

Appendix

Resources

The more you know about depression and its treatment options, the better you'll be able to help your adolescent. In addition to reaching out to your healthcare provider, family, friends, and other people with depression, there are many other resources you can turn to.

Academy of Cognitive Therapy
(267) 350-7683, www.academyofct.org

American Academy of Child & Adolescent Psychiatry
(202) 966-7300, www.aacap.org

American Association for Marriage and Family Therapy
(703) 838-9808, www.aamft.org

American Foundation for Suicide Prevention
(888) 333-AFSP (2377), www.afsp.org

American Medical Association
(800) 621-8335, www.ama-assn.org

American Psychiatric Association
(703) 907-7300, www.psych.org

The Jed Foundation
(212) 647-7544, www.jedfoundation.org

National Alliance on Mental Illness (NAMI)
(800) 950-NAMI (6264), www.nami.org

National Institute of Mental Health (NIMH)
(301) 443-4513, www.nimh.nih.gov

National Mental Health Association (NMHA)
(800) 969-NMHA (6642), www.nmha.org

Screening for Mental Health
www.mentalhealthscreening.org

Suicide Awareness Voices of Education (SAVE)
(952) 946-7998, www.save.org

Suicide Prevention Action Network USA (SPAN USA)
(202) 449-3600, www.spanusa.org

Families for Depression Awareness
<http://www.familyaware.org>



Managing Depression in Adolescents A guide for parents and caregivers

Please see accompanying Full Prescribing Information for LEXAPRO, including Boxed Warning.

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Lexapro
escitalopram oxalate 

Lexapro
escitalopram oxalate 

Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of depression and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. All patients starting antidepressant therapy should be monitored appropriately and observed closely. Families and caregivers should discuss with the healthcare provider right away any observations of worsening depression symptoms, suicidal thinking and behavior, or unusual changes in behavior. Lexapro is not approved for use in patients less than 12 years of age.

Please see additional Important Risk Information on next page.



Lexapro (escitalopram oxalate) is a selective serotonin reuptake inhibitor (SSRI) indicated for the acute and maintenance treatment of major depressive disorder (MDD) in adults and in adolescents aged 12-17 years. Lexapro is also indicated for the acute treatment of generalized anxiety disorder (GAD) in adults. Lexapro is available by prescription only.

Important Risk Information about Lexapro

Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of depression and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. All patients starting antidepressant therapy should be monitored appropriately and observed closely. Families and caregivers should discuss with the healthcare provider right away any observations of worsening depression symptoms, suicidal thinking and behavior, or unusual changes in behavior. Lexapro is not approved for use in patients less than 12 years of age.

Who should NOT take Lexapro?

Do not take Lexapro if you are:

- Taking or have recently taken a type of drug called a monoamine oxidase inhibitor (MAOI), such as Nardil® (phenelzine sulfate) or Parnate® (tranylcypromine sulfate)
- Taking a type of antipsychotic medicine called Orap® (pimozide)
- Allergic to or have had a bad reaction to Lexapro, any of the components of Lexapro, Celexa, or generic citalopram
- Taking Celexa® (citalopram) or generic citalopram

What should I tell my healthcare provider before taking Lexapro?

Before starting Lexapro, tell your healthcare provider about all of your medical conditions, including if you have:

- History of mania or seizure disorders
- Kidney or liver problems
- Bleeding disorders

Also, to avoid a serious or potentially life-threatening condition, tell your healthcare provider if you are taking, or planning to take, any prescription or over-the-counter medications, including:

- Other SSRIs, serotonin/noradrenaline reuptake inhibitors (SNRIs), certain migraine or headache medications (triptans or tramadol), or tryptophan
- Any other medication prescribed for a psychiatric or neurological condition
- NSAID pain relievers (such as ibuprofen or naproxen), aspirin, warfarin, or blood thinners
- Diuretics

Tell your healthcare provider if you are pregnant, planning to become pregnant during therapy, or are breastfeeding.

What other important information should I discuss with my healthcare provider?

Patients on antidepressants and their families or caregivers should watch for new or worsening symptoms, unusual changes in behavior, thoughts of suicide, anxiety, agitation, panic attacks, difficulty sleeping, irritability, hostility, aggressiveness, impulsivity, restlessness, or extreme hyperactivity. Call your healthcare provider right away if you have thoughts of suicide or if any of these symptoms are severe or occur suddenly. Be especially observant within the first few months of treatment or whenever there is a change in dose, either increase or decrease.

Lexapro is an integral part of a total treatment program that may include other psychological, educational, or social measures. Drug treatment may not be indicated for all adolescents with depression.

Until you see how Lexapro affects you, be careful doing activities such as driving a car or operating machinery. Avoid drinking alcohol while taking Lexapro.

Call your doctor if you have very high fever, rigid muscles, shaking, confusion, or rapid changes in heart rate and blood pressure. These may be signs of a rare but serious side effect.

