

Explore your
treatment
options

P. 5

Discover the
healing power
of journaling

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**“Finally, a
lamp turned
on in the
darkness!”**

Major Depressive Disorder

Depression had dogged Thomas Glantz since childhood. Then a life-changing treatment sparked his drive and enthusiasm—and made everything, including his music career, seem possible.



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CED24

Cover photo by Jessica Ryan



Get ready to *embrace* life again!

Major depressive disorder can impact every minute of every day. Luckily, doctors now understand the condition better than ever—and have more ways to help you get the most out of every one of those minutes.



Living with major depressive disorder (MDD) can sometimes feel like you’re struggling through quicksand. Feelings of hopelessness, sadness, extreme fatigue, irritability, shame—these are only some of the symptoms of MDD that you or someone you care about may be experiencing. But—although find-

ing the motivation to ask for help when you’re depressed can seem impossible—know that there *are* treatments available that can help you. Just ask 31-year-old musician Thomas Glantz, featured on p. 10 of this guide. Thomas had experienced depression from a young age, partly due to his undiagnosed attention deficit hyperactivity disorder (ADHD). Having been an artistic child who expressed his creativity through model-building and writing, as he grew older, he says, “I always felt like I was dragging this weight with me, as if I was on the outside looking in.”

Continued on next page ►

Thomas tried a number of medications over the years before he and his doctor landed on a new medication—one that combines an antidepressant with a drug that helps regulate neurochemicals implicated in depression. Within weeks, he felt an improvement in his thoughts

and mood, and since then he's been steadily getting back his creative inspiration and enthusiasm for life.

"I had a difficult time imagining the future when I was young because of the way I felt," he says. "Now I see a future where I'm happy being with my fian-

cée and making more music."

You can also get inspired by Marti and Shelby, featured on p. 17, who each lived with severe depression for years, but who are now thriving after finding treatments and therapy that work for them. In this guide, they share the strategies and resources that have helped them let go of shame and achieve mental clarity again.

If, like Thomas, Marti and Shelby, you've been struggling with the symptoms of depression (see more about those on p. 5), take heart. Today you have more options than ever—including medication, therapy methods and lifestyle changes—to help you begin feeling like your old self again. And while it can often take some trial and error to find the right treatment, rest assured that with time and persistence, you'll discover the best fit for you.

In the meantime, continue reading this guide to learn more about MDD—the risk factors, symptoms and the many methods available to treat it. You can also fill in the tools on pp. 8 and 9 to get the conversation going with your healthcare team about your symptoms—and learn what to do when symptoms strike. Don't give up hope—working closely with your healthcare team can lead to the treatment plan that brings you relief!

Understanding depression

Major depressive disorder (MDD), also known as clinical depression, is more than just feeling down sometimes. It's a

serious and complex health condition that can erode the quality of every aspect of your life. MDD can interfere with your ability to work, sleep, study, eat, relate to others and enjoy life. "Because depression drains you of energy and hope, it's often a real challenge to work on improving your mood," says Boston-area psychologist Eric Endlich, PhD. "But you *can* feel better!" Medication, talk therapy and other methods can help.

What are the symptoms?

You may be suffering from depression if—most days for at least two weeks—you have experienced depressed mood and/or loss of interest or pleasure in activities you once enjoyed and have regularly experienced five or more of the following symptoms in that time:

- Unintentional weight loss or gain
- Trouble falling or staying asleep, or sleeping too much
- Feelings of agitation or restlessness
- Fatigue or loss of energy
- Feeling worthless or bad about yourself, or having excessive guilt
- Trouble concentrating or making decisions
- Recurrent thoughts of death or suicide

What causes depression?

Doctors think that a combination of both genetic and environmental factors may cause

depression. On the genetics side, depression can run in families and be passed down from a parent, while environmental factors may include trauma, loss of a loved one, a difficult relationship or other stressful situations. But not all depressive episodes have an obvious trigger—depression can occur in people without a family history of the disease and can strike even when nothing is "wrong" in a person's life.

Depression can occur when brain chemicals called neurotransmitters (such as serotonin, norepinephrine, glutamate and dopamine) are out of balance. In fact, scans show that the brains of people who are depressed actually look different from the brains of people who are not depressed.

How will I be diagnosed?

Your healthcare provider (HCP) will ask about your symptoms and medical history and conduct a physical examination. They may order lab tests to rule out conditions such as a thyroid disorder or virus. Your HCP may then refer you to a mental health professional—usually a psychologist or a psychiatrist (who can prescribe medication)—for a psychological evaluation. Your mental health provider will ask questions about your symptoms and about your personal and family history of depression.

What you can do

Don't fear; while depression is a serious disease, there are tools

that can help you feel like yourself again. Keep in mind that the earlier treatment is started, the more effective it will be. But if you've suffered from depression for a while and are just starting treatment—or if your treatment has not been satisfactory and your doctor wants to make changes—know this: Depression can be effectively treated at any stage, most commonly with medication and psychotherapy.

Medication options

Newer antidepressants often work by adjusting levels of brain chemicals called neurotransmitters, which are involved in regulating mood. Selective serotonin reuptake inhibitors (SSRIs) work on the neurotransmitter serotonin. Selective norepinephrine reuptake inhibitors (SNRIs) work on norepinephrine. Norepinephrine and dopamine reuptake inhibitors (NDRIs) affect both; and a newly approved medication combines an NDRI and an NMDA (N-methyl-D-aspartate) antagonist, which works on the neurotransmitter glutamate.

