

Some people shut off certain feelings, finding them to be unacceptable. This emotional rigidity may result in other mental health problems.

Self-Actualization

What have we made of the gifts that we have been given? We all know people who have surpassed their potential and others who seem to have squandered their gifts. We first need to recognize our gifts, of course, and the process of recognition is part of the path toward self-actualization. Mentally healthy persons are in the process of actualizing their potential. In order to do this we must first feel secure.

These are just a few of the concepts that are important in attempting to define mental health. The ability to form healthy relationships with others is also important. Adult and adolescent mental health also includes the concepts of self-esteem and healthy sexuality. How we deal with loss and death is also an important element of mental health.

What is Mental Illness?

Mental illness is a psychological pattern that is often reflected in behavior. It can be defined by how one acts, thinks, feels or perceives something to be. Mental illness is associated with certain functions of the brain and/or the entire nervous system.

According to the World Health Organization (WHO), more than one-third of the population in most countries report problems that meet criteria for a mental illness diagnosis during their lifetime. Of children and adolescents in the United States, 10% have some form of serious emotional and mental disorder that impairs their daily activities at home and school, according to the US Surgeon General.



Major depression, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, schizophrenia and borderline personality disorder are serious forms of mental illness. Major depressive illness is expected to be the leading cause of disability in the world for women and children by 2020, according to WHO.

While standard guideline criteria for mental illness are widely used, there are still variations in the definition, assessment and classification across cultures. Assessments are conducted by psychiatrists, psychologists and social workers via observation and questioning. Services are based in psychiatric hospitals or in community clinics.

Various types of mental health professionals provide clinical treatment. The two major treatment options are psychotherapy and psychiatric medication. However, social interventions, peer support and self-help are also treatment options; some mental health strategies include prevention measures.

Mental Illness - Mental Disorders

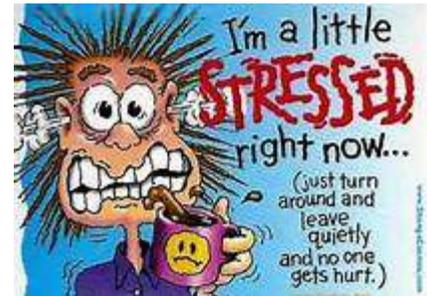
We've included information about different mental disorders. Diagnosis is not always exact, and some of these disorders overlap.

Anxiety

Anxiety is a psychological and physiological condition that causes feelings of fear and worry. For the most part, anxiety is a normal response to stressful or tense situations. Anxiety motivates us to plan ahead and push through tough times.

Anxiety and fear are different emotional responses. Fear produces an overwhelming need to escape while anxiety creates feelings of stress and nervousness in response to uncontrollable and unavoidable perceived threats.

Excessive and constant anxiety can transform moments of worry into full-fledged disorders. Some amount of anxiety is normal, but excessive amounts are irrational and unjustified. Many people with anxiety disorders perceive threats that are not grounded in reality.



Types

Philosophers and psychiatrists have classified anxiety into several categories:

- **Existential anxiety** is a philosophical term used to describe the anxiety associated with the freedom and responsibility of choice. People with this type of anxiety might experience excessive difficulty and apprehension when making decisions.
- **Test and performance anxiety** cause people to feel apprehension when expected to perform in a competitive situation. Many people with test or performance anxiety feel physical symptoms of dizziness and nausea in competitive situations in school or at work. Generally, this type of anxiety causes people to underperform.
- **Social anxiety** creates a feeling of nervousness as a response to social interactions. Many people experience social anxiety as young children. Most people outgrow this condition by the time they reach adulthood. Social anxiety is abnormal when it affects adults.
- **Trait anxiety** refers to a situation when anxiety becomes a part of a person's character. For people with trait anxiety, moments of irrational or excessive worry are the norm as opposed to the exception.

Other types of anxiety include panic disorder, agoraphobia, general phobias, social anxiety disorder, post-traumatic stress disorder, and obsessive compulsive disorder.

Generalized anxiety disorder is a condition that results from unnecessary worry about everyday life. People with generalized anxiety disorder never seem to stop worrying about health, money, family, employment, school, or something else.

In the majority of situations, the worrying is unwarranted and excessive. Eventually, the condition escalates out of control, and unrealistic feelings of worry dominate every aspect of daily life.

Symptoms & Warning Signs

In many situations, anxiety is normal and justifiable. In fact, some experts say that a certain level of anxiety is necessary to facilitate performance in competitive situations. If you anticipate a stressful situation, anxiety can keep you motivated to persevere through.

Anxiety is a problem when your worrying is abnormal, out of place, and excessive. If you are always stressed and unnecessarily afraid of everyday situations, you may suffer from an anxiety disorder. In no situation should anxiety become a dominant feeling. When your anxiety becomes out of control, treatment and counseling are available to help relieve symptoms. Physical symptoms of anxiety include heart palpitations, fatigue, nausea, chest pain, stomach aches, and headaches. Other symptoms include trembling, sweating, and papillary dilation. You may not notice your physical symptoms, especially if your emotional symptoms are overwhelming.

Causes & Risk Factors

Feelings of anxiety are normal responses to stressful situations and unfamiliar circumstances. Situations test us on a daily basis, and people will respond with a variety of reactions ranging from excitement to fear. If you start to feel nonstop fear or stress, you may be suffering from an anxiety disorder that is triggered by a specific event or no event at all.

Certain medications and drugs can cause sensations of worry, uncertainty, and nervousness. Both legal and illegal drugs can make you feel anxious, high-strung, and jittery.

Excessive anxiety is common among people who have recently stopped drinking or smoking.

Prevention & Treatment

Preventative measures and treatment will vary based on your age, lifestyle, environmental situations, and whether you suffer from an anxiety disorder. People with anxiety may need a combination of medication or counseling. Sometimes, counseling in an informal setting with family and friends can be helpful. If you feel that your anxiety is out of control, you should reach out to someone close to you.

Professional treatments may span weeks, months, or years depending on the patient's condition and needs.

Tests & Diagnosis

No laboratory tests are available to diagnose anxiety. Instead, a doctor can diagnose anxiety disorders through questionnaires and psychological assessments. Lab tests are available to diagnose symptoms including high blood pressure, problems breathing, and heart palpitations.

Bipolar Disorder

Bipolar disorder is a problem in brain that causes frequent shifts in mood, energy, and activity levels. Symptoms vary from person to person in terms of severity and duration. For some patients, feelings of depression and elevated moods may rotate or cycle. For other patients, moods might shift quickly, and for others, feelings of depression and happiness might alternate over a period of months. Patients might feel strong feelings of anger, sadness, guilt, and hopelessness followed by extreme periods of happiness. The condition can escalate and include symptoms of delusions, hallucinations, and other types of psychosis. Patients might begin to behave strangely or out of character.



Bipolar disorder can cause severe social problems. A patient might be unable to carry out day-to-day tasks, maintain relationships, or hold a job. Some patients have been known to commit crimes while suffering from an episode. Mood swings are unpredictable and can last for several days or several months. Most commonly, symptoms begin in adolescence and young adulthood.

The disorder can affect you and everyone around you: your friends, family, coworkers, and peers. With treatment, a normal life is possible.

The history of bipolar disorder is extensive, and records of the condition date back as far as the second century. It was classified under the term "bipolar disorder" in 1980.

