

MedicinesTalk

Information for consumers and consumer groups about using medicines wisely

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Treating and beating depression

Many of us have had close contact with depression, either as a sufferer or through having a close friend or relative who has been a sufferer. After all, about one million Australians suffer from depression each year, and about one in five Australians will experience a bout of depression during their lifetime.

Depression affects all aspects of life and makes it difficult for people to go about their normal activities. Attitudes towards depression and the nature of the symptoms means that people may not seek help. However, getting help sooner rather than later may prevent the symptoms becoming worse and enable a faster recovery.

Treatments

Many treatments are used for depression, but most of them fall into two main groups: antidepressant medications and psychological treatments. In addition, there are many other strategies that people can use to help manage their condition.

Antidepressant medications

People with moderate and severe depression often have lower levels of some of the chemicals found



Depression makes normal activities difficult.

in the brain. These chemicals include serotonin, noradrenaline and dopamine. Prescription antidepressant medicines reduce the symptoms of depression by restoring the imbalance of these chemicals.

Prescription antidepressants fall into several groups, the most common of which are SSRIs (selective serotonin reuptake inhibitors) and tricyclic antidepressants.

Many herbal and natural medicines have been used over the years for depression, but most have not undergone thorough testing. An exception is the herb St John's wort, which may help with mild to moderate depression. [cont >](#)

Psychological treatments

Some forms of counselling (known as psychological treatments or talking therapies) help people learn to think more positively, to have better relationships with others, and to cope better with the stresses in their lives. Changing people's thinking and behaviour helps them to recover more quickly and helps to prevent their depression recurring.

While some GPs have training in psychological treatments, many do not. Therefore, psychological treatments often require a referral to a health professional who specialises in mental health conditions.

Most people benefit from using a combination of treatments and strategies

Other strategies

Learning more about depression and how to manage it, undertaking regular exercise, and using relaxation techniques to manage stress are examples of other strategies that are known to be beneficial for people with depression.

Eating a healthy diet, maintaining normal routines, doing enjoyable activities, and keeping in contact with work, family and friends also help people to get back on the road to recovery.

Choosing a treatment or combination of treatments

While some people can overcome their depression by using only one type of treatment, most benefit from using a combination of treatments and other strategies.



Regular gentle exercise is helpful

The best treatment or combination of treatments will vary from person to person. Nevertheless, some combinations have been found to work better than others for some forms of depression.

For example, people with mild depression tend to benefit more from learning about depression and undertaking psychological treatment than from taking an antidepressant medication.

In contrast, people with moderate and severe depression often need an antidepressant medication in order to overcome their symptoms. However, they often obtain the greatest benefit when they combine their medication with learning about their condition and undertaking psychological treatment.

Working out the best combination of treatments may be a process of trial and error. Finding out about the various treatments available may help a person find a combination that works for them sooner. See pages 4–5 and 6–7 for more information. ■

Campaign to bridge cultural gaps

Australia has cultural communities from every corner of the world. Each of these communities has different beliefs about health, illness and medicines. These beliefs affect the way people in the community think about, find out about and use medicines.

Obtaining information

Many people find it difficult to obtain medicines information. People who don't speak fluent English may experience additional difficulties and may have to depend on family and friends for advice. However, this advice may be harmful, especially if they do not have a good understanding of medical conditions and medicines.

If their doctor is not familiar with their culture, they may feel uneasy about telling their doctor that they are taking any traditional medicines. This may result in interactions between their traditional and prescribed medicines.

One way that people from different cultural backgrounds can get information that is tailored to their needs is through a Home Medicines Review (see back page). This usually takes place in the person's home and in a language they understand.

Campaign

Later this year, the National Prescribing Service (NPS) and the Federation of Ethnic Communities' Councils of Australia (FECCA) are running a campaign to help people from different cultural backgrounds learn about medicines and how to use them safely.

Carolina's story

MedicinesTalk spoke to Dr Jay Ramanathan, a Sydney South West GP Network staff member who promotes Home Medicines Reviews. Dr Ramanathan told the story of Carolina, originally from Chile, who took many medicines and was having problems with dizziness and fainting. Her problems eventually resulted in her being admitted to the Emergency Department of the local hospital.

The hospital referred Carolina for a Home Medicines Review with a Spanish-speaking pharmacist. During the review, the pharmacist discovered that she was using two brands of the same blood pressure medicine: one that she had been given in Chile and one she had been prescribed by her doctor in Sydney. This meant that she was taking double the recommended dose—the main reason why she was suffering from dizziness and fainting.

The campaign will encourage people

- to ask questions of their doctor and pharmacist
- to keep a list of all their medicines
- to use their medicines as directed
- to store their medicines safely.

