



Depression Wellness Guide for Adolescents

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

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Lexapro
escitalopram oxalate 

Visit the LEXAPRO website at www.lexapro.com


Lexapro
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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

You're not alone

Your healthcare provider has diagnosed you with depression, so what now? This guide is intended to help you understand more about depression and its treatment options, and it also provides ways to help you monitor and reflect on how you feel.

You're not alone. Depression is a condition that many, many people live with. That's the most important thing to remember—you're not alone in this. One out of every 12 adolescents has depression.

Your healthcare provider has determined that you have depression and will work with you and your parent or caregiver to treat your condition. By getting treatment, you are likely to start feeling better.

How do you feel?

Knowing your feelings is important.

Please talk to your healthcare provider about how you are feeling. This will help you and your healthcare provider better understand what you're going through.

- Impaired performance at school
- Loss of interest in activities that were once enjoyable
- Disinterest in friends and family
- An increase or decrease in appetite
- Waking up in the night or difficulty falling asleep
- Feeling unusually tired or heavy
- Head, stomach, or body aches
- Feeling grouchy or irritable
- Feeling badly about your actions
- Feeling badly about your looks, personality, or intelligence
- General sadness or unhappiness
- Excessive thoughts about death or dying
- Suicidal thoughts
- Crying a lot or crying for apparently no reason
- Distinctly unhappy facial expression
- Slow, low, or quiet speech
- Low physical activity or movement

So, what is depression?

Depression is a mood disorder. It is an illness just like any other, such as diabetes or heart disease. Like other illnesses, depression is treatable. If you had a broken arm, a sore throat, or an itchy rash, you'd ask for help, get medication or treatment, and get better. With the right treatment plan for your depression, you can get well.

Depression is the result of nerves in the brain producing natural chemicals that affect one's moods, attitudes, and feelings. In people with mood disorders, these brain chemicals don't work the right way or are out of balance. Difficulty with friends, stressful situations in school or at home, and other problems can make the illness worse.

What are the symptoms of depression?

There are several signs and symptoms of depression. **Major Depressive Disorder (MDD)** is the most commonly diagnosed mood disorder. Being diagnosed with MDD means that you have had 5 or more of the following symptoms most of the day, nearly every day, for at least 2 weeks. (These have to represent a change from your normal state, and at least one of the symptoms has to be depressed mood or lack of interest or pleasure.)

- 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
- Feeling 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 suicide or death (not just fear of dying), or suicide attempts — These do not have to occur nearly every day to be symptoms

Important note: if you experience any thoughts of suicide, seek help immediately. Tell your parent, caregiver, or healthcare provider, or call 911.

Part 2: The road to recovery

How can I get better?

Treatment works best with a team effort from you, your parent or caregiver, and your healthcare provider.

The most important part of getting better is to follow your treatment plan—for example, take prescribed medication, and go to all healthcare appointments.

How can treatment help?

With the right treatment plan, as determined by your healthcare provider, you will likely

- Feel better and get better faster
- Improve your relationships with your parent or caregiver, siblings, and friends
- See improvements in your schoolwork

What else can help me feel better?

- Exercising and eating right
- Getting plenty of sleep
- Staying away from alcohol and drugs
- Getting support: talk to your healthcare provider, parent or caregiver, and friends
 - Consider joining a support group for adolescents with depression
- Monitoring your treatment with your parent or caregiver, healthcare provider, or therapist

What are my 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. During a typical 8- to 16-week program, a healthcare provider can help you learn how to adjust your feelings and your view of yourself, the world, and the future. When you change the way you think, your feelings and behaviors will change as well.

Psychoeducational psychotherapy (PEP)

PEP will help teach you and your parent or caregiver about the treatment of depression with CBT and family communication.

Interpersonal therapy (IPT)

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

Family therapy

This approach brings together all family members to work through family issues. It focuses on the relationships and dynamics within your family. It takes place in a supportive environment with a skilled therapist, and everyone is encouraged to participate.

In the beginning of treatment, discuss how often you should meet or be in contact with your therapist. If at any time you notice symptoms are getting worse, inform your therapist and healthcare provider immediately.

Medication

Although the use of medication in treating depression in adolescents is not as well studied as it is in adults, more research is beginning to show that there is promise in treating younger people 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 your healthcare provider about whether the benefits outweigh the risks.

