturbance is less than 2%. Electric and electronic equipment, such as microwave ovens and cellular phones, generally will not affect the pulse generator. Airport security systems should not affect the pulse generator either; however, patients should carry an ID card that is provided after the procedure.

People with VNS Therapy should not use short-wave diathermy, microwave diathermy, or therapeutic ultrasound diathermy. For clear imaging, patients may need to be specially positioned for mammography procedures because of the location of the pulse generator in the chest. Once the device is implanted, it can be difficult to remove it. Inform your HCP you have a VNS Therapy device before having any medical procedure, especially magnetic resonance imaging (MRI).

Studies have shown that VNS Therapy can have beneficial results, especially for individuals who have not found relief with other treatments. Almost 60% of those participating in the clinical study experienced a clinically meaningful benefit. These studies have also shown that these beneficial results improve over time and are sustained long-term.

Transcranial Magnetic Stimulation (TMS)

Another procedure under investigation is Transcranial Magnetic Stimulation (TMS). TMS was developed in 1985 and has been studied as a treatment for mental illness since 1995. In TMS, a special electromagnet delivers short bursts of energy to stimulate nerve cells in the brain. This helps correct the existing chemical imbalance. Research studies have shown this treatment can have beneficial results. It has been shown to be as effective as other depression treatments, and is generally free of the side effects that are most commonly seen with antidepressant medication or electroconvulsive therapy (ECT). Studies have also shown that certain types of rapid rate TMS (rTMS) can have beneficial effects for some patients.

TMS can be performed in a physician's office. It does not require surgery, hospitalization, or anesthesia. The FDA has not yet approved TMS for treatment of depression or bipolar disorder. Clinical trials are ongoing.



Magnetic Stimulation Therapy (MST)

One of the newest procedures under investigation for the treatment of mood disorders is Magnetic Stimulation Therapy (MST). MST uses powerful magnetic fields to induce a small, mild seizure, similar to one produced through ECT. Research studies involving people have only recently begun. Researchers believe MST will be able to treat specific areas of the brain. It is hoped that this treatment will not affect memory or

concentration. However, because the procedure causes a seizure, general anesthesia is required. The FDA has not yet approved MST for treatment of depression or bipolar disorder. Clinical trials are ongoing.

ECT: Looking At Where We've Been To Understand Where We're Going

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, electroconvulsive therapy (ECT), milder and easier for patients to tolerate. ECT is used to treat about 100,000 patients with depression each year. It is very effective in treating severe depression. However, there can be side effects such as confusion and memory loss. The procedure must be performed in a hospital with general anesthesia. Today's electroconvulsive therapy (ECT) is nothing like the ECT of a few decades ago, or the ECT that you see in some movies.

Scientists are still looking for treatments that work better and with fewer side effects. They are gaining new understanding of the brain, the nervous system and its chemicals, and the relationship between mood and other physical disorders every day.

Lifestyle

A healthy lifestyle is always important. Even if symptoms of depression or bipolar disorder make things like physical activity, healthy eating or regular sleep difficult, you can improve your moods by improving your health.

Take advantage of the good days you have. On these days, do something healthy for yourself. It might be as simple as taking a short walk, eating a fresh vegetable or fruit, or writing in a journal. A talk about lifestyle changes should be a part of your goal-setting with your HCPs.

DBSA Chapters and Support Groups: With You on your Wellness Journey

One of the most helpful things in your recovery can be your DBSA chapter and support group. With a grassroots network of DBSA chapters that offer more than 1,000 support groups, no one with a mood disorder needs to feel alone or ashamed.

Each DBSA support group is operated by volunteer consumer leaders and advised by a mental health professional. Participants are people with mood disorders and/or their family members. You can talk with others about your treatment and experiences openly and honestly.

DBSA support group participants say that their groups:

- Provide a safe and welcoming place for acceptance and understanding.
- 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 understand that mood disorders do not define who they are.
- Help them rediscover strengths and humor they may have thought they had lost.

Contact DBSA at **(800) 826-3632** or visit **www.DBSAlliance.org** to locate the DBSA chapter or support group nearest you. If there is no group in your area, DBSA can help you start one.

The members of my DBSA support group reached out to me, and made me realize that I was not alone. If not for the support that I received from this organization, I probably wouldn't be here...

— DBSA support group participant

You have the power to change.

You are the most important part of your wellness plan. Your treatment plan will be unique to you. It will follow some basic principles and paths, but you and your HCPs can adapt it to fit you. A healthy lifestyle and support from people who have been there can help you work with your HCP and find a way to real and lasting wellness.

