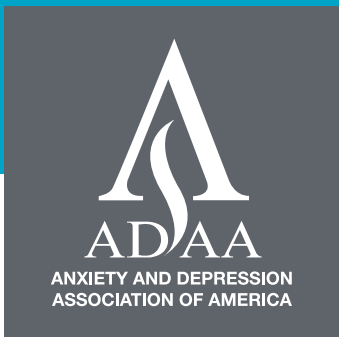


Depression

Depression

DEPRESSION

Depress



DEPRESSION

Most people feel depressed at times. Losing a loved one, getting fired from a job, going through a divorce, and other difficult situations can lead a person to feel sad, lonely, scared, nervous, or anxious.

Depression is more than just sadness. It interferes with daily life and causes pain for you and everyone who cares about you. It's a common illness, but a very serious one.

The term "depression" often characterizes feelings of being sad, discouraged, hopeless, irritable, unmotivated, as well as a general lack of interest or pleasure in life. When these feelings last for a short period of time, it may be called a passing case of "the blues." But it's likely to be a depressive disorder when they last for more than two weeks and interfere with regular daily activities.

Depressive disorders, also known as mood disorders, include three main types: **major depression**, **persistent depressive disorder**, and **bipolar disorder**. Depressive disorders can affect people of any age, including children, teenagers, adults, and older adults.

Types of Depression

Major depression involves at least five of the symptoms listed below for a two-week period. Such an episode is disabling and will interfere with the ability to work, study, eat, and sleep. Major depressive episodes may occur once or twice in a lifetime, or they may recur frequently. They may also take place spontaneously, during or after the death of a loved one, a romantic breakup, a medical illness, or other life event. Some people with major depression may feel that life is not worth living and some will attempt to end their lives.



A major depressive episode may include these symptoms:

- ▶ Persistent sad mood, most of the day, nearly every day
- ▶ Loss of interest or pleasure in hobbies and activities, including sex
- ▶ Feelings of guilt, worthlessness, helplessness
- ▶ Decreased energy, fatigue, feeling "slowed down"
- ▶ Difficulty concentrating, remembering, making decisions
- ▶ Insomnia, early-morning awakening, or excessive sleeping
- ▶ Low appetite and weight loss or overeating and weight gain
- ▶ Thoughts of death or suicide, suicide attempts
- ▶ Restlessness or irritability

Persistent depressive disorder, or PDD, is a form of depression that usually continues for at least two years. Although it is less severe than major depression, it involves the same symptoms; sad mood combined with low energy, poor appetite or overeating, and insomnia or oversleeping. It can show up as stress, irritability, and mild anhedonia, which is the inability to derive pleasure from most activities.

Bipolar disorder, once called manic depression, is characterized by moods that shift from severe highs (mania) or mild highs (hypomania) to severe lows (depression). The mood episodes associated with the disorder persist from days to weeks or longer and may be dramatic. Severe changes in behavior go along with mood changes.

Major depression
Persistent depressive disorder
Bipolar disorder

These periods of highs and lows can be distinct episodes recurring over time. Or they may occur together in a mixed state: symptoms of mania and depression experienced together. Symptoms often include agitation, trouble sleeping, significant change in appetite, psychosis, and suicidal thinking. A person may have a very sad hopeless mood even while feeling extremely energized.

Mood swings from manic to depressive are often gradual, although they can also take place abruptly. Often people with bipolar disorder experience periods of normal mood in between mood episodes.

During the manic phase, a person may experience abnormal or excessive elation, irritability, a decreased need for sleep, grandiose notions, increased talkativeness, racing thoughts, increased sexual desire, markedly increased energy, poor judgment, and inappropriate social behavior.

A manic episode is diagnosed if an elevated mood occurs with three or more primary symptoms present most of the day, nearly every day, for at least one week. With an irritable mood, four additional symptoms must be present for a diagnosis.

