Mending the Mind: treatment of the severely mentally ill
First, the bad news...
Mental Illness Prevalence: putting things in perspective

-- More than 54 million Americans have a mental disorder in any given year, although fewer than 8 million seek treatment

  -- 85% of individuals have a first or second degree relative with a mental disorder

  -- mental disorder defined as a disorder that significantly impairs social, educational, or occupational function

Surgeon General Report on Mental Health, 1999
Mental Illness Prevalence: putting things in perspective

-- Depression and anxiety disorders — the two most common mental illnesses — each affect 19 million American adults annually (NIMH, 1999).

-- Approximately 12 million women in the United States experience depression every year — roughly twice the rate of men (NIMH, 1999).
Mental Illness Prevalence: putting things in perspective

-- One percent of the population (more than 2.5 million Americans) has schizophrenia (Schizophrenia Bulletin, 1998).

-- Bipolar disorder, also known as manic-depressive illness, affects more than 2 million Americans (NIMH, 2000).
Mental Illness Prevalence: putting things in perspective

-- Suicide is the 7th most common cause of premature death in United States in adults; estimated that 70% of suicide victims are depressed translating to ~50,000 deaths/year.

-- Suicide is the third leading cause of death for 15- to 24-year-olds and the sixth leading cause of death for 5- to 14-year-olds. The number of attempted suicides is even higher (AACAP, 1997).
Now, the good news!

Better understanding of the illnesses
Better treatments for the illnesses
Science is accelerating the discovery of new treatments faster than ever
The Major Mental Illnesses for Adults

--Schizophrenia (~1.0% population)

--Schizoaffective Disorder (~0.7% population)

--Bipolar Disorder (~0.9% population)

--Major Depressive Disorder (severe with or without psychosis; 1-3% population)
Best Predictor of Good Outcome with Mental Illness…

Family Involvement!

Education, Awareness, Support
Schizophrenia
Symptoms of Schizophrenia

Positive Symptoms:
- Delusions
- Hallucinations
- Unusual behavior

Mood Disturbances:
- Dysphoria
- Depression

Negative Symptoms:
- Flat affect
- Social withdrawal
- Emotional withdrawal

Cognitive Changes:
- Attention
- Memory
- Executive functioning
- Decision making

Social and Occupational Dysfunction

Stahl SM. Essential Psychopharmacology. 2nd ed. 2000;385-386.
Treatment Guidelines for Schizophrenia

-- Sooner the disease is recognized and treated the better the long-term course
-- Increasing emphasis on SCZ as a disease of cognition; newer “atypical” drugs improve cognition more than older “typicals”
-- Family involvement critical
-- Compliance with medication critical for longterm course
Schizoaffective Disorder
Treatment Guidelines for Schizoaffective Disorder

-- Controversy over whether this condition is a mood disorder or schizophrenia spectrum disorder; current thinking is that it should be generally treated as both (use mood stabilizer and antipsychotic medication).

-- Evidence that newer “atypical” antipsychotic medications improve cognition in this disease
Bipolar Disorder
“The Scream”
Treatment Guidelines for Bipolar Disorder

-- Generally accepted that polypharmacy is the rule. Current thinking is combining a mood stabilizer (e.g., lithium, valproic acid, with other drugs.

-- minimize use of antidepressants

-- bipolar depression may be unique (different from unipolar depression)

-- minimize duration of mood dysregulation (don’t postpone treatment!).
Major Depressive Disorder
Treatment Guidelines for Major Depression

-- Aggressive treatment to remission of symptoms (not simply improvement) is the standard of treatment

-- MDD tends to recur: if pt. has first episode, ~50% chance of a second; if second episode, ~85% chance of third “two strikes and your in”.

-- Many new and evolving treatments for depression: pharmacotherapy, psychotherapy, light therapy, electroconvulsive therapy, transcrancial magnetic stimulation, vagus nerve stimulation
THE END

CLOSE TO HOME/ by John McPherson

CHILSON CHIROPRACTIC

WHEN CHIROPRACTORS GO BAD.