Empowering Families Facing Depression

*Note the advice given here is non-medical. It is written by me, Pam Faerber, mother of Geoff who lost his life to depression. I wish I knew then what I have learned since. I want YOU to be empowered to help. Also attached is a brief summary of Geoff's story with depression. Pam

If someone in depression and having "suicidal" thoughts:
Treat as if your loved one had cancer. Would you leave them alone to go to the doctor? Would you ignore it and hope it got better on it's own?

This is a medical illness and needs to be treated as such. It is an illness that kills.
The person should be asked: "are you thinking of hurting yourself"
If the person has thought of harming self—they need to get to a hospital right a way. They need to be treated as any other emergency.

Family needs to be part of the plan--(unless it is clear they are the problem: ie abuse)
Find out what "scores" have been used to evaluate depression and what the score is and what it means—*(more at end of paper)

find a GOOD doctor that treats medically as well as counseling
("A good doctor needs to approach a complaint of depression just as they would approach a complaint of fever, chest pain, etc. That is to say, they need a complete history of the patient's symptoms, a complete understanding of the patient's life -- the context in which these symptoms have occurred, a good family history, and an understanding of any co-existing medical problems, medications taken, and drug and alcohol use history. There is no currently valid blood test or series of blood tests, x-rays, or other tests to diagnose depression. Diagnostic testing depends on what the doctor hears and sees when doing a complete evaluation, which includes a physical exam (which might have been done recently by someone else, but - if not - needs to be done by someone.")
In serious depression, it is inappropriate not to use medications, and in milder depression, it is perfectly appropriate to use CBT alone and add meds later if progress is not made." Dr. John Hayes, Executive Director NNDC)

Once you have a diagnosis of clinical depression or BiPolar—just as if this was cancer:
Learn everything you can about this illness
Make sure you are seeing an EXPERT in this field

Gather your support team. No illness should be addressed alone. A person under stress from any serious illness does not always hear the same thing a doctor is saying. Someone else should be along and take notes, and also have questions written down and be sure they are asked.
*an advocate need not be present during counseling sessions unless the ill person wants them there.

LEARN all you can about Depression and Anxiety and or Bi Polar. The most comprehensive reading I have found comes from Johns Hopkins Depression Center and can be ordered in printed version or digital format.

GET THEM! Know how to talk to your doctor! Know what treatments are available.
John Hopkins White Papers on Depression Anxiety list EVERY possible drug to treat these illnesses and may be worth your getting a copy.
http://www.johnshopkinshealthalerts.com/white_papers/depression_anxiety_wp/P_CC_D_landing.html

Johns Hopkins "White Paper on Managing Bi Polar again has EVERY possible current treatment listed
https://secure.johnshopkinshealthalerts.com/special_reports/depression_reports/BipolarDepression1.html?step=2&order_placed=1

If you are a Christian, I strongly urge you to learn some of the great support verses—I am happy to share my favorites.

IN ADDITION:

1. IF Alcohol or cannabis use:

This is VERY common as a self-help to relieve very real anxiety.
I did not believe "anxiety" was a real illness either. Trust me. It is. The person can become overwhelmingly "anxious" and unable to even move or stop brain messages flying at rapid pace with no relief.

It is my understanding it is not uncommon for the depressed and anxious person to turn to alcohol and or cannabis for relief. However, I have also heard the use of cannabis worsens bi polar risk : increase risk suicide, rapid cycling, and makes depression harder to treat.
These must be gotten out of the picture in order to see what is going on(that is, is the depression first, the drugs second or is it the other way around),
TALK to your doctor about help to relieve cravings for this aid. There is help.*
(*Gabapentin as a treatment for alcohol and cannabis use in depression
1. it is not metabolized in liver so is safe 2. the highest dose (1800 mg) had no side effects and VERY high success in abstention and stabilized mood 3. craving for alcohol , mood and sleep all VERY good results. Barbara Mason,PhD)

2. Once a doctor evaluates and decides if this illness is a candidate for medical treatment, stay with it!
3. If relief of anxiety and overwhelming depression and thoughts of suicide do not lessen, discuss, discuss, discuss! Be willing to Change medicine!! Be OPEN about not feeling better, and needing to continue to find a help.
If you do not feel you can have open, honest discussions with your doctor, OR do not feel better after 2 months, consider a different doctor.