For more information

American Psychological Association

(800) 374-2721 • TDD: (202) 336-6123 • www.helping.apa.org

The Center for Mental Health Services (CMHS)

(800) 789-CMHS (2647) • TDD: (866) 889-2647 • www.mentalhealth.org

Developing a Wellness and Recovery Lifestyle (pub # SMA-3718)

www.mentalhealth.samhsa.gov/publications/allpubs/SMA-3718/introduction.asp

Families for Depression Awareness

(781) 890-0220 • www.familyaware.org

National Alliance for the Mentally Ill (NAMI)

(800) 950-6264 • www.nami.org

National Library of Medicine Clinical Trial Listings

(888) FIND-NLM (346-3656) • www.clinicaltrials.gov

National Library of Medicine/National Institutes of Health/Medline

www.nlm.nih.gov/medlineplus/

National Hopeline Network

(800) 442-HOPE • (800) 442-4673 • (800) SUICIDE • (800) 784-2433

National Institute of Mental Health (NIMH)

(800) 421-4211 • www.nimh.nih.gov

National Mental Health Association (NMHA)

(800) 969-6642 • www.nmha.org

National Strategy for Suicide Prevention

(800) 273-TALK • (800) 273-8255

www.mentalhealth.samhsa.gov/suicideprevention

Transcranial Magnetic Stimulation

(877) RTMS-4U2 (786-7482) • www.neuronetics.com

Vagus Nerve Stimulation Therapy

1-877-NOW-4 VNS (1-877-669-4867) • www.vnsththerapy.com

Symptom Tracker

Rate Your Symptoms 1-3

- 1 = I am having trouble with this symptom. It is getting in the way of my life and it needs to be addressed right away.
- 2 = I am having trouble with this symptom, but it is not as serious as those rated 1.
- 3 = I have little or no trouble with this symptom.

Symptom		Rating 1-3
DEPRESSION	Prolonged sadness or unexplained crying spells	
	Significant changes in appetite, sleep patterns	
	Irritability, anger, worry, agitation, anxiety	
	Pessimism, indifference	
	Loss of energy, tiredness, exhaustion	
	Feelings of guilt or worthlessness	
	Inability to concentrate, indecisiveness	
	Inability to take pleasure in former interests, social withdrawal, feelings of isolation	
	Unexplained aches and pains	
	Recurring thoughts of death or suicide	
Suicidal thoughts are most important to treat. If you or someone you care about has thoughts of suicide, get help right away. Contact a medical professional, clergy member, loved one, friend or crisis line such as (800) 273-TALK, or go to an emergency room.		
ANIMATED	Heightened mood, exaggerated optimism and self-confidence	
	Decreased need for sleep (less than three hours) without fatigue	
	Grandiose delusions, inflated sense of self-importance	
	Excessive irritability, aggressive behavior	
	Increased physical and/or mental activity	
	Racing speech, flight of ideas, impulsiveness	
	Poor judgment, easily distracted, difficulty concentrating	
	Reckless behavior without concern for consequences, such as spending sprees, rash business decisions, erratic driving, sexual indiscretions	
M	Auditory hallucinations (hearing voices) or delusions (strong convictions about things that aren't true)	

Please help us continue our education efforts.

We hope you found the information in this brochure useful. Your gift will help us continue to distribute this information and assist people in understanding treatments for mood disorders. Please fill in and mail or fax the donation form below, call (800) 826-3632 or visit www.DBSAlliance.org for details.

Yes, I want to make a difference. Enclosed is my gift of:

☐ \$100 ☐ \$50 ☐ \$20 ☐ Other \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP _____

DAYTIME PHONE _____ E-MAIL _____

☐ Check (*payable to DBSA*) ☐ Money order
☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

ACCOUNT NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____

- ☐ I wish my gift to remain anonymous.
- ☐ Please send me _____ donation envelopes to share.
- ☐ Please send me information on including DBSA in my will.
- ☐ I have enclosed my company's matching gift form.

If you would like to make your gift a Memorial or Honorary tribute, please complete the following:

- ☐ In memory of/in honor of (circle one) _____ PRINT NAME _____
- ☐ Please notify the following recipient of my gift: _____

RECIPIENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

Please send this form with payment to: DBSA, 730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224 USA **Questions?** Call (800) 826-3632 or (312) 642-0049.

Credit card payments may be faxed to (312) 642-7243.

Secure online donations may be made at www.DBSAlliance.org.

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Thank you for your gift!



**We've been there.
We can help.**

Depression and Bipolar Support Alliance

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Over four million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

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*Visit our updated, interactive website for important information,
breaking news, chapter connections, advocacy help and much more.*

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DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. For advice about specific treatment or medication, patients should consult their physicians and/or mental health professionals.