

Factsheet: Anxiety Disorders: What You Need to Know

Most people experience feelings of anxiety before an important event such as a big exam, business presentation or first date. Anxiety disorders, however, are illnesses that cause people to feel frightened, distressed and uneasy for no apparent reason. Left untreated, these disorders can dramatically reduce productivity and significantly diminish an individual's quality of life.

How Common Are Anxiety Disorders?

Anxiety disorders are among the most common mental illnesses in America; more than 40 million are affected by these debilitating illnesses each year.

What Are the Different Kinds of Anxiety Disorders?

Panic Disorder- Characterized by panic attacks, sudden feelings of terror that strike repeatedly and without warning. Physical symptoms include chest pain, heart palpitations, shortness of breath, dizziness, abdominal discomfort, feelings of unreality, and fear of dying.

Obsessive-Compulsive Disorder- Repeated, intrusive and unwanted thoughts or rituals that seem impossible to control.

Post-Traumatic Stress Disorder- Persistent symptoms that occur after experiencing a traumatic event such as war, rape, child abuse, natural disasters, or being taken hostage. Nightmares, flashbacks, numbing of emotions, depression, and feeling angry, irritable, distracted and being easily startled are common.

Phobia- Extreme, disabling and irrational fear of something that really poses little or no actual danger; the fear leads to avoidance of objects or situations and can cause people to limit their lives.

Generalized Anxiety Disorder- Chronic, exaggerated worry about everyday routine life events and activities, lasting at least six months; almost always anticipating the worst even though there is little reason to expect it. Accompanied by physical symptoms, such as fatigue, trembling, muscle tension, headache, or nausea.

What Are the Treatments for Anxiety Disorders?

Treatments have been largely developed through research conducted by research institutions. They are extremely effective and often combine medication or specific types of psychotherapy.

More medications are available than ever before to effectively treat anxiety disorders. These include antidepressants or benzodiazepines. If one medication is not effective, others can be tried.

The two most effective form of psychotherapy used to treat anxiety disorders is cognitive-behavioral therapy. Cognitive-behavioral therapy teaches patients to understand their thinking patterns so they can react differently to the situations that cause them anxiety.

Is it Possible for Anxiety Disorders to Coexist with Other Physical or Mental Disorders?

It is common for an anxiety disorder to accompany another anxiety disorder, including such illnesses as substance abuse. Anxiety disorders can also coexist with physical disorders. In such instances, these disorders will also need to be treated. Before undergoing any treatment, it is important to have a thorough medical exam to rule out other possible causes.

The content of this fact sheet was adapted from material published by the National Institute of Mental Health and the Mayo Clinic.

Factsheet: Alzheimer's Disease

What is Alzheimer's?

Alzheimer's Disease (AD) is the most common cause of dementia in older people. A dementia is a medical condition that disrupts the way the brain works. AD affects the parts of the brain that control thought, memory, and language. Although the risk of getting the disease increases with age, it is not a normal part of aging. At present the cause of the disease is unknown and there is no cure.

AD is named after Dr. Alois Alzheimer, a German psychiatrist. In 1906, Dr. Alzheimer described changes in the brain tissue of a woman who had died of an unusual mental illness. He found abnormal deposits (now called senile or neuritic plaques) and tangled bundles of nerve fibers (now called neurofibrillary tangles). These plaques and tangles in the brain have come to be characteristic brain changes due to AD.

Symptoms Include:

- Initial mild forgetfulness
- Confusion with names and simple mathematical problems
- Forgetfulness to do simple everyday tasks, i.e., brushing their teeth
- Problems speaking, understanding, reading and writing
- Behavioral and personality changes
- Aggressive, anxious, or aimless behavior

Statistics

It is estimated that currently 4 million people in the United States may have Alzheimer's disease. The disease usually begins after age 65 and risk of AD goes up with age. While younger people may have AD, it is much less common. About 3% of men and women ages 65-74 have AD and nearly half of those over age 85 could have the disease.

Diagnosis

No definitive test to diagnose Alzheimer's disease in living patients exists. However, in specialized research facilities, neurologists now can diagnose AD with up to 90% accuracy. The following is some of the information used to make this diagnosis:

- A complete medical history
- Basic medical tests (i.e., blood, urine tests)
- Neuropsychological tests (i.e., memory, problem-solving, language tests)
- Brain scans (i.e., MRI scan, CT scan or PET scan)

Research for Possible Risk Factors

Scientists are trying to learn what causes AD and how to prevent it. This list may not be all inclusive or definite. However, research has lead scientists to consider these as possible risk factors:

- Genetic factors
- Environmental factors - aluminum, zinc, and other metals have been detected in the brain tissue of those with AD. However, it isn't known whether they cause AD, or build up in the brain as a result of AD.
- Viruses - Viruses that might cause the changes seen in the brain tissue of AD patients are being studied.

The only known risk factors are age and family history. Serious head injury and lower levels of education may also be risk factors. AD is probably not caused by any one factor. Most likely, it is several factors together that react differently in each person. Unfortunately, no blood or urine test currently exists that can detect or predict AD.

Treatment

Alzheimer's disease advances in stages, ranging from mild forgetfulness to severe dementia. The course of the disease and the rate of decline varies from person to person. The duration from onset of symptoms to death can be from 5 to 20 years.