For more information about the campaign, contact Jackie Stephenson at the National Prescribing Service on jstephenson@nps.org.au or 02 8217 8700. ■

A guide to using antidepressants

Antidepressant medicines are used to treat moderate and severe depression. They work by restoring the chemical imbalances in the brain that cause some of the symptoms of depression.

Choosing a treatment

There are many antidepressant medicines. Some work better for some people than others. When selecting an antidepressant for you, your doctor will prescribe the medication that appears to best suit your needs, taking into consideration

- your age
- your symptoms and their severity
- whether you have been depressed previously
- whether you have any other conditions or take any other medicines.

Starting treatment

You will usually start with a low dose, and gradually increase the dose over a period of 1–2 weeks until you reach the desired dose.

Before leaving the doctor's surgery, make sure you understand how much medicine to take and how often to take it. If you think you may forget the instructions, ask the doctor to write them down.

Antidepressants take a while to work, so it may be 2–4 weeks before you notice any effect, and 4–8 weeks or more before you get the full effect.

Some people experience a worsening of some of their symptoms when they first start taking an antidepressant.

You will probably need to see the doctor every 1–2 weeks during the first few weeks. This will enable you to keep the doctor informed about your progress and any side effects you may be experiencing.

Side effects

Side effects are quite common, but don't affect everyone. Most settle down in the first month.

Ask your doctor what side effects to watch out for, so you know what to expect. If you want more information, talk to your pharmacist or check the Consumer Medicine Information leaflet for your medicine (see back page).

Tell your doctor about any changes and side effects you experience, even if you are unsure whether they are due to the medication. Your doctor may be able to minimise the side effects by changing the dose of your medication or changing the time of day you take it.

Interactions

Antidepressant medicines can interact with some other medicines. For example, the herb St John's wort and many cough and cold preparations can interact with some antidepressants to cause a potentially dangerous reaction.

To help avoid interactions, tell your doctor about all the other medicines you are taking, including any herbal, natural and pharmacy medicines.

Changing treatment

About 30–40% of people find they cannot tolerate the side effects of the



first antidepressant they try or it does not work for them. If this happens, your doctor may recommend that you try another one. You will usually need to persevere with the first antidepressant for 4–6 weeks or more before trying another one.

With some antidepressants, you may need to take a break of a few days without medication before starting a new antidepressant medication. This break will give your body time to clear the old medication from your system, and prevent any interactions between the old and new medications.

Length of treatment

Once your symptoms have improved, you will probably be advised to continue taking your medication at the same dose.

While it may be tempting to stop the medication once you feel better, you are strongly advised not to do so. Stopping antidepressant medication too soon will increase your chances of having a relapse.

The length of your treatment will depend on the severity of your illness, how well the medicine works for you, and whether you have had

depression previously. Some people will be able to stop their medication after 6–12 months, but others will need to take it for longer. Some will need to take it indefinitely.

Stopping treatment

Do not stop taking your medicine or reduce your dose without telling your doctor. Stopping some antidepressants abruptly may cause unpleasant effects, such as anxiety, insomnia, nausea, and pins and needles. Decreasing the dose over a period of weeks can prevent these effects occurring.

When stopping treatment, ask your doctor if you need to decrease the dose slowly, and what effects to watch out for.

If your illness recurs after stopping treatment, you will probably be advised to go back to your earlier dose and to continue treatment for at least another 3–6 months.

Further information

If you have any questions about your medication, talk to your doctor or pharmacist, ring Medicines Line (see back page), or read the medicine's Consumer Medicine Information leaflet (see back page). ■

Non-drug treatments for depression

There are a number of non-drug treatments and strategies that you can use to help yourself recover more quickly from depression and reduce your chances of relapsing.

Some forms of depression can improve with non-drug treatments alone. However, even people who need antidepressant medication will often obtain the greatest benefits if they combine their medication with non-drug treatments and strategies.

Psychological treatments

Some forms of counselling (known as psychological treatments or talking therapies) can help you to recover from depression. They usually involve seeing a specially trained GP, psychologist, psychiatrist or other health worker over several months.

Cognitive behaviour therapy (or CBT) helps people to change their negative and obstructive thoughts about themselves and the world into more realistic and constructive ones. It also helps them to develop better ways of coping with the stresses of everyday life. This helps them to reduce their chances of having a recurrence of their depression.

Interpersonal therapy focuses on the difficulties people have in their relationships with others and how those difficulties affect their lives. Solving these problems can help them to recover from depression.

