

Explore your
treatment
options

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Defuse stress—
and boost
your fitness!

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“I finally
feel like
my old
self again!”

Major Depressive Disorder

Last year, depression was stealing Natasha Ricci's joy. Today, she has her energy and enthusiasm back—and her calendar is booked with adventure.

Health Monitor Living **Major Depressive Disorder**



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Last year, depression was stealing Natasha Ricci’s joy. Today, she has her energy and enthusiasm back—and her calendar is booked with adventure!

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NUJ24

Cover photo by Kristi Tamcsin



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.



Tye J. believes he first began experiencing the signs of depression when he was still a kid.

“I remember there were days I just didn’t want to get out of bed; I had no motivation or desire to do anything at all. My parents just thought I was being a lazy kid, but looking back I realize it was more than that,” recalls the 32-year-old bank manager.

It wasn’t until Tye was in his late 20s that his depression evolved from “occasional bouts of sadness and listlessness” to something more.

“I’m not sure what triggered the change, but one morning I woke up with that bone-weary tiredness, and this time it didn’t go away.”

Things became so severe that Tye began missing work—“it just didn’t seem important for me to go; I didn’t care that it looked bad...I didn’t care about anything”—and he also started pulling away from friends and family.

Continued on next page ►

Concerned about his well-being, Tye's mother eventually showed up at his apartment unannounced.

"She found me in a state," Tye recalls. "I hadn't showered in a week, my kitchen was erupting with dirty dishes, there was garbage every-

where. She made me call the doctor while she sat there and listened, then she drove me to the appointment herself to make sure I went."

Once at the doctor, Tye was diagnosed with major depressive disorder (MDD). His doctor prescribed a medication

and explained it could take several weeks or months to feel the results.

"Unfortunately, I had a bad reaction to it and wasn't able to stay on it for long enough to see if it would work. At that point I was seeing a psychiatrist, who recommended a different medication, but after three months I felt no change. I was getting incredibly frustrated. I just wanted to feel normal again!"

At that point, Tye's psychiatrist recommended another medication change.

"She explained this new pill worked differently than the others I had tried and that it could start making me feel better much faster—as soon as one week."

Tye agreed to try it—and he's grateful he did.

"Within maybe 10 days I began to feel the fog I had been living under for almost a year begin to lift. Within two months, I felt better than I had since I could remember. I had no idea how much depression had been affecting my mood, my ability to think, my desire to just...live. I'm like a new person now—for the first time in a long time, I can't wait to see what the future holds!"

If, like Tye, 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, 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 you have to treat it. You can also fill in the tools on pp. 8 and 9 to get the conversation going about your symptoms—and what to do when they strike—with your healthcare team. You can also get inspired by Natasha on p. 10 and Laura and Steven on p. 17, who have been living—and thriving!—with MDD for years. And finally, don't give up hope—the answer to your depression is out there!

Understanding depression

Major depressive disorder, also known as clinical depression, is more than just feeling down. It's a serious and complex health condition that can make you feel as if you're not yourself and erode the quality of your life. MDD can interfere with your ability to work, sleep, study, eat, relate to others and enjoy life. "Because it 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 you have experienced depressed mood and/or loss of interest or pleasure in activities you once enjoyed for at least two weeks, 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 bad about yourself or worthless, or having excessive guilt
- Trouble concentrating or making decisions
- Recurrent thoughts of death or suicide

What causes depression?

Doctors think that a combination of factors—both genetic and environmental—may cause depression. Genetic means depression can run in families and be passed down from a parent. Environmental factors can 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 in someone's life is "wrong."

In any case, depression happens 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 than the brains of people who are not depressed.

How will I be diagnosed?

Your healthcare provider 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 for a psychological evaluation, in which you will also be asked questions about your symptoms and your personal and family history of depression.

What you can do

Don't fear; while depression is a serious disease, there are tools to fight back. One thing that's important to keep in mind: The earlier treatment is started, the more effective it is. But if you've suffered from depression for a while and are just now starting treatment—or if your treatment has not been satisfactory and your doctor wants to make changes—take heart: Depression can be effectively treated at any stage. The most common ways are with medication and psychotherapy. ▶



FAST FACTS:

21 MILLION

THE NUMBER OF AMERICANS WHO ARE 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 WITH MDD WHO RECEIVED TREATMENT IN THE PAST YEAR



FAST FACTS:

18-25

THE AGE RANGE WHERE DEPRESSION IS MOST LIKELY TO STRIKE

13.9%

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

10.3% vs 6.2%
THE PERCENTAGE OF WOMEN IMPACTED VERSUS MEN

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 to also work 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 your depression. In addition, other medications are available that don't fit into any of these categories.