Older antidepressants such as tricyclics and monoamine oxidase inhibitors (MAOIs) cause more side effects than newer medications and are usually prescribed only when newer antidepressants fail to relieve depression. In addition, other medications are available that don't fit into any of these categories.

Continued on next page ▶



FAST FACTS

21 MILLION

THE NUMBER OF AMERICANS DIAGNOSED WITH DEPRESSION EVERY YEAR

50%

The percentage of patients with depression who find relief from their second medication after the first method fails

61%

THE PERCENTAGE OF U.S. ADULTS WHO RECEIVED TREATMENT IN THE PAST YEAR

Source: nimh.nih.gov.



FAST FACTS

18-25

THE AGE GROUP MOST LIKELY TO EXPERIENCE A MAJOR DEPRESSIVE EPISODE

13.9%

The percentage of people who identify as multiple races who have been diagnosed with depression—the highest of any racial group—followed by Native American (11.2%), White (8.9%) and Hispanic (7.9%) people.

10.3% vs. 6.2%

The prevalence of MDD among women and men, respectively.

Source: nimh.nih.gov.

Which medication is right for me?

When selecting an antidepressant for you, your healthcare provider will consider your symptoms and health history, other medications you take (make sure you tell your doctor about every supplement and medication you use to avoid negative interactions), if you are pregnant or breast-feeding, as well as the side effects of various medications.

When can I expect relief?

While some medications can take effect in as little as a week, it's important to be patient—other options can take six weeks or more, according to the National Institute of Mental Health. If you've had sleep or appetite problems, those are likely to get better first.

Important: When you do start feeling better, don't stop taking your medication.



Some can be stopped abruptly without consequence, but most need to be tapered. *Always* talk to your doctor before discontinuing medication.

Counseling

Counseling (also referred to as psychotherapy or “talk therapy”) is often recommended in addition to medication. Working with a mental health professional can help you learn how to cope with depression in your everyday life and may also prevent your depression from returning.

The two most commonly recommended forms of counseling include cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). CBT can help you change behaviors that contribute to your depression and teach you how to interact with others in a more positive way. IPT can help you work through difficult relationships that play a role in your depression.

Other methods

When medication and/or counseling fail to relieve depression, doctors have other ways of treating the condition, including electroconvulsive therapy (ECT), formerly known as “shock therapy.” In ECT, a patient receives electrical impulses for a few minutes after being given anesthesia and a muscle relaxant. Less frequently used types of brain stimulation therapies include vagus nerve stimulation (VNS) and repetitive transcranial magnetic stimulation (rTMS).

Self-care

While medication and counseling are usually the “go to” treatments for depression, there *are* things you can do on your own to enhance your recovery. Scheduling some “me time”—perhaps difficult at first, but more “doable” the longer you're on an effective treatment—can help you feel more like yourself. Keep your “action plan” (see p. 9) as simple as your emotional energy allows: Go for a haircut, take a relaxing bath, prepare a meal you enjoy. Spend time with others by doing things like inviting a friend over to watch a movie if you're not up to going out. Activity can help, too: Try a yoga class, take a walk, go for a bike ride or hit the gym. Simply making the effort to help yourself can be a mood-booster—and you'll probably feel that the more you do, the more you *want* to do. ●



YOU & YOUR CARE TEAM

Meet your healthcare team

During treatment for major depressive disorder (MDD), a number of medical professionals may be involved in your care. At any point, you may visit with one of these healthcare experts:

Psychiatrist: a doctor (MD or DO) who specializes in the evaluation, diagnosis and treatment of mental disorders. Psychiatrists can prescribe medication, if needed.

Psychologist: a licensed mental health professional (PhD or PsyD) who specializes in the evaluation, diagnosis and treatment of mental disorders.

Primary care physician (PCP): a physician who can prescribe medication and refer you to a specialist.

Psychiatric nurse practitioner: an Advanced Practiced Registered Nurse (APRN) who specializes in mental health nursing. They are licensed to treat patients, conduct therapy and prescribe medication.

Psychiatric-mental health nurse (PMHN): a registered nurse who works with individuals, families or groups and other members of the treatment team in assessing the patient's mental health needs.

Licensed clinical social worker (LCSW): a health professional who can help you cope with emotional concerns, conduct therapy and help you reach treatment goals.

Are your depression symptoms under control?

With so many strategies to treat depression—both medical and lifestyle—odds are you can find the approach that best stabilizes your mood. Fill out this worksheet, then review with your care team to be sure your plan is on track.



Check off the statements that apply to you:	Never	Sometimes	Almost always
I feel down or depressed.			
I have trouble sleeping.			
I sleep too much.			
I get angry or irritable for no reason.			
I have little interest in activities I once enjoyed.			
I don't feel like being with people.			
I am tired or have low energy.			
I feel worthless.			
I feel guilty about things.			
I have trouble concentrating or making decisions.			
I act impulsively.			
I think about death or suicide.			
I move slowly.			
I am anxious or restless.			