Signs and symptoms of a manic episode can include the following:

- ▶ Increased energy, activity, and restlessness
- ▶ Excessively high, overly good, euphoric mood
- ▶ Extreme irritability
- ▶ Racing thoughts and talking very fast, jumping from one idea to another
- ▶ Distractibility, inability to concentrate well
- ▶ Little sleep needed
- ▶ Unrealistic beliefs in one's abilities and powers

- ▶ Poor judgment
- ▶ Spending sprees
- ▶ A lasting period of behavior that is different from usual
- ▶ Increased sexual drive
- ▶ Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- ▶ Provocative, intrusive, or aggressive behavior
- ▶ Denial that anything is wrong

During the depressive phase, a person experiences the symptoms of major depression. A depressive episode is diagnosed if five or more primary depressive symptoms last most of the day, nearly every day, for a period of two weeks or longer.

Signs and symptoms of a depressive episode can include the following:

- ▶ Lasting sad or empty mood
- ▶ Feelings of hopelessness or pessimism
- ▶ Feelings of guilt, worthlessness, or helplessness
- ▶ Loss of interest or pleasure in activities once enjoyed, including sex
- ▶ Decreased energy, a feeling of fatigue or of being "slowed down"
- ▶ Difficulty concentrating, remembering, making decisions
- ▶ Restlessness or irritability
- ▶ Sleeping too much, or having trouble sleeping
- ▶ Change in appetite or unintended weight loss or gain
- ▶ Thoughts of death or suicide
- ▶ Suicide attempts

manic
increased energy

grandiose notions
spending sprees
euphoria

depressive
restlessness

thoughts of death
mood swings
pessimism

irritability

Depression and Anxiety Disorders

Depression and anxiety disorders are not the same, but people with depression often experience nervousness, irritability, and problems sleeping and concentrating, and other symptoms similar to an anxiety disorder. It is not uncommon for someone with an anxiety disorder to suffer from depression and vice versa. Nearly one-half of those diagnosed with depression are also diagnosed with an anxiety disorder.

The term “anxiety disorder” includes generalized anxiety disorder (GAD), panic disorder and panic attacks, agoraphobia, social anxiety disorder, selective mutism, separation anxiety, and specific phobias. Obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) are closely related to anxiety disorders, which some may experience at the same time as depression.

Each disorder has its own causes and its own emotional and behavioral symptoms. Many people who develop depression have a history of an anxiety disorder earlier in life. There is no evidence one disorder causes the other, but there is clear evidence that many people suffer from both disorders. The good news is that these disorders are treatable, separately and together.

Depression in Children, Adolescents, and Teens

It may be difficult to tell if a child, adolescent, or teen is suffering from depression. Risk factors include being under stress; experiencing loss; or having attention, learning, or conduct disorders. In addition, girls are more likely than boys to develop depression, and younger children who develop depression are likely to have a family history of the illness.

Ruling out physical symptoms, a pediatrician may suggest a psychiatric evaluation. It is not uncommon for children, even very young children, to be diagnosed with depression. During adolescence, with its many personal and social changes, depression can take hold. Persistent unhappiness or moodiness is not normal. Look for these symptoms:

- ▶ Depressed or irritable mood
- ▶ Inability to feel pleasure
- ▶ Loss of interest in usual activities; withdrawal from friends
- ▶ Change in grades, getting into trouble at school, or refusing to go to school
- ▶ Loss of appetite or eating too much
- ▶ Weight loss or weight gain
- ▶ Problems falling sleep, staying asleep, or sleeping too much
- ▶ Feeling angry
- ▶ Mood swings
- ▶ Frequent sadness or crying
- ▶ Feeling worthless and guilty



Treatable

generalized anxiety disorder

panic disorder

posttraumatic stress disorder

separation anxiety

agoraphobia

selective mutism

social anxiety disorder

specific phobias

obsessive-compulsive disorder

depression

- ▶ Lack of energy
- ▶ Low self-esteem
- ▶ Problems concentrating, remembering information, or making decisions
- ▶ Aches, pains, headaches, cramps, or digestive problems that do not go away
- ▶ Restlessness
- ▶ Feeling hopeless and helpless
- ▶ Thoughts of death or suicide or suicide attempts

Other disorders such as anxiety, disruptive behavior, eating disorders, or substance abuse may also occur at the same time. Treatment for depression and related disorders is essential. After one episode of depression, a child is at risk for developing another within five years, which may predict more severe illness as an adult. Depression in children, adolescents, and teens increases risk for suicide.