Currently, there is no effective treatment for AD that can halt the progression. However, some experimental drugs have shown promise in easing symptoms in some patients. Medications can help control behavioral symptoms; making patients more comfortable and easier to manage for caregivers. Still other research efforts focus on alternative care programs that provide relief to the caregiver and support for the patient.

Other Resources

Alzheimer's Association

225 N. Michigan Ave., Fl. 17

Chicago, IL 60601-7633

Phone Number: (312) 335-8700

Toll-Free Number: (800) 272-3900

Fax Number: (866)699-1246

Email Address: info@alz.org

Website URL: www.alz.org

Alzheimer's Disease Education and Referral Center

PO Box 8250

Silver Spring, MD 20907-8250

Phone Number: (800) 438-4380

Fax Number: (301)495-3334

Website URL: <http://www.alzheimers.org> or

<http://www.nia.nih.gov/alzheimers>

Eldercare Locator

Toll-Free Number: (800) 677-1116

Email address: eldercarelocator@spherix.com

Website URL: www.eldercare.gov

Factsheet: Schizophrenia: What You Need to Know

Schizophrenia is a serious disorder which affects how a person thinks, feels and acts. Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary; may be unresponsive or withdrawn; and may have difficulty expressing normal emotions in social situations.

Contrary to public perception, schizophrenia is not split personality or multiple personality. The vast majority of people with schizophrenia are not violent and do not pose a danger to others. Schizophrenia is not caused by childhood experiences, poor parenting or lack of willpower, nor are the symptoms identical for each person.

What causes schizophrenia?

The cause of schizophrenia is still unclear. Some theories about the cause of this disease include: genetics (heredity), biology (the imbalance in the brain's chemistry); and/or possible viral infections and immune disorders.

Genetics (Heredity). Scientists recognize that the disorder tends to run in families and that a person inherits a tendency to develop the disease. Schizophrenia may also be triggered by environmental events, such as viral infections or highly stressful situations or a combination of both.

Similar to some other genetically-related illnesses, schizophrenia appears when the body undergoes hormonal and physical changes, like those that occur during puberty in the teen and young adult years.

Chemistry. Genetics help to determine how the brain uses certain chemicals. People with schizophrenia have a chemical imbalance of brain chemicals (serotonin and dopamine) which are neurotransmitters. These neurotransmitters allow nerve cells in the brain to send messages to each other. The imbalance of these chemicals affects the way a person's brain reacts to stimuli--which explains why a person with schizophrenia may be overwhelmed by sensory information (loud music or bright lights) which other people can easily handle. This problem in processing different sounds, sights, smells and tastes can also lead to hallucinations or delusions.

What are the early warning signs of schizophrenia?

The signs of schizophrenia are different for everyone. Symptoms may develop slowly over months or years, or may appear very abruptly. The disease may come and go in cycles of relapse and remission.

Behaviors that are early warning signs of schizophrenia include:

- Hearing or seeing something that isn't there
- A constant feeling of being watched
- Peculiar or nonsensical way of speaking or writing
- Strange body positioning
- Feeling indifferent to very important situations
- Deterioration of academic or work performance
- A change in personal hygiene and appearance
- A change in personality
- Increasing withdrawal from social situations
- Irrational, angry or fearful response to loved ones
- Inability to sleep or concentrate
- Inappropriate or bizarre behavior
- Extreme preoccupation with religion or the occult

Schizophrenia affects about 1% of the world population. In the United States one in a hundred people, about 2.5 million, have this disease. It knows no racial, cultural or economic boundaries. Symptoms usually appear between the ages of 13 and 25, but often appear earlier in males than females.

If you or a loved one experience several of these symptoms for more than two weeks, seek help immediately.

What are the symptoms of schizophrenia?

A medical or mental health professional may use the following terms when discussing the symptoms of schizophrenia.

Positive symptoms are disturbances that are "added" to the person's personality.

- **Delusions** -- false ideas--individuals may believe that someone is spying on him or her, or that they are someone famous.
- **Hallucinations** --seeing, feeling, tasting, hearing or smelling something that doesn't really exist. The most common experience is hearing imaginary voices that give commands or comments to the individual.
- **Disordered thinking and speech** -- moving from one topic to another, in a nonsensical fashion. Individuals may make up their own words or sounds.

Negative symptoms are capabilities that are "lost" from the person's personality.

- Social withdrawal
- Extreme apathy
- Lack of drive or initiative
- Emotional unresponsiveness

What are the different types of schizophrenia?

- **Paranoid schizophrenia** -- a person feels extremely suspicious, persecuted, or grandiose, or experiences a combination of these emotions.
- **Disorganized schizophrenia** -- a person is often incoherent in speech and thought, but may not have delusions.
- **Catatonic schizophrenia** -- a person is withdrawn, mute, negative and often assumes very unusual body positions.
- **Residual schizophrenia** -- a person is no longer experiencing delusions or hallucinations, but has no motivation or interest in life.
- **Schizoaffective disorder**--a person has symptoms of both schizophrenia and a major mood disorder such as depression.

No cure for schizophrenia has been discovered, but with proper treatment, many people with this illness can lead productive and fulfilling lives.

What treatments are available for schizophrenia?

If you suspect someone you know is experiencing symptoms of schizophrenia, encourage them to see a medical or mental health professional immediately. Early treatment--even as early as the first episode--can mean a better long-term outcome.