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 the antidepressant. Some medications can be stopped abruptly without consequence, while others should 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 fails to relieve depression, doctors have other ways of fighting 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. Other types of brain stimulation therapies (less frequently used) 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 love. 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/or 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 the appropriate answers:	Never	Sometimes	All of the time
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 without meaning to.
- I have gained weight without meaning to.
- I have unexplained aches and pains.
- I sometimes skip my medication because it costs too much.
- I sometimes skip my medication because of its side effects.
- My medication makes it difficult for me to work.
- My medication makes it difficult for me to be intimate with my partner.
- My medication makes it difficult for me to enjoy time with friends and loved ones.

List any other concerns:

Your mental wellness action plan

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

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

If I find I start sleeping more than usual, I should (e.g., establish a set wake-up time, go for a sleep study, etc.): _____

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

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

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

If I'm feeling consistently "moody" or irritable, I should (e.g., try meditation, yoga, supplements, etc.) _____

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

Also ask:

1. How much sun exposure should I try to get each day? Does it matter what time of day I get it? _____

2. How much physical activity should I aim to get 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.



“I *finally* feel like my old self again!”

Last year, depression was stealing Natasha Ricci's joy. Today, she has her energy and enthusiasm back—and her calendar is booked with adventure. —BY AMY CAPETTA

If you're looking for Natasha Ricci, check the great outdoors. When the 20-something from Seattle is not working at her job as a supervisor at an Italian-inspired cafe and restaurant, she's either spending time with friends, surfing, camping, hiking, taking nature photos or gardening. “I'm a big outdoorsy girl!” she laughs. “Most of my jobs have been at nurseries where I was hands on with flowers and plants. Right now I'm in the process of making plans for overnight camping and surfing trips—and I'm ecstatic about all of it!”

It may be surprising to learn that someone with such enthusiasm for life suffers from major depressive disorder (MDD). Her health journey began around age 12, when Natasha began struggling socially and academically. “Even though I had friends, I constantly felt left out,” she explains. “It was as if there was a cloud above my head and I had this overall feeling like there was something wrong with me.”

She recalls feeling grumpy, losing interest in extracurricular activities and wanting to be left alone. “My family started to realize something was going on when I'd get into these deep depressive moods and throw fits,” she adds.

“I thought I'd be better off not being here”

Yet nobody spoke to Natasha about how she was feeling—mental health was a taboo subject in her home—so she lingered in this sad state for a couple years, until persistent “bad, scary thoughts” unnerved her. That's when she decided to confide in her grandmother. “I told her I thought I'd be better off not being here,” she states.

Looking back, Natasha realizes how “completely devastating” it was for her grandmother to hear those words. “But asking for help took this big weight off my shoulders.” Her grandmother took her to a primary care doctor who diagnosed her with MDD, prescribed antidepressant medication and referred Natasha to a mental health professional.

Along the way, Natasha learned that certain triggers, like dealing with rejection, needed to be worked out in therapy. “I had a parent who said a lot of discouraging things since early childhood, which gave me performance anxiety,” she explains. “So if I didn't do something perfectly, I'd think everything would be over.”

“Stopping treatment was a big mistake”

Once she felt stronger, Natasha stopped taking medicine and attending therapy. And for a few years, everything—school, work, friendships, hobbies—went pretty well. But in August 2023, she lost her job.

“I went into panic mode and needed to find work to pay my bills.” She launched a gardening business where she designed customers' yards and tended to their plants. Although she rounded up nearly 40 clients, the business dwindled as soon as the cold weather arrived.

After losing her apartment, Natasha moved in with an aunt. “She gave me time to rejuvenate myself and I was hoping to feel re-inspired.” Instead, Natasha fell into a deep depression.

