“Helping People with Mental Disorders”

-public forum-

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AN OVERVIEW

- Remove the stigma
- Understanding mental disorders
- Identifying the types of mental disorders
  NOT all mental disorders are the same
- Treatment
  - Medical
  - Non-medical
    - Psychotherapy (including counselling)
    - Social Rehabilitation
What do they have in common?
When you think about **Mental Disorders**, do you imagine these celebrities?

Or do you picture this...........?
Is mental disorder (illness) about MADness only?
Fact # 1

NO
MENTAL DISORDER

NOT about

MADness only but…
MENTAL DISORDER

NOT about MADness only but...
a whole range of other illnesses
There are more than 16 groups of mental disorders.

With more than 400 codes for different subgroups of mental disorders.

- Mood ‘sad’ ~ 1 in 10 people
- Anxiety ~ 2 in 10 people
- Psychosis ‘mad’ ~ 1 in 100 people

Cases of mood/ anxiety >> psychosis

Most people who see psychiatrists are due to mood/ emotional problems, rather than ‘madness’.
Fact # 2

Mental disorders are UNIVERSAL.

Very COMMON: more than 500,000,000 (half a billion) people in the world (about 10%) have some form of behavioral & neurological conditions.
Fact # 3

In Malaysia, survey by the Ministry of Health shows 11% of our people have mental illness. That means out of every 10 Malaysians, at least 1 has mental illness!
Fact # 4

Anyone can have mental disorder, just like any other MEDICAL illnesses, regardless of age, gender, social background...

though some people are more vulnerable than others.
Fact # 5

Mental disorders are NOT due to:

- Possessed by spirits
- Black magic
- ‘Charmed’
- Bad luck/ karma

But due to neurotransmitters imbalance in the brain:

- Different neurotransmitters have different function
The Brain
The Neuron
Synapse

Diagram showing the structure of a synapse, including sending neuron, receiving neuron, axon, nerve impulse, synaptic vesicle, synaptic gap, dendrite of receiving neuron, synaptic knob, neurotransmitter molecule, synaptic vesicle containing neurotransmitter substance, synaptic knob of axon of sending neuron, synaptic gap, neurotransmitter substance, receptor sites on dendrite of receiving neuron.
Neurotransmitters

Chemical imbalance in the brain → Abnormal function in the brain → Mental disorders
Neurotransmitters

CHEMICAL IMBALANCE IN THE BRAIN

ABNORMAL FUNCTION IN THE BRAIN

MENTAL DISORDERS
Neurotransmitters

Chemical imbalance in the brain → Abnormal function in the brain → Mental disorders
Groups of Mental Disorders
Groups of Mental Disorders

CHILDREN
Groups of Mental Disorders

CHILDREN

ELDERLY
Groups of Mental Disorders

- Underlying MEDICAL CAUSES (organicity)
- PSYCHOSIS
- CHILDREN
- MOOD
- SUBSTANCE MISUSE
- ELDERLY
Groups of Mental Disorders

Underlying MEDICAL CAUSES (organicity)

PERSONALITY

SLEEP

ELDERLY

EATING

ANXIOITY

MOOD

CHILDREN

PSYCHOSIS

SUBSTANCE MISUSE

GROUNDS OF MENTAL DISORDERS
Groups of Mental Disorders

- Underlying MEDICAL CAUSES (organicity)
- PSYCHOSIS
- CHILDREN
- MOOD
- ANXIETY
- EATING
- ELDERLY
- SLEEP
- PERSONALITY
- SUBSTANCE MISUSE
- SOMATOFORM
- DISSOCIATIVE
- SEXUAL, GENDER IDENTITY
Underlying MEDICAL CAUSES (organicity)

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Let’s talk about a few…

- PSYCHOSIS
- CHILDREN
- MOOD
- ANXIETY
- ELDERLY
- EATING
Identifying a few mental disorders

- CHILDREN
- ELDERLY
- PSYCHOSIS
- MOOD
- ANXIETY
What types of mental disorders are seen in children & adolescents?