Talk with your physician before stopping Lexapro or changing your dose. Although you may notice improvement with Lexapro therapy in 1 to 4 weeks, you should continue therapy as directed by your healthcare provider.

What are the possible side effects of Lexapro?

In clinical trials, the most common side effects associated with Lexapro treatment in adults were nausea, insomnia (difficulty sleeping), ejaculation disorder (primarily ejaculation delay), fatigue and drowsiness, increased sweating, decreased libido, and anorgasmia (difficulty achieving orgasm). Side effects in pediatric patients were generally similar to those seen in adults; however, the following additional side effects were reported commonly in pediatric patients: back pain, urinary tract infection, vomiting, and nasal congestion. This is not a complete list of side effects.

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Part 1: Understanding depression

What is depression?

Depression is a real medical condition. Depression changes the way people feel, think, and behave—and can prevent them from enjoying life. However, the good news is that depression is treatable.

Although there is no single cause of depression, it is believed that an imbalance of natural chemicals in the brain, called neurotransmitters, can exist in people with depression. For example, low levels of the neurotransmitter serotonin are often associated with depression.

What is MDD?

Major Depressive Disorder (MDD), also called major depression, is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. An episode of major depression may occur only once in a person's lifetime, but more often, it recurs.

What triggers depression?

In addition to a chemical imbalance of mood regulation in the brain, certain factors that can trigger adolescent depression include

- A fight with a friend or breaking up with a boyfriend/girlfriend
- Difficult situations at home, such as a recent move, divorce, or fighting
- Problems with schoolwork
- Hormonal changes that occur during adolescence
- A family history of depression
- Abuse of alcohol or other drugs

How common is depression?

Depression affects 1 out of every 12 adolescents in the US

What are the symptoms of depression?

Everyone feels sad from time to time, but depression is different. It can have a major impact on how adolescents see themselves, others, and life in general.

Adolescents are often described as moody, so it can be hard to recognize the difference between normal “adolescent behavior” and depression. Even now, it is not uncommon for adolescent depression to be overlooked or confused with typical adolescent developmental challenges. For example, parents, caregivers, or teachers may believe “she’s just going through a phase,” or “he’ll grow out of it.” Fortunately, mental health professionals recognize that depression in adolescents is a treatable disease.

Adolescents with depression can be irritable, but they may not be depressed all of the time and may still see their friends often. Stressful events like a breakup can trigger depression. When the symptoms last longer than 2 weeks and are severe, major depression is a possibility. Only a trained healthcare provider can make a diagnosis of major depression.

Some depressed teens may begin to self-medicate with drugs or alcohol. If you notice any signs of drug or alcohol use, see your adolescent’s healthcare provider for a depression evaluation. There are several other signs and symptoms that can help the healthcare provider determine if your teen is suffering from depression. Major depression is the most commonly diagnosed mood disorder. A diagnosis means that your adolescent has had 5 or more of the following symptoms most of the day, nearly every day, for at least 2 weeks:

- Depressed or irritable mood
- Lack of interest or pleasure in all, or almost all, activities
- Significant weight loss (when not dieting) or weight gain, or a decrease or increase in appetite
- Inability to sleep or sleeping too much
- Appearing agitated (observed by others)—not just feeling restless or being slowed down
- Fatigue or loss of energy
- Feelings of worthlessness or excessive guilt
- Inability to concentrate
- Recurrent thoughts of death or suicide (not just fear of dying), or suicide attempts*
 - These do not have to occur nearly every day to be symptoms

***If you suspect your teen is suicidal, seek medical help immediately.**

Note: “Normal” adolescent angst does not qualify. These symptoms have to represent a change from the typical mood, and at least one of the symptoms has to be depressed mood, or lack of interest or pleasure.

For a diagnosis of depression, symptoms must lead to significant difficulties in one or more of the following areas in your adolescent’s life:

- Social activities
- School grades
- Family relationships
- Normal social and emotional development

Part 2: Caring for an adolescent with depression

Depression is not the same for everyone. Symptoms can vary greatly from person to person. The more you know about the signs of depression, the better you may be able to help. If you believe your adolescent is exhibiting signs of depression, contact a healthcare provider.

Signs of Depression	What Parents or Caregivers May Notice
Depressed, irritable, empty, or sad mood	Cranky mood, crying, preoccupation with song lyrics that suggest life is meaningless; angry, defiant, or argumentative attitude
Decreased interest in or enjoyment of once-favorite activities and people	Loss of interest in sports or other activities, withdrawal from friends and family, relationship problems, boredom
Changes in appetite, eating too much or too little, significant weight loss or gain	Failure to gain weight as normally expected, eating to soothe oneself
Sleeping too much or too little	Excessive late-night TV, having difficulty falling asleep or staying asleep, having trouble getting up in the morning, long daytime naps
Physical agitation or slowness	Inability to sit still, taking a long time to complete normal tasks, pacing back and forth, "nervous" habits such as picking at shoes or clothing
Fatigue or loss of energy	Feeling tired even after getting enough sleep, not having enough energy to engage in usual activities
Low self-esteem, feeling guilty	Making critical comments about oneself, having behavior problems at home or school, being overly sensitive to criticism or rejection
Decreased ability to concentrate, indecisiveness	Poor performance at school, drop in grades, frequent school absences, can't make decisions in simple matters
Unexplained aches and pains	Frequent complaints of headache or stomachache
Drug or alcohol abuse	Change in friends or social group, alcohol on breath, secretive behaviors, accidents, stealing (for more information on drug or alcohol abuse, visit www.drugabuse.gov)
Recurrent suicidal thoughts or behavior*	Writing about death, giving away favorite toys or belongings, "You'd be better off without me," threats of self-harm