CAUSES

Depression is most likely due to a combination of genetic, biological, environmental, and psychological factors. Brain-imaging technologies, such as magnetic resonance imaging (MRI), have shown that the parts of the brain involved in mood, thinking, sleep, appetite, and behavior of people who have depression function differently than those of people without it.

Some types of depression tend to run in families. Genetics research indicates that risk for depression results from several genes acting in concert with environmental and other factors. Also, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode. Episodes may also occur without an obvious trigger. And the illness can occur in people without any family history.

Postpartum Depression

Following childbirth, about 10 to 15 percent of women experience postpartum depression, which is depression associated with the aftermath of pregnancy. About 30 to 70 percent experience symptoms for one year or longer. Most women with postpartum depression are diagnosed with minor depression, but 4 to 5 percent meet the criteria for major depression.

Postpartum depression is associated with severe and persistent symptoms that are present most of the day nearly every day for at least two weeks. It is also associated with reduced mother-infant bonding and increased marital stress and divorce.

Symptoms usually begin within the first four weeks of giving birth, although some women report decreasing mood in the late third trimester of pregnancy. Below are common symptoms:

- ▶ Sad mood
- ▶ Loss of interest or pleasure in things that you normally enjoy
- ▶ Fatigue or loss of energy
- ▶ Appetite increase or decrease
- ▶ Sleeping too much or insomnia
- ▶ Feeling restless or as though you are slowed down
- ▶ Feelings of worthlessness or excessive guilt
- ▶ Difficulty concentrating or indecisiveness
- ▶ Thoughts of death or suicide or a suicide plan
- ▶ Anxiety and ruminating thoughts, which may occur with other mood symptoms



Causes

biological

genetic

environmental

psychological

CAUSES

A rapid decrease in some hormones after delivery may be a risk factor, and others include stressors, previous depressive episodes, depression while pregnant, complications during pregnancy or delivery, and a family history of mood disorders.

Recent studies have shown that among women who are diagnosed, about one-third had depression prior to their pregnancy, one-third have depression that began during pregnancy, and one-third experienced the onset of depression after delivery.

Treatments

Many people with a depressive illness never seek treatment. But most, even those with the most severe depression, can get better with some form of treatment. Those shown to be effective include antidepressant medications and forms of psychotherapy, as well as newly developed treatments. Early diagnosis and intervention with appropriate treatment are always critical steps to feeling better, especially for children and teens.

MEDICATIONS

Symptoms of depressive disorders respond to different classes of medications. Selective serotonin reuptake inhibitor (SSRI) and serotonin norepinephrine reuptake inhibitor (SNRI) medications are the treatment of choice. SSRIs and SNRIs have fewer side effects than many of the medications prescribed in the past. These medications must be taken for at least two to four weeks to experience their full effect, and it may take several weeks to adjust the medication to the correct dosage. Be sure to discuss with your doctor any interactions with other prescriptions, including birth control and antibiotics.

Once you are feeling better, you must continue taking your medications for the prescribed time period. Changing or withdrawing from any medication should only be done under your doctor's supervision. Ask your doctor about possible side effects.

▶ **Selective serotonin reuptake inhibitors (SSRIs).**

Doctors often start by prescribing an SSRI. SSRIs relieve symptoms by blocking the reabsorption, or reuptake, of serotonin by certain nerve cells in the brain. This leaves more serotonin available, which improves mood. SSRIs (citalopram, escitalopram, fluoxetine, paroxetine, and sertraline) generally produce fewer side effects when compared with tricyclic antidepressants. However, common side effects include insomnia or sleepiness, sexual dysfunction, and weight gain.