Recovery and Rehabilitation

While no cure for schizophrenia exists, many people with this illness can lead productive and fulfilling lives with the proper treatment. Recovery is possible through a variety of services, including medication and rehabilitation programs. Rehabilitation can help a person recover the confidence and skills needed to live a productive and independent life in the community. Types of services that help a person with schizophrenia include:

- **Case management** helps people access services, financial assistance, treatment and other resources.
- **Psychosocial Rehabilitation Programs** are programs that help people regain skills such as: employment, cooking, cleaning, budgeting, shopping, socializing, problem solving, and stress management.
- **Self-help groups** provide on-going support and information to persons with serious mental illness by individuals who experience mental illness themselves.
- **Drop-in centers** are places where individuals with mental illness can socialize and/or receive informal support and services on an as-needed basis.
- **Housing programs** offer a range of support and supervision from 24 hour supervised living to drop-in support as needed.
- **Employment programs** assist individuals in finding employment and/or gaining the skills necessary to re-enter the workforce.
- **Therapy/Counseling** includes different forms of “talk” therapy, both individual and group, that can help both the patient and family members to better understand the illness and share their concerns.
- **Crisis Services** include 24 hour hotlines, after hours counseling, residential placement and in-patient hospitalization.

Antipsychotic Medication

The new generation of antipsychotic medications help people with schizophrenia to live fulfilling lives. They help to reduce the biochemical imbalances that cause schizophrenia and decrease the likelihood of relapse. Like all medications, however, anti-psychotic medications should be taken only under the supervision of a mental health professional.

There are two major types of antipsychotic medication:

- **Conventional antipsychotics** effectively control the “positive” symptoms such as hallucinations, delusions, and confusion of schizophrenia.
- **New Generation (also called atypical) antipsychotics** treat both the positive and negative symptoms of schizophrenia, often with fewer side effects.

Side effects are common with antipsychotic drugs. They range from mild side effects such as dry mouth, blurred vision, constipation, drowsiness and dizziness which usually disappear after a few weeks to more serious side effects such as trouble with muscle control, pacing, tremors and facial ticks. The newer generation of drugs have fewer side effects. However, it is important to talk with your mental health professional before making any changes in medication since many side effects can be controlled.

Clinical Trials:

- [National Institute of Mental Health —Project Among African Americans to Explore Risks for Schizophrenia \(PAARTNERS\)](#)
- [National Institute of Mental Health -- NIMH Schizophrenia Research Program](#)

Other Resources

National Alliance for the Mentally Ill (NAMI)

1-800-950-NAM

www.nami.org

National Alliance for Research on Schizophrenia and Depression (NARSAD)

1-800-829-8289

www.narsad.org

National Institute of Mental Health

301-443-4513

www.nimh.nih.gov

Family members or caregivers of a person with schizophrenia can refer to Mental Health America’s “Mental Illness in the Family” brochure series, available through Mental Health America’s Resource Center.

Factsheet: Suicide

No suicide attempt should be dismissed or treated lightly!

Why Do People Commit Suicide?

A suicide attempt is a clear indication that something is gravely wrong in a person's life. No matter the race or age of the person; how rich or poor they are, it is true that most people who commit suicide have a mental or emotional disorder. The most common underlying disorder is depression, 30% to 70% of suicide victims suffer from major depression or bipolar (manic-depressive) disorder.

Warning Signs of Someone Considering Suicide

Any one of these symptoms does not necessarily mean the person is suicidal, but several of these symptoms may signal a need for help:

- Verbal suicide threats such as, "You'd be better off without me." or "Maybe I won't be around"
- Expressions of hopelessness and helplessness
- Previous suicide attempts
- Daring or risk-taking behavior
- Personality changes
- Depression
- Giving away prized possessions
- Lack of interest in future plans

Remember: Eight out of ten suicidal persons give some sign of their intentions. People who talk about suicide, threaten to commit suicide, or call suicide crisis centers are 30 times more likely than average to kill themselves.

What To Do If You Think Someone Is Suicidal

- Trust your instincts that the person may be in trouble
- Talk with the person about your concerns. Communication needs to include LISTENING

- Ask direct questions without being judgmental. Determine if the person has a specific plan to carry out the suicide. The more detailed the plan, the greater the risk
- Get professional help, even if the person resists
- Do not leave the person alone
- Do not swear to secrecy
- Do not act shocked or judgmental
- Do not counsel the person yourself

The Statistics of Suicide

- Suicide is the eighth leading cause of death in the United States, accounting for more than 1% of all deaths
- More years of life are lost to suicide than to any other single cause except heart disease and cancer
- 30,000 Americans commit suicide annually; an additional 500,000 Americans attempt suicide annually
- The actual ratio of attempts to completed suicides is probably at least 10 to 1
- 30% to 40% of persons who commit suicide have made a previous attempt
- The risk of completed suicide is more than 100 times greater than average in the first year after an attempt - 80 times greater for women, 200 times greater for men, 200 times greater for people over 45, and 300 times greater for white men over 65
- Suicide rates are highest in old age: 20% of the population and 40% of suicide victims are over 60. After age 75, the rate is three times higher than average, and among white men over 80, it is six times higher than average
- Substance abuse is another great instigator of suicide; it may be involved in half of all cases. About 20% of suicides are alcohol abusers, and the lifetime rate of suicide among alcoholics is at least three or four times the average. Completed suicides are more likely to be men over 45 who are depressed or alcoholic.

Preventing Suicide

Although they may not call prevention centers, suicidal people usually do seek help; for example, nearly three-fourths of all suicide victims visit a doctor in the four months before their deaths, and half in the month before.