***If you suspect your teen is suicidal, seek medical help immediately.**

You are not alone

It is always difficult when someone in your family is diagnosed with depression—but it can be especially hard to find out that your son, daughter, or someone you care for has depression.

Whether your adolescent has just been diagnosed or has been struggling with treatment for years, you may feel helpless and overwhelmed. You may also feel angry, hurt, or frustrated, and wonder, "Why us?" Parents or caregivers who also have depression often feel guilt or shame, and may wonder if they have harmed their adolescent. All of these feelings are perfectly normal. It is important to realize that you are not alone.

Depression affects more people than you might realize

When an adolescent suffers from depression, it may affect the entire family. Siblings often witness fights, changes in attitude or behavior, stressful situations, or even suicide attempts. They may also feel that their depressed sibling gets more attention or "gets away" with bad behavior. It is important that the entire family understands that their depressed sibling has a real medical condition and is getting help.

Some families suffer in silence as they try to cope on their own. However, to deal with depression effectively, families need help and support. Here are some tips that can help:

- **Have hope.** Remember, depression is treatable.
- **Learn all that you can.** The more you know about depression, the better you'll be able to cope.
- **Talk regularly.** Talk about the feelings, thoughts, and fears that all family members are having. Family therapy can be helpful.
- **Minimize stress.** Maintain a regular routine at home to help your adolescent feel more in control of his or her moods.
- **Change expectations.** Your adolescent may not be doing as well in school as he or she once did. You may need to adjust your expectations to be more realistic about his or her progress.
- **Reach out.** You may be afraid or embarrassed to tell relatives, friends, or school staff about your adolescent's depression. However, it is important to let others know who can help and offer support.
- **Get support.** There are support groups for parents and caregivers all over the country, and some for adolescents. You can find resources at the back of this brochure.

Success starts at home

Talking to your adolescent about depression may not be easy, but it is best to be reassuring and straightforward. Simply telling your adolescent that you care can help start the dialogue.

Let your teen know that depression is a medical condition that is no one's fault. Understand your adolescent's feelings by asking questions. Reassure your adolescent that you'll be there to stand by his or her side and work together. Try to see your conversation as an opportunity for growth and learning for the whole family.

Give them hope. Many adolescents respond fairly quickly, within several weeks, to treatment. So let your adolescent know that people with depression are still capable of achieving their goals and dreams, just like everyone else.

Remember to take care of yourself

Caring for an adolescent with depression can be emotionally draining. Take care of yourself so that you can be helpful during this difficult time. By doing so, you will also be modeling the very behavior you are trying to encourage in your adolescent. Recognize when you are feeling angry and ask your spouse, family members, or close friends for help.

It's important for you to get enough sleep, exercise, eat healthy meals, and engage in pleasurable activities. Stay connected with friends and loved ones who can offer help and support, and make time for hobbies and interests. Do not feel guilty about taking time off to re-energize. Getting away from the daily challenges of parenting is a healthy way to care for yourself.

It might even be helpful to surround yourself with other parents or caregivers who are dealing with the same challenges. Consider joining a support group for help.

Here are some ways to help manage your adolescent's depression

- Honor your adolescent's feelings. Listen, acknowledge those feelings, and take them seriously.
- Use encouraging statements rather than punishment.
- Focus on consequences rather than punishment. For example, if your adolescent breaks a lamp during a temper tantrum, use a logical consequence (like having your adolescent help glue the lamp back together or use his or her allowance to have the lamp repaired) rather than issuing an unrelated punishment (like sending your adolescent to his or her room for the rest of the evening).
- Help your adolescent build a "feeling vocabulary" that will help him or her talk about feelings with you.
- Show unconditional love and support.
- Encourage your adolescent to engage in activities he or she enjoys, and suggest doing them together.
- Create good sleeping habits. Help him or her stick to a consistent bedtime, stop caffeine intake (4 to 6 hours before bedtime) or alcohol use, and encourage regular exercise.

Part 3: Treating depression

How can treatment help?