Types

- **Bipolar I:** Patients experience symptoms that range from mania to depression. Previously, Bipolar I was classified as manic depression. Symptoms of depression can last for at least two weeks, and accompanying manic behavior can last for one week. This type of bipolar disorder requires hospitalization.
- **Bipolar II** is characterized by less severe mood swings alternating between periods of hypomania and depression. Manic feelings and behaviors are not symptoms of this condition. Acute cases do not require hospitalization. Medications might be required for long term treatment.
- **Cyclothymic** is a very mild form of bipolar disorder. Symptoms can be subtle and may persist for several years. This form of bipolar disorder may go undetected. Hypomania might be an accompanying symptom. Regular psychiatric treatment might be necessary.
- **Mixed bipolar disorder** is characterized by simultaneous mania and depression. This dangerous mix causes symptoms of racing thoughts and excessive energy along with irritability, anger and guilt. Violent or criminal actions might result from an untreated mixed bipolar condition.
- **Rapid cycling bipolar disorder** is characterized by four or more periods of severe depression, mania, or hypomania within a year's time. Rapid cycling can occur within a week or even a day. Most patients begin to experience rapid cycling as teens or young adults. Rapid cycling rates are more common among women.

Symptoms & Warning Signs

The following include typical symptoms of bipolar disorder:

- Rapid speech
- Rapid actions
- Increased sex drive
- Inability to concentrate
- Guilt
- Chronic pain
- Psychosis
- Loss of interest in daily activities
- Out of character behaviors

Sometimes, it is difficult to identify symptoms when you are experiencing them. A family member or friend might point out your symptoms.

Causes & Risk Factors

Bipolar symptoms will experience periods of extreme happiness followed by periods of extreme depression. You might notice that these emotions are becoming worse over time, and you might be having trouble managing your life. A family history of bipolar disorder is one of the biggest indicators of whether you will develop the condition.

Although the precise etiology of bipolar disorder is unknown, doctors believe that a number of genetic and environmental factors are responsible.

Prevention & Treatment

It is important to seek treatment for bipolar disorder as soon as possible. If you do not treat the condition promptly, your symptoms may become worse and put you at risk of harm. You need to work with a doctor to find the best treatment options. Some doctors might prefer not to use medication, while other doctors believe that medication is necessary. Some patients need to be hospitalized.

Chemical Dependency

Chemical dependency is a widespread condition that affects men, women and children alike.

Prescription drugs, illegal drugs, alcohol, caffeine and nicotine are the most prevalent forms of addictive substances. While some may be considered socially acceptable, all take a toll on the body's health.



Significance

Statistics from the Substance Abuse and Mental Health Services Administration show an estimated 19.5 million illegal drug users in 2003. Marijuana use was reported at 11.6 percent for 12 to 17 years-olds, with alcohol consumption at 29 percent for 12 to 20 year-olds. Substance abuse is one of the costliest public health problems in the U.S. It's a condition that persists, and becomes progressively worse with time.

Identification

Chemical dependency is a new label assigned to what is commonly known as addiction, or substance abuse. Views differ as to the severity of the condition, due to the mechanism by which it operates. Many consider it disease-like, as the body is progressively weakened by its effects, though a number of treatment approaches focus on the behaviors that drive an addict to use. Both viewpoints hold truth, though once an addiction takes hold, both mental and physical dependencies are at work.

Features

Chemical dependency starts out as a habit that develops over time. There are those who may have a genetic predisposition towards drugs, or alcohol, and then there are those who acquire addictive traits, and physical dependencies through continued substance abuse. Regardless of the cause, once the body and the mind become affected, the addiction process takes a very definite route.

There are three identifiable stages of dependency, as defined by the Diagnostic Manual of Mental Disorders:

- Preoccupation/Anticipation
- Binge/Intoxication
- Withdrawal/Negative Effect

These stages represent the steps a person's mind and body go through within any given day. They become more pronounced the longer the habit persists, to the point where acquiring and using drugs or alcohol becomes the central focus in one's life.

Function

Chemical dependency begins to take root once the body starts to expect the desired effects of a drug. Oftentimes, a person will turn to drugs or alcohol to avoid the feelings evoked by a negative or stressful situation. Having a drink or popping a pill provides an immediate effect, and relief from the pressures at hand. When this happens, processes in the brain respond on a mental and physical level.

Our feelings and moods are naturally regulated by ongoing chemical processes within the brain. Specific areas within the brain emit chemicals, called neurotransmitters that directly affect our emotional state. Once a drug enters our system it stimulates these areas in the brain to respond, and eventually starts to take over the brain's chemical processes.

Effects

Chemical dependency happens when the brain is unable to function properly without the presence of the drug in its system. As drug use continues, more and more is needed to bring about the same desired effects. Neurotransmitter processes become unable to emit the chemicals needed for a person to feel happy, or content without the chemical effect of the drug.

Attempts to break this dependency are difficult because the body's physical state needs the drug's effect to feel normal. Withdrawal symptoms like sweating, tremors; nausea and irritability are signs that the brain is no longer able to regulate the body's processes. Over time, the brain is able to resume a normal functioning level, if no further drug interference occurs. However, in many cases the brain's original chemistry has been permanently altered, meaning it can quickly become drug dependent again, making relapse a very real possibility.

Alcoholism

The consumption of alcohol is a socially accepted past time. From happy hours to family gatherings, it is common for adults who are of age to toss back a few while enjoying the company of their friends, family or peers. However, there is a very dark side to the jovial nature of having a libation, and that is when the volume of alcohol being consumed steadily increases to unhealthy proportions. Here is an inside look at alcoholism, which is a type of sickness that many people are unaware they are affected by.



What Is It?

Alcoholism is a complete dependence on alcohol consumption. In other words, it is an addiction to alcohol. Much like any other drug addiction, a person afflicted by alcoholism will have an uncontrollable desire to constantly consume alcohol. Alcoholism tends to follow alcohol abuse, which is the unhealthy consumption of alcohol. Unhealthy consumption can refer to the sheer volume of alcoholic beverages consumed in one sitting, or the frequency in which alcohol is consumed on a weekly basis.

According to PubMed Health from the United States National Library of Medicine, those who suffer from alcohol abuse are more likely to develop alcoholism under these particular circumstances:

- Any male who has 15 or more drinks per week
- Any female who has 12 or more drinks per week
- Any person who consumes five or more drinks per occasion at least once a week

One alcoholic drink is generally defined by one of the following:

- 12 ounces of beer
- 5 ounces of wine
- 1.5 ounces of liquor

Causes and Risk Factors

There is no specific cause for developing alcoholism. A person can develop this condition overtime, due to various factors in his or her life. Studies have suggested a correlation between alcoholism and genetics. However, an inherited dependency on alcohol can be also explained by constantly being around a parental figure who also suffered from alcoholism. In other words, it is difficult to determine whether alcoholism is, indeed, inherited or just caused by influential factors.