- Mental retardation
- Learning disorders
- Motor skills disorder
- Communication disorders
- Pervasive Developmental disorders
- Attention Deficit & Disruptive Behavior
- Feeding and eating disorders
- Tic disorder
- Separation Anxiety Disorder
- Others…
Examples of mental disorders seen in children & adolescents

- Pervasive Developmental disorders
  - Autistic Disorder
  - Rett’s Disorder
  - Asperger’s syndrome
  - Childhood Disintegrative Disorder etc

- Attention Deficit & Disruptive Behavior
  - Attention Deficit/ Hyperactivity Disorder
  - Conduct Disorder
  - Oppositional Defiant Disorder etc

- Separation Anxiety Disorder
Autistic Disorder

Impairment in SOCIAL INTERACTION

Impairment in COMMUNICATION

Behavior/ Interest are REPETITIVE, STEREOTYPED
SOCIAL INTERACTION:

- Impaired nonverbal behaviors – eye to eye, facial expression, body postures and gestures.
- No peer relationship at developmental level.
- Lack of spontaneous sharing of enjoyment, achievements etc.
- Lack of social, emotional reciprocity.
COMMUNICATION:

- Delay in language (and gestures, mimes).
- Unable to sustain conversation (in those with language capability)
- Stereotyped, repetitive use of language.
- Lack of spontaneous, initiate play.
BEHAVIOR/ INTERESTS/ ACTIVITIES ARE RESTRICTED, REPETITIVE, STEREOTYPED:

- Preoccupation, restricted interest.
- Inflexible routines, rituals.
- Stereotyped motor mannerisms.
- Preoccupied with parts of objects.
BEHAVIOR/ INTERESTS/ ACTIVITIES ARE RESTRICTED, REPETITIVE, STEREOTYPED:

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- Preoccupied with parts of objects.
Common mental disorders in the elderly

Dementia:
- Alzheimer’s type
- Vascular dementia
- Head trauma
- Parkinson’s etc

Amnestic disorders

Delirium: acute confusional state
Dementia, of the Alzheimer’s type
A) MEMORY IMPAIRMENT

- unable to learn new information, or to recall previously learned information.
B) APHASIA – language disturbance

APRAXIA – impaired movement

AGNOSIA – failure to recognise/ identify objects

Impaired EXECUTIVE function
Pattern of symptoms over time:

- Deterioration
- functional autonomy
- cognitive
- mood
- behavior
- rigidity
- akinesia

Progression of AD
Usually the patient will be brought to see the psychiatrist for:
- Mood
- Cognitive
- Behavioral problems

Help for both patient and care-givers.
PSYCHOSIS
The most interesting group of mental disorders

- A group of **THOUGHT DISORDERS**.
  - Schizophrenia
  - Schizophreniform
  - Schizoaffective
  - Delusional disorder
  - Brief psychotic disorder
  - Shared psychotic disorder ‘*folie a deux*’
  - Substance induced psychotic disorder etc.
The 5 features:

1. Delusions - usually paranoid
2. Hallucinations - usually auditory
3. Disorganised speech
4. Grossly disorganised behavior
5. Negative symptoms
Schizophrenia
Dopamine imbalance especially in 4 dopamine pathways
Does ‘madness’ run in family?

Schizophrenia Risks

<table>
<thead>
<tr>
<th>Relationship to Person with Schizophrenia</th>
<th>Risk of Developing Schizophrenia</th>
</tr>
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<tbody>
<tr>
<td>general population</td>
<td>0%</td>
</tr>
<tr>
<td>first cousins</td>
<td>12.5%</td>
</tr>
<tr>
<td>uncles/aunts</td>
<td>25%</td>
</tr>
<tr>
<td>nephews/nieces</td>
<td>50%</td>
</tr>
<tr>
<td>grandchildren</td>
<td>100%</td>
</tr>
<tr>
<td>half siblings</td>
<td></td>
</tr>
<tr>
<td>parents</td>
<td></td>
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<tr>
<td>siblings</td>
<td></td>
</tr>
<tr>
<td>children</td>
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<tr>
<td>fraternal twins</td>
<td></td>
</tr>
<tr>
<td>identical twins</td>
<td></td>
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</tbody>
</table>

GENES SHARED

- 12.5% 3rd degree relatives
- 25% 2nd degree relatives
- 50% 1st degree relatives
- 100% 1st degree relatives

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Early DETECTION, Early TREATMENT, Improved OUTCOME.
MOOD DISORDERS
### Examples of Mood Disorders:

<table>
<thead>
<tr>
<th>1. Major Depressive Disorder</th>
<th>1. Bipolar Disorder (manic-depressive)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Dysthymia</td>
<td>2. Cyclothymia</td>
</tr>
<tr>
<td>3. Seasonal Affective Disorder</td>
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</table>
Common Symptoms/Signs In MDD

- Feeling sad/low mood/depressed almost everyday for 2 weeks
- Loss of pleasure/interest
Changes in appetite/ body weight

Changes in sleep pattern
- Lethargy, easily tired
- Impaired concentration
- Psychomotor retardation (or agitation)
- Thoughts of worthlessness, hopelessness
SUICIDE – THOUGHTS, PLANS, ATTEMPTS
Suicide rates

60% of all suicides in the world are in Asia-Pacific.

