

PSYCHIATRIC DISORDERS

Attention Deficit Hyperactivity Disorder

ADHD is usually first diagnosed during the elementary school years. In some cases, symptoms continue into adolescence. A teenager with Attention Deficit/Hyperactivity Disorder has problems with paying attention and concentration and/or with hyperactive and impulsive behavior. Despite good intentions, a teenager may be unable to listen well, organize work, and follow directions. Cooperating in sports and games may be difficult. Acting before thinking can cause problems with parents, teachers, and friends. These teens may be restless, fidgety, and unable to sit still.

Attention Deficit/Hyperactivity Disorder occurs more commonly in boys and symptoms are always present before the age of seven. Problems related to ADHD appear in multiple areas of a youngster's life and can be very upsetting to the teen, his/her family, and people at school. Symptoms of ADHD frequently become less severe during the late teen years and in young adulthood.

Attention Deficit Disorder is a mental disorder, found in children, that is defined as developmentally, inappropriate, inattention and impulsivity with or without hyperactivity.

Simply put, children with Attention Deficit Disorder exhibit restlessness or jitteriness and they have a short attention span and poor impulse control.

They are often difficult to manage as toddlers and preschoolers. In later childhood, they may exhibit continuous movement of the lower extremities, purposeless movement and fidgeting of the hands, impulsive talking and a seeming lack of awareness of their environment.

Description

Attention Deficit Disorder occurs typically before age three and invariably before age seven and affects 5 to 10 percent of school-aged children. It is seen four times more frequently in boys than girls.

Causes

The cause of Attention Deficit Disorder is unknown. Several theories have been proposed that point to biochemical, sensory and motor, and physiologic causes. Diagnosis is often difficult because no particular organic signs or set of neurologic indicators are specific. The primary signs are behavioral and vary with situation and time. Social and medical histories and school reports are essential for diagnosis.

Symptoms

There are three primary signs of Attention Deficit Disorder:

Inattention - failure to finish tasks started, easy distractibility, seeming lack of attention, and difficulty concentrating on tasks requiring sustained attention

Impulsivity - acting before thinking, difficulty taking turns, problems organizing work and constant shifting from one activity to another

Hyperactivity - difficulty staying seated and sitting still and running or climbing on things excessively, "always on the go" (Although hyperactivity tends to diminish with age, residual symptoms and signs can extend well into adulthood.)

Treatment

No single treatment has been completely effective with all children; however, medications combined with behavioral and cognitive therapies have the greatest control on symptoms. The most crucial aspects of a treatment plan are parental attitudes and cooperation.

The use of behavior modification has been advocated as an alternative to stimulants for the following reasons:

- stimulants do not work in roughly 20 percent of cases
- some children develop limiting side effects, including insomnia, weight loss and headaches
- some parents do not want their children on medication, no matter how convinced their doctor is of the value of medications
- medications have not shown convincing evidence of being able to positively affect the child when the child has a learning disorder or has a long standing problem with completing homework

Anxiety Disorders

Anxiety is the fearful anticipation of further danger or problems accompanied by an intense unpleasant feeling (dysphoria) or physical symptoms. Anxiety is not uncommon in children or adults. Anxiety may be presented as:

(1) Separation Anxiety Disorder: Excessive anxiety concerning separation from home or from those to whom the child is attached. The youngster may develop excessive worrying to the point of being reluctant or refusing to go to school, being alone, or sleeping alone. Repeated nightmares and complaints of physical symptoms (such as headaches, stomach aches, nausea, or vomiting) may occur.

(2) Generalized Anxiety Disorder: Excessive anxiety and worry about events or activities such as school. The child or adult has difficulty controlling worries. There may also be restlessness, fatigue, difficulty concentrating, irritability, muscle tension, and sleep difficulties.

(3) Panic Disorder: The presence of recurrent, unexpected panic attacks and persistent worries about having attacks. Panic Attack refers to the sudden onset of intense apprehension, fearfulness, or terror, often associated with feelings of impending doom. There may also be shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations, and fear of "going crazy" or losing control.