3. Where to go??
–the National Network of Depression Centers!
***I wish I had been aware of the National Network of Depression Centers. If you can take your loved one to one of these, please do.
http://www.nndc.org/
I have heard GREAT things about the ones in Michigan, Colorado, Johns Hopkins, Emory, Louisville. These places SPECIALIZE in depression. If you are not getting a response with your doctor, call one of these placesl or GO!! Or call me. I know contacts at each of these and will help you.

4. **TRACK the illness:**
THE BEST PLACE I KNOW TO TRACK MOODS IS Mood 24/7
https://www.mood247.com/
I STRONGLY URGE YOU to have your loved one and their doctor do this.
**YOU sign up and daily receive a text asking what your mood is today.
YOU should for sure add your doctor and parents, spouse, and other close friends
This can be a reminder to also take your meds
The good news is at the end of a week or month you or your doc or advocates can Graph your moods
A good doc can also make comments in their own "space" so that when you both speak Again you are on "current" and "accurate" information. This was developed by a Johns Hopkins man and I have heard how he uses it. It is FREE. USE IT!!!

5. **Families for Depression Awareness web site is EXCELLENT**
http://www.familyaware.org/

5.a. On this site you can analyze the depression symptoms:
http://www.familyaware.org/web-tools/depression-wellness-analyzer.html

5.b. You can track your family mental health tree
http://www.familyaware.org/web-tools/mental-health-family-tree.html

5. c. take a depression/ bipolar test
http://www.familyaware.org/web-tools/depression-and-bipolar-test.html

5.d. order brochures such as Helping Someone Who is Depressed for family caregivers
http://www.familyaware.org/publications-a-workshops.html

6. TRACK TRACK TRACK"

Keep a calendar of each day not "I do not feel well" but:
Am, mid day, PM,
After meals
Before meals
Before exercise
After exercise
Etc. TRACK, TRACK, TRACK so doctor can see fully
(use paper calendar or there is a great tracking calendar at
http://www.dbsalliance.org/site/PageServer?pagename=wellness_tracker)

7. **DEFINITELY subscribe to 2 magazines. Esperanza and BP. They are about real people facing depression and bi polar**. Just reading them will encourage you and hopefully your loved one as well.
Esperanza Magazine "Hope to cope with anxiety and depression"
http://www.hopetocope.com/community/default.aspx

Bp Magazine "Hope and Harmony for people with bipolar
http://www.bphope.com/

8.. I HAVE a list of suggested books for education, please contact me if you would like them.

8. If your doctor has prescribed medication, and you consider supplements---ASK your doctor if you can take supplements to enhance wellness:
Do NOT add any vitamins, or supplements without discussing with your doctor who has prescribed your anti depressant
Some people have found fish oil and other natural supplements helpful. These should be used as an additive NOT as a replacement unless you are under a doctor's supervision. Most authors on diet cite the need in our diets for Omega 3 oils: most suggest about 800 mg daily EPA and 400-500 DHA. (Norwegian Gold makes one with no burps!)

9. Get Peer support:
A. The Depression and BiPolar Support Alliance MISSION: DBSA provides hope, help, support, and education to improve the lives of people who have mood disorders.
http://www.dbsalliance.org/
I can not say enough about how awesome I think this website is!! Be SURE to go on it and utilize it. Consider attending the annual conference!!!
BETTER YET, SIGN UP FOR PEER TO PEER training. One of the best ways to fight your illness is to help others. This program WORKS!!