“I'd stay in bed all day, and I hit the lowest low”

“I went into freeze mode,” Natasha continues. “Feeling so rejected and lost, I didn't have the motivation to look for another job. It got to the point where I stopped communicating with my friends. Except for using the bathroom, I'd stay in bed all day and barely had the energy to shower and feed myself.”

She also didn't have any desire to spend time in nature. “I was robbing myself of that happiness. It's self-sabotaging in a way because I know it helps, but I wasn't in a place to do it.”

And then the bad thoughts resurfaced. “I hit the lowest low.” Yet something inside reminded her she'd been here before—and she'd found her way out of the dark hole by asking for help. “One morning, I said to myself, ‘I need to call the psychiatrist.’”

“I'm having amazing results!”

The doctor told Natasha her condition was serious and strongly advised her to go back on medication. She explained that there were new treatments that worked in different ways, and Natasha hoped one of them would work for her. After some trial and error with various medications, Natasha's psychiatrist prescribed a recently FDA-ap-

proved oral medication that combines two drugs—one is an antidepressant, while the other is a drug that acts on multiple receptors in the brain, helping to regulate neurochemicals that have been linked to depression.

“Within one week, I had insanely impressive results!” she says with excitement. Not only did she start the day “feeling cheery,” but her appetite returned. Natasha also began reaching out to friends, going for hikes, nursing plants and focused on her job search. “I was suddenly living my life again after months of being frozen in bed. Even my aunt said, ‘Oh wow, this medicine is really working!’ It's been such a huge blessing.”

These days, Natasha sees a bright future, both professionally and personally. Not only does she plan on continuing with her gardening business (“I really feel like I can succeed with it”), but she also plans to go abroad. “I

want to travel the world with my surfboard. I took a trip to Portugal where I met different people and learned about their life experiences through surfing, and it was very cool. I've always had that wanderlust in me.”

Her number one piece of advice for others suffering from MDD? “Don't give up! If my story can reach even one person, I want them to know the dark thoughts are *not* forever. If you can get help and wait it out, life has so many opportunities in store for you. Please do not let go.” ●

Read Natasha's tips for thriving with MDD on p. 16 ►



Photos by Kristi Tamesin

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.

This summary provides basic information about AUVELITY but does not include all information known about this medicine. Read the information that comes with your prescription each time your prescription is filled. This information does not take the place of talking with your doctor. Be sure to talk to your doctor or other HCP about AUVELITY and how to take it. Your HCP is the best person to help you decide if AUVELITY is right for you.

AUV CON BS 10/2022

Looking for savings?



Scan the QR code to get your savings card and visit Auvelity.com/savings to learn more about AUVELITY

axsome

Actor Portrayal

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



MAXIMIZE YOUR MDD TREATMENT PLAN

Here, Natasha shares her tips for boosting your mental health.

1

Keep an open mind about meds.

While she feels incredibly fortunate to have been prescribed the drug she is taking today, Natasha admits there was a period when she was against treatment. “During COVID, I was influenced by other people’s opinions and started thinking I couldn’t trust medication,” she explains. “However, there is a lot of misinformation out there. And even though there’s been some shame about taking medicine for mental health—because it’s a condition that we cannot physically see—now I believe it is such a valuable tool and can really turn your life around.”

2

Be transparent with loved ones.

Natasha says another coping skill she uses to combat depression is being honest with trusted friends and family. “Being able to have heart-to-heart conversations has been so helpful for me.” She recalls the day she told her best friend about being diagnosed with MDD. “I said, ‘Please don’t think of me any differently,’ and she said, ‘Of course not! I love you just the same.’ I understand it’s important to create healthy boundaries with friendships—by not projecting all your problems onto someone and expecting the person to fix everything. But having a friend or relative to call and ask, ‘Can we talk or hang out for a little while until I feel better?’ can make such a difference.”

3

Find simple ways to boost your mood.

Over the years, Natasha has found that journaling serves as a healthy outlet for intense emotions. “It’s a safe place to let my feelings out—especially when I’m ruminating—without worrying about any judgment.” During the pandemic, she learned that taking a stroll also does wonders for her state of mind. “I have never gone on a walk and regretted it afterward!” she continues. “It gets the blood flowing and leaves me feeling refreshed and reset. Also, taking time to appreciate nature while walking is amazing, too.”

4

Reach out for help.