Helping a Suicidal Person

- **No single therapeutic approach is suitable for all suicidal persons** or suicidal tendencies. The most common ways to treat underlying illnesses associated with suicide are with medication, talk therapy or a combination of the two.
- **Cognitive (talk therapy) and behavioral (changing behavior) therapies** aim at relieving the despair of suicidal patients by showing them other solutions to their problems and new ways to think about themselves and their world. Behavioral methods, such as training in assertiveness, problem-solving, social skills, and muscle relaxation, may reduce depression, anxiety, and social ineptitude.
- **Cognitive and behavioral homework assignments are planned** in collaboration with the patient and explained as experiments that will be educational even if they fail. The therapist emphasizes that the patient is doing most of the work, because it is especially important for a suicidal person not to see the therapist as necessary for their survival.
- **Recent research strongly supports the use of medication** to treat the underlying depression associated with suicide. Antidepressant medication acts on chemical pathways of the brain related to mood. There are many very effective antidepressants. The two most common types are selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants (TCAs). Other new types of antidepressants (e.g. alpha-2 antagonist, selective norepinephrine reuptake inhibitors (SNRIs) and aminoketones), and an older class, monoamine oxidase inhibitors (MAOIs), are also prescribed by some doctors.
- **Antidepressant medications are not habit-forming.** Although some symptoms such as insomnia, often improve within a week or two, it may take three or four weeks before you feel better; the full benefit of medication may require six to eight weeks of treatment. Sometimes changes need to be made in dosage or medication type before improvements are noticed. It is usually recommended that medications be taken for at least four to nine months after the depressive symptoms have improved. People with chronic depression may need to stay on medication to prevent or lessen further episodes.
- **People taking antidepressants should be monitored by a doctor** who knows about treating clinical depression to ensure the best treatment with the fewest side effects. It is also very important that your doctor be informed about all other medicines that are taken, including vitamins and herbal supplements, in order to help avoid dangerous interactions. Alcohol or other drugs can interact negatively with antidepressant medication.
- **Do not discontinue medication without discussing the decision with your doctor.**

Resources in Your Community

- Telephone hotlines (Can be obtained from the telephone book, local Mental Health Associations, community centers, or United Way chapters)
- Clergy
- Medical professionals
- Law-enforcement agencies

More Information

If you or someone you know is contemplating suicide, call [1-800-SUICIDE](tel:1-800-SUICIDE) (1-800-784-2433) or [1-800-273-TALK](tel:1-800-273-TALK) (1-800-273-8255).

1-800-784-2433

www.hopeline.com

This will connect you with a crisis center in your area.

Other Resources

American Academy of Child and Adolescent Psychiatry

3615 Wisconsin Ave., N.W.

Washington, D.C. 20016-3007

Phone Number: (202) 966-7300

Fax: (202) 966-2891

Email Address: clinical@aacap.org

Website URL: www.aacap.org

American Association of Suicidology

Phone Number: (202) 237-2280

Website URL: www.suicidology.org

Suicide Prevention Advocacy Network

Phone Number: (888) 649-1366

Website URL: www.spanusa.org

Factsheet: Depression: What You Need to Know

Clinical Depression is a common, real and treatable illness.

Basic Facts About Clinical Depression:

- Clinical depression is one of the most common mental illnesses, affecting more than 19 million Americans each year.^[1] This includes major depressive disorder, manic depression and dysthymia, a milder, longer-lasting form of depression.
- Depression causes people to lose pleasure from daily life, can complicate other medical conditions, and can even be serious enough to lead to suicide.
- -Depression can occur to anyone, at any age, and to people of any race or ethnic group. Depression is never a "normal" part of life, no matter what your age, gender or health situation.
- Unfortunately, though treatment for depression is almost always successful, fewer than half of those suffering from this illness seek treatment.^[2] Too many people resist treatment because they believe depression isn't serious, that they can treat it themselves or that it is a personal weakness rather than a serious medical illness.

Treatments for Clinical Depression:

Clinical depression is very treatable, with more than 80% of those who seek treatment showing improvement. The most commonly used treatments are antidepressant medication, psychotherapy or a combination of the two. The choice of treatment depends on the pattern, severity, persistence of depressive symptoms and the history of the illness. As with many illnesses, early treatment is more effective and helps prevent the likelihood of serious recurrences. Depression must be treated by a physician or qualified mental health professional.

Symptoms of Clinical Depression:

- Persistent sad, anxious or "empty" mood
- Sleeping too much or too little, middle of the night or early morning waking
- Reduced appetite and weight loss, or increased appetite and weight gain
- Loss of pleasure and interest in activities once enjoyed, including sex

- Restlessness, irritability
- Persistent physical symptoms that do not respond to treatment (such as chronic pain or digestive disorders)
- Difficulty concentrating, remembering or making decisions
- Fatigue or loss of energy
- Feeling guilty, hopeless or worthless
- Thoughts of suicide or death

If you have five or more of these symptoms for two weeks or more, you could have clinical depression and should see your doctor or a qualified mental health professional for help.

Causes of Clinical Depression:

Many things can contribute to clinical depression. For some people, a number of factors seem to be involved, while for others a single factor can cause the illness. Oftentimes, people become depressed for no apparent reason.

