

	Watchful waiting	Lifestyle changes and self-help interventions	Talking therapies	Medication
What is the treatment?	Waiting to see if symptoms get better or worse on their own, without lifestyle changes and self-help interventions, psychological therapies delivered by healthcare professionals or medication. It usually happens with support from a person's GP to discuss how they are getting on.	Ways of managing depression yourself, including using a self-help manual or 'talking therapy' programme via the internet, joining a support group, changing dietary, drinking and/or exercise habits, and using complementary therapies, such as herbal remedies or acupuncture.	Seeing a healthcare professional for sessions of a talking therapy. This can be tailored to whether a person wants to talk about how they think and feel (counselling or cognitive behavioural therapy, CBT), their relationships (interpersonal psychotherapy, IPT), or painful things that have happened in the past (psychodynamic therapy). A healthcare professional may be a doctor, nurse, psychologist, counsellor or therapist.	Antidepressant drugs, such as selective serotonin reuptake inhibitors (SSRI), which are designed to correct an imbalance of certain chemicals in the brain which may happen in people with depression.
What is the effect on how depressed a person feels	Talking to a GP every few weeks about the things that are depressing may help a person work out some solutions to the problems that are making them depressed so that they feel better and avoid the need for treatment. 23 in 100 recover in 3 months. 53% recover in 1 year.	Reading about depression in leaflets or on websites, or joining a self-help group can help to improve symptoms of depression and make people feel better. Getting a better understanding of how the way a person thinks affects the way they feel, by using an online, self-help depression programme, such as Beating the Blues, can reduce symptoms. Lifestyle changes, such as taking regular exercise, losing weight if a person is overweight, reducing alcohol intake if a person drinks excessively, and stopping use of substances such as cannabis may improve depression. We don't know if other types of self-help treatment can improve depression.	Talking therapies may improve symptoms of depression and make people feel better. The different types of commonly used talking therapies are equally effective. In a group of people with depression, 41 in 100 of those who had an average six sessions of talking therapies, mainly focused on cognitive behavioural therapy (CBT), in a well organised programme, with a trained therapist recovered from their depression within a year. Another 15 in 100 people on the same programme got a worthwhile improvement in their symptoms.	Taking antidepressant medicines may improve symptoms of depression and make people feel better. They are more effective in people with severe depression than in those with mild to moderate depression. In a group of people with all levels of depression, 51 in 100 of those who took antidepressants got a reduction in their symptoms, compared to about 38 in 100 who took a dummy pill (placebo).
What is the effect of adding another therapy on how depressed a person feels?	Not applicable	Using self-help CBT and making lifestyle changes, such as taking regular exercise, may be more effective than either of these treatments on their own. All-round lifestyle change – healthier eating and taking more exercise – is a little more effective than any individual change on its own.	Taking antidepressant medicines as well as having talking therapy may be more effective in reducing symptoms of depression than having talking therapy on its own, especially if a person has moderate rather than mild depression or symptoms have not got better with talking therapies alone.	Having talking therapy as well as antidepressant treatment may be more effective in reducing symptoms of depression than taking an antidepressant on its own, especially if you have moderate rather than mild depression or your symptoms have not got better with talking therapies alone.
How long does it take to get better?	Symptoms should improve within six to eight weeks. If a person isn't feeling any better they and their GP may agree that treatment should start, such as a course of talking therapy and/or antidepressant drugs.	For most types of self-help treatment, an improvement in symptoms should happen within a few weeks. For self-help CBT, a person should feel much better by the end of the 8-10week course of treatment. If a person exercises regularly (three times a week for 45- 60 minutes), symptoms should have improved after 8-12 weeks.	Symptoms should improve within a few weeks of starting treatment, though the full effects may not be clear until the 12-16 week course of treatment has finished.	Symptoms should improve within two to four weeks of starting treatment.

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What is the time spent having treatment?	A person will probably have an appointment with their GP every two weeks. How long they spend talking at each appointment will depend on what they have agreed with their GP. Watchful waiting may continue until symptoms are better or it becomes clear that a person needs treatment, such as having a course of talking therapy and/or antidepressant medication.	This will vary depending on what type of self-help treatment someone is using. With self-help CBT, it will take about an hour a week for 8-10 weeks to do the online exercises, and some more time for further reading and possibly discussions with the GP or trained therapist if they are providing support. If someone exercises in a group, they will probably have three sessions a week, for 45-60 minutes, for about 12 weeks. In one group of people with depression, exercising like this for eight weeks improved their symptoms.	A course of one-to-one CBT usually consists of 16-20 sessions, each lasting 50-60 minutes, over a period of three to four months. A course of group therapy has slightly fewer sessions (10-12) over a similar period of time. Someone with moderate depression rather than mild depression may have two sessions per week for the first two to three weeks of treatment. [24]. A person may be asked to do further reading and practical exercises on their own between sessions. When a person has completed a course of talking therapy, they may have a further three to four sessions to see if they are continuing to feel better over the following three to six months. Counselling usually consists of six to 10 sessions, each lasting about 50-60 minutes over eight to 12 weeks.	When someone starts antidepressant treatment, their GP will ask to see them after two weeks to see how they are getting on. After that, they may see their GP every two to four weeks in the first three months. If they respond well to treatment, they may see their GP at longer intervals for the rest of their treatment. Specialists recommend to continue taking antidepressants for at least six months after a person recovers as this reduces the likelihood that depression could come back.
How likely is the treatment to cause unwanted effects?	Watchful waiting is unlikely to cause any unwanted effects in people with mild to moderate depression. If it is used by people with more severe depression who need depression medication or talking therapies, it may delay them getting effective treatment.	Most self-help treatments don't have side effects. Reading inaccurate information about depression, in leaflets or on websites, may worry a person unnecessarily. Making lifestyle changes, such as losing weight and exercise, without checking that the methods are safe could lead to physical health problems and injuries. Using any complementary therapies, such as herbal remedies and acupuncture, without checking what is in them, or that the person giving them is fully trained could also result in physical health problems and injuries. St John's Wort (<i>Hypericum perforatum</i>) may cause allergic skin reactions stomach upset, nerve pain and make people sensitive to sunlight so they get sunburned, especially if they are fair skinned. It also interacts with many commonly used medicines.	Most talking therapies don't have unwanted effects. At first, a person may find it difficult to talk about their feelings and the problems that may be making them depressed. This may get easier as they get to know their therapist. A person may not find it easy to make changes to the way they think and feel. A therapist is trained to give support as a person makes changes that can improve their symptoms of depression.	All types of antidepressants cause side effects. They are usually mild and many of them wear off after a few weeks and the body gets used to them. SSRIs tend to have fewer side effects than tricyclics, and they are not so dangerous if people take too many of them. Antidepressants are not addictive like tranquillisers, alcohol and nicotine. People don't need to keep increasing the dose to get the same effect, or get cravings if they stop taking them. People may have withdrawal effects when they stop taking them. SSRIs can cause side effects. Nausea, diarrhoea and drowsiness each affect up to 17 out of every 100 people (17%). Up to 13 out of every 100 people (13%) have sexual problems. Sweating, shaking, difficulty sleeping, and dry mouth are less common.