Along with feeling grateful for her grandmother, aunt and close friends, Natasha also gives credit to her psychiatrist. “Going to therapy doesn’t have to feel like a chore,” she adds. “You may not like it at first or feel 100% about the idea of therapy, but I guarantee that once you work through some emotions, it could be a great tool.” And while there can be some negative aspects of social media, there are some positives. “Perhaps join a TikTok live with someone who is talking about mental health,” continues Natasha. “There are so many people in this world who are willing to listen to you and allow you to vent. So please reach out to someone—and know that you are never alone.” ●



“WE’RE FOCUSED ON THE FUTURE AGAIN!”

From nursing plants to working with specialized doctors, Laura and Steven offer the strategies they have found helps keep their mood high—and their depression at bay.

—BY AMY CAPETTA

“Don’t self-treat!”

LAURA ONSTOT
ESTERO, FL

Take time to find the right specialists.

Laura recalls experiencing symptoms of depression in high school, but her mental health took an unexpected nosedive during her junior year of college. “I’d be at work and would start crying—the tears couldn’t be contained anymore,” she recalls. She met with a doctor who asked her to describe the way she was feeling. “I said, ‘I don’t know how I’m going to get through the next day, let alone the next hour.’ He said, ‘Yes, that feeling is hopelessness.’ I was diagnosed with depression and immediately put on medicine.” Laura briefly consulted with a therapist, yet she ended the relationship since she felt a lack of connection. It wasn’t until roughly a decade later that she began speaking

with a therapist again. “My daughters were born in 2015 and 2017 and I wish I had been going to a therapist during those years,” says Laura, who also dealt with postpartum depression. “I was being treated by a general practitioner during that time and taking my antidepressant, but medication can only take you so far—this is true of any disease. It’s an essential part of the treatment, but it’s not the whole picture. It wasn’t until I met with a therapist I clicked with that the real work and progress began.”

Search for happiness.

Years ago, Laura’s idea of a healthy lifestyle meant following an intense exercise routine and strict diet. “Yet in reality, all those things were harming my mental health,” she contin-

ues. She eventually learned that taking part in pleasurable activities—drawing and walking are two of her favorites—could boost vitality. “I would also advise being careful about the content in self-help books and on social media,” she adds. “I found that different self-help books on the same topic would contain conflicting information, which left me feeling confused, stressed and inadequate. And I got off social media last year, which has been life changing. I encourage other people with depression not to look at Instagram for salvation because you might not realize how much you’re comparing yourself to fake images that others are posting.”

Practice self-compassion.

“Learning how to have compassion for yourself when you’re having a bad day is very important,” says Laura. When she began therapy, she recited the following mantra to herself: “I may not be the perfect version of myself, but I can still love myself in this moment.” Her current therapist then brought compassion into the mix. “I’ve done a lot of meditation on the free app Insight Timer listening to a teacher and mentor named Sarah Blondin. She offers several inner child meditations, and a regular theme in her sessions is self-compassion.”

Journal in a productive way.

Laura, who is a wife, mother, nurse and writer, turned to journaling to release intense emotions. “I was expressing my feelings, but they were very dark feelings,” she confesses. However, her current therapist suggested ending each journal entry with statements that “bring some light into the day.” Now, Laura concludes each session either writing poetry, a gratitude list or daily goals. “As a result, journaling has become less about my dark feelings and more about moving myself in the right direction.”



Photos provided by Larua Onistot



“Don’t go it alone!”

STEVEN SHARPE JR.
BROOKLYN, NY

Handpick your healthcare team.

Steven had been struggling with his mental health for years, but acutely noticed it was declining in 2019. “There were points in the day where I would suddenly experience high anxiety for no discernible reason, then I would start to disassociate in the middle of conversations,” he recalls. “My brain just could not regulate my mood—I’d bounce from stressed to sad and then go into shutdown mode.” Steven turned to the person he was dating at the time for help, who introduced him to the app My Wellbeing, which helped Steven find a therapist he could open up to. “When it comes to finding a counselor, I tell people not to get discouraged if it’s not working out with the first one,” he con-

Photos by Lens of Her

tinues. “Feel empowered to let a therapist know you’re going to look for another provider. It’s kind of like going on a first date—not everyone is going to click. Don’t allow an experience with a ‘bad’ therapist or just not the ‘right’ therapist put you off to the whole idea.”