- **Biological** - People with depression typically have too little or too much of certain brain chemicals, called "neurotransmitters." Changes in these brain chemicals may cause or contribute to clinical depression.
- **Cognitive** - People with negative thinking patterns and low self-esteem are more likely to develop clinical depression.
- **Gender** - Women experience clinical depression at a rate that is nearly twice that of men. While the reasons for this are still unclear, they may include the hormonal changes women go through during menstruation, pregnancy, childbirth and menopause. Other reasons may include the stress caused by the multiple responsibilities that women have.
- **Co-occurrence** - Clinical depression is more likely to occur along with certain illnesses, such as heart disease, cancer, Parkinson's disease, diabetes, Alzheimer's disease and hormonal disorders.
- **Medications** - Side effects of some medications can bring about depression.
- **Genetic** - A family history of clinical depression increases the risk for developing the illness.
- **Situational** - Difficult life events, including divorce, financial problems or the death of a loved one can contribute to clinical depression.

References

- [1] National Institute of Mental Health: "The Numbers Count: Mental Illness in America," *Science on Our Minds Fact Sheet Series*. Accessed August 1999. Netscape: <http://www.nimh.nih.gov/publicat/numbers.cfm>
- [2] Rupp A, Gause E, Regier D: "Research Policy Implications of Cost-of-Illness Studies for Mental Disorders," *British Journal of Psychiatry Suppl* 1998; 36: 19-25.
- [3] National Institute of Mental Health, D/ART Campaign, "Depression: What Every Woman Should Know," (1995). Pub No. 95-3871.

Factsheet: Bipolar Disorder: What You Need to Know

What is Bipolar Disorder?

Bipolar disorder, also known as manic depression, is an illness involving one or more episodes of serious mania and depression. The illness causes a person's mood to swing from excessively "high" and/or irritable to sad and hopeless, with periods of a normal mood in between. More than 2 million Americans suffer from bipolar disorder.

Bipolar disorder typically begins in adolescence or early adulthood and continues throughout life. It is often not recognized as an illness and people who have it may suffer needlessly for years.

Bipolar disorder can be extremely distressing and disruptive for those who have this disease, their spouses, family members, friends and employers. Although there is no known cure, bipolar disorder is treatable, and recovery is possible. Individuals with bipolar disorder have successful relationships and meaningful jobs. The combination of medications and psychotherapy helps the vast majority of people return to productive, fulfilling lives.

"Bipolar disorder is treatable, and recovery is possible."

What causes bipolar disorder?

Although a specific genetic link to bipolar disorder has not been found, studies show that 80 to 90 percent of those who suffer from bipolar disorder have relatives with some form of depression.

It is also possible that people may inherit a tendency to develop the illness, which can then be triggered by environmental factors such as distressing life events.

The presence of bipolar disorder indicates a biochemical imbalance which alters a person's moods. This imbalance is thought to be caused by irregular hormone production or to a problem with certain chemicals in the brain, called neurotransmitters, that act as messengers to our nerve cells.

What are the symptoms of bipolar disorder?

Bipolar disorder is often difficult to recognize and diagnose. It causes a person to have a high level of energy, unrealistically expansive thoughts or ideas, and impulsive or reckless behavior. These symptoms may feel good to a person, which may lead to denial that there is a problem.

Another reason bipolar disorder is difficult to diagnose is that its symptoms may appear to be part of another illness or attributed to other problems such as substance abuse, poor school performance, or trouble in the workplace.

Symptoms of mania

The symptoms of mania, which can last up to three months if untreated, include:

- Excessive energy, activity, restlessness, racing thoughts and rapid talking
- Denial that anything is wrong
- Extreme "high" or euphoric feelings -- a person may feel "on top of the world" and nothing, including bad news or tragic events, can change this "happiness."
- Easily irritated or distracted.
- Decreased need for sleep – an individual may last for days with little or no sleep without feeling tired.
- Unrealistic beliefs in one's ability and powers -- a person may experience feelings of exaggerated confidence or unwarranted optimism. This can lead to over ambitious work plans and the belief that nothing can stop him or her from accomplishing any task.
- Uncharacteristically poor judgment -- a person may make poor decisions which may lead to unrealistic involvement in activities, meetings and deadlines, reckless driving, spending sprees and foolish business ventures.
- Sustained period of behavior that is different from usual -- a person may dress and/or act differently than he or she usually does, become a collector of various items, become indifferent to personal grooming, become obsessed with writing, or experience delusions.
- Unusual sexual drive
- Abuse of drugs, particularly cocaine, alcohol or sleeping medications
- Provocative, intrusive, or aggressive behavior -- a person may become enraged or paranoid if his or her grand ideas are stopped or excessive social plans are refused.

Symptoms of Depression

Some people experience periods of normal mood and behavior following a manic phase, however, the depressive phase will eventually appear. Symptoms of depression include:

- Persistent sad, anxious, or empty mood
- Sleeping too much or too little, middle-of-the-night or early morning waking
- Reduced appetite and weight loss or increased appetite and weight gain
- Loss of interest or pleasure in activities, including sex
- Irritability or restlessness
- Difficulty concentrating, remembering or making decisions.
- Fatigue or loss of energy
- Persistent physical symptoms that don't respond to treatment (such as chronic pain or digestive disorders)
- Thoughts of death or suicide, including suicide attempts
- Feeling guilty, hopeless or worthless

Treatment

Treatment is critical for recovery. A combination of medication, professional help and support from family, friends and peers help individuals with bipolar disorder stabilize their emotions and behavior.

