

WHAT ARE THE “ROAM” SYMPTOMS OF DEPRESSION?

Depression affects



MOOD

Feeling sad, irritable, empty, hopeless



ENERGY

Unrest or fatigue, changed activity levels



INTEREST

Lack of enjoyment of favorite people or activities



EATING

Change in habits, whether too much or too little



SELF-WORTH

Lower sense of self, feelings of guilt



SLEEPING

Change in habits, whether too much or too little

Depression also affects thinking

REASONING

ORGANIZATION

ATTENTION

MEMORY

If you've noticed issues in yourself or a loved one like forgetfulness, trouble making decisions, distractedness, or problems with planning, organizing, or analyzing, these may be related to depression.

Problems related to thinking—also known as “cognitive impairment”—are common with depression.

Thinking issues can affect performance at work or school. Family relationships may suffer when one person is forgetful, inattentive, or indecisive. Cognitive impairment can also reinforce the negative thoughts that often accompany depression, having the effect of deepening the depression. We refer to these thinking symptoms by the acronym ROAM, for Reason, Organization, Attention, and Memory. Cognitive issues may persist even when other symptoms are well managed.

CAN ANYTHING BE DONE TO HELP WITH ROAM ISSUES?

Yes! There are techniques that can help maintain functioning even with these thinking issues. Supports and strategies can help people with depression better manage their lives and aid recovery by reducing negative thoughts. Medication may also help. Learn about which interventions may be appropriate by talking with a healthcare provider.

Sometimes these problems are side effects of medication, but often these thinking issues are part of the depression. Your healthcare provider can help figure it out.

COGNITIVE IMPAIRMENT CAN HAVE OTHER CAUSES.

Your healthcare provider can rule out other possibilities, such as

- Stress
- Not enough sleep
- Attention deficit disorder
- Dementia
- Substance use
- Another mental health or neurological condition

ROAM SYMPTOMS AND THE FAMILY



Some of the most challenging symptoms of depression may be those that affect thinking, also called cognitive impairment. It's common for people with depression to experience forgetfulness, trouble making decisions, distractedness, or problems with planning, organizing, or analyzing.

We call these the “ROAM” symptoms: Reasoning, Organization, Attention, and Memory.

Families are in a unique position to help a person struggling with depression. With knowledge and support, **families may be able to improve treatment outcomes** and achieve long-term positive change in their family functioning.

A good way to **partner in treatment** and provide emotional support is

to periodically go to appointments with the person who has depression. Family members can help keep track of the provider's recommendations, discuss changes in symptoms, and review the treatment plan.

Of particular concern is that some healthcare providers may not be as familiar with the cognitive issues that

occur with depression as they are with symptoms such as mood, loss of interest, sleep problems, and weight loss or gain. You have the opportunity to bring these concerns to the provider's attention and support your loved one in getting the best and most appropriate treatment to address their particular challenges and needs.

In fact, the presence of cognitive issues makes your participation even more important. Distortions in thinking, problems with memory and attention, and organizational difficulties make it even harder for the person with depression to accurately describe what's going on in their life, both now and in the past. In some ways, it's more essential to have a caring family member involved in the treatment of a person dealing with depression-related cognitive impairment than it might be with other health issues.



ACTION STEPS FOR THE FAMILY CAREGIVER



KNOW YOUR LOVED ONE'S WELLNESS GOALS

Every treatment should support your loved one's idea of "being well." Health care providers should be working with the person living with depression—and you, as applicable—to identify and achieve your loved one's own defined wellness goals. Aim to resolve symptoms and recover the ability to function.

- What does wellness look like?
- What are your loved one's preferences and priorities in treatment and outcomes?
- Which symptoms are most important to resolve for day-to-day functioning?
- How can you support your loved one to be an active participant in their own care?

BE AN ADVOCATE

People with depression are often not strong advocates for their own care. Feelings of worthlessness and disorganized thoughts often interfere with self-advocacy. By voicing or reinforcing your loved one's preferences and priorities to the provider, you can help them get the best treatment available that fits their needs.

TAKE CARE OF YOUR OWN NEEDS, TOO

Practicing self-care is one of the most important things you can do to help your loved one. Blaming yourself, trying to do everything by yourself, and not setting boundaries are counter-productive.

- Acknowledge your own feelings
- Set realistic goals and amend as needed
- Take steps to reduce your stress
- Avoid using substances to cope
- Develop and use a supportive social or family network; ask for and accept help
- Be open to your loved one gaining independence as they progress
- Keep things simple
- Continue to educate yourself about depression.

HELP TRACK SYMPTOMS

People with depression often have trouble remembering the depth and duration of their own symptoms and don't always have an accurate perception of their level of functioning. Having a record of symptoms, activities, and treatment adherence (e.g., taking medication regularly as prescribed)

supports better clinical care because accurate data allows the doctor, psychiatric nurse, or therapist to develop a sense of whether or how well the treatment is working.