A comprehensive treatment plan (which may include psychotherapy and/or medication for your adolescent) is as important as seeking and getting treatment for any other medical condition, just like juvenile diabetes or asthma. Finding the appropriate treatment plan for your adolescent is important because

- Depression is treatable
- Relationships and school performance may improve
- Overall physical health may improve

In addition, the following may be avoided, decreased, or shortened with the right treatment plan:

- *Long-lasting depression.* With treatment, the length of depression may be shorter. When untreated, a single depressive episode can last for 6 months or more.
- *New episodes of depression.* When adolescents are not treated, many will have a second episode of depression within 2 years.
- *Suicidal thoughts and attempts.* Mood disorders are the #1 cause of suicide in adolescents. Suicide is the third leading cause of death among 15- to 24-year-olds.
- *Substance abuse.* Mood disorders often lead to drinking and other drug problems. Some adolescents may use alcohol and drugs to try to numb their pain.
- *Feelings of hopelessness.* Persistent depression often leads to a fear that things will never get better.

With proper treatment, adolescents can learn to manage their condition and lead healthy, productive lives.

Why is it important to treat depression?

If left untreated, depression can worsen and make life difficult for the entire family. In addition, adolescents with depression often have other disorders; alcohol and drug abuse problems, anxiety, eating disorders, obsessive-compulsive disorders, and disorders that may accompany depression. Getting the appropriate treatment can help address any substance abuse issues or other disorders as part of a complete treatment plan.

Untreated MDD in adolescents is associated with

- High risk of completed and attempted suicide
- Significant morbidity
- Other psychiatric disorders
- Adult depression
- Disruptive behavior
- Substance abuse
- Eating disorders
- Withdrawal from peers
- School absenteeism and decreased performance
- Disruption of social functioning (work, school, relationships)
- Emotional distress
- Early pregnancy
- Physical illness

The effect of LEXAPRO therapy on these outcomes has not been studied.

What are my adolescent's treatment options?

Treatment options include psychotherapy and medication.

The most common types of psychotherapy (also called talk therapy) include

Cognitive-behavioral therapy (CBT)

CBT can be very effective in relieving feelings of depression in adolescents. During a typical 8- to 16-week program, a therapist will help adolescents adjust their view of themselves, the world, and the future. When an adolescent changes the way he or she thinks, feelings and behaviors can also change.

Interpersonal therapy (IPT)

IPT focuses on how the relationships adolescents have with other people may be contributing to their condition.

Family therapy

This therapy brings together all family members to work through issues. It focuses on relationships and interpersonal dynamics within the family. When done in a supportive environment with a skilled therapist, everyone is encouraged to take part.

Psychoeducational psychotherapy (PEP)

PEP teaches adolescents, parents, or caregivers about mood disorders and treatment with CBT and family communication.

In the beginning of treatment, discuss how often you should meet or be in contact with the therapist. Ask how often you should come to the sessions. If you are not attending every session, set up a time when you can talk to the therapist to share any important information you may have about your adolescent's progress. If at any time you notice symptoms or behaviors that concern you, inform the therapist or a healthcare provider immediately.

Medication

The use of medication in treating depression in adolescents is not as well studied as it is in adults. However, more research is beginning to show that there is promise in treating adolescents for depression with medication. Most healthcare providers believe that with close monitoring, medication can be safe and effective for some adolescents. When medication is recommended, talk to the healthcare provider about whether the benefits outweigh the risks.

When treating adolescents with medication, the healthcare provider will need to consider the severity and length of symptoms, and the risks and side effects of medication. Also know that medication may only be one part of the treatment plan. Make sure that you, your adolescent, and the healthcare provider closely monitor treatment. (For more information, refer to the Monitoring Treatment section on page 20.)

Medications indicated for MDD in adolescents

LEXAPRO® (escitalopram oxalate)

Prozac® (fluoxetine hydrochloride)

Depression medication

LEXAPRO and Prozac are the only 2 antidepressants approved by the FDA for the treatment of MDD in adolescents.

Why do antidepressants have a Black Box Warning?

In October 2004, the FDA required a special warning ("Black Box Warning") for all antidepressants. The FDA had conducted a review of the clinical trials of antidepressants and had concluded that, although no suicides occurred in these trials, there was an increased risk of suicidal thinking and behavior in children, adolescents, and young adults taking antidepressants compared with those taking a placebo (sugar pill).

A Black Box Warning does not mean that antidepressants are prohibited in younger patients, but instead encourages healthcare providers to balance the risk of increased suicidality with the clinical need. The Black Box Warning emphasizes the need for close monitoring of patients, especially during the first few months of treatment and at the time of dose changes.

Please see Important Risk Information, including Boxed Warning, about LEXAPRO on pages 34 and 35.

What to expect with treatment

When will treatment start to work?

With talk therapy, it may require several weeks of regularly seeing a trained therapist to reduce symptoms of depression and see a positive effect. Medication is often suggested for those who do not feel better with talk therapy alone.

It may take some time for antidepressant treatment to start working. For LEXAPRO, full antidepressant effect may take 4 to 6 weeks. If your adolescent does not feel better in 6 to 8 weeks, or is only feeling minimally better after 12 weeks, the healthcare provider should consider making changes in treatment.