When beginning treatment, your healthcare provider may take a careful approach that considers the severity and length of symptoms and the risks and side effects of medication. Unlike treating strep throat, you may have to try a few different treatments before finding one that works.

Depression medication

LEXAPRO® (escitalopram oxalate) and Prozac®* (fluoxetine hydrochloride) are 2 medications that are FDA approved for the treatment of MDD in adolescents.

*Prozac (fluoxetine hydrochloride) is a registered trademark of Eli Lilly and Company.

What if I need to take medication?

Your healthcare provider will need to monitor your medication very carefully, so be sure to take the medication every day and never skip a dose. Ask your healthcare provider what to do if you accidentally forget to take your medication.

If you have a bad reaction to the medication, tell your parent, caregiver, or healthcare provider right away. Bad reactions can include physical complaints like a rash, upset stomach, or headache, or emotional complaints like an increase in bad feelings or thoughts of doing harm to yourself. If this occurs, tell your healthcare provider and parent or caregiver immediately. Your healthcare provider will talk with you in more detail about this.

As with all medications, there are side effects. You should report these to your healthcare provider; he or she may adjust the dosage or switch your medication. Do not stop taking the medication on your own because that may cause unwanted effects as well.

What if I don't want to take my medication?

When a person is sick, healthcare providers prescribe medication. This is also the case for depression. It is important to talk with your healthcare provider about how you feel about medication. If you have worries or objections, those need to be understood.

**If you have been prescribed medication,
take it exactly as directed.**

How long will it take to get well?

During the first few weeks of treatment, you may not feel any different. Antidepressants may take several weeks to produce an effect that you will notice.

Usually, the "physical" symptoms of depression (problems with sleep, appetite, energy, and concentration) get better first; then, your thinking and feelings start to improve.

Keep in mind, just because your feelings of depression come and go, it doesn't mean they're entirely gone. You still need to continue your medication or therapy to stay well. When you begin to feel better, you and your healthcare provider will decide on how long treatment will last.

What to avoid

As you start to get better, make sure you stay away from things that can make you feel worse. Sometimes, teens with depression often turn to alcohol and illegal drugs to try to ease their pain, but this just makes the pain worse.

- Alcohol actually makes you more depressed.
- Drugs, including marijuana, change your brain chemistry and stop growth so that your brain won't develop properly.
- Drugs (including marijuana) and alcohol stop your medication from working, and can cause serious unwanted side effects.
- Drugs and alcohol can also cause addiction.

Although you may not notice changes right away, you should gradually begin to feel better.

Use the Monitoring Diary in this booklet to keep track of how you feel.

- This is an easy and effective way to see how your treatment is working.
- Because everyone is unique, treatments work differently from person to person.
- By monitoring how you are doing, you will help to make sure your treatment is working for you.

Continue with treatment, and discuss how you're doing with your healthcare provider so that he or she can make changes, if necessary.

The team path to recovery

Working with your healthcare provider, parent, or caregiver

You're not alone in the path to recovery. Working with your healthcare provider, parent, or caregiver will only help you feel better. It's understandable that you may not always want to do this—but remember, it can't do any harm. In fact, the more you work on communicating, the better you may feel.

What if I don't want to talk to my parent or caregiver?

You may not feel comfortable telling your parent or caregiver your thoughts. Maybe you feel like you can't trust him or her, or think that your parent or caregiver won't understand you, will make fun of you, or will embarrass you by telling others what you've said.

This isn't the case—usually, your parent or caregiver really wants to help.

It's best when a parent or caregiver monitors treatment with you. You and your healthcare provider, parent, or caregiver will need to discuss the most comfortable way to monitor your treatment together. This may mean sharing a few sentences about your thoughts and feelings each day, or showing your parent or caregiver the Monitoring Diary. Remember, your parent or caregiver wants to help, but he or she may also need support to help you in a way that feels right to you.

If you have difficulty communicating with your parent or caregiver, speak to your healthcare provider who may be able to help you find the best way for you all to communicate.

Part 3: Monitoring treatment

What if I don't want to talk to my healthcare provider?

To get better and stay better, you really do need to share your feelings with your healthcare provider. Talking about your problems may be very scary and difficult at first, but your healthcare provider is trained to help you deal with your thoughts and feelings.