You can have up to 12 individual and/or 12 group psychological treatment sessions each calendar year under Medicare. Medicare will cover part of the cost of each treatment if the health professional bills you, or the full cost if

they bulk bill. You must have a referral to be eligible for treatment under Medicare. For more information, ask your GP or obtain beyondblue's Fact Sheet 24: 'Help for depression, anxiety and related disorders under Medicare'.

Private health insurance may cover some of the cost of psychological treatments if you have 'extras' cover.

Learning about depression

Learning more about depression and its treatment is an important step in itself. For example, it can help you to recognise better your depressive symptoms and thoughts and what triggers them. This can allow you to take action sooner in the event of a recurrence. Sources of information include your doctor, websites, books and self-help groups. See page 7 for details.

There are now interactive websites and books that can guide you through a self-help program using the principles of cognitive behaviour therapy. The programs provide information and give you exercises that allow you to practise new ways of thinking and doing things. Two reputable self-help websites are MoodGYM and CLIMATEGP (see page 7).

Other strategies

Keeping as busy as you can with everyday activities, doing things you enjoy, and seeing other people is important. Keeping busy helps to lift your mood, takes your mind off things, and helps you to sleep better.

Regular physical exercise, such as walking, swimming and yoga, can be

particularly helpful, and may be as effective as psychological treatments.

Relaxation therapy, developing better sleeping habits, and stress management can also help. Reducing the amount of alcohol you drink also helps, because alcohol has a depressive effect.

Some people find joining a self-help or support group for people

with depression particularly helpful. Sharing information and experiences with people who know what you're going through can be very reassuring and give you useful information about how to live with your illness and where to get help.

Ask your health professional for advice about these and other strategies, or go to the websites mentioned below. ■

Sources of information and help

Many health professionals, services and support groups provide help for people with depression. Good places to find out about the ones in your area include

- your GP
- community health centre
- local council community services section
- websites listed below.

Websites

HealthInsite (www.healthinsite.gov.au) is an Australian Government website that provides links to websites containing quality health information, including information on depression.

beyondblue (BB) (www.beyondblue.org.au), **Black Dog Institute** (BDI) (www.blackdoginstitute.org.au), **BluePages** (BP) (www.bluepages.anu.edu.au) and **SANE** (www.sane.org) websites have lots of useful information, including

- fact sheets, books, DVDs, etc on many aspects of depression, including antidepressant medications, and non-drug treatments and strategies
- lists of health professionals trained in mental health issues (BB)

- lists of mental health services, organisations and support groups in each state (BDI and BP).

Helplines

beyondblue (1300 224 636) and **SANE** (1800 187 263) have telephone helplines that provide information and support during business hours. The helplines can also be used to order fact sheets and other information.

Interactive self-help websites

MoodGYM (www.moodgym.anu.edu.au) and **CLIMATEGP** recovery courses (www.climategp.tv). See page 6. For the latter site, you need an access code from your GP.

Information in non-English languages

Multicultural Mental Health Association (www.mmha.org.au and go to Translated Fact Sheets).

Information about medicines

Medicines Line (1800 888 763) (see back page).

Emergency help

Call **Lifeline** (13 11 14), **your doctor**, or the **mental health team** at your nearest hospital.

Useful information

CMI leaflets

Consumer Medicine Information (CMI) leaflets have been written for most prescription and many non-prescription medicines. The leaflets explain how the medicine works, how and when to take it, common side effects and potential interactions. Obtain the CMI for your medicine from your pharmacist, Medicines Line or the NPS website (www.nps.org.au/consumers).

Medicines Line

Ring Medicines Line on 1300 888 763 to talk to a pharmacist about your prescription, over-the-counter and complementary medicines for the cost of a local call (mobile calls may cost more). The service is open 9 am–6 pm Monday–Friday (EST).

Home Medicines Review

A Home Medicines Review (HMR) involves a pharmacist visiting your home to check and discuss all your medicines. The visit is organised in consultation with your GP, who receives a report afterwards. Talk to

your pharmacist if you want to find out more about HMRs.

Medication organisers

Medication organisers are plastic boxes that help you remember which medicines to take and when to take them. Some, you fill yourself once a day or once a week. Others, called blister packs (eg Webster-pak), are filled by the pharmacist. To find out more, ask your pharmacist.

NPS Medicines List

The NPS Medicines List is a compact folder in which to list all your current medicines. Carry it in your handbag or wallet, so it is always on hand. Order a Medicines List from the NPS website (www.nps.org.au/consumers).

Medimate

The Medimate brochure gives you information about using medicines wisely and safely. Bilingual versions are also available in Chinese, Greek, Italian and Vietnamese. Order a Medimate brochure from the NPS website (www.nps.org.au/consumers).

Who writes MedicinesTalk

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