How long will treatment last?

It may require at least several months of treatment before depression begins to significantly improve.

Consider these general guidelines:

Talk therapy: some adolescents spend several months in therapy, while others spend years if necessary.

Antidepressants: the duration of treatment should be determined by your healthcare provider. If the depression recurs, the adolescent may need to continue treatment long-term to prevent new episodes of depression.

Helping your adolescent take antidepressant medication

- Give medications to your adolescent exactly as prescribed. That includes the correct dosage at the right time(s) of day. Find out from the healthcare provider what to do if a dose has been missed.
- Use a pill dispenser. Dispensers help you and your adolescent remember to take the medication and the correct amount of medication each time.
- Make arrangements with your adolescent's teacher, nurse, or school counselor if medications need to be taken at school.
- Watch for side effects. Check each day to see if your teen is experiencing any negative effects (refer to the What to Watch For section on page 22).
- Don't increase or decrease the dosage. A healthcare provider is the only person who can change your adolescent's dosage.

Sticking with the treatment plan

Adolescents may not like feeling different from their peers. They want to fit in, so it might be helpful for them to have someone to talk to and encourage them to stick with their treatment plan.

Adolescents may not like having to take medication to help them feel better. Antidepressants do not change someone's personality or dampen creativity; they help restore proper functioning. Antidepressants are not known to cause dependency.

Some adolescents may want to stop taking their medication when they start to feel better. Sometimes they believe they have been "cured" from depression just like an antibiotic can cure an infection. Explain that antidepressant medication doesn't work that way, and encourage your adolescent to continue taking the medication exactly as prescribed. Discuss all medication decisions as a team—with both your adolescent and the healthcare provider. It will help your adolescent understand the treatment and how it may help him or her and may also improve the likelihood that he or she sticks with it.

What happens when treatment doesn't work?

If you or the healthcare provider do not see evidence of improvement in your adolescent's health in 6 to 8 weeks, the healthcare provider should re-evaluate the treatment plan and make changes.

What to ask the healthcare provider

Now that you know more about depression and its treatment options, you may have some questions for your adolescent's healthcare provider. Here are some sample questions you might want to ask.

About your adolescent's treatment plan:

What is your treatment recommendation—medication, talk therapy, or both?

What are the expected results of treatment?

What signs indicate treatment is working, and how soon will I see them?

What will you recommend if this treatment does not work?

What role can family/friends play in supporting our adolescent?

How will we monitor progress, changes in symptoms, and behavior?

Which days and times are best to reach you?

Who can answer our questions when you are unavailable?

About your adolescent's medication:

How will we coordinate care between the therapist and healthcare provider who is prescribing medication?

Why have you chosen this particular medication?

How does this medication work, and when should we see results?

How, when, and for how long should my adolescent take the medication?

What if my adolescent forgets to take the medication?

What are the risks and side effects of the medication?

What are the long-term effects of the medication?

Is there anything else we could be doing?

This questionnaire was developed by Families for Depression Awareness (www.familyaware.org).

Part 4: Monitoring treatment

Why monitor treatment?

Each person is unique and may respond differently to different forms of treatment for depression. You should monitor your adolescent during treatment and discuss any mood/behavior changes and side effects that he or she experiences. Share these with the healthcare provider.

By actively monitoring treatment, you and your adolescent will

- Know when the depression is getting better or getting worse, and when to ask for help and have the treatment plan adjusted as needed
- Ensure your adolescent is getting proper treatment and better manage overall treatment
- Lower the risk of hospitalizations and suicidal behavior

Take the first steps for monitoring

Create a team. You, the healthcare provider, and your adolescent should monitor treatment together. A team approach that is built on communication and collaboration will ensure a better outcome.

Set expectations for treatment. The first step in developing the treatment plan is setting expectations.

Allow for independence. It is important to teach adolescents to take responsibility for helping to monitor their own treatment. It is especially important that he or she communicates any mood or behavior changes and side effects to you and the healthcare provider.

Working with the healthcare provider

- Work collaboratively. Find a healthcare provider who will work with you.
- Don't be afraid to ask questions!
- Schedule regular appointments.
- Give accurate information. Be truthful and forthcoming with information about what you observe at home and hear back from school. Share as much information as possible.
- Follow instructions. Take a notebook and pen to each appointment so you can remember what the healthcare provider says. Use the notebook to record what's happening between sessions.
- Call the healthcare provider between appointments if necessary. Be sure to get the healthcare provider's pager, cell phone, or other emergency contact information, and ask whom you should call in case of an emergency.

What to watch for

Medication side effects

Medications often have side effects. Some adolescents experience these effects, especially in the beginning of treatment or when the healthcare provider increases or decreases the dose (for example, when the healthcare provider changes a prescription from 10 mg to 20 mg). Ask the healthcare provider which side effects are common for the medication prescribed—and tell him or her about any side effects your adolescent experiences.