▶ **Serotonin and norepinephrine reuptake inhibitors (SNRIs).**

The serotonin-norepinephrine reuptake inhibitor, or SNRI, class (venlafaxine, duloxetine, and levomilnacipran) is notable for a dual mechanism of action: increasing the levels of the neurotransmitters serotonin and norepinephrine by inhibiting their reabsorption into cells in the brain. As with other medications, side effects may occur, including stomach upset, insomnia, headache, sexual dysfunction, and minor increase in blood pressure. These medications are considered as effective as SSRIs.

▶ **Norepinephrine and dopamine reuptake inhibitors (NDRIs).**

In this category is bupropion, one of the few antidepressants not frequently associated with sexual side effects.

▶ **Atypical antidepressants.**

These medications include trazodone and mirtazapine, which are sedating and usually taken in the evening. Tricyclic antidepressants (amitriptyline, imipramine, and nortriptyline) tend to cause more severe side effects than do newer antidepressants. So these generally aren't prescribed without having tried an SSRI first.

Treatments

antidepressant medications

newly developed treatments
psychotherapy

They can cause significant side effects, including orthostatic hypotension (drop in blood pressure on standing), constipation, urinary retention, dry mouth, and blurry vision.

- ▶ **Monoamine oxidase inhibitors (MAOIs).** MAOIs (tranylcypromine and phenelzin) may be prescribed when other medications haven't worked, but they can have serious side effects. Using MAOIs requires a strict diet because of dangerous (or even deadly) interactions with foods (certain cheeses, pickles, draft beer, and other aged foods) and some medications, including birth control pills, decongestants, and certain herbal supplements. A selegiline skin patch at low dose does not cause food interactions. None of these medications can be combined with SSRIs.
- ▶ **Other medications.** Other medications may be added to an antidepressant to enhance antidepressant effects. Your doctor may recommend combining two antidepressants or medications such as mood stabilizers or antipsychotics. Anti-anxiety and stimulant medications might also be added for short-term use.

Medications for bipolar disorder. Mood stabilizers (lithium, valproate, lamotrigine) are the treatment of choice. It's important to get a proper diagnosis and discuss



treatment options that will lead to a healthy and productive life. Untreated bipolar disorder usually gets worse, causing more frequent and more severe manic and depressive episodes, increasing the likelihood of substance abuse and suicide attempts. Taking an antidepressant may worsen symptoms of bipolar disorder. Your doctor may suggest a combination of medication and CBT or another type of therapy. Finding the right treatment may take some time.

Benzodiazepines are also a class of drugs often used to treat anxiety disorders, and they do not appear to have negative effects on bipolar disorder. However, they may cause side effects, including physical dependence and tolerance (a need for more medication over time), as well as some risk of abuse, particularly by those who have experienced alcohol or substance abuse.

Discuss your options with your doctor. And stay in touch to report any side effects, which your doctor will carefully monitor. You may need to try a few different combinations, and it may take some time to find the most effective medications for you.

Detailed information about medications is available at the ADAA website www.adaa.org.

For information about specific medications approved by the U.S. Food and Drug Administration (FDA), visit www.fda.gov.

For all medications, contact your doctor if you experience side effects, even if you are not sure a symptom is caused by a medication. Do not stop taking a medication without consulting with the prescribing physician; abrupt stopping may cause other health risks.

Not taking medications may pose more of a risk than taking them. Discuss all concerns about antidepressants and other medications with your doctor. They will work only if they are taken according to the explicit instructions of your doctor, but they may not resolve all your symptoms.

It's important to get a proper diagnosis and discuss treatment options that will lead to a healthy and productive life.