Most people with bipolar disorder can be treated with medication. A common medication, Lithium, is effective in controlling mania in 60% of individuals with bipolar disorder. Olanzapine (Zyprexa), an antipsychotic, is a new treatment for bipolar disorder, Carbamazepine (Tegretol) and divalproex sodium (Depakote), which are mood-stabilizers and anticonvulsants, are some of the other medications used. In addition, benzodiazepines are sometimes prescribed for insomnia and thyroid medication can also be helpful.

It is suggested that those with bipolar disorder receive guidance, education and support from a mental health professional to help deal with personal relationships, maintain a healthy self-image and ensure compliance with his or her treatment.

Support and self-help groups are also an invaluable resource for learning coping skills, feeling acceptance and avoiding social isolation. Friends and family should join a support group to

better understand the illness so that they can continue to offer encouragement and support to their loved ones.

Other Resources:

Depression and Bipolar Support Alliance (DBSA)

730 N. Franklin Street, Suite 501

Chicago, IL 60610-7204

Phone Number: (312) 642-0049

Toll-Free Number: (800) 826-3632

Fax Number: (312) 642-7243

Website URL: www.dbsalliance.org

National Institute of Mental Health

Phone Number: 301-443-4513

Toll Free Number: 1-866-615-6464

Fax Number: 301-443-4279

Email Address: nimhinfo@nih.gov

Website URL: www.nimh.nih.gov

National Foundation for Depressive Illness

Phone: 800-239-1265

www.depression.org

Sources

" Bipolar Disorder," NIMH, U.S. Department of Health and Human Services.

" Facts About: Manic Depression," American Psychiatric Association.

" Overview of Bipolar Disorder and its Symptoms," National Depressive and Manic Depressive Association.

Factsheet: Post-Traumatic Stress Disorder (PTSD)

If you have gone through a traumatic experience, it is normal to feel lots of emotions, such as distress, fear, helplessness, guilt, shame or anger. You may start to feel better after days or weeks, but sometimes, these feelings don't go away. If the symptoms last for more than a month, you may have post-traumatic stress disorder or PTSD.

"Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur following the experience or witnessing of a traumatic event. A traumatic event is a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood." [1]

PTSD is a real problem and can happen at any age. If you have PTSD, you are not alone. It affects nearly eight million American adults. [2]

Who can get PTSD?

- Anyone who was a victim, witnessed or has been exposed to a life-threatening situation.
- Survivors of violent acts, such as domestic violence, rape, sexual, physical and/or verbal abuse or physical attacks.
- Survivors of unexpected dangerous events, such as a car accident, natural disaster, or terrorist attack.
- Combat veterans or civilians exposed to war.
- People who have learned of or experienced an unexpected and sudden death of a friend or relative.
- Emergency responders who help victims during traumatic events.
- Children who are neglected and/or abused (physically, sexually or verbally).

What are the symptoms of PTSD?

For many people, symptoms begin almost right away after the trauma happens. For others, the symptoms may not begin or may not become a problem until years later. Symptoms of PTSD may include:

- **Repeatedly thinking about the trauma.** You may find that thoughts about the trauma come to mind even when you don't want them to. You might also have nightmares or flashbacks about the trauma or may become upset when something reminds you of the event.
- **Being constantly alert or on guard.** You may be easily startled or angered, irritable or anxious and preoccupied with staying safe. You may also find it hard to concentrate or sleep or have physical problems, like constipation, diarrhea, rapid breathing, muscle tension or rapid heart rate.
- **Avoiding reminders of the trauma.** You may not want to talk about the event or be around people or places that remind you of the event. You also may feel emotionally numb, detached from friends and family, and lose interest in activities.

These are other symptoms of PTSD:

- **Panic attacks:** a feeling of intense fear, with shortness of breath, dizziness, sweating, nausea and racing heart.
- **Physical symptoms:** chronic pain, headaches, stomach pain, diarrhea, tightness or burning in the chest, muscle cramps or low back pain.
- **Feelings of mistrust:** losing trust in others and thinking the world is a dangerous place.
- **Problems in daily living:** having problems functioning in your job, at school, or in social situations.
- **Substance abuse:** using drugs or alcohol to cope with the emotional pain.
- **Relationship problems:** having problems with intimacy, or feeling detached from your family and friends.
- **Depression:** persistent sad, anxious or empty mood; loss of interest in once-enjoyed activities; feelings of guilt and shame; or hopelessness about the future. Other symptoms of depression may also develop.
- **Suicidal thoughts:** thoughts about taking one's own life. If you or someone you know is thinking about suicide, call [1-800-273-TALK](tel:1-800-273-TALK) (8255).

How can I feel better?

PTSD can be treated with success. Treatment and support are critical to your recovery. Although your memories won't go away, you can learn how to manage your response to these memories and the feelings they bring up. You can also reduce the frequency and intensity of your reactions. The following information may be of help to you.

Psychotherapy. Although it may seem painful to face the trauma you went through, doing so with the help of a mental health professional can help you get better. There are different types of therapy.

- **Cognitive behavioral therapy** helps you change the thought patterns that keep you from overcoming your anxiety.
- During **exposure therapy**, you work with a mental health professional to help you confront the memories and situations that cause your distress.
- **Cognitive Processing Therapy** helps you process your emotions about the traumatic event and learn how to challenge your thinking patterns.
- **Psychodynamic psychotherapy** focuses on identifying current life situations that set off traumatic memories and worsen PTSD symptoms.[3]
- During **Eye Movement Desensitization and Reprocessing**, you think about the trauma while the therapist waves a hand or baton in front of you. You follow the movements with your eyes. This helps your brain process your memories and reduce your negative feelings about the memories.
- **Couples counseling and family therapy** helps couples and family members understand each other.

