MAJOR DEPRESSIVE DISORDER: WHAT YOU NEED TO KNOW

YOU ARE NOT ALONE.



Prior to 2020, **6.5%** of the U.S. population had symptoms of major depressive disorder (MDD). This increased to **21%-30%** with the onset of the **COVID-19** pandemic in 2020.

MDD is a common mood disorder characterized by a two-week or longer period of depressed mood, a loss of interest or pleasure in most or all activities and at least three of the following symptoms:



RISK FACTORS FOR DEPRESSION

EXTERNAL FACTORS

- BEHAVIORAL DISORDER.
 - SUBSTANCE USE.

INTERNAL FACTORS

- FEMALE SEX
- BLACK, HISPANIC, MULTIRACIAL OR OTHER PEOPLE OF COLOR.
 - GENDER DYSPHORIA
- GENDER DIVERSE IDENTITY
- IDENTIFYING AS LGBTQIA+.
 - HISTORY OF ANXIETY
 - LOW SELE-ESTEEM

NEGATIVE LIFE EVENTS

- ADVERSE CHILDHOOD EXPERIENCES.
- CHRONIC MEDICAL CONDITIONS.
 - HISTORY OF DIVORCE.
 - LIFETIME TRAUMA.
 - LOW EDUCATIONAL STATUS.
- LOW LEVELS OF SOCIAL SUPPORT.
 - DEATH OF A LOVED ONE.



HOW CAN YOU HELP YOU?

FOCUS ON SELF-CARE AND IMPROVING YOUR LIFESTYLE.

- Physical activity for 30 minutes a day, three to five times every week.
- Activities such as meditation, mindfulness or Tai Chi can help control stress.
 - •Sleep seven to nine hours per night.
 - Eat a balanced, healthy diet.
 - Avoid using alcohol and illicit substances.

SEEK SUPPORT.

- •Tell friends and family how you feel.
 - Join a support group.
 - •Seek therapy.
- Address triggers that contribute to your depression.
 - Stick to your treatment plan, even if you feel better.

SET SMALL, ACHIEVABLE GOALS.



SUCH AS ...

TAKING A WALK





- Notice changes in how you feel, think or act.
 - Write down how you feel day-to-day (moods, feelings, reactions).



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MEDICATIONS YOUR PROVIDER MAY PRESCRIBE TO TREAT YOUR DEPRESSION

DRUG CLASS (MECHANISM)	DRUG	POTENTIAL SIDE EFFECTS
SSRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS)	CITALOPRAM	MAJOR WARNING:
	ESCITALOPRAM	• INCREASED APPETITE AND WEIGHT GAIN. ANTIDEPRESSANTS MAY INCREASE THE RISK OF SUICIDAL
	FLUOXETINE	THINKING AND BEHAVIOR IN SEXUAL CHILDREN, ADOLESCENTS
	PAROXETINE	DYSFUNCTION. AND YOUNG ADULTS UNDER THE AGE OF 24 YEARS WHO
	SERTRALINE	HAVE MAJOR DEPRESSIVE DISORDER • AGITATION. AGE OF 24 FEARS WHO HAVE MAJOR DEPRESSIVE DISORDER AND OTHER
SNRI (SELECTIVE	DESVENLAFAXINE	PSYCHIATRIC DISORDERS.
NOREPINEPHRINE REUPTAKE INHIBITORS)	VENLAFAXINE	• GUT ISSUES. MANY SIDE EFFECTS
	DULOXETINE	IMPROVE WITH TIME AFTER STARTING THE
SEROTONIN MODULATORS	VILAZODONE	• GUT ISSUES. • AGITATION. STARTING THE MEDICATION.
	VORTIOXETINE	• GUT ISSUES. QUICK FACT: SOME ANTIDEPRESSANTS HAVE A
TETRACYCLIC ANTIDEPRESSANT (NaSSA)	MIRTAZAPINE	 INCREASED APPETITE AND WEIGHT GAIN. SEDATION. DRY MOUTH. REBOUND EFFECT IF THEY ARE ABRUPTLY DISCONTINUED. THIS MEANS THAT YOU MAY EXPERIENCE RE-EMERGENCE OR WORSENING OF YOUR DEPRESSION IF YOU SUDDENLY
ATYPICAL ANTIDEPRESSANT	BUPROPION	 STOP TAKING YOUR MEDICATION. DEPENDING ON THE TYPE AND DOSE, SOME ANTIDEPRESSANTS MUST BE SLOWLY TAPERED DOWN WITH THE GUIDANCE OF YOUR PROVIDER.
		• INSOMNIA. • INCREASES THE RISK OF SEIZURES.

TABLE ADAPTED FROM AMERICAN ASSOCIATION OF NURSE PRACTITIONERS® MAJOR DEPRESSIVE DISORDER: EVIDENCE-BASED STRATEGIES TO IMPROVE PATIENT OUTCOMES MAJOR DEPRESSIVE DISORDER MONOGRAPH ACTIVITY.



WHAT ELSE YOU CAN DO?

If you or a loved one is struggling with suicidal thoughts and need someone to talk to, please call:



If you are having new and unusual side effects from your antidepressant medication, talk to your health care provider or pharmacist about this issue.

AN ALLERGIC REACTION TO MEDICATIONS IS A MEDICAL EMERGENCY.

If you experience

rash, difficulty breathing, swollen tongue or throat and dizziness, stop taking the medication and **call 911** immediately.