Most of what you say and discuss with your healthcare provider is confidential and private. This way, you can feel free to tell your healthcare provider your deepest feelings, even if they are scary, hateful, embarrassing, or disturbing.

If you have concerns about privacy, explain your feelings to your healthcare provider. Fear of your parent or caregiver's involvement should not stop you from getting help.

Over time, if you still don't feel like you can trust your healthcare provider—even with privacy rules in place—or if you feel you are not making progress, think about finding a new healthcare provider. Talk to a parent, caregiver, or your healthcare provider about how you feel.

What if I'm feeling worse, not better?

If you are feeling worse, tell your parent, caregiver, or your healthcare provider. The table below can guide you as to what to do next.

Question	What to do
1. Has your condition worsened at all? (See Step 1 of the 3-Step Monitoring Approach)	If yes, tell your parents right away and contact your healthcare provider.
2. Have you had thoughts of hurting yourself today?	If yes, tell your parents right away and contact your healthcare provider.
3. Do you have a plan to hurt yourself?	If yes, tell your parents right away and contact your healthcare provider. If your healthcare provider, parent, or caregiver isn't available, call 911 or go to the nearest hospital emergency room.
4. Have you tried to hurt yourself today?	If yes, tell your parents right away, and contact your healthcare provider. If your healthcare provider, parent, or caregiver isn't available, call 911 or go to the nearest hospital emergency room.
5. Are you experiencing any of these feelings? <ul style="list-style-type: none"> I feel really anxious (my heart is beating fast and I feel like something terrible is going to happen). I can't sleep or stay asleep. I feel really angry, like I want to break things or hurt people. I feel like I want to blow up, yell, and scream. I feel like I can't hold back or like I don't have any control over myself. I can't sit still. I feel like I am crawling out of my skin. 	If you have any of these feelings, tell your parent or caregiver right away and contact your healthcare provider.
6. Are you having any of these feelings? <ul style="list-style-type: none"> My mood changes suddenly. I feel on top of the world, then a minute later I feel like nothing goes right for me. I feel like I can accomplish anything (like a superhero). I don't need much sleep and am not tired. I talk fast and change the subject a lot. Sometimes, I think so fast my mouth can barely keep up with my ideas. I spend too much money on things, and it gets me in trouble. I drive fast and sometimes recklessly. I think about sex all the time (more than my friends). I say out loud the things other people are afraid to say. I am easily distracted by things around me, and I can't concentrate. I feel much more social and outgoing than usual (for example, I telephone friends in the middle of the night). I did things that were unusual for me and that others thought were excessive, foolish, or risky. 	If one or more of these describe you, either now or in the past, tell your healthcare provider and your parent or caregiver right away.

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

Part 4: Monitoring progress

What to watch for

What you may experience during treatment

Medications often have side effects. You may experience these effects, especially in the beginning part of your treatment or when your healthcare provider changes the dose of your medication. Ask your healthcare provider which side effects are common for the medication prescribed—and tell him or her about any side effects you experience.

Here are some common side effects you might experience with antidepressants:

- Drowsiness
- Dry mouth
- Headache
- Trouble falling asleep
- Nausea/diarrhea
- Mild nervousness/agitation
- Weight loss/gain
- Dizziness
- Sexual side effects

Suicidal behavior

One of the most terrifying and saddening thoughts your parents can have is that you may want to permanently end your life. If you start to feel this way, talk to your healthcare provider, parent, or caregiver immediately. Always take your thoughts seriously, and share them as soon as they arise.

Fact:

Suicide is the third leading cause of death among adolescents.

For a period of time after treatment begins, some individuals may have more energy to act on suicidal thoughts. During this time, thoughts and feelings may not have improved, but energy level can increase. It is important to monitor your thoughts closely during this time, and if you find yourself thinking about suicide, immediately tell a parent, caregiver, or healthcare provider—or call 911.

If there is a family history of suicide, be certain to let your healthcare provider know.

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

The 3-Step Wellness Approach

To get well, it is important to keep track of your progress by monitoring your treatment. The 3-Step Wellness Approach will help you create goals for your wellness and alert you to reactions you need to discuss with your healthcare provider.

Discuss with your healthcare provider, parent, or caregiver how you can best work together. It's natural to want more independence, but adolescents with depression need support.