Risk factors for the development for alcoholism include:

- Having a parent who suffers from alcoholism
- Low self-esteem
- Relationship problems
- Stress
- Depression
- Being surrounded by people who suffer from alcoholism or alcohol abuse

- Live in an environment where excessive alcohol consumption is not only accepted, but encouraged
- Easy access to alcohol
- Suffering from hardships, especially economic or emotional hardships

Signs and Symptoms

Common signs of alcoholism include:

- High irritability or emotional distress unless alcohol is being consumed
- Endangering oneself for the sake of drinking (drunk driving, drinking with a health condition)
- Inability to control the consumption of alcohol
- Drinking alone
- Constantly looking for excuses to consume alcohol
- Using alcohol for celebratory purposes (drinking after a good day at work)
- Using alcohol to appease a troubling situation (drinking after a bad day at work)
- Inability to resist alcohol at the mere sight or smell of it
- Hiding the addiction
- Becoming violent or emotionally unstable while drinking
- Missing work, school or important events because the person is constantly in an inebriated state
- Physically and emotionally neglecting oneself
- Ignoring physical appearance; lack of personal hygiene

Common symptoms of alcoholism include:

- Uncontrollable shakes and tremors, especially around the hands after alcohol has not been consumed for a long period of time
- Memory loss
- Blacking out
- Inability to think clearly
- Mood swings
- Constantly smelling like alcohol
- Anxiety
- Insomnia

Many of these symptoms fall under the category of alcohol withdrawal. Any person who is showing significant signs and symptoms of alcoholism needs to seek out professional assistance immediately.

Treatment

While the primary treatment for alcoholism is to stop drinking completely, one may find that the addiction to alcohol is so strong, it is difficult to completely quit drinking without professional assistance. If the alcohol dependency is not too severe, a person can start slowly reducing the amount of alcohol that is consumed on a weekly basis to more moderate levels.

However, those who have been suffering from alcoholism for quite some time may go through quite an ordeal to quit their addiction. Treatment centers and facilities are available to assist with severe cases of alcoholism. Just going without a single drop of alcohol in an addict's system for 24 hours is enough to cause a severe case of alcohol withdrawal, also known as delirium tremens. This can result in:

- Fever
- Seizures
- Severe confusion and agitation
- Hallucination
- Loss of bodily function

It is for this reason that professional help is necessary to help someone suffering from alcoholism to slowly wean off of the alcohol. Once that person's health is stabilized, they may be released from a treatment facility into the care of friends or family members. However, the treatment does not stop there.

Support groups for alcohol recovery and addiction are crucial for preventing a relapse. These programs offer peer support via counselors, mentors and through a group of individuals who have also suffered due to their dependency on alcohol.

Those concerned about themselves or a loved one who is suffering from alcoholism should speak with a doctor or healthcare professional for further assistance.

4 Steps to Help Family Members Who Are Addicts

Dealing with a friend or family member who is struggling with addiction can be a painful, difficult experience. If you are concerned about the effects of an addiction on someone in your life, read through this article for tips and information that will be helpful to you as you try to help them overcome this struggle. Though these steps may not always be easy to take, they are essential for someone who needs support as they try to change their addicted lifestyle.

Step 1: Gain a Better Understanding of Addiction

The mistake that many people make when trying to help an addict is not taking the time to learn about addiction and its effects on the body. Many people believe that addiction stems from a lack of willpower. This reinforces the mistaken belief that if a person wants to quit badly enough, they will be able to. Unfortunately, true addiction is much more complicated than a lack of motivation.

Addiction is actually a chronic brain disorder that hinders a person's ability to control their needs and desires for whatever they have become addicted to. Doctors have used brain imaging to determine that substance abuse can result in serious alterations to the brain areas that affect learning, memory, behavior control and decision making. This is what leads to the compulsive and destructive actions associated with addiction. The good news is that, although addicts will always have to deal with the possibility of relapse, this brain disorder is treatable. It's also helpful to keep in mind that many factors may have come into play when the individual first began his or her descent into addiction. Studies have shown that genetic factors can play a role in addiction. Additionally, issues with childhood traumas, social environment and mental health can also contribute to addiction.

Step 2: Confront Your Loved One

Perhaps the most difficult step is confronting addicts about their addiction. However, this step is absolutely critical for laying the groundwork for a successful recovery. First and foremost, choose an appropriate time to talk to the person dealing with the addiction. Those dealing with addicts who are substance abusers should talk to them when they are sober. When confronting the addict, emphasize your support and steer clear of any language that

will make the addict feel judged or guilty. Remain positive yet firm; let them know that though you won't do anything to enable their addiction, you will be there to support them throughout their recovery.

Some people are not as willing to accept or acknowledge their problem. If you feel this may be an issue, consider having at least a few friends or family members there for support. You may even want to ask an addiction therapist or counselor to attend the meeting as well. This is commonly referred to as an intervention. For some individuals, it may take a few confrontations of this nature before they agree to overcome their addiction.

Step 3: Talk to a Doctor

If you haven't done so already, this is a good time to reach out to a physician. Addicts should, at some point, talk to a doctor about the depth of their addiction as well as their goals and expectations for recovery. A doctor will be able to provide valuable information about the physical effects of withdrawal that people might experience as they pull away from their addiction. For example, addicts going through withdrawal often develop serious side effects like nausea, vomiting, confusion or shakiness. Make sure that anyone who will be helping with the withdrawal process is well aware of what symptoms are normal and when to seek medical attention.

Step 4: Utilize Addiction Recovery Resources

There are several resources for addicts that can be especially helpful during their recovery. Here are some of the key options available:

- **Professional assistance:** Consider contacting an addiction expert, mental health professional, therapist or counselor to give the addict added information, advice and support.
- **Support groups:** Joining a support group can be a great motivator and aid for addicts going through recovery.
- **Rehabilitation centers:** Addicts who may need constant supervision and assistance throughout their withdrawal may want to check themselves into a rehab center for addiction. The Substance Abuse and Mental Health Services Administration provides a helpful tool for finding substance abuse treatment centers all over the U.S. at this website: <http://dasis3.samhsa.gov/>.
- **Online resources:** Visit the HBO Addiction website: http://www.hbo.com/addiction/understanding_addiction/resources.html, for a comprehensive list of online addiction resources.

Tips to Keep in Mind

Now that you know more about addiction and how to help your loved one, it's important to have these tips in mind as you prepare to help him or her overcome addiction:

- **Be wary of lies and deceit.** Addicts may lie or manipulate people to satisfy their addictions. Remember that addicts feel whatever it is they are addicted to be critical to their survival, so even if they have to hurt family and friends, they may lie in order to obtain it. Encourage your loved one to show his or her commitment to quit through actions and not words.
- **Use financial support wisely.** It can be dangerous to give an addict cash or checks. Use your financial support for medical bills, rehab treatments, therapies, etc. Be sure your checks or cash go directly to the facilities providing this support.
- **Set realistic goals.** Don't expect an addict to recover overnight, or even in a matter of weeks. It can take months or years to achieve a full recovery, and even more work after that to prevent relapse. Setting realistic goals will make the process easier for both you and the person facing addiction.
- **Be positive in your support.** Criticism and judgment won't be helpful for an addict, especially when coming from a trusted friend or family member. Keep your encouragement and advice positive, and reinforce your love and support through the process of recovery.

Dementia - Alzheimer's

Dementia is the term used to describe a group of symptoms that significantly affect an individual's intellectual and social abilities. Symptoms can develop as a result of a variety of conditions, with Alzheimer's disease being the most common. Depending on the underlying cause for dementia, it can sometimes be treated and cured.



What Is It?

Dementia itself does not have specific symptoms, but the term covers a wide group of symptoms that can occur. Symptoms of dementia are severe enough to inhibit an individual's normal functioning abilities on a day to day basis. Many people know that memory loss is one of the most common symptoms of dementia. However, memory loss alone is not enough to diagnose dementia. For dementia to be diagnosed, deficiencies must be present in at least two brain functions. In addition to memory loss, an individual must also present with another type of brain impairment, such as poor language skills, impaired judgment, and confusion or personality changes.