Confide in your inner circle.

Once Steven was getting professional help for his depression and anxiety, he felt ready to tell his closest friends about his diagnosis. “I did it strategically because while I was determined to work through these issues to become the best version of myself, I also knew that I couldn’t do it alone,” he explains. Luckily, their responses were filled with love and encouragement. “Now they’ll

come to me with the things they are struggling with so we can chat through them together—support is a circle! And the best part about being honest with the people in your life is you no longer need to make excuses for saying no to social outings. Sometimes they’ll suggest we stay in and eat ice cream and watch trashy television if I say I’m having a bad day. I recommend finding people who will not judge you and will allow you to truly be yourself.”

Connect with a community.

Having the support of his friends inspired Steven—a fashion, lifestyle and wellness influencer, as well as the founder and managing direc-

tor of Nobius Creative Studios—to talk about living with depression with his online audience. “It was during the 2020 lockdown when I was tired of pretending everything was okay and wanted to be as authentic as possible.” He shared the fact that he was reluctant to take medication for fear it would become a crutch or it could change him, but he agreed after discussing the issue with a psychiatrist and therapist. “I think as more people get comfortable sharing their stories and how they’ve triumphed, others will realize there is nothing to be ashamed about.”

Tune into the healing power of hobbies.

Steven, who can be found on Instagram @stevensharpejr, has discovered that being around plants helps to calm and center him. “I consider myself a plant dad,” he says with pride. “I’m a very analytical person, so understanding how plants grow is helping me through my own journey of healing. That’s why I recommend others struggling with depression take up a hobby and find reasons to celebrate—even if it’s something as small as getting out of bed or finding a new leaf on your plant.” ●

Health Monitor

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“How do I get the support I need?”

Feeling depressed can make it difficult to reach out to others. And sometimes it's hard to come up with the right words. Here's what to say when you need understanding from...

Your partner

“I appreciate your patience. It's hard for me to be around me, too!”

Acknowledging the situation is difficult for both of you helps relieve your partner of any negative feelings (frustration, guilt, sadness) he or she may be having about your depression. It may also reassure them to add something like: “I'm working with my doctor and following her instructions. I want to do everything I can to get better.”

“Sometimes it's hard for me to tell how well I am doing. I need your help.”

Invite your partner to come with you to your next doctor's appointment, suggests New York City-based psychiatrist Julia Samton, MD. “It can help him or her understand your diagnosis and how it affects your mood and behavior.” That way, your partner will learn firsthand what to watch out for.

“Everyday chores are overwhelming me right now. Can you take over?”

When you are depressed, going to the supermarket or sorting through the mail can seem like monumental tasks. Getting your partner to pitch in gives you more energy to do the things that really matter, like fitting in exercise.

Friends and family members

“I want you to know I'm suffering from depression right now.”

“A lot of people are uncomfortable talking about emotions or mental illness—and it's not the best approach to try to convert them,” says Dr. Samton. “But those who can be helpful and supportive and who won't make you feel worse, these are the people you share with.”

“It's nothing to do with you or how I feel about you, but how I'm feeling in general.”

Often friends and family members will push back when you say no to something. It can be easier for them to accept your inability to join in when they know “it's nothing personal.”

“You don't have to understand.”

The people who care about you may have trouble understanding your depression. Say, “I know you want the best for me. But it's hard for me to explain why I am depressed. It would help me if you would just listen.” That puts the focus on how they can truly help you, while taking the pressure off you. ●

Tip: Give your loved ones educational material, like this guide, to help them learn more about depression.



Don't want to get out of bed?

“That's a sign your depression is not being treated effectively. It is *not* a situation you 'just should live with,' ” says Dr. Samton. “Talk to your doctor and make sure your treatment is optimized.”



Should you tell the boss?

There are pros and cons to telling your supervisor you have depression. Here are some reasons to discuss it with your boss:

- You need special accommodations, like a later start time or possible sick leave.
- Your job performance isn't what it should be.
- Your workplace is progressive.
- You want protection under the Americans with Disabilities Act, which prevents employers with 15 or more employees from discriminating against people with health problems (including depression).