Other Support Groups and resources:

B. Active Minds
http://www.activeminds.org/
Active Minds empowers students to speak openly about mental health in order to educate others and encourage help-seeking. We are changing the culture on campuses and in the community by providing information, leadership opportunities and advocacy training to the next generation.
By developing and supporting chapters of a student-run mental health awareness, education, and advocacy group on campuses, the organization works to increase students' awareness of mental health issues, provide information and resources regarding mental health and mental illness, encourage students to seek help as soon as it is needed, and serve as liaison between students and the mental health community.

C. b. uptodate website on current treatment options most illnesses
http://www.uptodate.com/contents/depression-treatment-options-for-adults-beyond-the-basics?source=search_result&search=depression+treatment&selectedTitle=1~67

D. Growing Bolder
http://growingbolder.com/blogs/health/mental-health/depression-awareness-guide-with-227806.html

E. See Glen Close open with her bipolar sister
http://www.youtube.com/watch?v=WUaXFlANojQ

PerintalMoodDisorders for links, support groups, resources:
http://throughtheblue.org/about/perinatal-mood-disorders/

9. CALL someone for help!!!
Resources:
Hot line: (1-800-273-8255) www.suicidepreventionlifeline.org/
Veterans Crisis Line | Hotline, Online Chat & Text
www.veteranscrisisline.net/

The American Foundation for Suicide Prevention
http://www.afsp.org/

10. Eat good foods
http://peersupportprogram.blogspot.com/2012/04/action-steps-to-take-charge-of-your.html

Read the Ultra Mind Solution by Mark Hyman. While I caution on the all or none approach, I do believe diet can play an important role.

ENROLL IN CLINICAL TRIALS!!
You can google to find these , or I can help you
If your loved one has not responded to traditional meds, I
Would for sure try rTMS or deep brain electro stimulation—see below
Again, I can help you find reliable sites for this if you need.

SOME newer things:

1. Brian Scan Testing. (8885452677)
I saw this clip on Fox news for Brain Scan Testing. I would do this if you hare having trouble finding a good medical mix to change how you are reacting to depression
http://video.foxnews.com/v/2103637097001/new-brain-scan-offers-hope-for-ptsd-depression/?playlist_id=162223

Dr. John Hayes, ED, National Network of Depression centers says about this:
Its not really a scan, and it is based on compiling EEG patterns, treating people, then looking back to see if you can correlate any patterns statistically with response to any particular thing in order to make better choices for people in the future. If people with pattern X responded to drug Y, then starting with drug Y might be a good thing for anyone else who shows pattern X on their EEG. It is hard to tell what's going on with the patient they showed with the testimonial - I don't know if he has bipolar disease or not, and they implied that the EEG showed the diagnosis to be wrong. However, it can't do that, and it really is beside the point. It doesn't really matter what the diagnosis is. These findings are simply based on collecting enough information on EEG patterns in depressed people to have the statistical power to say that one drug is more likely to help a person with a certain pattern than another drug. It is promising, but not magic --but the first guy who did this was Dr.Andrew Leuchter at UCLA. He calls it Quantitative EEG -QEEG- in some of its forms. This company calls their system rEEG. I believe this kind of approach will ultimately come to be one of the ways that psychiatrists more accurately match treatment to patient, but it is not as good as the CEO of the company would have you believe, at least not yet, nor are any of the approaches related in the QEEG spectrum.

2. Pre-med Testing emerging
From: cjhollinger@juno.com
Subject: DNA press release
Date: March 28, 2013 8:01:04 PM EDT
To: rmpkinney@aol.com
This might be helpful in screening out problem meds before taking them.
Carol Hollinger
Advanced DNA testing technology helps maximize medication effectiveness
Medical Resources USA, through their relationship with a national testing laboratory offers a