MEDICATION WARNING FOR CHILDREN

The U.S. Food and Drug Administration (FDA) issued a warning in October 2004 that antidepressant medications, including SSRIs, may increase suicidal thoughts and behavior in a small number of children and adolescents. The FDA does not prohibit the use of these medications, but it does alert patients and families to the risks, which must be balanced against clinical need.

In May 2007 the FDA proposed that makers of all antidepressant medications update their products' labeling to include warnings about increased risks of suicidal thinking and behavior in young adults ages 18 to 24 during initial treatment (generally the first one to two months).

Find out more at the FDA website
www.fda.gov/cder/drug/antidepressants/default.htm

PSYCHOTHERAPY

Psychotherapy focuses on taking specific steps to overcome depression. Cognitive-behavioral therapy (CBT) is a short-term form of psychotherapy that is very effective. CBT teaches you to deal directly with the thoughts, feelings, and behaviors that maintain your depression. It helps you manage your sad mood and re-engage in activities that you lost interest in by helping you change these thoughts and behaviors and improve your mood.

Interpersonal therapy (IPT), acceptance and commitment therapy (ACT), and dialectical behavioral therapy (DBT) are also effective types of psychotherapy. Talk to your therapist about which option might be best for you. Find out more about treatment at www.adaa.org.

Also effective for bipolar disorder is interpersonal and social rhythm therapy. This program stresses maintaining a regular schedule of daily activities and stability in personal relationships. People record the timing of their activities, moods, and levels of social stimulation. As treatment progresses, they work to keep stable social rhythms (when to sleep, exercise, eat, etc.), anticipate events that could disrupt rhythms, and develop plans for continued mood and social rhythm stability. Family therapy has also been shown to be effective for bipolar disorder.

Depending on your needs, your doctor or therapist may also suggest other forms of therapies.



Psychotherapy

Cognitive-behavioral therapy

Interpersonal therapy
acceptance and commitment therapy

dialectical behavioral therapy

OTHER TREATMENTS

Other forms of treatment, in addition to new medications and therapies, are being developed all the time. One treatment showing promise for relieving symptoms of major depressive disorder is called cranial electrical stimulation. A device with a mild electric current that stimulates the brain appears to have few negative side effects, and it's safe to use with medications. The FDA has approved two such devices for use in the United States. Another procedure, which passes small electric currents through the brain to trigger a brief seizure, is electroconvulsive therapy, or ECT. Done under general anesthesia, ECT often provides rapid and significant improvements in people who have severe symptoms of depression, especially treatment-resistant depression that has not responded to medications or other forms of therapy.

Visit www.adaa.org for updates, and ask your doctor about what's new.

MORE STEPS TO CONSIDER

- ▶ Join a support group. (Search the ADAA website: www.adaa.org/finding-help/getting-support)
- ▶ Try relaxation techniques, meditation, and breathing exercises.
- ▶ Talk with family members and friends and explain how they can be helpful.
- ▶ Your therapist may recommend self-help materials.
- ▶ Regular exercise can reduce symptoms of depression.
 - Running or swimming may be an effective alternative to drug therapy. In one study, researchers found that almost 30 percent of those who had improved only marginally with a standard antidepressant medication reported that their depression had lifted after four months of adding exercise.

Suicide

Suicide affects all age groups, including children, and people suffering from depression and anxiety disorders face an increased risk for suicidal thoughts and attempts. More people die from suicide than from automobile accidents, but most are preventable, according to the American Foundation for Suicide Prevention. Effective early diagnosis and treatment are critical steps to feeling better.

Learn the warning signs. People who kill themselves usually exhibit one or more warning signs, either through what they say or do. The more warning signs, the greater the risk.

Talk —

If a person talks about

- ▶ Killing himself or herself
- ▶ Having no reason to live
- ▶ Being a burden to others
- ▶ Feeling trapped
- ▶ Unbearable pain

Behavior —

A person's suicide risk is greater if a behavior is new or has increased, especially if it's related to a painful event, loss, or change.