If you do decide to tell, Dr. Samton says, “Assure your employer that you are in treatment and doing everything you can to manage the situation.” And be sure to have the proper documentation from your doctor.





FEEL YOUR BEST

Defuse stress—and get fit at the same time!

Pressing deadlines. Kids. Bills. The boss. Stress is a part of life—but studies published in the journal *Dialogues in Clinical Neuroscience* have shown it can also be a major trigger for people with major depressive disorder (MDD). What's worse, elevated levels of cortisol (the stress hormone) are also linked to more severe depression symptoms—even for people whose MDD is currently being successfully controlled with medication.

One antidote? Mindfulness meditation, which involves being fully present and connected to the activity at hand. Not only has it been study-proven to lower stress levels, it's also been shown to improve heart health, help maintain a healthy weight and more! Want to give it a try? Begin with this walking meditation, and you'll reap double benefits—a calmer mind *and* a fitter body!

Here's how:

Choose your path.

It can be around the block, up and down your driveway or even around your living room. Just pick somewhere comfortable.

Coordinate your breathing to your steps.

Walk at a relaxed pace, inhaling for three steps, exhaling for three—or whatever feels natural.

Tune in to your bodily sensations.

Focus on the soles of your feet as they hit the ground. How do your calves feel? Your knees? Your thighs? Take note of how your body maintains its balance.

Feel your clothing against your body.

Notice how the fabric moves as you do.

Let go of tension.

Relax your neck...your shoulders...your hips.

Focus on your breathing.

As you inhale, say to yourself: "I'm where I long to be." As you exhale, say: "I am coming home."

As you get used to walking meditation, try applying it every time you walk from the car or to the mailbox. Keeping your mind attuned to the present can allay anxiety, promote peaceful balance and help you fight back against depression. ●

Foods that boost your mood—and control blood sugar!

Are you an emotional eater? "Feeling focused, energetic and balanced begins with the right food choices," says Drew Ramsey, MD, assistant clinical professor of psychiatry at Columbia University and co-author of *The Happiness Diet*. Eating nutrient-dense foods can help you feel better than candy or chips can. So next time you're feeling low, these four blood sugar-friendly mood boosters will fit the bill.

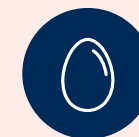


SALMON packs omega-3s

It's especially rich in omega-3 fatty acids (the brain is 60% fat and needs this nutrient to function at its best). In a Harvard School of Public Health study of nearly 55,000 women, those who ate more omega-3-rich foods were less likely to have depression. And because a 5-oz. salmon fillet has nearly 30 grams of protein, it also helps keep hunger and irritability in check.

Tip: Wild salmon, usually from Alaska, has more omega-3s than farmed salmon.

Other omega-3 sources: Tuna, mackerel and halibut; nuts, especially walnuts; olive oil



EGGS supply vitamin B12

Packed with protein, eggs are also an excellent source of vitamin B12, which supports your digestive system in keeping energy levels stable and helps alleviate memory problems and symptoms of depression. What's more, eggs (yolks specifically) are one of the few foods that naturally contain vitamin D, which may improve mood.

Other vitamin B12 sources: Shellfish; fatty fish, like salmon and tuna; dairy



LEAFY GREENS provide magnesium

Spinach, Swiss chard, collard greens and other leafy greens are brimming with magnesium, an essential mineral that plays a role in the development of the happiness hormone serotonin (in fact, a deficiency in magnesium can cause irritability and fatigue). Leafy greens also contain folate, which boosts mood and energy.

Other magnesium sources: Whole grains; beans; nuts, especially almonds and cashews



TOMATOES are rich in lycopene

...as well as beta-carotene, both of which are brain-protecting carotenoids that help reduce inflammation.

That's key as inflammation has been identified as a factor in both depression and heart disease. What's more, the beta-carotene in this low-carb fruit helps keep blood sugar in check, which can help improve your mood.

Tip: Look for smaller varieties, like cherry tomatoes, since most of a tomato's nutrients are found in the skin.

Other lycopene sources: Watermelon; sweet potatoes; dark, leafy greens. ●

Health Monitor Living

Questions to ask at today's exam



Scan this QR code for a free digital copy or home delivery

Could I have clinical depression? If so, how do you know?



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



What are the side effects? Will they go away?



What lifestyle changes do you recommend to 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.