- Check all that apply:**
- I have lost weight unintentionally.
 - I have gained weight unintentionally.
 - I have unexplained aches and pains.
 - I sometimes skip my medication because it costs too much.
 - I occasionally skip my medication due to side effects.
 - My medication makes it challenging for me to work.
 - My medication makes it difficult for me to be intimate with my partner.
 - My medication makes it hard for me to enjoy time with friends and loved ones.

List any other concerns:

Your mental wellness action plan

Even when in treatment, you can sometimes experience breakthrough symptoms of depression—or, over time, a treatment may stop working as well as it once did. Fill out this worksheet with the help of your healthcare team so you're better prepared if this happens.

If I begin to lose interest in activities I once enjoyed, I can (e.g., try doing the activity just for a short time, call a friend):

If I find I'm sleeping more than usual, I can (e.g., establish a set wake-up time, make an appointment for a sleep study):

If I find I'm sleeping less than usual, I can (e.g., turn off electronics before bed, take melatonin):

If I'm overeating, I can (e.g., drink more water, go for a walk)

If I'm not eating enough, I can (e.g., buy protein shakes, set reminders in my phone)

If I'm feeling "moody" or irritable, I can (e.g., try meditation, yoga, supplements)

If I begin to struggle with low energy, I can (e.g., go for a walk, drink a cup of black tea)

Also ask:

1. How much sun exposure each day will help me? Does it matter what time of day I get it? _____
2. How much physical activity is beneficial to do in a week? Does it matter which type or when I do it? _____
3. How many in-person social engagements should I try to attend in a month? _____
4. How much time should I make each week for stress-reducing activities, such as meditation, yoga or deep breathing? _____



When to reach out for help

Ask your care team how long you should try at-home solutions before making an appointment to see if you may need an adjustment to your current treatment plan, including a dosage change, add-on therapy or switching treatments altogether. And be alert to any symptoms, such as suicidal thoughts, that should not be managed on your own.

“Finally, a lamp turned on in the darkness!”

Depression had dogged Thomas Glantz since childhood. Then a life-changing treatment sparked his drive and enthusiasm—and made everything, including his music career, seem possible. —BY AMY CAETTA

There are two topics Thomas Glantz talks about with passion: his fiancée, Celinda, and music. “Sometimes I play the keyboard, but the guitar is my primary instrument,” says the 31-year-old from Virginia Beach, VA. “I used to only write the music for a song, but now I have the energy—and the courage—to start putting my thoughts pen to paper and writing the lyrics, too.” His latest tunes focus on either true love or self-discovery.

“I write about finding yourself again through the haze of mental illness and realizing there is still life to live—even if you don’t feel like there is at the moment.”

It’s a huge turnaround for Thomas, who remembers experiencing symptoms of major depressive disorder (MDD) as early as age 7. “I joke about it, but I had my first existential crisis when the song ‘In the End’ by Linkin Park came out in 2000,” he explains. “As soon as I heard the chorus where they sing, ‘But in the end, it doesn’t even matter,’ I remember thinking, ‘Wow—that’s how I feel!’”

And even though he had always found joy in expressing his creativity—building model kits, drawing, reading, writing stories—he remembers suddenly losing interest in the hobbies he loved. And while he had school friends, he sensed he was different somehow. “I always felt like I was dragging this weight with me, as if I was on the outside looking in.”

“All the symptoms I’d tried to bury reared their ugly heads”

As a teen, Thomas remembers having either intense feelings about situations or not feeling anything at all. “One day I told a friend I thought I was depressed, and he said, ‘But you’re smiling and laughing every time I look at you!’ My family meant absolutely no harm either, yet their philosophy was everyone feels this way and I would be okay.”

Once he got to college, there was no ignoring his emotional state. There were days he didn’t have the stamina to pay attention during a lecture, do homework or even get out of bed. “It all felt pointless.” He was also suffering from panic attacks that would start moments before stepping into a classroom. “There were times I skipped class and sat in the hallway. All the symptoms I’d tried to bury reared their ugly heads.”

Thomas dropped out of college and told his family he needed to speak with a doctor. After answering probing questions about his thoughts and feelings, the physician diagnosed Thomas with MDD. “And I’ve been on antidepressants ever since.”

What followed was nearly a decade of trial and error with medications that would work only minimally and temporarily (that is, if they worked at all), with some causing side effects like falling asleep in the middle of the day. “I’d plateau, then slip back into the depressive habits of not eating right, not wanting to get out of bed, not sleeping or oversleeping and not wanting to do the things I love. I’d tell my doctor, and we’d try another medicine.”

“The right medication can be pretty life-changing!”

While Thomas and Celinda were dating, she suggested he meet with a doctor at the practice where she sought care.

There, Thomas underwent genetic testing in an effort to find antidepressants that matched his profile. The medication trial and error continued until early 2024, when his doctor suggested a new treatment that promised to be a good fit: an oral med that combines two drugs—an antidepressant along with a drug that helps regulate neurochemicals implicated in depression.

Within two weeks, Thomas noticed he was waking up in the morning with the motivation to make additional appointments for his well-being, such as scheduling a sleep study and meeting regularly with a talk therapist. He was also inspired to play the guitar more often, as well as write original songs. “Music has been an incredible outlet for all of these big feelings.”