(4) Phobias: Persistent, irrational fears of a specific object, activity, or situation (such as flying, heights, animals, receiving an injection, seeing blood). These intense fears cause the child or adult to avoid the object, activity, or situation.

Alzheimer's Disease(Dementia)

Alzheimer's Disease (pronounced Altz-hi-merz) is a disease of the brain that leads to the loss of a person's mental and physical functions.

It is not a normal part of aging or something that is expected to happen later in life.

It affects an estimated 5 to 6 percent of older adults, and women and men almost equally. Most of its victims are over 65; however, people in their 40s and 50s can develop Alzheimer's disease.

Causes

The cause of Alzheimer's is not known. Research has led to several theories that are still being investigated. An absolute diagnosis of Alzheimer's can only be determined during the examination of brain tissue, which is usually done during an autopsy.

There are five theories most believed to contribute to the cause of Alzheimer's disease; however, none of them have been proven.

They are:

Chemical	The change in the amount of natural chemicals in the brain can cause brain cells to degenerate.
Genetic	Several family members can develop the disease.
Autoimmune	The body's immune system may begin to attack its own brain cells.
Slow virus	A virus that causes some of the brain disorders that closely resemble Alzheimer's disease.
Blood Vessel Defects	Defects in blood vessels supplying blood to the brain.

Signs and Symptoms

The onset of Alzheimer's disease is usually very slow and gradual. It seldom occurs before the age 65. Someone with Alzheimer's disease may:

- Having memory problems.
- Becoming disoriented or lost

Bipolar Disorder

Bipolar Disorder is an illness that causes a person to have dramatic mood changes. Such changes can range from being overly "high" and irritable, to sad and hopeless, with normal moods in between. It usually occurs as early as 20, and sometimes in early adolescence. Once it occurs, it frequently or usually continues throughout a person's life. Onset of the illness after age 60 is rare. Almost 2 million Americans suffer from the disorder, which seems to run in families and is believed to be inherited. It is one of the most common and most treatable of the mental illnesses.

Causes

There is no known cause of Bipolar Disorder.

Signs and Symptoms

When experiencing an overly "high" feeling (manic phase), the person may have:

- Unusual behavior for a period of two weeks or more
- Increased energy and activity, racing thoughts and rapid talking
- A decreased need for sleep
- Increased sexual drive
- Unrealistic beliefs in own powers and abilities
- Abuse of drugs, particularly cocaine, alcohol and sleeping medications
- Denial that anything is wrong
- Extreme irritability
- Extremely intrusive, offensive behavior

When experiencing sad and hopeless feelings (depressive phase) the person may have:

- Feelings of guilt, worthlessness or helplessness

Depression

Everyone gets the blues or feels sad from time to time, or feels intense grief brought about by the loss of a loved one. These feelings are an unavoidable but normal and temporary reaction to life's stresses. There is a point at which a combination of the intensity and duration of emotion and symptoms indicates that depression has ceased to be a temporary mood and has become a clinical state. Depressive disorders come in various forms. Some people have one episode in a lifetime; others have recurrent episodes. Some people who suffer from a major depressive disorder have symptoms so severe that they are unable to function at all. Other people have ongoing, chronic, milder symptoms (depressive neurosis). Some have bipolar disorder, experiencing cycles of terrible lows and inappropriate highs. Depressive disorders are the most prevalent of the mental illnesses, but are also the most responsive to treatment.

Causes

The causes of depression are not yet known. In the past 10 years, compelling evidence has established that depressive disorders run in families. Sometimes the onset of a depressive disorder is associated with acute or chronic physical illnesses. Negative life events, such as the loss of a loved one, divorce, a move, a major financial upheaval or other loss may cause depression. Certain personality traits, such as low self-esteem, may cause a person to be more vulnerable to depression. Twice as many women as men suffer from depression. A high proportion of people under age 40 are depressed. Divorced people have the highest rate of depressive symptoms, while married men have the lowest rates.