- ▶ Increased use of alcohol or drugs
- ▶ Looking for a way to kill themselves, such as searching online for materials or means
- ▶ Acting recklessly

cranial electrical stimulation

electroconvulsive therapy

regular exercise

support group

meditation

relaxation techniques

- ▶ Withdrawing from activities
- ▶ Isolating from family and friends
- ▶ Sleeping too much or too little
- ▶ Visiting or calling people to say goodbye
- ▶ Giving away prized possessions
- ▶ Aggression

Mood —

People who are considering suicide often display one or more of the following moods:

- ▶ Depression
- ▶ Anxiety
- ▶ Loss of interest
- ▶ Rage
- ▶ Irritability
- ▶ Humiliation

(Source: American Foundation for Suicide Prevention)

Find Help Fast

- ▶ In an emergency, call **911**.
- ▶ Call **1-800-273-TALK (8255)** to talk to a skilled, trained counselor at a crisis center in your area at any time (National Suicide Prevention Lifeline).
- ▶ Call your campus suicide or crisis hotline.
- ▶ Call your doctor or mental health care provider.
- ▶ Get immediate help, or ask a friend or family member to help you.
- ▶ Make sure you are not left alone.
- ▶ If someone else is in crisis, make sure he or she is not left alone.

Where to go: Psychiatric hospital walk-in clinic; hospital emergency room; urgent care center or clinic

- ▶ Contact the American Foundation for Suicide Prevention (**www.afsp.org**) for more information.



Learn
the warning
signs of suicide.

Find Help Fast

HOW TO GET HELP

Doctors, therapists, counselors, clinical social workers, psychiatrists, psychologists, and psychiatric nurse practitioners are among the many types of trained professionals who can diagnose and treat depression and related disorders. You might also seek assistance from your primary care doctor or insurer.

FIND A THERAPIST

Most people with a depressive disorder can be helped with professional care. The first step is finding a therapist. Here are a few places to start:

- ▶ Visit www.adaa.org to search the Find a Therapist directory.
- ▶ Ask your primary care physician for a referral.
- ▶ Contact your health insurance company for a referral to a specialist.
- ▶ Contact a local hospital or university and ask about mental health clinics or staff psychiatrists, psychologists, or social workers.

MORE HELP

- ▶ Look for a clinical trial at www.adaa.org/clinicaltrials.
- ▶ Join the MoodNetwork (<https://moodnetwork.org/join-now>)
- ▶ Search for a local support group at www.adaa.org/finding-help/getting-support.
- ▶ Visit the Depression and Bipolar Support Alliance at www.dbsalliance.org.

ASK QUESTIONS

It is appropriate and expected to ask questions during a brief telephone, email, or in-person consultation to see if this is the right treatment provider for you. Before he or she can respond to some of your questions, you may be asked to give your age, your diagnosis or the problems you are seeking help with, as well as any treatment history.

Practical Issues

- ▶ Where are you located?
- ▶ What are your hours?
- ▶ What are the costs?
- ▶ Do you accept my insurance? If not, what arrangements do you have for payment? Do you have low-fee or sliding-scale options?
- ▶ What times are available for initial and regular appointments?
- ▶ If I need medication, can you prescribe or refer me to someone who does?

Credentials

- ▶ What training and experience do you have in treating depression, anxiety, or both?
- ▶ Do you have a license or certification by the state? If so, in what profession?

Working Together

- ▶ Could you describe how you would work with a person like me?
- ▶ Do you give homework or reading to do between sessions?
- ▶ May I include family members in my treatment?
- ▶ How frequently and for how long would you anticipate seeing me?

Find a therapist

Many types of trained professionals can diagnose and treat depression and related disorders.

Ask questions
Get help

- ▶ How long do you expect it to take before I begin feeling better?
- ▶ Will you coordinate my care with other treatment providers, and if so, how?
- ▶ How can I be in touch with you between sessions if I have questions?
- ▶ Do you recommend any mobile apps to help manage my symptoms?