Symptoms

The type of symptoms present in individuals with dementia will depend largely on the underlying cause. For a diagnosis of dementia to be made, at least two of the common dementia symptoms must be present. Common dementia symptoms include:

- Memory loss
- Impaired communication skills
- Difficulty remembering new information
- Learning difficulties
- Impaired ability to organize and plan
- Impaired coordination
- Motor function impairment
- Changes in personality
- Inappropriate behavior
- Agitation
- Paranoia
- Inability to understand reason
- Hallucinations

Causes

There are numerous possible causes for the development of dementia. Sometimes dementia develops on its own and does not coexist with other conditions, such as in the case of Alzheimer's disease. Other times, dementia is caused by an underlying condition that leads to brain impairment. In some cases, dementia is caused by a reaction to medication or as a result of an infection. There are different types of dementias, and they are often categorized according to the factors that they share, such as which area of the brain is affected or if they are progressive or reversible with treatment. Progressive dementias are not reversible and they become worse over time. Examples of conditions that cause progressive dementia include:

- **Alzheimer's Disease.** This is the most common condition that causes dementia in adults over the age of 65. Symptoms of dementia generally develop after the age of 60, although there are some types of Alzheimer's disease that can have an early onset, usually due to a defective gene.
- **Lewy Body Dementia.** Approximately 20 percent of individuals with dementia are affected by Lewy body dementia. Lewy bodies are clumps of protein that develop in the brain. This type of dementia is more common as people age.
- **Vascular Dementia.** After Alzheimer's disease, vascular dementia is the second most common form of dementia. It occurs as a result of brain damage that is caused by problems in the arteries that lead to the heart and brain. It can also develop as a result of a heart valve infection or hemorrhagic strokes.
- **Frontotemporal Dementia.** This type of dementia is less common, generally developing at a younger age than Alzheimer's disease. Symptoms usually develop between the ages of 40 and 70. It refers to a group of diseases that lead to the degeneration of nerve cells in both the temporal and frontal brain lobes. The cause is unknown.
- **Huntington's Disease.** This disease is inherited and results in wasting of the nerve cells in the brain and spinal cord. Symptoms generally develop in the 30's and 40's, and eventually progress to severe dementia.
- **Dementia Pugilistica.** Also referred to as chronic traumatic encephalopathy, it is the result of head trauma that occurs repeatedly, such as the type that boxers experience. It is also known as boxer's dementia. Symptoms may not develop until several years after the trauma occurred.
- **Creutzfeld-Jakob Disease.** Although this type of brain disorder is rare, however, it is fatal. It generally develops with no warning and there are no risk factors for it. Some cases have been linked to heredity, and others have been linked to exposure to diseased brain.

The other category of dementia is not progressive and can be reversed with appropriate treatment. Causes of reversible dementia include:

- **Disorders of the Immune System and Infections.** Fever and other symptoms that occur as a result of the body fighting an infection can lead to the development of dementia. Examples of infections that can cause dementia include meningitis, encephalitis, Lyme disease, syphilis and leukemia.
- **Metabolic Disorders and Endocrine Abnormalities.** Included in this list are hypoglycemia, thyroid issues, abnormal sodium and calcium levels and an improper absorption of vitamin B-12.
- **Nutritional Deficiencies:** These include deficiencies such as dehydration, low levels of vitamin B-1 (thiamin), and vitamins B-6 and B-12 deficiencies.
- **Drug Interactions:** Dementia may develop as a result of a reaction to a medication itself or due to a drug interaction between several medications.
- **Subdural Hematomas.** When bleeding occurs between the surface of the brain and its outer covering, these hematomas can develop.

- **Brain tumors.** Although it is not common, dementia can occur as a result of a brain tumor.
- **Insufficient oxygen. Heart attack,** asthma that is severe, carbon monoxide poisoning, being at a high altitude, strangulation, anesthetic overdose, chronic lung problems and heart conditions can all deprive the brain of oxygen, which can lead to the development of dementia.

Risk Factors

There are a variety of risk factors associated with the development of dementia. Some factors, such as advancing age and family history, cannot be changed. Other factors, such as alcohol use and high cholesterol levels, can be addressed by good choices and lifestyle changes. Risk factors for dementia include:

- Advancing age
- Family history
- Down syndrome
- Alcohol use
- Atherosclerosis
- Blood pressure
- Cholesterol
- Depression
- Diabetes
- Elevated estrogen levels
- Elevated blood homocysteine levels
- Smoking

Diagnostic Tests

Diagnosis of dementia can be difficult due to the numerous conditions that can lead to dementia symptoms. It may take several visits and diagnostic tests before a diagnosis is confirmed. Common diagnostic tests for dementia include:

- Medical history
- Physical exam
- Cognitive tests
- Neuropsychological exams
- Neurological evaluation
- Brain scans
- CT scan
- MRI
- Electroencephalogram
- Blood tests
- Urine screen
- Spinal tap
- Psychiatric evaluation

Treatment Options

For reversible dementia, treating the underlying condition can completely reverse the dementia. In progressive dementia, treating the underlying causes can help to slow progression and minimize the development of new symptoms. Medications are used to treat dementia and its symptoms. The most commonly used dementia medications are:

- Cholinesterase inhibitors that work to boost the amount of chemical messengers of memory and judgment.
- Memantine, the drug used to treat Alzheimer's disease. It regulates glutamate activity, the chemical messenger present in all brain functions.
- Additional medications that can be used to treat specific symptoms.
- Additional medications aimed at reducing the risk factors for the development of additional brain damage.
- The use of sedatives and antidepressants to treat specific symptoms and address behavioral issues.

Considerations

When you or a loved one is diagnosed with dementia, you may experience a range of emotions. It is important to be prepared to handle the condition and seek out the support necessary to cope. To help deal with the diagnosis and handle your feelings, consider starting a journal, joining a support group, beginning counseling or therapy, joining an online dementia community, and seeking out assistance from friends and family members.

10 Essential Tips on How to Prevent Dementia

Dementia is the term used to describe a specific set of symptoms that develop as a result of changes in brain function that occur. Some of the most common symptoms of dementia include:

- Repeating the same question over and over
- Losing sense of direction
- Inability to follow directions
- Disorientation
- Becoming unfamiliar with people and places
- Losing sense of time
- Loss of concern about hygiene, nutrition and safety

There are numerous conditions that can cause dementia. Some forms of dementia can be successfully treated, while others cannot. Fortunately, years of research have shown that there are steps that can be taken to help prevent dementia from occurring.

Read



Reading can help to ward off dementia in two ways. First, by reading a book, individuals are engaging their brains in a mentally stimulating activity that can greatly reduce the risk of developing dementia. Additionally, reading can help take the mind off of stressful events. When people become engaged in the storyline, they can temporarily let go of their stress and any negative thoughts they may have. Decreasing stress levels is an important factor in reducing the risk of many medical conditions, including dementia.

Play a Board Game

Most health care professionals agree that engaging in mentally stimulating activities can significantly decrease the risk of developing dementia. With that said, it is important to note that how often people engage in mental activities can impact the level of protection they receive.

Additionally, not all mental activities will reap the same benefits. In fact, according to a study cited in the *New England Journal of Medicine*, individuals who played board games often had a substantially reduced risk of developing dementia than those who played games less often. Individuals who did not play any board games, but did engage in other mentally stimulating activities such as writing and participating in group discussions, demonstrated no decreased risk for dementia.