simple cheek swab test that uncovers a person's variants in their genetic makeup or DNA, called Pharmacogenomics.
What is Pharmacogenomics? The field of Pharmacogenomics explains how individuals respond differently to certain drugs because of variations in genetic characteristics. Pharmacogenomics is the measurement of a person's unique genetic makeup (DNA) and how those variations can predict one's ability to metabolize or respond to medications.
With this approach to medication management, physicians can offer treatment options that may decrease side effects and promote drug efficacy faster than they would under common "trial and error" approaches commonly used.
This lab test uses advanced technology to measure and analyze numerous genetic variants that may impact the safety and response to certain commonly prescribed psychiatric and analgesic medications used to treat ADHD, Depression, bi-polar disorder, schizophrenia and pain medications.
Clinicians gain actionable insight into how a patient's genetic makeup may influence the way the patient's body interacts with certain medications.
Pharmacogenomics is but one component of a clinician's overall treatment plan and does not guarantee resolution of an individual's medical needs. The test may help physicians better understand available treatment options for patients.
This lab test is covered by most insurance programs and must be administered by a licensed physician.
Daniel Scherer, President of Medical Resources USA, based in Fort Wayne, IN states, "We are pleased to offer this new technology to clinicians throughout Indiana and surrounding states. So many people suffer due to medication ineffectiveness or drug reactions. Now there is hope for many people to benefit with this simple cheek swab test to live a more productive, satisfying life."
To learn more or to see if this lab test is available in your area please contact Daniel Scherer at 260-436-1436 or email him at danielscherer@comcast.net.
Best Regards.
Daniel B. Scherer
Ph: 260-436-1436 Mobile: 260-804-4041
http://www.4securehealth.com

You may want to check possible clinical trials:
1. Emory University; Andrew H. Miller Shows inflammation is present in most major depressions, and by reducing inflammation, some major depression can be better treated. Inflammation can be tested by simple blood test and can help predict response to therapy. They caution not all depressions are the same, but this blood test can ID those it will help. stories/2012/09/psych_miller_inflam_dep_archgenpsych/campus.html#.UFefbW85Kas.email

2. Deep brain stimulation trials
Emory University Helen Mayberg
DBS targets a small brain structure known as Area 25, the "ringleader" for the brain circuits that control our moods, according to neurologist Dr. Helen Mayberg.

Dr. Mayberg is the co-holder of a patent for the procedure, which has been licensed to St. Jude Medical, Inc., a company that manufactures and sells DBS equipment. St. Jude is hoping to win Food and Drug Administration approval for commercial use of DBS for treatment-resistant depression.

http://www.cnn.com/2012/04/14/health/battery-powered-brain/index.html

3. Ketamine—possible option for treatment resistant depression
see John Hopkins White Papers "Depression and Anxiety" Karen Swartz, MD
"It's surprising both that it works and how rapidly it has effects.It sometimes can work in hours to reduce depressive symptoms and suicidal ideation. Our goal is to begin to determine how the drug can be administered safely in routine treatment."
DO NOT USE this without understanding side effects and risks, but study about this may be worthwhile.

4. magnetic pulse device
http://www.foxnews.com/story/0,2933,441882,00.html

To find groups offering this service
On the website neurostar.com there is a doctor locater that your friends could use to find nearest TMS provider

5. rTMS
Repetitive Transcranial Magnetic Stimulation (rTMS)
http://education.psychiatry.duke.edu/about-us

SARAH H. LISANBY, MD
- DUKE UNIVERSITY
http://www.hopkinsmedicine.org/psychiatry/specialty_areas/moods/expert_team/reti.html
IRVING RETI, MBBS
- JOHNS HOPKINS UNIVERSITY
Shirlene Sampson and Christopher Wall MAYO

In 2008, the FDA approved the use of a neuromodulation technique called repetitive transcranial magnetic stimulation, or rTMS, for the treatment of Treatment Resistant Depression (TRD). Since that time, the evidence continues to mount supporting the use of rTMS to help patients whose depression does not respond to traditional treatments. In order to realize the full potential of rTMS, more large-scale clinical research is needed to establish its effectiveness, encouraging more widespread utilization and insurance reimbursement.
As a vital first step, the rTMS Task Group has developed the first data registry to standardize research and clinical data on rTMS from NNDC Centers utilizing the technique. The team has also designed a treatment protocol to help clinicians determine the most effective dosing for rTMS.