As you get better with treatment, you can be more independent again.

The 3-Step Wellness Approach works like this:

Step 1: Define wellness. This worksheet will help you clarify what is well and not well, state your treatment goals, and identify behavior or thoughts that can signal that your depression is getting better or worse.

Step 2: Define mood patterns. This worksheet will help you clarify how your mood affects your life.

Step 3: Daily record. In the monitoring diary (or personal journal), you can record your feelings and any side effects or improvements your medication is causing, note your general wellness, and record any other information you want to write down for either yourself or a parent, caregiver, or healthcare provider. It's important to monitor your progress to know if you are getting better.

With time and treatment, you can get better.

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

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Step 1 - Define wellness

Use this part to define what feeling well, okay, and not well means to you. It may be helpful to fill this out with your parent or caregiver.

What is well?

(For example, "I think clearly, I feel like making plans to do fun activities with my friends")

What is feeling okay?

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

What is not well?

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

What makes you worse or better?

Can you identify when your depression is getting worse?
(For example, "I start to feel really tired")

What stressful events make you feel worse?

(For example, "I fight with my friends")

What are helpful activities you can do?

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

What are your wellness goals?

What are your short-term goals?

(For example, "I go to school every day")

What are your long-term goals?

(For example, "I feel excited about a school activity again")

Note: photocopy these pages.

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

Step 2 - Define mood patterns

How does mood affect your life?

It is important to keep track of your daily mood throughout your treatment. This worksheet will help you and your healthcare provider track your improvement, or make a note if your mood is getting worse.

Fill this out for a week and share with your healthcare provider.

	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? Yes (Y) 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, a parent, or caregiver right away.

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

Step 3 - Daily record

Monitor your daily progress for an accurate view of your recovery

Month _____ Date: _____ Answer the questions below every day.
Discuss your answers with your healthcare provider, parent, or caregiver.

If you answer yes to a question, check off the box on the right for the day.	Example							Week Total	Week _____							Week Total
	S	M	T	W	TH	F	S		S	M	T	W	TH	F	S	
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>	6	6	5	7	6	8	5	6								
<i>Went to school</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				3								
<i>Walked 20 mins</i>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3								
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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Note: photocopy these pages.

If you answer yes to a question, check off the box on the left for the day.	Week _____							Week Total	Week _____							Week Total
	S	M	T	W	TH	F	S		S	M	T	W	TH	F	S	
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 medication 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). Please see Important Risk Information, including Boxed Warning, about LEXAPRO on pages 34 and 35.

Part 6: Sleep diary

Appendix

Improve your sleep by

- Going to bed at the same time every night
- Not drinking coffee or sodas with caffeine or drinking alcohol
- Getting exercise regularly
- Sleeping in a dark, quiet room (without TV)

Part of getting better mentally is making sure you get the rest you need. Use this to monitor your sleep.

Date: _____

	Day 1 Day _____	Day 2 Day _____	Day 3 Day _____	Day 4 Day _____	Day 5 Day _____	Day 6 Day _____	Day 7 Day _____
I went to bed last night at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
I got out of bed this morning at:	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM	PM/AM
Last night I fell asleep in:	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes	Minutes
I woke up during the night: <i>(Record number of times)</i>	Times	Times	Times	Times	Times	Times	Times
When I woke up for the day, I felt: <i>(Check one)</i>	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued	<input type="checkbox"/> Refreshed <input type="checkbox"/> Somewhat refreshed <input type="checkbox"/> Fatigued
Last night I slept a total of: <i>(Record number of hours)</i>	Hours	Hours	Hours	Hours	Hours	Hours	Hours
My sleep was disturbed by: <i>(List any mental, emotional, physical, or environmental factors that affected your sleep; eg, nightmares, stress, snoring, physical discomfort, temperature)</i>							

IMPORTANT CONTACT INFORMATION

Important phone numbers

Your healthcare provider(s)	Phone number
_____	_____
Your pharmacy	Phone number
_____	_____
Person to contact in case of emergency	Phone number
_____	_____

Emergency medical help
911

National Suicide Prevention Lifeline
1-800-273-TALK

About Teen Depression
<http://www.about-teen-depression.com/teen-depression.html>

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

Note: photocopy these pages.

This diary 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.