The one side effect he’s been dealing with is excessive sweating. “It can be a little frustrating, yet it’s a worthwhile trade off for being in a much healthier place mentally. I still have hard days, but I feel like there was a lamp turned on in the darkness.”

Today, Thomas (who can be found on Instagram and Threads @loveat1stglantz, where his bio contains a link to his music on Spotify) is filled with hope about what lies ahead. “I had a difficult time imagining the future when I was younger because of the way I felt,” he says. “Now I see a future where I’m happy being with my fiancée and making more music.”

Continued on p. 16 ▶

Photo by Jessica Ryan



DEPRESSION SYMPTOM RELIEF THAT'S **FAST & LASTS**

AUVELITY is a rapid-acting oral antidepressant.*

Why AUVELITY?



Started working for some people as early as 1 week

On average, people taking AUVELITY had a rapid improvement in their depressive symptom scores vs placebo as early as 1 week.*



People saw significant improvement in depression symptoms at 6 weeks

On average, people taking AUVELITY saw greater symptom improvement at 6 weeks compared to those taking placebo.*

WHAT IS AUVELITY (aw-VEHL-ah-tee)?

It is a prescription oral medicine used to treat adults with major depressive disorder (MDD). It is not known if AUVELITY is safe and effective for use in children.

AUVELITY is not approved for uses other than the treatment of MDD. The ingredients in AUVELITY, bupropion and dextromethorphan, are the same ingredients found in some other medicines approved for other uses.

WHAT IS THE MOST IMPORTANT INFORMATION I SHOULD KNOW ABOUT AUVELITY?

AUVELITY and other antidepressant medicines may increase suicidal thoughts and actions in some children, adolescents, and young adults, especially within the first few months of treatment or when the dose is changed. AUVELITY is not for use in children.

You should pay close attention to any new or sudden changes in mood, behavior, thoughts, or feelings or if you develop suicidal thoughts or actions. This is very important when starting or changing the dose of an antidepressant medicine.

Please see additional Brief Summary of Prescribing Information including **Boxed Warning** for suicidal thoughts and behaviors on the following pages.

Auvelity[®]
(dextromethorphan HBr and bupropion HCl)
extended-release tablets 45mg/105mg

Do you ever feel a bit “meh”?

Not experiencing the same joy or pleasure in the things you used to **could be a major symptom of depression, called anhedonia.**



~75% of people with depression may experience lingering effects of anhedonia, even on treatment.

In a review of an AUVELITY study:^{†‡}



People taking AUVELITY experienced a **greater reduction in their anhedonia scores** over 6 weeks vs placebo.



More people taking AUVELITY achieved a **50% or greater improvement in their anhedonia scores** over 6 weeks vs placebo.

*Measured against placebo on a depression rating scale during a 6-week study of 327 adults with MDD.

[†]The data was reviewed after the conclusion of a 6-week trial of AUVELITY; the results could have occurred at random because the review of anhedonia data was not planned at the start of the study.

[‡]The anhedonia rating sub-scale includes 5 items: apparent sadness, reported sadness, concentration difficulties, physical or mental weariness, and inability to feel.



Looking for savings?

Scan the QR code to get your savings card and visit [Auvelity.com/savings](https://www.auvelity.com/savings) to learn more about AUVELITY

Actor Portrayal

IMPORTANT SAFETY INFORMATION (CONT'D)

Call your healthcare provider (HCP) or get emergency help right away if you or your loved one have any of the following symptoms, especially if they are new, worse, or worry you:

- suicidal thoughts or actions
- new or worsening depression or anxiety
- agitation or restlessness
- trouble sleeping (insomnia)
- acting aggressive, being angry, or violent
- an extreme increase in activity and talking (mania)
- panic attacks
- new or worsening irritability
- acting on dangerous impulses
- other unusual changes in behavior or mood

Do not take AUVELITY if you:

- have or had a seizure disorder.
- have or had an eating disorder like anorexia or bulimia.
- have recently and suddenly stopped drinking alcohol or use medicines called benzodiazepines, barbiturates, or anti-seizure medicines, and you have recently suddenly stopped taking them.
- are taking a monoamine oxidase inhibitor (MAOI), have stopped taking an MAOI in the last 14 days, or are being treated with the antibiotic linezolid or intravenous methylene blue. Ask your HCP or pharmacist if you are unsure whether you take an MAOI. Do not start taking an MAOI until you have stopped taking AUVELITY for at least 14 days.
- are allergic to dextromethorphan, bupropion, or any other ingredients in AUVELITY.

AUVELITY may cause serious side effects. Ask your HCP how to recognize the serious side effects below and what to do if you think you have one:

Seizures. There is a risk of seizures during treatment with AUVELITY. The risk is higher if you take higher doses of AUVELITY, have certain medical problems, or take AUVELITY with certain other medicines. Do not take AUVELITY with other medicines unless your healthcare provider tells you to.

If you have a seizure during treatment with AUVELITY, stop taking AUVELITY and call your HCP right away. Do not take AUVELITY again if you have a seizure.

Increases in blood pressure (hypertension). Some people may get high blood pressure during treatment with AUVELITY. Your HCP should check your blood pressure before you start taking and during treatment with AUVELITY.