According to W.H.O.:
- 31/100000 Sri Lanka
- 25/100000 Japan
- 14/100000 China, Germany
- 13/100000 Australia
- 11/100000 USA
- 7/100000 UK
ANXIETY DISORDERS:

- A group of very common mental disorders.
- 2-3 in 10 people have some form of anxiety disorders.

Examples of anxiety disorders:
- Panic disorder
- Phobias: specific & social
- Generalised Anxiety Disorder
- Post traumatic Stress Disorder
- Obsessive Compulsive Disorder etc.
Case history

Mr. BC, a 35 y-old man was rushed to A&E late at night.

c/o chest pain, palpitation, hyperventilation, sweating, fainting, impending doom of having a ‘heart attack’.

Further history showed patient has been complaining of chronic abdominal pain, ‘tension around the neck’ and unexplained headaches for the past 2 years, even though he has done many tests that showed normal results…
Features of a PANIC ATTACK!

- Palpitations
- Chest pain/ discomfort
- Shortness of breath/ smothering
- Choking sensation
- Nausea, abdominal distress
- Sweating
- Trembling
- Dizzy, unsteady, faint
- Derealisation, depersonalisation
- Fear of losing control/
  ‘going crazy’
- Fear of ‘dying’

- Pupillary dilatation
- Diarrhoea
- Urinary urgency etc…
“The BRAIN is like a CENTRAL supercomputer, it controls the NERVOUS and HORMONAL systems, and influence the IMMUNE system of human body.”
So far we have identified 5 mental disorders...

- **Children:** Autism
- **Elderly:** Dementia (Alzheimer’s)
- **Adults:** Schizophrenia, Major Depressive disorder, Panic disorder
What can we do to help?

1) Identify cases
2) Bring the patients for consultation
3) Relevant investigations
4) Diagnosing of cases
5) Treatment with medication
6) Combination with psychotherapy
7) Social rehabilitation if indicated
8) Regular follow-ups.
Some of the medications used:

- **Antipsychotic** (haloperidol, sulpiride, olanzapine)
- **Antidepressant** (clomipramine, fluvoxamine, escitalopram)
- **Antianxiety** (lorazepam, alpraxolam, clonazepam)
- **Stimulants** (methylphenidate, amphetamines)
- **Mood stabiliser** (carbamazepine, valproate, lamotrigine)
- **Inhibitors/ modifier** (donepezil, rivastigmine, memantine)
Autism, with ADHD:

STIMULANTS (methylphenidate, amphetamines)
Dementia

ANTIPSYCHOTIC (haloperidol, sulpiride, olanzapine)

ANTIDEPRESSANT (clomipramine, fluvoxamine, escitalopram)

ANTIANXIETY (lorazepam, alpraxolam, clonazepam)

INHIBITORS/ MODIFIER (donepezil, rivastigmine, memantine)
Schizophrenia

ANTIPSYCHOTIC
(haloperidol, sulpiride, olanzapine)

ANTIANXIETY
(lorazepam, alprazolam, clonazepam)
Major Depressive Disorder

ANTIDEPRESSANT
(clomipramine, fluvoxamine, escitalopram)

MOOD STABILISER
(carbamazepine, valproate, lamotrigine)
Panic disorder

ANTIDEPRESSANT
(clomipramine, fluvoxamine, escitalopram)

ANTIANXIETY
(lorazepam, alpraxolam, clonazepam)
Holistic approach to treatment
Holistic approach to treatment
In summary:

1) Psychiatric disorders are very common.

2) Majority of people who see a psychiatrist are for emotional & behavioral problems, not ‘mad’.

3) Do not hesitate to seek help.

4) Psychiatric disorders are treatable.

5) Early diagnosis and treatment improve prognosis.
THANK YOU

~δο ευφωμ α γοοδ ωεεκενδ! Αρ.ΟυγΒΚ