Take Up an Instrument

Learning to play an instrument can help you tap into areas of the brain that are not often used. When individuals take up a new activity and learn a new skill, the brain makes new connections. This results in increased brain activity, which stimulates different brain cortexes. An active brain is a healthy brain, which is less likely to be affected by dementia. The more often an instrument is played, the more protection from dementia the brain receives.

Do Puzzles and Thinking Games

Doing puzzles is an effective way to increase your brain power. In order to stay sharp, the brain needs to exercise often. Puzzles are constantly changing, and no two are the same. This type of mental activity keeps the brain in a constant state of stimulation from start to finish. Engage in puzzles or thinking games for 30 minutes each day to reduce the risk of developing dementia. Different types of mentally stimulating puzzles include:

- Crossword puzzles
- Sudoku
- IQ puzzles
- Math problem puzzles
- Optical illusions
- Logic puzzles
- Word games
- Memory games
- Search and find games



Take a Class

Much like the muscles in the body, when it comes to the brain, you have to learn how to “use it or lose it”. One of the most effective ways to prevent dementia is to keep the mind sharp. Cognitive reserve, which is the ability of the brain to withstand debilitating conditions such as dementia, is developed by intellectual stimulation. The more cognitive reserves an individual has, the greater the number of neuron connections. With more neuron connections comes increased blood flow.

All of these factors can contribute to a decreased risk of developing dementia. When the brain is functioning with stronger neuron connections and more blood flow, it is believed to be able to withstand nerve cell damage that is caused by dementia. For this reason, taking a class that forces you to think, rationalize and apply logic can help keep the mind sharp and the brain in superior health.

Engage In Physical Activity

We all know that exercise is good for the body, but you may be surprised to learn that it is also food for the brain. During exercise, oxygen saturates the blood. This blood then travels to all areas of the body, including the brain. When this oxygen-rich blood reaches the brain, it can delay the onset of dementia. In addition, it may even be able to reduce the severity of symptoms in individuals who are suffering from dementia.

If traditional workouts are not your thing, engage in low-impact physical activities such as:

- Tai Chi
- Walking
- Swimming
- Taking Yoga
- Stretching exercises
- Mild to moderate aerobics



Eat Healthy Foods

Food is fuel for your body. If you feed your brain the right nutrients, it will repay you by offering you some protection against dementia. Steer clear of unhealthy foods that are fried, high in fat and laden with artificial sweeteners and chemicals.

One study that was published in the *Nutritional Research* journal stated that high-fat foods actually interfere with older adults’ memory abilities. Low calorie diets, such as the Mediterranean diet, provide the most protection from dementia. This is believed to be a result of both the high level of antioxidants and omega-3 fatty acids found in the foods that make up this diet.

Healthy foods that are believed to boost brain function include:

- Berries
- Cherries
- Prunes
- Oranges
- Spinach
- Kale

- Broccoli
- Onions
- Beets
- Salmon
- Olive oil

Be Social

Engaging in social activities on a regular basis can delay the onset of dementia in susceptible individuals. The *American Journal of Public Health* cited two studies that concluded that individuals who are older than 50 and have strong social networks are less likely to develop dementia than others their age who do not have good social networks. The more often individuals engage in social activities, the more protection their brains may receive. Social activities that anyone can enjoy include:

- Meeting up with old friends
- Going out and making new friends
- Going to the movie theater
- Attending art exhibits
- Shopping
- Traveling
- Gathering to play cards or games
- Swimming
- Seeing a live play
- Visiting a park or beach
- Attending a concert

Don't Smoke

It's no secret that smoking is unhealthy and is linked to a variety of harmful medical conditions. What many people are surprised to learn, is that one of those conditions is dementia. Smoking during midlife and beyond can more than double the risk of developing dementia later in life. If you don't smoke, don't start. If you do smoke, take the steps necessary to quit. Your body, and your brain, will thank you.

Lower Your Cholesterol

Individuals who suffer from high cholesterol often have cholesterol deposits on their brains. These deposits are one of the known causes for the development of dementia. Lowering your cholesterol level is proven to be a very effective way to decrease the risk of developing dementia.

Despite what many people believe, dementia is not inevitable. There are many individuals who live comfortably into old age without suffering from the devastating effects of dementia. It's never too early to take steps to safeguard your health and boost your brain power.

Depression

Depression is a physiological condition that causes feelings of sadness, social anxiety, low self-esteem, helplessness, and hopelessness. It is common for people who are depressed to lose interest in many important aspects of life including work, school, friendships, family, sex, and social relationships.



You might be depressed without realizing it. You might feel weak and sick without realizing that you are depressed. You may have visited many doctors with little success of finding an explanation for your symptoms.

You might not feel sad, people might not believe you, and you may be feeling lost. No matter the case, it is important that you keep looking for answers: depression is a real illness that requires treatment, medication, and therapy for a successful recovery.

Depression can be difficult to understand and discuss, especially with friends and family. You might worry about judgment from your peers and whether society will treat you differently. Your condition might cause you to feel lost or isolated. Because of your fears and sense of being alone, you might not know how to confront and overcome the symptoms of your specific condition.

In reality, depression is common and affects millions of people. Having depression does not mean that you are suicidal, and the condition did not occur as a result of your own faults. It's not "all in your head." You are not alone, and your doctor, family, and friends are able to provide the support system that you need.

Types

There are five categories of depression:

- **Melancholic depression** is characterized by a loss of pleasure, excessive weight loss, or excessive guilt.
- **Atypical depression** creates symptoms of mood reactivity, weight gain, and a need for excessive sleep.
- **Catatonic depression** is a rare and severe form of depression involving disturbances and violent behavior.
- **Postpartum depression** commonly occurs among new mothers.
- **Seasonal Affective Disorder (SAD)** is a form of depression that occurs during particular seasons. Most SAD patients feel depressed in the autumn and winter when the weather is cold.

Symptoms & Warning Signs

Depression is a very personal illness, so symptoms might be different from person to person. You might feel a sense of dejection for an extended time period that ranges from a few days to years. For most people, the onset of depression is gradual: the condition will begin subtly and then worsen over time.

Common symptoms include feelings of anxiety, insomnia, unusual vivid dreams, excessive fatigue, loss of confidence, panic attacks, diminished self-worth, and feelings of hopelessness, appetite loss, overeating, decreased sex drive, and excessive drinking. Physical symptoms include back pain, headaches, and body aches. It is common for people to avoid seeking medical attention until the symptoms become unbearable or severe.

Causes & Risk Factors

All kinds of people of all ages are at risk for depression. Many people who are elderly experience depression, and depression is common for people who are dealing with financial, health, or family problems.

For the most part, the causes of depression are unclear. It is believed that a variety of factors cause people to become depressed. No matter the case, it is never your fault.

Research suggests that depression results from physical conditions involving the nerves and brains. Low levels of the neurotransmitters serotonin, norepinephrine, and dopamine can cause symptoms of fatigue and depression. Irregular sleep patterns, drugs, and alcohol can also cause depression.

Prevention & Treatment

Treatment includes a combination of medications called antidepressants and counseling sessions. A general practitioner, psychiatrist, or clinic psychologist can prescribe the right treatment and medication. Hospitalization is necessary for people who are at an immediate risk to themselves or others.

For the most part, treatments are common, safe, and effective. The prognosis is positive, since most people make a successful and complete recovery.