Manic episodes. Manic episodes may happen in people with bipolar disorder who take AUVELITY. Symptoms may include:

- greatly increased energy
- racing thoughts
- unusually grand ideas
- talking more or faster than usual
- severe trouble sleeping
- reckless behavior
- excessive happiness or irritability

Unusual thoughts or behaviors. One of the ingredients in AUVELITY (bupropion) can cause unusual thoughts or behaviors, including delusions (believing you are someone else), hallucinations (seeing or hearing things that are not there), paranoia (feeling that people are against you), or feeling confused. If this happens to you, call your HCP.

Eye problems (angle-closure glaucoma). AUVELITY may cause a type of eye problem called angle-closure glaucoma in people with certain other eye conditions. You may want to undergo an eye examination to see if you are at risk and receive preventative treatment if you are. Call your HCP if you have eye pain, changes in your vision, or swelling or redness in or around the eye.

Dizziness. AUVELITY may cause dizziness which may increase your risk for falls.

Serotonin syndrome. A potentially life-threatening problem called serotonin syndrome can happen when you take AUVELITY with certain other medicines. Call your HCP or go to the nearest hospital emergency room right away if you have any of the following signs and symptoms:

- agitation
- hallucinations
- confusion
- coma
- fast heartbeat
- blood pressure changes
- dizziness
- sweating
- flushing
- high body temperature (hyperthermia)
- shaking (tremors), stiff muscles, or muscle twitching
- loss of coordination
- seizures
- nausea, vomiting, diarrhea

COMMON SIDE EFFECTS

The most common side effects of AUVELITY include dizziness, headache, diarrhea, feeling sleepy, dry mouth, sexual function problems, and excessive sweating.

These are not all the possible side effects of AUVELITY. Tell your doctor if you have any side effects. You can report side effects at 1-800-FDA-1088 or www.fda.gov/medwatch.

BEFORE USING

- Tell your HCP about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.
- It is important to tell your HCP if you are taking:
 - other medicines containing bupropion or dextromethorphan
 - medicines to treat depression, anxiety, psychotic or thought disorders, including selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants
 - theophylline
 - corticosteroids
 - oral diabetes medicines or use insulin to control your blood sugar
 - medicines to control appetite (anorectic)
 - nicotine medicines to help you stop smoking
 - street (illicit) drugs
 - benzodiazepines, sedative-hypnotic (sleep medicines), or opiates
- If you are unsure if you take any of these medicines, ask your HCP. They can tell you if it is safe to take AUVELITY with your other medicines.
- Tell your HCP if you are pregnant or plan to become pregnant. AUVELITY may harm your unborn baby if you take it during pregnancy. AUVELITY is not recommended during pregnancy. Your HCP will prescribe another treatment for females who plan to become pregnant.
- One of the ingredients in AUVELITY passes into your breast milk. Do not breastfeed during treatment with AUVELITY and for 5 days after the final dose.

Tell your HCP about all your medical conditions, including if you:

- have problems with your liver or kidneys.
- have diabetes, heart disease, or high blood pressure.
- have a history of seizure, stroke, eating disorder, head injury, or have a tumor in your brain or spinal cord.
- have a history of alcohol or drug abuse.
- have a history of seizure, eating disorder, or abuse alcohol or drugs.
- have low blood sugar, low blood sodium levels, or a history of falls.
- you take certain other medicines that could interact with AUVELITY.
- have or had a condition known as bipolar disorder, a family history of bipolar disorder, suicide, or depression.
- have high pressure in the eye (glaucoma).

Review the list below with your HCP. AUVELITY may not be right for you if:

- you drink a lot of alcohol.
- you abuse prescription or street drugs.
- you are pregnant or plan to become pregnant.
- you are breastfeeding or plan to breastfeed.

HOW TO TAKE

- AUVELITY is available by prescription only.
- Take AUVELITY exactly as instructed by your HCP.
- Take AUVELITY 1 time a day for 3 days, then increase your dose to 2 times a day (taken at least 8 hours apart). Do not take more than 2 AUVELITY tablets in 24 hours.
- If you miss a dose, do not take an extra dose. Wait and take your next dose at the regular time. Do not take more than 1 dose of AUVELITY at a time.
- Do not change your dose or stop taking AUVELITY without talking to your HCP.
- Swallow AUVELITY tablets whole. Do not crush, chew, or divide the tablets.
- Do not give AUVELITY to other people.
- If you take too much AUVELITY call your HCP or seek medical advice promptly.

LEARN MORE

For more information about AUVELITY, call 866-496-2976 or visit Auvelity.com.

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AUV CON BS 10/2022

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axsome

Actor Portrayal

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Auvelity[®]
(dextromethorphan HBr and bupropion HCl)
extended-release tablets 45mg/105mg



COVER STORY

Finding *your* way out of depression

Thomas's No. 1 piece of advice? "Everyone's brain chemistry is different, so do not give up on finding the medication that works for you. It can be pretty life-changing!" In addition, he says these strategies have helped him feel his best in mind and body.

- **Be upfront with your healthcare team.**

Thomas recalls the time when a prescription med was causing troublesome side effects: "I felt the medicine was fundamentally changing me—I was agitated all the time and easily annoyed." And then he started exhibiting reckless behavior. "I remember driving home from work one day and speeding while intentionally not wearing a seat belt because I didn't care if something happened to me. So I pulled into the parking lot of a bank, called my doctor and said, 'I need to change the medicine now!'"