Here are some side effects your adolescent may experience with antidepressants:

- Drowsiness
- Dry mouth
- Headache
- Trouble falling asleep
- Nausea/diarrhea
- Mild nervousness/agitation
- Weight loss/gain
- Dizziness
- Sexual side effects
- Preoccupation with death or suicide, talk about self-harm

What are the possible side effects of Lexapro?

In clinical trials, the most common side effects associated with Lexapro treatment in adults were nausea, insomnia (difficulty sleeping), ejaculation disorder (primarily ejaculation delay), fatigue and drowsiness, increased sweating, decreased libido, and anorgasmia (difficulty achieving orgasm). Side effects in pediatric patients were generally similar to those seen in adults; however, the following additional side effects were reported commonly in pediatric patients: back pain, urinary tract infection, vomiting, and nasal congestion. This is not a complete list of side effects.

Suicidal behavior

One of the most terrifying and saddening thoughts parents or caregivers can have is that their adolescent may want to permanently end his or her own life.

Suicide is a risk for those with depression, regardless of whether or not they are taking medication.

If your adolescent talks about hurting himself or herself, or has a preoccupation with death, always take it seriously.

Fact:

Suicide is the third leading cause of death among adolescents. Nearly 20% of high school students have considered attempting suicide and about 9% have made a suicide attempt.

For a period of time after adolescents begin taking medication, they may develop and act on suicidal thoughts. It is especially important to monitor your adolescent during the first few months of treatment and at the time of dose changes.

Fact:

Some adolescents may be at greater risk of suicide than others. If there is a family history of suicide or bipolar disorder, be certain to discuss these risk factors with your healthcare provider immediately.

Suicide prevention

1. Monitor his/her treatment progress. Discuss with your adolescent and his or her healthcare provider the best way to answer the following questions. In some cases, asking the questions directly could make your adolescent feel like you are being intrusive and annoying. Your adolescent may find it a burden, but talk to him or her about how important it is to regularly monitor treatment. Work out an approach that feels right for both of you.

As one option, you could have your adolescent answer the questions as a checklist and then show the answers to you. You could also discuss and complete the questions together. For some, it might be best to alternate between asking the question, “What do you think we should put down?” and summarizing your own feelings about your adolescent.

2. Develop a suicide emergency plan. Talk with your adolescent about whom he or she will tell if feeling suicidal. Decide who you will contact, and discuss with your healthcare provider what you should do and where you should take your adolescent. The healthcare provider will have specific recommendations.

What to do if you think your adolescent is suicidal:

- Tell your adolescent that you are concerned he or she may inflict self-harm. Tell your adolescent that you love him or her and you want him or her to be safe.
- Ask if your adolescent is thinking about suicide. If so, ask if there is a plan (the more detailed the plan, the greater the likelihood that her or she will act on that plan).
- Get help immediately. Call the healthcare provider or 911.
- Do not leave your adolescent alone.

Question	Response
Have you experienced any worsening depression?	Contact your healthcare provider immediately if conditions worsen at any time during treatment.
Have you had thoughts of hurting yourself today?	Discuss with the healthcare provider ahead of time how you will handle this.*
Do you have a plan to hurt yourself?	If yes, contact the healthcare provider immediately. If the healthcare provider isn't available, call 911 or go to the nearest emergency room.
Have you tried to hurt yourself today?	

*If this is a change in how your adolescent has been feeling, many healthcare providers ask that you contact them right away.

3. Make your home safe. Supervise your adolescent taking his or her medication. Keep medication locked up. Remove all guns and other weapons from the house, or at least lock them up and store bullets separately from the unloaded gun. Also remove other potentially harmful items, such as ropes, cords, sharp knives, alcohol and other drugs, and poisons. If your adolescent regularly visits other people's homes, such as that of a grandparent or a close friend, take the necessary precautions to ensure a safe environment in that home, as well.

4. Watch for suicidal behavior. Ask regularly if your adolescent feels like harming himself or herself or has thoughts of dying. Your question will not give him or her the idea.

Behaviors to watch for in adolescents include

- Expressing self-destructive thoughts
- Drawing morbid or death-related pictures
- Using death as a theme during play (in young adolescents)
- Listening to music that centers around death
- Playing video games with a self-destructive theme
- Reading books or other publications that focus on death
- Watching television programs that center around death
- Visiting Internet sites containing death-related content
- Giving away possessions

5. Watch for signs of drinking. Adolescents with depression who feel suicidal and drink a lot of alcohol or use drugs are more likely to take their life. If your adolescent is drinking or using drugs, you need to discuss this with your adolescent and the healthcare provider.

Part 5: Monitoring progress

The 3-Step Wellness Approach

To achieve wellness, it is important to monitor progress. The 3-Step Wellness Approach is designed to help you and your adolescent take an active role in monitoring treatment. The approach helps you define wellness and goals, become aware of red flags that alert you to call the healthcare provider, and keep track of important changes.