Tests & Diagnosis

In many situations, depression can be difficult to diagnose because symptoms may point to another condition. There are no laboratory tests or physical exams available to diagnose the condition. Sometimes, a person's family or friends need to point out that he or she seems depressed.

If you feel depressed, you should consult a doctor or mental health professional as soon as possible. You need to take your depression seriously, especially if you have thoughts of suicide. These thoughts are wrong, dangerous, and delusional. An early diagnosis and prompt treatment can help you improve the quality of your life immediately. You can feel happy again in no time.

The Effects of Exercise on Depression

Exercise has long been coveted as an effective way to boost your physical state and keep your body in top shape. Over the years, researchers have discovered that exercise is also beneficial to mental health. Engaging in regular exercise can help battle **symptoms of depression** and may be an effective, **natural way to prevent depression** from occurring. When you are depressed, it may take some time to get motivated, but exercise can lead to a significant improvement in symptoms of depression.

Research studies suggest that exercise may be a good alternative to antidepressant drugs in treating depression. Exercise can benefit mental health, but a depressed person may have some difficulty remaining motivated to continue an exercise regimen. The **mental health benefits of exercise** when related to depression are at optimum levels when the depressed person:

- Engages in several weeks of regular exercise
- performs the exercise more than a few times per week
- Engages in more brisk, active exercise

Exercise can benefit mental health in similar ways to that of traditional treatment, producing the following outcomes:

- Improved mood
- Improved self-esteem
- Improved sleep patterns
- More positive responses to stress

How Exercise Can Help Depression

It is believed that exercise can help treat depression. Researchers have found that exercise can lessen anxiety and elevate mood. The correlation between exercise and depression is not completely clear, but depression may be positively affected by exercise for any of the following reasons:

- Exercise boosts the body's production of **endorphins**, which are responsible for elevating mood in a natural way. Neurotransmitters in the brain release these feel-good substances that help battle depression.
- Exercise reduces the body's production of **immune system** chemicals that can make depression symptoms worse.
- Exercise elevates body temperature, which may have a soothing effect on the body.

The benefits of exercise also extend to psychological and emotional well-being. Exercise can have many positive effects including:

- A boost in self-confidence
- Distracting you from stressful thoughts
- Promoting positive social interactions
- Promoting a positive way to cope with stress and anxiety

Most Beneficial Types of Exercise for Depression

Any type of exercise that fits an individual's interests and abilities would be beneficial, as long as the exercise is engaged in regularly. Some suggested exercise choices for adults include:

- Brisk walking
- Bicycling
- Jogging
- Running
- Tennis
- Water aerobics
- Hiking
- Mowing the lawn
- Skateboarding
- Basketball
- Aerobics
- Jumping rope
- Martial arts
- Gardening
- Muscle strength training such as: yoga, push-ups, sit ups, weight training

How Much Exercise Do You Need?

Guidelines suggest that adults perform 150 minutes of exercise each week. This exercise should be of moderate intensity. If you do not currently exercise, it may be helpful to begin slowly and gradually work up to a full 150 minutes per week. Simply taking a brief walk may be enough to clear the mind and **relieve stress**. Remember, these are just guidelines, and any exercise activity that is performed at any frequency is better than none. To keep healthy it is recommended for adults to engage in 150 minutes of moderate exercise, however, this can be altered in the following ways:

- 75 minutes of high intensity exercise and muscle strength training exercises 2 days per week
- A mix of moderate and high intensity activity and 2 or more days of muscle strength training

Seeking Help from Your Doctor

Before beginning any exercise routine it is best to consult your doctor. Your doctor will be able to guide you in choosing the appropriate activities and the desired activity level to suit your needs and your physical capabilities. To come up with an appropriate exercise plan it may be helpful to:

- Have a physical exam
- Gain the support of your psychiatrist
- Review all current medications with your provider
- Identify any underlying health conditions

Tips for Getting Started

Once you've consulted with your doctor, it's time to start your exercise plan. You may have questions about how you can get started and how you will stay motivated. Here are some helpful tips:

- Figure out which type of exercise you like to do. If you do something you enjoy, you will be more likely to stay with it.
- Set realistic goals for yourself. Be sure your activities coincide with your abilities.
- Don't think of exercise as a job or a chore. Try to imagine exercise as another tool to utilize in an effort to get well.
- If you are self-conscious about exercising in the company of others, begin at home.
- If you are not financially able to join a gym or purchase exercise equipment, do things that don't cost any money, such as walking or jogging.
- Be prepared for setbacks and don't lose hope if you miss exercise for a day. Just start fresh tomorrow.

Research suggests that exercise is an effective way to battle depression. Exercise helps boost endorphins in the brain, which promotes good feelings over the body. Speak to your doctor before beginning an exercise routine. If you find your symptoms of depression persist with regular exercise, consult your doctor or mental health professional. It is important to remember that while exercise is beneficial to sufferers of depression, it may not be a substitution for psychological counseling and medications.

Eating Disorders

While it may appear that the general health of American citizens is in a state of decline, some individuals are resorting to dangerous methods to improve their appearance or revolutionize their body image. Eating disorders are extremely prevalent in society today, and new eating disorders are being discussed in medical and health circles. There are many different types of eating disorders and these disorders are characterized by different actions, and different emotional and/or psychological triggers. Specific eating disorders will have varying effects on the individual's health and treatment options will vary greatly depending on the type of eating disorder. Below is a general overview of common eating disorders, possible triggers and signs of an eating disorder, and where to seek help.



Signs of an Eating Disorder

Identifying an eating disorder is often very complicated and challenging. Individuals who suffer from an eating disorder may be unwilling to accept the truth about the harmful nature of their actions. These individuals may rely on trusted friends and family members to provide them with awareness. Signs of an eating disorder include:

- Dramatic fluctuations in body weight
- Frequent trips to the restroom after eating
- Eating large quantities of food with no noticeable weight gain
- Excessive tooth decay
- Preoccupation with weight or body image
- Dehydration
- Persistent illness
- Delayed puberty
- Depression
- Anger
- Lethargy

Anorexia Nervosa

Anorexia nervosa is a disorder characterized by a refusal to consume sufficient nutrients and calories over an extended period of time. Individuals with anorexia are often obsessive about their appearance and their weight. They may use a body scale several times a day, portion food obsessively, consume only small quantities of food or no food at all and even purge overindulgent meals. Anorexia nervosa can be a long-term struggle or appear in haphazard spurts throughout an individual's life.

Bulimia Nervosa

Bulimia nervosa is a disorder characterized by a pattern of overeating and purging. The cycle begins with binge eating wherein the individual consumes large portions of food and exhibits no control over this behavior. After binge eating, a bulimic person will experience intense fear and guilt. These feelings prompt the individual to purge the meal through vomiting, fasting or even excessive use of laxatives.

Binge Eating and Obsessive Dieting

Until recently, binge eating and obsessive dieting were not characterized as eating disorders. However, recent studies have proved that these disorders can be just as emotionally and physically damaging as anorexia and bulimia. Binge eating disorder, or BED, is characterized by consuming large quantities of food that do not correspond to hunger pangs or nutrition needs. Binge eaters do not purge their food after these eating episodes and are usually overweight or obese. On the opposite side of the spectrum, obsessive dieting is characterized by an indulgent need to participate in frequent weight-loss programs and diet regimens that may be dangerous or harmful to an individual's health.