- **Treat underlying conditions.**

Thomas credits his therapist for diagnosing him with attention deficit hyperactivity disorder (ADHD). "It's been interesting to learn that some of my depression symptoms may come from having lived with untreated ADHD." Researchers have discovered that up to 53.3% of individuals with ADHD have also been diagnosed with depression. According to statistics reported by the Attention Deficit Disorder Association (add.org), adults with ADHD are nearly three times more likely to experience depression compared with adults without ADHD.

- **Focus on overall wellness.**

"It's hard to take care of yourself and eat healthy when you're not in a good place," says Thomas, who says he gained weight during a difficult bout with depression. These days, he and Celinda choose whole foods instead of fast food and go for regular walks in the park and around the neighborhood with their dog. "I also stopped drinking soda, and I didn't realize how much better I'd feel by simply cutting out this one thing from my diet!"

- **Create your circle of support.**

"I have a strong built-in support system with Celinda—it's very important to find people you can be honest with about how you are feeling." Also, consider searching for like-minded individuals on social media. "I've found a cool community on Threads who are open to talking about their mental health problems. Over the last few months, I have learned so much from this group which is right at my fingertips." Thomas has also connected with community through his music. "In my last band, we wrote quite a few songs about being a broken millennial who is living with depression—and we found that a lot of people related to the lyrics."



Photo by Jessica Ryan

TRUE INSPIRATION



“After living through dark days, we now have hope!”

Marti and Shelby have each battled their way up from the depths of severe depression.

Here, how they took the first steps toward getting help and the tools they still use today to help them manage the peaks and valleys of life. —BY DANIELLE TUCKER



“Believe in a better future”

MARTI MILLS, 37
CANASTOTA, NY

If you or anyone you know is experiencing domestic violence, you can find help at the National Domestic Violence Hotline (thehotline.org; 1-800-799-SAFE).

Marti Mills was diagnosed with major depressive disorder in her early 20s while involved in a domestic violence situation, where each of her first two pregnancies triggered more violence. Marti made the difficult decision to leave and start a life on her own. Now this single mom of three is managing her depression with the help of therapy, medication and a clear vision. This is what she has to say to others dealing with their own mental health struggles.

Take the first step.

“My son was five, and my daughter was two,” remembers Marti. “Their dad had left for the day. I was staring out the window at the snow and remember feeling numb. I was going through

life like a robot, only caring for my kids’ basic needs. I decided then and there to change my life for my kids. But leaving was so hard and stressful.” An Early Start case manager introduced Marti to a domestic violence therapist. “Finding her was a life-changing pivot!”

Create a vision board.

When Marti’s therapist encouraged her to make a vision board, she quickly got to work, looking in magazines for affirmation words, phrases and pictures of what she wanted her future to look like. “It helped me reframe my thoughts toward goals and positivity. I think my therapist expected me to walk in with a sheet of paper. Instead, I walked in with an 18 x 24” framed poster. I still look to it for inspiration today!” Indeed, studies have found that vision boards promote positive visualization, boost motivation and encourage goal setting, potentially leading to improved mood and a sense of agency over one’s life

for people struggling with clinical depression.

Listen to your body.

Medication has been an integral part of Marti’s depression management. “I’ve been on medication for 10 years, but it took many trials to find the right one for me. You have to listen to your body and communicate with your doctor. So many made me feel overly medicated or the side effects were intolerable. For the past two years, I’ve been taking one that works and lets me still feel normal.”

Vocalize your needs.

“Coping has a steep learning curve. You have to vocalize your needs to your support system. I know when I need to disconnect, relax and take a break. Sometimes, I tell my kids, ‘I need just 5 minutes; don’t touch me, don’t scream.’ I rely on my mom or grandparents to come over and help when I’m overwhelmed.”

Photo by Monica Browning Photography

“Ditch the stigma!”

SHELBY CAMPBELL, 32
ODENVILLE, AL

Shelby Campbell is a leader at heart.

During high school, she was prom queen and a cheerleader. Today, her hair-stylist career is the perfect fit for her outgoing personality. But following a miscarriage five years ago, she began experiencing feelings of hopelessness she couldn’t shake. “I thought, *I have a great life. Why am I feeling this way?* I always considered suicide a selfish act, but there I was, having taunting suicidal thoughts. I felt like I was in a toilet

bowl, swirling around, and I couldn’t stop. It was true torment.” A combination of medication, faith and counseling helped the mom of two young boys break through the darkness and find hope again. Below are the other methods that helped her achieve mental clarity.

Consider a cool shower.

During her darkest days, Shelby struggled with the simplest of tasks. “I live four minutes away from my work and yet I got lost one day.” On the days she wanted to pull up the covers and stay in bed, she bargained with herself to at least do the bare minimum: Brush her teeth and shower. And she soon discovered that making those showers cold instead of hot boosted her mood and sometimes snapped her out of her listlessness. “It was like a reset for my body.” In fact, research has shown exposure to cold water can positively affect mood regulation by lowering cortisol and increasing endorphins.

Find a “good fit” counselor or therapist.