Symptoms

When four or more of the following symptoms persist for more than two weeks or are causing impairment in ordinary functioning, professional treatment should be sought:

- Persistent, empty, or anxious mood
- Loss of interest or pleasure in ordinary activities, including sex
- Decreased energy, fatigue, being slowed down
- Sleep disturbances (insomnia, early-morning waking or oversleeping)
- Eating disturbances (loss of appetite and weight, or weight gain)
- Difficulty concentrating, remembering, making decisions
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Thoughts of death or suicide; suicide attempts
- Irritability
- Excessive crying
- Chronic aches and pains that don't respond to treatment

Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD), one of the anxiety disorders, is a potentially disabling condition that can persist throughout a person's life. The individual who suffers from OCD becomes trapped in a pattern of repetitive thoughts and behaviors that are senseless and distressing but extremely difficult to overcome. OCD occurs in a spectrum form mild to severe, but if severe and left untreated, can destroy a person's capacity to function at work, at school or even in the home.

Causes

According to recent research, OCD is caused by biological factors - a biochemical imbalance in the brain, interacting with environmental influences. Brain-imaging studies have revealed that patients with OCD have patterns of brain activity that differ from those of people who don't have a mental illness. A person with OCD does not have enough of the neurotransmitter called serotonin. Very simply put, serotonin is an organic compound in the brain that acts as a pathway carrying messages between nerve endings. Without serotonin, the impulses cannot be sent. When that occurs, the brain puts information together based on what is transmitted. Since it doesn't have the full story, it does not put messages together properly.

Symptoms

obsessions - persistent fears that harm may come to self or loved one; unreasonable belief that one has a terrible illness; or an excessive need to do things correctly or perfectly ("My hands are contaminated, I must wash them"; or "I may have left the doors unlocked"; or "I am going to harm my child.")

compulsions or rituals - responses to obsessions that include repetitive behaviors such as washing hands; checking locks; counting; endlessly rearranging objects to align them in a precise way; or hoarding.

People with OCD often know that their obsessions and compulsions are senseless, but they are unable to stop obsessing or carrying out the rituals; although some may control or hide their symptoms during work or school hours, over time the rituals do take over their lives.

OCD tends to last for years, even decades, becoming severe from time to time, maybe with long intervals when the symptoms are mild, but for most, the symptoms are chronic.

Panic Disorders

A panic attack represents an intense level of anxiety and is one of the most distressing conditions that a person can experience. Most people who have one attack will have others. When someone has repeated attacks, or feels severe anxiety about having another attack, they are said to have a panic disorder. Panic disorder is a serious health problem in this country. At least 1.6 percent of adult Americans, or three million people, will have panic disorder at some time in their lives. Panic attacks are different from other types of anxiety in that they are sudden, appear to be unprovoked and are often disabling. Once someone has had a panic attack, for example, while driving, shopping in a crowded store, or riding in an elevator - he or she may develop irrational fears, called phobias, about these situations and begin to avoid them. Eventually, the pattern of avoidance and level of anxiety about another attack may reach the point where the individual with panic disorder may be unable to drive or even step out of the house. At this stage, the person is said to have panic disorder with agoraphobia. Because of the disturbing symptoms that accompany panic disorder, it may be mistaken for heart disease or some other life-threatening medical illness. People frequently go to the hospital emergency rooms when they are having a panic attack, and extensive medical tests may be performed to rule out these other conditions.