Medicine, such as selective serotonin reuptake inhibitors or SSRIs, is used to treat the symptoms of PTSD. It lowers anxiety and depression and helps with other symptoms. Sedatives can help with sleep problems. Anti-anxiety medicine may also help.

Support groups. This form of therapy, led by a mental health professional, involves groups of four to 12 people with similar issues to talk about. Talking to other survivors of trauma can be a helpful step in your recovery. You can share your thoughts to help resolve your feelings, gain confidence in coping with your memories and symptoms and find comfort in knowing you're not alone. For a list of support groups in your area, contact your local Mental Health America organization. Find their information at www.mentalhealthamerica.net/go/go/find_support_group.

"[As part of my recovery from PTSD], I created a visual space for my domestic violence memories. I had a closet (in my mind) where I kept my memories. I kept memories separate, in boxes with lids on the shelves of the closet. When unwanted thoughts about the

domestic violence I suffered crept into my life, I stopped the thought process by telling myself that now isn't the time. I created an actual visual experience, in which I envisioned taking the memory, opening the closet, taking down an empty box, placing the unwanted memory or thought into the box, closing the box, labeling it and putting the box back on the shelf. Then when I had quiet time or thought I was ready to confront a specific memory, I would visualize going into the closet and taking down the labeled box with that memory. I would open the box and examine the contents. Sometimes I cried, laughed, or mourned. When I had enough, I would put the memory back into the box. I found that, over time, there were fewer and fewer boxes in my closet. And the boxes were smaller and smaller. While I haven't quite walled the closet over, the last time I went there, the closet was all but empty."

Kathlene, Pennsylvania

Self-care. Recovering from PTSD is an ongoing process. But there are healthy steps you can take to help you recover and stay well. Discover which ones help you feel better and add them to your life.

- **Connect with friends and family.** It's easy to feel alone when you've been through a trauma and are not feeling well. But isolation can make you feel worse. Talking to your friends and family can help you get the support you need. Studies show that having meaningful social and family connections in your life can have a positive impact on your health and healing.[4]
- **Relax.** Each person has his or her own ways to relax. They may include listening to soothing music, reading a book or taking a walk. You can also relax by deep breathing, yoga, meditation or massage therapy. Avoid using drugs, alcohol or smoking to relax.
- **Exercise.** Exercise relieves your tense muscles, improves your mood and sleep, and boosts your energy and strength. In fact, research shows that exercise can ease symptoms of anxiety and depression.[5] Try to do a physical activity three to five days a week for 30 minutes each day. If this is too long for you, try to exercise for 10 to 15 minutes to get started.
- **Get enough rest.** Getting enough sleep helps you cope with your problems better, lowers your risk for illness and helps you recover from the stresses of the day. Try to get seven to nine hours of sleep each night. Visit the Sleep Foundation at www.sleepfoundation.org for tips on getting a better night's sleep.
- **Keep a journal.** Writing down your thoughts can be a great way to work through issues. Researchers have found that writing about painful events can reduce stress and improve health.[6]

- **Refrain from using drugs and alcohol.** Although using drugs and alcohol may seem to help you cope, it can make your symptoms worse, delay your treatment and recovery, and can cause abuse or addiction problems.
- **Limit caffeine.** In some people, caffeine can trigger anxiety. Caffeine may also disturb your sleep.
- **Help others.** Reconnect to your community by volunteering. Research shows that volunteering builds social networks, improves self-esteem and can provide a sense of purpose and achievement.
- **Limit TV watching.** If watching the news or other programs bothers you, limit the amount of time you watch. Try not to listen to disturbing news before going to sleep. It might keep you from falling asleep right away.

Helping a Family Member With PTSD

If someone in your family has PTSD, it can be a hard time for family members too. Your loved one with PTSD may have symptoms that interfere with your relationship and change family life. If your loved one has PTSD, you may also be coping with these difficult feelings:

- Depressed or angry about the changes in family life.
- Fearful if your loved one is angry or aggressive.
- Reluctant to talk about the trauma or avoiding situations that might upset your loved one.
- Angry or resentful toward your loved one.
- Tired from sleep problems because of worry, depression or because of your loved one's sleep problems.
- Isolated if your partner refuses to socialize.
- Emotional distance from your partner.

The stress of PTSD can affect all members of the family. If PTSD is affecting your family, consider contacting a mental health professional for individual, couples or family counseling. Through counseling, you can get the help you and your family needs to cope and support each other. For a referral to local services, contact your local Mental Health America organization or Mental Health America at 800-969-6642. You can also visit www.mentalhealthamerica.net.

Ask Dr. Riggs

Dr. David Riggs is an expert on trauma and PTSD and Executive Director of the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences (USUHS). Below he describes symptoms and treatment of PTSD and offers ways to talk to your family and friends about PTSD.

I'm having symptoms of PTSD, and feel like I've lost control of my life. Does this mean I'm a weak person?

Far from it. The reactions that we use to diagnose PTSD—things like intrusive memories, feeling distanced from other people, sleep problems, anger and anxiety, are very normal reactions to traumatic events. Almost everyone who experiences a trauma will have some of these reactions. Usually they start right after the trauma, but sometimes these reactions don't show up until weeks or months after the event. For most people, these reactions will get better over time. But for others, they seem to hang on and may get worse. When these reactions last for at least a month, we call them PTSD.

