

A Treatment Decision Aid for Depression

Use this decision aid to help you and your healthcare professional talk about different ways to treat your depression. Most people will recover from an episode of depression. However, the first treatment may not work, and depression can come back.

Frequently Asked Questions	Before Treatment	Therapy	Medication	Brain Stimulation Therapies
Understanding your plan of care	 Regular check-ups with your primary care provider about your symptoms Ask for a comprehensive assessment from your doctor that includes questions about your physical health, medical history, medications you're taking, how you spend your time, how you're feeling You and your family should be offered information about your condition, community supports & crisis services Discuss lifestyle and coping strategies 	 Two types of psychotherapy can be offered: Cognitive-behavioural therapy (CBT): focuses on changing negative patterns of thoughts and behaviours that keep you depressed 	 Medications target chemicals in the brain (e.g. serotonin) associated with depression Pills are usually taken once a day for 6-12 months You may need to try a few before you find one that works for you. Up to two thirds of people will need to try a second antidepressant. If you start a new antidepressant, ensure that you update your health care professional with any side effects 	 Discuss electroconvulsive therapy (ECT) options if your depression isn't getting better with antidepressants or psychotherapy ECT is used mainly in severe and treatment resistant depression. You will be put under anaesthesia for a few minutes and your brain will be given a very brief electrical stimulus to cause a controlled seizure 2-3 treatments (1 hour each) per week up to 20 sessions Repetitive transcranial magnetic stimulation (rTMS) may be considered as an alternative
AND What treatments are available?		 Interpersonal therapy (IPT): focuses on relationship losses, conflicts or transitions that have triggered depression Available: individually, group, coached internet- based or other self-help formats (books, apps, computer programs) 3-6 months of weekly sessions 		
When will I start to feel better?	 ~1/4 of people recover in 3 months ~1/2 of people recover in 1 year Consider other treatment if there is no improvement 	 It can take up to 1-2 months of medication and/o Combining therapy with medication has been sh treatment on its own 	or therapy before you start to feel better	 ECT response rates up to 70 to 80%, however, maintenance treatment may be needed Most people who are rTMS responders will notice an improvement after 15-20 treatments
What are the risks?	• Symptoms will continue or could worsen	 At first it may be emotionally painful or uncomfortable to discuss the struggles you are experiencing Can cause discomfort, anxiety and stress Symptoms may worsen at first before you start to feel better 	 Side effects depend on the specific medication and person Common side-effects may include nausea, insomnia, fatigue, dizziness, headaches, and sexual dysfunction. 	 ECT side effects may include headache and muscle ache, memory loss. ECT: rare risk of death (2 to 4 in every 100,000 treatments), fracture, dental injury. Risk related to use of anaesthesia in ECT rTMS may cause dizziness, mild headache.
How much does this treatment cost?	• Be prepared for travel costs for follow-up appointments	 At Ontario Shores – therapy sessions (including coached internet-based CBT) are OHIP-covered. Travel and time costs Computer therapy is mostly free e.g. e-couch. Self-Help book costs. Apps are mostly free Private therapy costs vary according to therapist and insurance coverage (\$100-250/session) 	 Prices vary depending on coverage and generic vs. brand medications 	 ECT is OHIP-covered rTMS is not covered by OHIP but there are no out-of-pocket costs for patients to receive this treatment at Ontario Shores Travel and time costs
Is there anything else I can do?	 Exercise/Yoga Healthy eating Reduce and stop substance abuse 			