Mental and Emotional Triggers

Most experts agree that eating disorders are characterized by a preoccupation with weight, body image, and/or food, but the reasons why an eating disorder develops are much more widely varied. An eating disorder can be an emotional, mental, or even a physical disorder. Issues that occurred during youth or development are often discovered to be triggers for eating disorders. For example:

- Verbal abuse with regards to weight or appearance that occurred during childhood can often lead to the development of an eating disorder.
- Some individuals' eating disorders are triggered by movies, magazines or television shows that portray a specific body image or lifestyle.
- Other triggers may include specific types of food, such as candy or junk food, an emotional trauma such as the death of a loved one or an emotionally turbulent breakup or other emotional issues such as increased stress, depression or anxiety.

Seeking Help

There are thousands of resources available for individuals who are struggling with an eating disorder, as well as for the families and friends of these individuals. Therapy sessions, treatment programs, treatment facilities and campuses, and a wealth of literature and media are offered throughout the world to help individuals who struggle with one or more of these prevalent conditions. Physicians, psychiatrists and nutritionists are striving worldwide to show individuals with eating disorders that they are not alone and that help is available. The National Eating Disorders Association (NEDA) has information about health facilities, treatment options and diagnosis advice. For more information from NEDA and other resources, visit the links below.

Personality Disorders

Multiple Personality Disorder

Multiple personality disorder, or MPD, is a mental disturbance classified as one of the dissociative disorders in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. It has been renamed dissociative identity disorder (DID). MPD or DID is defined as a condition in which "two or more distinct identities or personality states" alternate in controlling the patient's consciousness and behavior. Note: "Split personality" is not an accurate term for DID and should not be used as a synonym for schizophrenia.



The precise nature of DID (MPD) as well as its relationship to other mental disorders is still a subject of debate. Some researchers think that DID may be a relatively recent development in western society. It may be a culture-specific syndrome found in western society, caused primarily by both childhood abuse and unspecified long-term societal changes. Unlike depression or anxiety disorders, which have been recognized, in some form, for centuries, the earliest cases of persons reporting DID symptoms were not recorded until the 1790s. Most were considered medical oddities or curiosities until the late 1970s, when increasing numbers of cases were reported in the United States. Psychiatrists are still debating whether DID was previously misdiagnosed and underreported, or whether it is currently over-diagnosed.

Because childhood trauma is a factor in the development of DID, some doctors think it may be a variation of post-traumatic stress disorder (PTSD). DID and PTSD are conditions where dissociation is a prominent mechanism. The female to male ratio for DID is about 9:1, but the reasons for the gender imbalance are unclear. Some have attributed the imbalance in reported cases to higher rates of abuse of female children; and some to the possibility that males with DID are underreported because they might be in prison for violent crimes.

The most distinctive feature of DID is the formation and emergence of alternate personality states, or "alters." Patients with DID experience their alters as distinctive individuals possessing different names, histories, and personality traits. It is not unusual for DID patients to have alters of different genders, sexual orientations, ages, or nationalities. Some patients have been reported with alters that are not even human; alters have been animals, or even aliens from outer space. The average DID patient has between two and 10 alters, but some have been reported with over one hundred.

Causes and Symptoms

The severe dissociation that characterizes patients with DID is currently understood to result from a set of causes:

- An innate ability to dissociate easily
- Repeated episodes of severe physical or sexual abuse in childhood
- The lack of a supportive or comforting person to counteract abusive relative(s)
- The influence of other relatives with dissociative symptoms or disorders

The relationship of dissociative disorders to childhood abuse has led to intense controversy and lawsuits concerning the accuracy of childhood memories. The brain's storage, retrieval, and interpretation of childhood memories are still not fully understood.

The major dissociative symptoms experienced by DID patients are amnesia, depersonalization, derealization, and identity disturbances.

Amnesia

Amnesia in DID is marked by gaps in the patient's memory for long periods of their past, in some cases, their entire childhood. Most DID patients have amnesia, or "lose time," for periods when another personality is "out." They may report finding items in their house that they can't remember having purchased, finding notes written in different handwriting, or other evidence of unexplained activity.



Depersonalization



Depersonalization is a dissociative symptom in which the patient feels that his or her body is unreal, is changing, or is dissolving. Some DID patients experience depersonalization as feeling to be outside of their body, or as watching a movie of themselves.

Derealization

Derealization is a dissociative symptom in which the patient perceives the external environment as unreal. Patients may see walls, buildings, or other objects as changing in shape, size, or color. DID patients may fail to recognize relatives or close friends.



Identity Disturbances

Identity disturbances in DID result from the patient's having split off entire personality traits or characteristics as well as memories. When a stressful or traumatic experience triggers the reemergence of these dissociated parts, the patient switches—usually within seconds—into an alternate personality. Some patients have histories of erratic performance in school or in their jobs caused by the emergence of alternate personalities during examinations or other stressful situations. Patients vary with regard to their alters' awareness of one another.



Diagnosis

The diagnosis of DID is complex and some physicians believe it is often missed, while others feel it is over-diagnosed. Patients have been known to have been treated under a variety of other psychiatric diagnoses for a long time before being re-diagnosed with DID. The average DID patient is in the mental health care system for six to seven years before being diagnosed as a person with DID. Many DID patients are misdiagnosed as depressed because the primary or "core" personality is subdued and withdrawn, particularly in female patients. However, some core personalities, or alters, may genuinely be depressed, and may benefit from antidepressant medications. One reason misdiagnoses are common is because DID patients may truly meet the criteria for panic disorder or somatization disorder.

Misdiagnoses include schizophrenia, borderline personality disorder, and, as noted, somatization disorder and panic disorder. DID patients are often frightened by their dissociative experiences, which can include losing awareness of hours or even days of time, meeting people who claim to know them by another name, or feeling "out of body." Persons with the disorder may go to emergency rooms or clinics because they fear they are going insane.

When a doctor is evaluating a patient for DID, he or she will first rule out physical conditions that sometimes produce amnesia, depersonalization, or derealization. These conditions include head injuries; brain disease, especially seizure disorders; side effects from medications; substance abuse or intoxication; AIDS dementia complex; or recent periods of extreme physical stress and sleeplessness. In some cases, the doctor may give the patient an electroencephalograph (EEG) to exclude epilepsy or other seizure disorders. The physician also must consider whether the patient is malingering and/or offering fictitious complaints.

If the patient appears to be physically normal, the doctor will next rule out psychotic disturbances, including schizophrenia. Many patients with DID are misdiagnosed as schizophrenic because they may "hear" their alters "talking" inside their heads. If the doctor suspects DID, he or she can use a screening test called the Dissociative Experiences Scale (DES). If the patient has a high score on this test, he or she can be evaluated further with the Dissociative Disorders Interview Schedule (DDIS) or the Structured Clinical Interview for *DSM-IV* Dissociative Disorders (SCID-D). The doctor may also use the Hypnotic Induction Profile (HIP) or a similar test of the patient's hypnotizability.

Treatment

Treatment of DID may last for five to seven years in adults and usually requires several different treatment methods.

Psychotherapy

Ideally, patients with DID should be treated by a therapist with specialized training in dissociation. This specialized training is important because the patient's personality switches can be confusing or startling. In addition, many patients with DID have hostile or suicidal alter personalities. Most therapists who treat DID patients have rules or contracts for treatment that include such issues as the patient's responsibility for his or her safety. Psychotherapy for DID patients typically has several stages: an initial phase for uncovering and "mapping" the patient's alters; a phase of treating the traumatic memories and "fusing" the alters; and a phase of consolidating the patient's newly integrated personality.

