

After an episode of depression, the natural tendency is to try and forget and 'move on'. No one ever wants to have another episode but it is best to consider what you have learnt from your experience and to consider the possibility of further episodes. What you have learned may help you manage any recurrence and will give you a greater sense of control as well as helping your family, friends and doctor.

It is important to

1. Identify high risk events (may be losses, changes or events of special significance)
2. Prepare for these events
3. Plan (even rehearse) a response

Some common early warning signs for depression include

- Lowering of mood
- Lowered self-esteem, self criticism
- Decreased concentration
- Withdrawal from social situations
- Loss of interest in usual activities or changes in usual behaviour
- Return of preoccupations or worries (often quite personal, at other times, usually less of an issue)
- Questioning self, feeling of futility or hopelessness: "what is the point?...Why bother?...who cares?"
- Changes in sleep pattern: can't get to sleep, waking in early morning (ie, 3am), may also be oversleeping
- Irritability, 'shorter fuse', more argumentative

It's helpful to keep a note of the typical problem thoughts and behaviours from the start of the episode. The actual words and thoughts are useful to refer back to.

A summary card is useful and the Daily Mood Chart may also assist.

My likely "relapse signature" is:

If this happens, I will:

Useful contact people are (name and contact number):

Signed:

Date:

GP Notes: Relapse Signature – Learning from Experience

Determining the relapse signature

The purpose of this sheet is to help people who have had a depressive episode to establish their relapse signature – the characteristic pattern of thinking and behaving that could signal the start of further episodes.

It is always better to ‘get in early’ and put into practice any strategies that were found to be useful. Important areas of concern include withdrawal from family, friends and work, ‘stewing’ and churning thoughts (about past regrets, actions, worries about health) that usually are not so important or overwhelming, and may at other times seem trivial or not evident. There are usually characteristic patterns for sleep and appetite disturbance.

It is useful to write down the actual words the patient uses, either at the time or after the episode. Frequently, the same sorts of thoughts and behaviours recur with further episodes. The daily mood chart can identify changes in sleep and mood, as well as activities that both protective (eg maintaining relaxation and exercise, maintaining prescribed antidepressant and/or mood stabiliser) or likely to lead to relapse (eg, abusing street drugs).

Making a plan

The summary card is intended to assist in planning and may also involve other family members or friends. It is often helpful for the patient to allow someone else who knows him/her well to tell them if the characteristic thinking and behaviour patterns recur. The summary card may also specify how other people (eg, GP, mental health team, psychiatrist) are to be contacted and at what point.

It is easier to clarify these points after recovery but it is quite confronting to consider that further episode is possible. It is also useful to consider the likely triggers for further episodes, although this is not always predictable. The diagram may serve to demonstrate the various factors in play and also acts as a reminder that there are various types of precipitants (changes, particularly if affecting sleep rhythms, illness as well as loss) and the importance of events that have salience for the individual.