John Hayes, ED of NNDC comments on this:

Stuff going on in this area:

1. NNDC has a Task Group devoted to rTMS. They have a separate registry and about 16 of our 21 sites are enrolling patients who are being treated. This is not an outcomes trial (that has been done by Neuronetics, the company that developed the treatment and the equipment, led by Mark Demitrack, M.D., who used to work for me at Lilly and with whom I had lunch about two months ago to discuss the future of rTMS). Rather, it is a registry with lots of information about the patients who are selected and then information about their progress so that the group can say useful things about use of rTMS in the real world.
2. NNDC and iSEN (ad international association that studies ECT and other neuromodulation techniques) are planning a jointly sponsored course for clinicians that will be taught next May, and have plans to put this on-line. Doctors who take the course on-line will then have the options of going to an NNDC site where rTMS is being used to get hands-on experience.
3. Insurance reimbursement for rTMS has lagged far behind FDA approval -- a few medicare/medicaid regions have approved reimbursement -- I don't think as of this date any of the big insurers will pay for it, but people are doing so of pocket
4. There is important research going on to look at rTMS in other conditions -- very promising work in tinnitus (doesn't restore hearing, but can probably make the pretty terrible ringing in the ears go away), and there is much to learn about effects at different doses and applied to different brain regions or to combinations of regions. Shirlene Samson at Mayo is very excited about applications in chronic pain and is treating patients in a research protocol now. I talked withDr. Samson and Dr. Irving Reti at Hopkins about these matters this past week, and Dr. Reti and his Task Group co-leader, Sarah H. Lisanby, have committed to a 90 minute symposium about the state-fo-the-art in neuromodulation at the NNDC Annual Meeting in Rochester, MN in November.
5. The Indiana Health Group (Chris Bojrab is the medical leader) has a machine and is offering the treatment -- Chris is enthusiastic about the treatment for appropriate patients, but only a few are being treated because of out-of-pocket costs.
6. Mark George, M.D. at Medical University of South Carolina and a colleague at Brown Medical School have been the major leaders of work to persuade payers, especially government, to reimburse for rTMS. If Medicaid endorses the treatment and sets a fee structure, private payors will likely follow suit, but this will take awhile, I suspect.
(above are comments from Dr John Hayes Executive Director, NNDC)

Ratings of depression and anxiety
I never was told there were rating scales, much less where my son "rated"
Can you imagine your loved one having cancer and not being set down and talked to about the terms and severity? Here are a few terms to learn and ask about:

CGI-S Clinical Global Impression - Severity scale (CGI-S) is a 7-point scale that requires the clinician to rate the severity of the patient's illness at the time of assessment, relative to the clinician's past experience with patients who have the same diagnosis. Considering total clinical experience, a patient is assessed on severity of mental illness at the time of rating 1, normal, not at all ill; 2, borderline mentally ill; 3, mildly ill; 4, moderately ill; 5, markedly ill; 6, severely ill; or 7, extremely ill.

PHQ-9
The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment.

QIDS-SR 16 item Quick Inventory of Depressive Symptomatology (QIDS) (Rush et al. 2003) are designed to assess the severity of depressive symptoms. Both the IDS and the QIDS are available in the clinician (IDS-C30 and QIDS-C16) and self-rated versions (IDS-SR30 and QIDS-SR16). The nine domains comprise 1) sad mood; 2) concentration; 3) self criticism; 4) suicidal ideation; 5) interest; 6) energy/fatigue; 7) sleep disturbance (initial, middle, and late insomnia or hypersomnia); 8) decrease or increase in appetite or weight; and 9) psychomotor agitation or retardation. The total score ranges from 0 to 27.