Through word of mouth, Shelby connected with a local Christian

counselor. “Managing depression is a daily fight. Medication makes me a better wife and mom, but finding someone you trust to confide in—especially one who shares your values—makes a big difference. My counselor has a lot of wisdom and helps me set boundaries and know when to relinquish control.”

Eliminate stigma.

Shelby suffered in silence for almost a year. “My husband has been my rock, but I was embarrassed to tell my parents. After opening up to them, my dad said he struggled with depression and that mental health challenges go back several generations in our family. No one talks about it.” Shelby began talking about her story on her social media channels [@shelbycampbell](https://www.instagram.com/shelbycampbell) and found that there were many people out there dealing with depression who were hesitant to share. “I don’t understand the stigma. Why is it okay to take a pill for high blood pressure, but you’re judged for taking mental health medications? If it helps, it helps! There should be no shame involved.” ●



Photo by Amber Helms Photography

Health Monitor

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IS IT TIME FOR MEDS? I've been feeling depressed for some years now, but a few months ago my girlfriend finally convinced me to see someone after I began having suicidal thoughts. My primary care doctor referred me to a therapist who diagnosed me with major depressive disorder (MDD) and suggested I am a candidate for medication, but I'm scared to take anything. How do I know if antidepressants are the right fit for me?

Q

A

Expert answers to your questions about major depressive disorder

A: It sounds like you've already taken an essential first step by seeking professional support and getting an official diagnosis. You are not alone in feeling nervous about taking antidepressants; many patients feel the same way. It might help to know that medication isn't always a permanent commitment. And you can work with your doctor to determine what the right dosage and type is for you—you have a say in this! In most cases, you will start on a trial basis; how long the trial period lasts and what dosage you start with will require a discussion with your care team. When starting a new medication, make note of any side effects you experience

and track your mood so you can report your progress back to your team. And rest assured that if the medication doesn't work for you for any reason, you have other options.

Why am I feeling so hopeless?

Q: *I recently graduated college and found my first job and everyone seems to expect great things from me. But a lot of days I can't stop thinking about all the horrible things going on in the world and fearing for the future. I often feel that trying to pursue a career is pointless. Why do I feel like this and what can I do to make it better or stop?*

A: Significant life changes, even when they seem posi-

tive, can sometimes lead to depression. The transition to post-college life where you're faced with an increase of stress due to new expectations and responsibilities, and being uncertain of who you are or what you're going to do, can be challenging for many people. Fortunately, even if you're battling depression, it can be improved with a combination of medication and psychotherapy. Therapy offers a safe space to explore the root causes of these feelings, including whether they stem from patterns in how you think about yourself, the world or your future. In particular, cognitive behavioral therapy (CBT) can help you understand and challenge the thoughts that contribute to your depression and hopelessness. You can then build the tools you need to reframe your worldview and hopefully get you on the path to a more enriched outlook on life.

Poor sleep getting in the way

Q: *A few years ago, I was diagnosed with MDD. Although my medicine is helping, I still have so much trouble falling and staying asleep. Sometimes I might only get two or three hours of sleep a night, and when that happens the depression symptoms come roaring*

back. But I'm not sure what to do: Do I need to change my depression treatment to improve my sleep or treat the sleep issues separately?

A: Sleep symptoms such as insomnia and hypersomnia are common in MDD and can still linger after getting a handle on your other depression symptoms. Sleep symptoms and depression symptoms can make each other worse and are often interconnected; however, there are strategies that can help you address both. Sometimes antidepressants can impact your sleep, and your prescriber can adjust your dosage, the timing of your medication, or even explore other medications to help you with your sleep. Your therapist can also teach you healthy sleep patterns that involve lifestyle adjustments, like reducing caffeine or establishing a relaxing bedtime routine. You can also look into doing a sleep study to see if there are any underlying medical issues that could be affecting your quality of sleep. ●

OUR EXPERT

Edward A. Selby, PhD, Director of Clinical Training, Professor (Full), Department of Psychology, Rutgers, The State University of New Jersey, New Brunswick, NJ

RESOURCES YOU CAN RELY ON

Looking for places you can trust for information and care? Check these out...

Seeking support or information regarding major depressive disorder (MDD)?

- National Network of Depression Centers nndc.org
- American Psychiatric Association psychiatry.org
- American Psychological Association apa.org
- Brain & Behavior Research Foundation bbfnd.org
- Depression and Bipolar Support Alliance dbsalliance.org
- Mental Health America mhanational.org
- National Alliance on Mental Illness nami.org

Looking for a provider?

- Zoc Doc zocdoc.com
- Health Grades healthgrades.com
- Psychology Today Therapist Finder psychologytoday.com

Need help with payment assistance?

- Help Hope Live helphopelive.org
- The Assistance Fund tafcares.org
- Needy Meds needymeds.org
- Medicine Assistance Tool mat.org
- National Patient Advocate Foundation npaf.org

Looking for transportation services?

- Centers for Medicare and Medicaid Services cms.gov
- Patient Access Network panfoundation.org
- MTM mtm-inc.net

If you or anyone you know is struggling with suicidal thoughts, call or text 988 to reach the Suicide and Crisis Hotline, available 24/7.