Use the ROAM Symptom Tracking Chart to record the problematic symptoms that your loved one is experiencing. They should bring the sheet to the clinician and review these concerns. The provider should be looking beyond mood to your loved one's overall wellbeing. Encourage the person with depression to discuss the difficulties they are encountering in their everyday functioning. Are the symptoms significantly impairing their work or school? Have they caused interpersonal issues, disrupted relationships, or led to communication problems?

BE UNDERSTANDING

Be sensitive to the possibility that your loved one may

- have a fear of being judged
- believe the thinking problems are personal failings
- feel guilty for not being able to accomplish what they think they should do
- Not remember or have a distorted view of how these issues are affecting them
- discount cognitive issues as trivial.



INTERACTING WITH PROVIDERS



Not all providers are as familiar with the cognitive issues of depression as they are with other symptoms, such as mood, isolation, and changes with eating or sleep. You can support your loved one at clinical appointments by helping to explain the symptoms and their effect on day-to-day functioning and by making sure the treatment plan addresses these concerns.

It may not be clear whether the cognitive symptoms are a side effect of medication, a result of depression, a combination of both, or some other cause altogether.

You can help the provider by noting when symptoms began; whether they have gotten better, worse, or stayed the same; and whether any strategies are effective in supporting better functioning. Use the symptoms chart to note your observations and concerns.

Here are some questions that may be appropriate for helping your loved one discuss diagnosis and treatment with the healthcare provider. Selecting the treatment should be a collaborative process with the provider.

What do you believe is the cause of these symptoms and for what reasons?

- What conditions (e.g., ADD/ADHD, dementia, etc.) are you able to rule out? Why?

If these symptoms are related to depression, what can be done about them?

- Are these suggested approaches evidence-based?
- Do you know what my insurance will cover? Would you be willing to request authorization for this treatment, if not ordinarily covered?
- What kind of therapy would be useful?
- Are there clinicians you would recommend? If not, what kinds of training and experience would be most appropriate?
- Are there medications that we should consider? What are the benefits and risks of each?
- How long will it take to see effects?

If successful, what will my loved one's daily functioning be like?

- What should I be watching for, whether for improvement or for worsening symptoms?

How soon should the next appointment be?

- Under what circumstances should we call you before then?



ROAM SYMPTOM TRACKING CHART

Prior to each appointment with the healthcare provider, work with your loved one to fill out this chart, indicating to what extent these symptoms of depression interfered with functioning or were of concern. Your loved one should bring this to the appointment.

Level of interference/concern: 1 - Not at all 2 - Slight 3 - Moderate 4 - High 5 - Extreme

TO WHAT EXTENT WERE THESE SYMPTOMS OF CONCERN OR INTERFERED WITH FUNCTIONING	SINCE THE LAST APPOINTMENT					IN THE PAST MONTH				
REASONING										
Solving problems	1	2	3	4	5	1	2	3	4	5
Exercising judgment	1	2	3	4	5	1	2	3	4	5
Making decisions	1	2	3	4	5	1	2	3	4	5
ORGANIZATION										
Planning	1	2	3	4	5	1	2	3	4	5
Prioritizing	1	2	3	4	5	1	2	3	4	5
Managing time	1	2	3	4	5	1	2	3	4	5
ATTENTION										
Concentrating on tasks	1	2	3	4	5	1	2	3	4	5
Focusing on conversations	1	2	3	4	5	1	2	3	4	5
Thinking clearly	1	2	3	4	5	1	2	3	4	5
MEMORY										
Remembering details	1	2	3	4	5	1	2	3	4	5
Following through with commitments	1	2	3	4	5	1	2	3	4	5
Recalling conversations	1	2	3	4	5	1	2	3	4	5
MOOD										
Feeling down, depressed, hopeless	1	2	3	4	5	1	2	3	4	5
Having little interest and lack of pleasure	1	2	3	4	5	1	2	3	4	5
Being irritable or angry	1	2	3	4	5	1	2	3	4	5
Wanting to hurt self or be dead*	1	2	3	4	5	1	2	3	4	5
OTHER INDICATORS										
Withdrawing from family and friends	1	2	3	4	5	1	2	3	4	5
Sleeping too much or too little	1	2	3	4	5	1	2	3	4	5
Eating too much or too little	1	2	3	4	5	1	2	3	4	5
Moving, thinking, or speaking more slowly	1	2	3	4	5	1	2	3	4	5
Having unexplained aches and pains	1	2	3	4	5	1	2	3	4	5
Abusing alcohol or drugs	1	2	3	4	5	1	2	3	4	5

* If you believe that someone is suicidal or may cause harm to self or others, seek immediate help: call their mental health provider urgently, take them to the closest emergency room, call 9-1-1, contact the National Suicide Prevention Lifeline at 1-800-273-8255, or text LISTEN to 741741.