Here is the 3-Step Wellness Approach:

STEP 1: Define wellness. A wellness worksheet will help you define what is well and not well, what your treatment goals are, and the signs and life events you can identify when the depression gets worse.

STEP 2: Define mood patterns. A mood worksheet will help you define how mood affects your adolescent's life.

STEP 3: Daily record. In the monitoring diary (or personal journal), you will record mood, medications, wellness, and any other information about your adolescent that you want to keep track of.

If your adolescent does not feel well enough to discuss the questions, or wants to answer questions on his or her own, you can base your answers on behaviors observed. Remember to share your observations with the healthcare provider at each appointment.

Adolescents will be most successful if they establish a regular routine. They should complete the diary at the same time each day, preferably towards the end of the day. They should also try to make filling out the diary as enjoyable as possible. They might work on it while enjoying a snack or after their chores are done.

Remember, depression is treatable

Have hope that things will get better. With the guidance of a healthcare provider, a thorough evaluation, and a good treatment plan coupled with regular monitoring, most adolescents with depression live healthy and productive lives.

Step 1 - Define wellness

Define what feeling well, okay, and not well means. Both you and your adolescent should answer the questions below.

What is well?

Teen: *(For example, "I think clearly, I feel like making plans with my friends")*

Parent or caregiver: *(For example, "She does well in school and enjoys playing with her brother")*

What is feeling okay?

Teen: *(For example, "I do what I have to, but it is a struggle to get through the day")*

Parent or caregiver: *(For example, "She goes to school but still says negative things")*

What is not well?

Teen: *(For example, "I feel like nothing matters, I feel guilty and really anxious")*

Parent or caregiver: *(For example, "She gets mad at everything we say and doesn't eat")*

What makes the depression worse or better?

Worsening signs. Can you identify when your adolescent is getting worse?

Teen: *(For example, "I start to feel really tired")*

Parent or caregiver: *(For example, "She can't get up to go to school day after day")*

Stressful life events. What stressful events make your adolescent worse?

Teen: *(For example, "I had a fight with my friend")*

Parent or caregiver: *(For example, "She gets really anxious before any school test")*

Helpful activities. What are helpful activities you can do?

Teen: *(For example, "I talk to my friends on the phone, go to the gym")*

Parent or caregiver: *(For example, "I talk with her about her fears so she doesn't feel alone")*

What are your short-term and long-term wellness goals?

(For example, a short-term goal is to go to school every day. Long-term goals are to feel excited about track again and to be happy with friends.)

Step 2 - Define mood patterns

How does your adolescent's mood affect his or her life?

Fill this out for a week with your adolescent and share with his or her healthcare provider. Ask the healthcare provider how it should be used.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1. Note your mood most of the day: Happy (H) Mad (M) Cranky (C) Sad (S)							
2. Sleep: More (M) Less (L) Not at all (N) Usual (U)							
3. How mad/sad/happy did you feel during your mood change? Mild (M) Moderate (MO) Severe (S)							
4. If your mood changed, did something happen before it changed? If yes, describe.							
5. How long did this mood last? 5 min 15 min 30 min 60 min 1/2 day Full day							
6. What was your mood like after the event? Happy (H) Mad (M) Cranky (C) Sad (S) Describe.							
7. How often does your mood change during the day? Minutes (M) Hours (H) Twice a day (D)							

Note: photocopy these pages.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8. When angry, do you do any of the following: swear, yell, cry, throw or destroy yours or others' stuff, hit others or self? Yes (Y) If yes, describe.							
9. When you feel like you have energy, are you able to get more projects done, do you feel creative, or do you feel like you don't need sleep? Yes (Y) If yes, describe.							
10. Do you have thoughts of cutting or hurting yourself? Yes (Y)*							
11. Did you drink alcohol or use drugs? (eg, marijuana) Yes (Y) If yes, what was used?							
12. Did anything help to improve your mood? Yes (Y) If yes, describe.							
13. For girls: was this behavior around the time of your menstrual period? Yes (Y)							
14. Is there a time of year when your mood is worse? If yes, describe.							

* If yes, contact your healthcare provider.

This questionnaire was developed by Families for Depression Awareness (www.familyaware.org).

Step 3 - Daily record

Month _____ Date: _____ Answer the questions below every day with your adolescent.
Discuss with the healthcare provider.

	Example							Week Total	Week _____							Week Total	
	S	M	T	W	TH	F	S		S	M	T	W	TH	F	S		
If you answer yes to a question, check off the box on the right for the day.																	
Are you feeling down, depressed, or hopeless?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				4									
Do you have little interest and a lack of pleasure in doing things?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		4									
List all the drugs, prescription and nonprescription, you are taking.																	
<i>LEXAPRO®</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7									
<i>Tylenol</i>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		3									
What other signs would you like to keep track of?*								<i>Avg.</i>									
<i>Hours slept</i>	<i>6</i>	<i>6</i>	<i>5</i>	<i>7</i>	<i>6</i>	<i>8</i>	<i>5</i>	<i>6</i>									
<i>Went to school</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<i>3</i>									
<i>Walked 20 mins</i>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>3</i>									
What positive events or feelings happened this week?	<i>I saw a friend</i>																
	<i>My therapist and I had a good session</i>																
What is your overall wellness today (as defined in Step 1)?																	