Discover the healing power of journaling

Six methods that can help improve your mental well-being
—BY AMANDA PROST

Journaling, at its most basic, is a record of your thoughts and feelings. And as simple as that may sound, research shows it can have a surprisingly profound impact, especially for those dealing with depression. In fact, a study in the *Journal of Affective Disorders* found that people diagnosed with major depressive disorder (MDD) had significantly lower depression scores after expressive writing compared to those who did no journaling—and the benefit was long-lasting.

Why it works? Journalers report that putting their feelings on paper can make them seem more manageable. Journaling also lets you recognize patterns of behavior—for instance, you may notice certain situations make your depression symptoms worse. That can help you come up with coping mechanisms to better deal with or avoid triggers.

Journaling also helps you see how your depression treatment has progressed, and looking back on past entries can help you celebrate your accomplishments and create new goals for yourself.

Even more good news: There are so many ways to journal that it's easy to find an approach that will work for you. Not sure where to start? Grab a blank journal and figure out which of these six options suits you best.



1. Not a wordsmith?

Choose art journaling.

This method involves painting, collages, doodles, even cartoons...it doesn't matter the medium, just that you're expressing your thoughts and emotions visually. And no need for fancy supplies (or skills!)—you can gather images from magazines or old photos that speak to how you're feeling at the moment and paste them in your journal.

2. Overly critical of yourself?

Opt for stream-of-consciousness journaling.

If self-analysis often leads you down a path of negativity, this style can be really beneficial. Simply jot down whatever comes to your mind without giving it any thought—let your mind and words wander. Don't pay attention to spelling or grammar or worry if your thoughts seem to be all over the place. You can try writing a specific number of pages a day, or write for a certain period of time (say, 15 minutes) a day. This allows you to express yourself organically, without having time to overthink or self-edit.

3. Tend to focus on the negative?

Go for a gratitude journal.

For this style, you simply write down things you're thankful for that day—it can be as simple as “the sunrise was pretty today” or “my lunch was tasty.” Try to choose a set number of things to write—you may want to start with just one thing you're grateful for each day and then expand your list over time. Doing this regularly can actually rewire your brain to turn your focus from the negative to the positive, according to studies. What's more, Brazilian researchers have shown that practicing gratitude specifically helps ease depression symptoms.

4. Have trouble expressing yourself to others?

Try an unsent letter journal.

Instead of “Dear Diary,” write to someone to whom you have things to say but, for whatever reason, can't express those sentiments. Or write a letter to your younger self or someone who has passed away. The notes can be positive or negative, appreciative or angry. Studies show that just getting out the words—even without sending the letter—can be cathartic and help trigger the healing process.

5. Struggling with everyday chores?

Start a bullet journal.

Avolition is when depression causes a persistent lack of motivation or ability to complete tasks—it's why someone struggling with the disease can wind up with a sink full of dirty dishes or a pile of unwashed laundry. And that's where the bullet journal can help: Part calendar, part journal, this approach involves creating short, bulleted logs of tasks, goals and feelings that can make tackling a to-do list feel easier—even fun!—and more emotionally rewarding. Many bullet journalers use a gridded notebook to create organized layouts, and make it visually appealing by using colored pens, stickers and more. Learn more about this method at bulletjournal.com.

6. Stuck with writer's block?

Keep a video diary.

If you find staring at a blank page intimidating, don't—simply use your cellphone and speak your thoughts into a video. You can also use it as a “show-and-tell” to record, say, a craft project that has you inspired. Check out the free video journaling app Happyfeed to get started (happyfeed.co). ●

READY? SET? WRITE, DRAW, OR COLOR!

The tricks below can help you get the most out of journaling:

Pick the right notebook.

It's your dedicated space to express yourself, and there is no right or wrong choice here—whether it's a cheap spiral or a fancy leather-bound version, it only matters that you like it. Things to consider: how many pages the journal has, the page size, whether you want lined pages or blank and how easy it will be to write in it. Look for options at bookstores, Target, Walmart or on Amazon.com.

And if you would prefer to have your journal on-hand, consider a journaling app like MindDoc or Daylio.

Find a quiet place and time.

It's best to journal when you're relaxed and free from distractions, so set aside a special time for it, such as when you first wake up, during your lunch break or right before bed.

Make it a habit.

Whether it's daily, once a week or monthly, the key to gaining benefits from journaling is to do it regularly. Set a reminder on your phone for the first few weeks; once journaling becomes a habit, you'll no longer need the prompts! It can also be helpful to stash your journal somewhere handy, like next to your bed. That way, it'll serve as a reminder to keep up your practice.

Go easy on yourself.

You don't need to write a manifesto each time you journal—a sentence or two or a quick doodle can suffice, as long as you're taking the opportunity to express your feelings.

Health Monitor Living

Questions to ask at today's exam



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Do I have major depressive disorder? If so, how do you know?



What treatment do you recommend, and why? How soon can I expect this treatment to work?



What are the medication's side effects? Will they go away, and if so, when?



What lifestyle changes do you recommend that can help me feel better?



Is there a support group you'd recommend?



How often do I need to follow up with you?



On treatment and need help covering the cost?

Ask your healthcare provider about patient assistance programs or call the manufacturer of the treatment you have been prescribed. Many pharmaceutical companies offer copay assistance programs that can make treatment more affordable.