GAD-7 screening tool and severity measure for
http://www.patient.co.uk/doctor/Generalised-Anxiety-Disorder.htm

generalised anxiety disorder
http://www.patient.co.uk/doctor/Generalised-Anxiety-Disorder-Assessment-(GAD-7).htm

http://www.patient.co.uk/doctor/Generalised-Anxiety-Disorder-Assessment-(GAD-7).htm

5, 10, and 15 are taken as the cut off points for mild, moderate, and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.
Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for generalised anxiety disorder. It is moderately good at screening three other common anxiety disorders – panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%), and post-traumatic stress disorder (sensitivity 66%, specificity 81%).[
http://www.patient.co.uk/doctor/Generalised-Anxiety-Disorder-Assessment-(GAD-7).htm

Christian support:
Geoff felt God had abandon him, to the point he was not sure he still believed. Geoff had been committed to serving the Lord as his life work when he was 20. This depression rocked him to the core. There are many descriptions of black and dark depression in scripture—often in Psalms. Most scholars feel David suffered from depression. Jesus in Gethsemane said his "soul is downcast", and he prayed great drops of blood. He does know what total depression is.

I encourage you and your family to NEVER give up hope and faith. I can refer you to MANY scriptures of support and hope and trust. I suggest you keep one or two of these on a card with you at all times. When facing a particularly black place, just keep reading this over and over. While depression is a real illness like cancer—for sure you do need every piece of strength and Proverbs 18:10 tells us the "word of God is a strong tower, the righteous run to it and are safe"
please email me for some of my favorite support verses. Pfaerber1@tds.net

Below is a list of other resource groups:

OTHER GROUPS ADDRESSING DEPRESSION AND issues of the MIND:

American Foundation for Suicide Prevention afsp.org
Hosts "Out of Darkness" walks around nation to create awareness and dispel the stigma of suicide.

(in Montana: Helena, Billings, Missoula, and Miles City have them currently)
Hosts support groups for families of suicide victims both in person and on line
Hosts International Survivors of Suicide Day November 17 all over and on line
Educational programs to high schools and colleges to create awareness of symptoms of possible suicide
Funds research on suicide prevention
This group does an excellent job of having resources for families and loved ones of suicide victims. They also do an excellent job of education about suicide prevention and work on changing the stigma surrounding this. Their walks are huge—over 3000 persons will attend walks in INDIANA alone this year.

National Alliance on Mental Illness nami.org
the largest non-profit grassroots mental health organization dedicated to improving the lives of persons and families affected by mental illness
they have a presence on "the hill" for advocacy
stigma busters is a big part of this group's mission
a great source of information

One Mind 4 Research 1mind4research.org
founded by Patrick Kennedy and
CONTACT _Con-42208F69B75 \c \s \l
Garen Staglin
, a research organization with a mission to take the lead on research and change on all illnesses of the mind—with a first mission to attack Traumatic Brain Injury in ten years.
Very focused on bringing researchers together from all areas to share information and speed results.

Bring Change to Mind
bringchange2mind.org
Working to erase the stigma of mental illness, chaired by Glen Close
They work with NAMI on this as well

Active Minds
http://www.activeminds.org/

PDV Foundation, Denis Pazur, ED
dpazur@advancingsp.org
http://www.pdvfoundation.org
The PDV Foundation seeks to advance suicide prevention in America through strategic communications.
> We are unique. No other 501(c)(3) pulls together a broad communications strategy for suicide prevention in America, nor considers public policy issues in ways unencumbered by limited-party interests.
> We are a catalyst. The PDV Foundation acts as a catalyst, "connecting the dots" among disparate entities to carry the
http://mentalhealth.samhsa.gov/suicideprevention/strategy.asp

National Strategy for Suicide Prevention
forward.
> We are collaborative. The PDV Foundation works closely with national organizations and public/private entities as a strategic partner in advancing suicide prevention in our nation.

My story follows