Medication

- ▶ Can I expect minor side effects?
- ▶ What should I know about any side effects that could be serious?
- ▶ May I drink alcohol while taking these medications?
- ▶ May I drive while taking these medications?
- ▶ Will taking herbal remedies (such as kava or St. John's wort) have an effect on my medications?
- ▶ What should I know about interactions with other medications?

SPECIALIZED KNOWLEDGE

If you have choices, it's best to have a therapist who specializes in your disorder. Below are some common terms in the literature and training of specialists. If these terms do not appear to be familiar, the therapist may be a general mental health provider who might not be up to date in specific treatments for depression.

Ask if the therapist will do more to explore the origins of your symptoms. Ask about treating your symptoms directly, such as interrupting ruminations (repetitive worry and preoccupations). Find out if this therapist can prescribe medications or work with a prescribing physician if medications are needed.

Think of your first few sessions with a new therapist as a mutual assessment. Do you and the therapist agree that he or she will provide the help you're looking for? Do you and the therapist have the same goals? Do you agree on the tasks necessary to help you reach your goals? Do you feel a connection or bond with your therapist? Finally, be wary of promises of quick cures, requirements of large commitments of resources up front, and of one-size-fits-all methods. Keep in mind that treatment takes time and effort.

ADAA CAN HELP YOU

Suffering from an anxiety disorder, depression, or both can interfere with many aspects of your life. And you may feel alone, embarrassed, or frightened. ADAA can give you the resources to help you and your loved ones better understand your condition, connect you with a community of people who know what you are experiencing, and assist you in finding mental health professionals who can help you.

Visit www.adaa.org and search the *Find a Therapist* directory to identify local therapists who treat anxiety, depression, and related disorders. Learn about the causes, symptoms, and best treatments for all of the disorders, and review questions to ask a therapist.

The ADAA website provides many resources to help you make the best decisions so that you can get on with your life.

Visit www.adaa.org:

- ▶ Sign up for *Triumph*, the ADAA monthly e-newsletter.
- ▶ Learn about depression, anxiety, and related illnesses, including treatments.
- ▶ Listen to informative podcasts and attend webinars for free.
- ▶ Find a therapist, clinical trial, or local support group.
- ▶ Read stories of people who have triumphed over depression and anxiety.

Learn • Listen • Read

Find a Therapist directory

Resources

Help ADAA help others.

You can make a difference by helping ADAA expand its efforts to increase awareness and provide education that helps people find treatment. Your donation also supports research and allows ADAA to advocate for improved treatments and access to care.

Donate *online* at **www.adaa.org**,
on the *phone* (240-485-1001),
or by *mail* to ADAA,
8701 Georgia Avenue, Suite 412, Silver Spring, MD 20910.

All donations are tax-deductible.

The Anxiety and Depression Association of America (ADAA) is a national 501(c)(3) nonprofit organization whose mission is to promote the prevention, treatment, and cure of anxiety, OCD, PTSD, depression, and related disorders and to improve the lives of all people who suffer from them.

PHOTOS

PG. 3: Marjot/iStock/Thinkstock

PG. 7: BrianAJackson/iStock/Thinkstock (used for illustrative purposes only; subject is a model)

PG. 9: Highwaystarz-Photography/iStock/Thinkstock (used for illustrative purposes only; subject is a model)

PG. 12: Digital Vision/Photodisc/Thinkstock (used for illustrative purposes only; subjects are models)

PG. 15: DragonImages/iStock/Thinkstock (used for illustrative purposes only; subject is a model)

PG. 19: Creatas Images/Creatas/Thinkstock (used for illustrative purposes only; subject is a model)



ANXIETY AND DEPRESSION
ASSOCIATION OF AMERICA

For more information visit **www.adaa.org** or contact

8701 Georgia Avenue, Suite 412 • Silver Spring, MD 20910
Phone: 240-485-1001