Symptoms of a Panic Attack:

- racing or pounding heartbeat
- chest pains
- dizziness, lightheadedness, nausea
- tingling or numbness in the hands
- flushes or chills
- dreamlike sensations or perceptual distortions
- terror - a sense that something unimaginably horrible is about to occur
- fear of losing control and doing something embarrassing
- fear of dying

Post Traumatic Stress Disorder(PTSD)

PTSD can occur when a person experiences a shocking, unexpected event that is outside the range of usual human experience. The trauma is usually so extreme that it can overwhelm their coping mechanisms and create intense feelings of fear and helplessness. The traumatic event may be experienced by the individual directly (e.g. physical or sexual abuse, assault, rape, kidnapping, threatened death), by observation (witness of trauma to another person), or by learning about a trauma affecting a close relative or friend. Whether teens develop PTSD depends on a combination of their previous history, the severity of the traumatic event, and the amount of exposure.

Symptoms

- Recurrent, intrusive, and distressing memories of the event
- Recurrent, distressing dreams of the event
- Acting or feeling as if the traumatic event were recurring
- Psychological distress when exposed to reminders of the event.
- Numbing of general responsiveness (detachment, estrangement from others, decreased interest in significant activities)

- Persistent symptoms of increased arousal (irritability, sleep disturbances, poor concentration, hyper-vigilance, anxiety).

Psychosis

Psychotic disorders include severe mental disorders which are characterized by extreme impairment of a person's ability to think clearly, respond emotionally, communicate effectively, understand reality, and behave appropriately. Psychotic symptoms can be seen in persons with a number of serious mental illnesses, such as depression, bi-polar disorder (manic-depression), schizophrenia, and with some forms of drug and alcohol abuse. Psychotic symptoms interfere with a person's daily functioning and can be quite debilitating. Psychotic symptoms include **delusions** and **hallucinations**.

Delusion: A false, fixed, odd, or unusual belief firmly held by the patient. The belief is not ordinarily accepted by other members of the person's culture or subculture. There are delusions of paranoia (others are plotting against them), grandiose delusions (exaggerated ideas of one's importance or identity), and somatic delusions (a healthy person believing that he/she has a terminal illness).

Hallucination: A sensory perception (seeing, hearing, feeling, and smelling) in the absence of an outside stimulus. For example, with auditory hallucinations, the person hears voices when there is no one talking.

Schizophrenia

Schizophrenia is a brain disease. A complex, extremely puzzling condition, it is the most common, chronic, disabling and least understood of the major mental illness.

Causes

Scientists do not agree on what causes schizophrenia, but do agree that many factors contribute to its development. **Biochemical imbalance.** Some people with Schizophrenia have abnormal chemicals and its link to schizophrenia is expanding rapidly and this area of research is very active. **Heredity.** Schizophrenia runs in families, and children of schizophrenic parents are more likely to develop the disease. **Environment.** Genetic factors produce a vulnerability to schizophrenia and environment factors contribute to different degrees in different individuals. **Family relations.** Parents do not cause schizophrenia, but some studies suggest that

certain family environments leave children ill-equipped to deal with complex, changing or stressful situations. **Birth defects.** Certain complications during pregnancy or birth may increase the likelihood of a child becoming schizophrenic.

Symptoms

The common notion that schizophrenia is the same as "split personality" - a Dr. Jekyll/Mr. Hyde - is not accurate. Multiple personality is an entirely different disorder this is really quite rare. Most people occasionally experience some of the following symptoms, but for people with schizophrenia they are severe and persistent.

Unusual realities - viewing the world differently and, because of this, often feeling anxious and confused or distant, detached or preoccupied.

Hallucinations - sensing things that do not exist; hearing voices and seeing people or objects that are not there or feeling invisible fingers touching their bodies.

Delusions - persistent false beliefs, feelings of being cheated, harassed, poisoned or conspired against.

Disordered thinking - not thinking straight, inability to concentrate or make logical connections, jumping from topic to topic.

Inappropriate emotional expression - showing inappropriate emotions or no emotions at all, exhibiting prolonged elation or depression, laughing at something sad.

Fear - inability to control threatening thoughts or ideas.

Isolation - withdrawal from others, being absorbed by internal thoughts and feelings, threatening suicide.