I think I might have PTSD. Who should I talk to?

If you have just been through a trauma in the last few weeks, it is very normal to have reactions that look like PTSD. While we do not know for sure what works best to help people recover from a trauma, support from other people seems to be important. So if you can talk to family, friends, or other supportive people about the difficulties you are having, it might help. Support groups may also help.

If your symptoms persist more than a month or so, and you think you have PTSD, I would encourage you to see a mental health professional. As a first step, you might talk to your doctor or other health care provider. He or she can refer you to a mental health professional if it is appropriate. If you do seek counseling, try to seek out treatment from a provider who knows how to treat issues that arise after a trauma.

Certain things seem to set off my symptoms of PTSD. What can I do to control these triggers?

For people with PTSD, it is very common for their memories to be triggered by sights, sounds, smells or even feelings that they experience. These triggers can bring back memories of the

trauma and cause intense emotional and physical reactions, such as raised heart rate, sweating and muscle tension. Because these memories and feelings are unpleasant, you may have the urge to avoid the triggers. Avoiding things that make you uncomfortable is normal and will make you feel better in the short run. But in the long run, this avoidance will make things worse. If the pattern continues, you can make your problems worse. Instead of avoiding triggers, it is probably better to learn how to manage your reactions when they are triggered. Many forms of therapy are effective in treating PTSD. Cognitive behavioral therapy, in particular, can help you learn ways to reduce and manage your reactions to triggers.

Will my PTSD symptoms ever go away?

Over the first few weeks after a trauma, you will probably see things getting better and better. However, if your symptoms have lasted for two or three months, it is unlikely that they will go away on their own. The good news is that some very good short-term therapies have been developed that can help you recover from PTSD. The most carefully studied therapies, and those that have been found most effective, fall under the general category of cognitive behavior therapy. At this time, the treatments that have been shown most effective in treating PTSD are Exposure Therapy, Cognitive Processing Therapy, and Eye Movement Desensitization and Reprocessing. These therapies combine skills training, education and strategies for coping with symptoms. A lot of studies have shown that these treatments can reduce PTSD symptoms, and many people who complete these treatments no longer have PTSD.

I've tried medicine, but I'm not getting any better. Is there any hope for me?

Although medicines can reduce the symptoms of PTSD, the fact that the medicine has not helped you does not mean you are stuck with the PTSD forever. You need to realize that no one medicine is going to work for everyone who has PTSD. Even medicines that are helpful with some symptoms may leave you with problems in other areas. You may be able to try a different medicine that will work better for you. Your doctor may also want to add a medicine to help with specific problems you might have. For instance, he or she may want to prescribe a sleeping pill to help with sleep problems even though you are taking another medicine for PTSD. Also know that even if medicines are able to reduce your PTSD symptoms, the symptoms are likely to come back (at least partially) when you stop taking the medicine.

If you are unable to find a medicine that helps relieve your PTSD symptoms or if you want to stop taking a medicine that has helped, there are other options for you. There are some forms of psychotherapy that have been developed specifically to treat PTSD and found very effective.

Research suggests that the improvements made through therapy remain with you even after you stop seeing a therapist. Therapy may even be able to help you avoid the return of symptoms when you stop taking a medicine that has helped.

Regardless of whether you think you should try a different medicine, start an additional medicine, or stop taking medicines altogether, you should always make these decisions with your doctor.

How do I talk to my family about PTSD?

Talking to your family or other people who care about you can be hard. You may be concerned that they will think badly of you, or that you might become upset when you talk to them. You might also be worried that your family might be upset by things you tell them. Without knowing you or your family, it is very hard to tell you exactly how best to talk to them about your PTSD, but the following ideas may be helpful.

First, remember that you do not have to tell everyone at one time, and you do not need to tell everything at once. You might begin by telling one person that you are close to what is bothering you. You do not have to go into all of the details of what happened to you. Just talk about what you are feeling now. Once you are able to tell one person, it will probably be easier to talk to other people about what is bothering you. You could also share a written description of PTSD with your family, something like this publication. This can give you a way to talk about PTSD and related problems without having to focus on your own symptoms.

One important thing to remember is that when someone has PTSD, it often affects people around them as well. Family members and friends may notice that you are jumpier, anxious, depressed or not sleeping well. Also, people with PTSD tend to withdraw from people. Because of these aspects of PTSD, your family probably already knows that something is wrong. Unfortunately, they may not understand what is bothering you or why you seem so different. The fact that people with PTSD withdraw from those who care most about them is particularly problematic because the support that these people can offer to you may be really helpful in overcoming the problems that develop after a trauma. Remember that many of the PTSD symptoms that are bothering you are common reactions to trauma. They do not mean you are somehow to blame.

Despite all of this, some family members and friends may not be able to offer you the support that you would like. It may be that they don't know what would be most helpful and that they

are themselves too upset to help, or that the problems resulting from the PTSD make it too hard to be supportive. If you need more help talking to them, or if your family has a difficult time when you do tell them, you should seek help from a mental health professional who can help you cope with the specific challenges that you are having.

The PTSD brochure was reviewed by David S. Riggs, Ph.D., Executive Director, Center for Deployment Psychology, Uniformed Services University of the Health Sciences.

Other Resources

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