Note: photocopy these pages.

	Week _____							Week Total	Week _____							Week Total	
	S	M	T	W	TH	F	S		S	M	T	W	TH	F	S		
If you answer yes to a question, check off the box on the left for the day.																	
Are you feeling down, depressed, or hopeless?																	
Do you have little interest and a lack of pleasure in doing things?																	
List all the drugs, prescription and nonprescription, you are taking.																	
What other signs would you like to keep track of?*																	
What positive events or feelings happened this week?																	
What is your overall wellness today (as defined in Step 1)?																	

*Examples are antidepressant side effects, sleep, exercise, drinking or eating, attending work or school, dietary/herbal supplements, relaxation, stressful life events, worsening signs of depression, and helpful activities.

This questionnaire was developed by Families for Depression Awareness (www.familyaware.org).

Important Risk Information about LEXAPRO

Lexapro (escitalopram oxalate) is a selective serotonin reuptake inhibitor (SSRI) indicated for the acute and maintenance treatment of major depressive disorder (MDD) in adults and in adolescents aged 12-17 years. Lexapro is also indicated for the acute treatment of generalized anxiety disorder (GAD) in adults. Lexapro is available by prescription only.

Important Risk Information about Lexapro

Antidepressants increased the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of depression and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. All patients starting antidepressant therapy should be monitored appropriately and observed closely. Families and caregivers should discuss with the healthcare provider right away any observations of worsening depression symptoms, suicidal thinking and behavior, or unusual changes in behavior. Lexapro is not approved for use in patients less than 12 years of age.

Who should NOT take Lexapro?

Do not take Lexapro if you are:

- Taking or have recently taken a type of drug called a monoamine oxidase inhibitor (MAOI), such as Nardil® (phenelzine sulfate) or Parnate® (tranylcypromine sulfate)
- Taking a type of antipsychotic medicine called Orap® (pimozide)
- Allergic to or have had a bad reaction to Lexapro, any of the components of Lexapro, Celexa, or generic citalopram
- Taking Celexa® (citalopram) or generic citalopram

What should I tell my healthcare provider before taking Lexapro?

Before starting Lexapro, tell your healthcare provider about all of your medical conditions, including if you have:

- History of mania or seizure disorders
- Kidney or liver problems
- Bleeding disorders

Also, to avoid a serious or potentially life-threatening condition, tell your healthcare provider if you are taking, or planning to take, any prescription or over-the-counter medications, including:

- Other SSRIs, serotonin/noradrenaline reuptake inhibitors (SNRIs), certain migraine or headache medications (triptans or tramadol), or tryptophan
- Any other medication prescribed for a psychiatric or neurological condition
- NSAID pain relievers (such as ibuprofen or naproxen), aspirin, warfarin, or blood thinners
- Diuretics

Tell your healthcare provider if you are pregnant, planning to become pregnant during therapy, or are breastfeeding.

What other important information should I discuss with my healthcare provider?

Patients on antidepressants and their families or caregivers should watch for new or worsening symptoms, unusual changes in behavior, thoughts of suicide, anxiety, agitation, panic attacks, difficulty sleeping, irritability, hostility, aggressiveness, impulsivity, restlessness, or extreme hyperactivity. Call your healthcare provider right away if you have thoughts of suicide or if any of these symptoms are severe or occur suddenly. Be especially observant within the first few months of treatment or whenever there is a change in dose, either increase or decrease.

Lexapro is an integral part of a total treatment program that may include other psychological, educational, or social measures. Drug treatment may not be indicated for all adolescents with depression.

Until you see how Lexapro affects you, be careful doing activities such as driving a car or operating machinery. Avoid drinking alcohol while taking Lexapro.

Call your doctor if you have very high fever, rigid muscles, shaking, confusion, or rapid changes in heart rate and blood pressure. These may be signs of a rare but serious side effect.

Talk with your physician before stopping Lexapro or changing your dose. Although you may notice improvement with Lexapro therapy in 1 to 4 weeks, you should continue therapy as directed by your healthcare provider.

What are the possible side effects of Lexapro?

In clinical trials, the most common side effects associated with Lexapro treatment in adults were nausea, insomnia (difficulty sleeping), ejaculation disorder (primarily ejaculation delay), fatigue and drowsiness, increased sweating, decreased libido, and anorgasmia (difficulty achieving orgasm). Side effects in pediatric patients were generally similar to those seen in adults; however, the following additional side effects were reported commonly in pediatric patients: back pain, urinary tract infection, vomiting, and nasal congestion. This is not a complete list of side effects.