Most therapists who treat multiples, or DID patients, recommend further treatment after personality integration, on the grounds that the patient has not learned the social skills that most people acquire in adolescence and early adult life. In addition, family therapy is often recommended to help the patient's family understand DID and the changes that occur during personality reintegration.

Many DID patients are helped by group as well as individual treatment, provided that the group is limited to people with dissociative disorders. DID patients sometimes have setbacks in mixed therapy groups because other patients are bothered or frightened by their personality switches.

Medications

Some doctors will prescribe tranquilizers or antidepressants for DID patients because their alter personalities may have anxiety or mood disorders. However, other therapists who treat DID patients prefer to keep medications to a minimum because these patients can easily become psychologically dependent on drugs. In addition, many DID patients have at least one alter who abuses drugs or alcohol, substances which are dangerous in combination with most tranquilizers.

Hypnosis

While not always necessary, hypnosis is a standard method of treatment for DID patients. Hypnosis may help patients recover repressed ideas and memories. Further, hypnosis can also be used to control problematic behaviors that many DID patients exhibit, such as self-mutilation, or eating disorders like bulimia nervosa. In the later stages of treatment, the therapist may use hypnosis to "fuse" the alters as part of the patient's personality integration process.

Alternative Treatment

Alternative treatments that help to relax the body are often recommended for DID patients as an adjunct to psychotherapy and/or medication. These treatments include hydrotherapy, botanical medicine (primarily herbs that help the nervous system), therapeutic massage, and yoga. Homeopathic treatment can also be effective for some people. Art therapy and the keeping of journals are often recommended as ways that patients can integrate their past into their present life. Meditation is usually discouraged until the patient's personality has been reintegrated.

Prognosis

Some therapists believe that the prognosis for recovery is excellent for children and good for most adults. Although treatment takes several years, it is often ultimately effective. As a general rule, the earlier the patient is diagnosed and properly treated, the better the prognosis.

Prevention

Prevention of DID requires intervention in abusive families and treating children with dissociative symptoms as early as possible.

Borderline Personality Disorder

Borderline personality disorder is a condition that affects both men and women, although it is more prevalent in women. Individuals with borderline personality disorder display long-term patterns of behavior that is considered unstable and significantly interferes with their ability to maintain relationships with others. They are often impulsive, irrational and quick to anger.



Borderline personality disorder, also known as BPD, is a condition that affects an individual's ability to maintain normal functioning relationship with other people. The condition causes turbulent emotions and patterns of unstable behavior that persist for long periods of time. Borderline personality disorder is marked by impulsive behaviors that result in an unstable pattern of interaction between the individual suffering from the condition and others in his or her life. The pattern occurs in all aspects of the individual's life; at home, work, with friends, among family members and in personal relationships.

Symptoms

Individuals who suffer from BPD often have a low self-esteem, a high level of insecurity and are generally uncertain about their own personal identity. This often results in them having rapidly changing values, interests and feelings towards others.

Individuals with BPD have a difficult time looking at situations with an open mind. They generally have extreme viewpoints in which there is no grey area; everything is clearly black or white. Their opinions of and feelings towards others changes rapidly, one day expressing the highest praise of an individual and the next day spewing words of anger and contempt. This is especially true of their relationship with a significant other.

Many individuals with borderline personality disorder have a very difficult time staying in loving relationships because of their extreme behaviors. One day they may hold their loved one on the highest pedestal while they profess their undying love, the next day they spend every free minute of the day criticizing, cursing, pointing blame and showing anger. Because of these rapidly shifting emotions, their relationships are usually rocky and intense.

Common symptoms seen in individuals suffering from BPD include:

- Frequent displays of anger
- Difficulty controlling anger
- Engaging in physical confrontations
- Impulsiveness
- Never wanting to be left alone
- Unstable self-image
- Emotional instability
- Irritability

- Anxiety
- Quickly switching opinions of others
- Extreme opinions
- Sudden and dramatic change in their opinions of others

Many individuals with borderline personality disorder often display extreme behaviors such as:

- Binge Eating
- Shoplifting
- Self-injury
- Overdosing
- Suicidal behavior or threats

Individuals with this condition frequently change their goals and aspirations. They may experience multiple career changes, may go through friends quickly, or change their sexual orientation often.

Causes

There is no known cause identified for borderline personality disorder. Genetic, social, biological, family, psychological and environmental factors are all possible causes for the development of the condition. Because the condition is present in more women than men, there has been some speculation that hormonal factors may be at play.

To date, no studies have been able to clearly identify a link between hormones and the development of BPD. More research needs to be conducted on the subject. There are some risks factors that may put people at risk for the condition, including:

- Being abandoned as a child or teenager
- Coming from a severely dysfunctional family
- Having normal childhood disrupted
- Lack of or limited communication among family as a child
- Being a victim of sexual abuse as a child

Borderline personality disorder commonly occurs in individuals who are patients in psychiatric hospitals. People who suffer from the condition have a slightly greater risk of passing the condition onto their children.

Diagnostic Testing

There are no specific medical tests that can diagnose the condition. A psychological evaluation conducted by a trained mental health specialist is required to diagnose borderline personality disorder. A licensed psychologist or psychiatrist will evaluate the individual and inquire about life history and presenting symptoms.

Treatment Options

The most common treatment options for BPD are psychotherapy and medication. Psychotherapy in the form of counseling, or talk therapy, is often highly successful in treating the condition. Some individuals will gain additional benefits from participating in a group therapy or group counseling session.

Psychiatrists may prescribe medications to help reduce mood swings, alleviate depression and control erratic behaviors. Both psychotherapy and medication require long-term treatment methods.

Many times, a combination of individual counseling, group therapy and medication is used to achieve maximum results. Medication is generally used as a last resort if psychotherapy is not effective, or in individuals who suffer from severe symptoms.

Considerations

Borderline personality disorder is a serious condition that can have detrimental effects on all areas of an individual's life. The condition can significantly interfere with a person's ability to maintain normal relationships with others. If left untreated, BPD can result in depression, drug use and suicidal thoughts or tendencies.

Speak with your health care provider immediately if you believe you or a loved one may be suffering from borderline personality disorder. Effective treatment options are available to help with the condition.

Narcissistic Personality Disorder

NPD is one of 11 personality disorders recognized in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders. NPD is one of the "Cluster B" or dramatic/erratic personality disorders.

Narcissistic personality disorder is characterized by the presence of five (or more) of the following symptoms:

- Inflated sense of self-importance
- Preoccupation with fantasies of success, power, brilliance, beauty, or ideal love
- Beliefs that he or she is "special" and can only be understood by other special or high-status people
- Requires excessive admiration
- Sense of entitlement
- Takes advantage of others
- Lacks empathy
- Is often envious of others or believes others are envious of him or her
- Behaves in an arrogant, haughty way



In short, people with NPD might be described as being very self-absorbed or egotistical; this self-absorption rises to the level of a clinical disorder because it significantly interferes with relationships, occupation, or other important domains in life. Many experts believe that this egotistical style is actually the NPD individual's attempt to deal with an underlying poor sense of self-worth.

How Often Do NPD and BPD Co-Occur?

While the overlap between NPD and BPD are discussed quite often in the popular psychology literature and online, very few careful studies of the co-occurrence of NPD and BPD have been conducted. One such study found that only about 16 percent of patients with BPD also meet the diagnostic criteria for NPD. However, another study that drew from a community (rather than a treatment-seeking) sample found that almost 39% of people with BPD also have NPD.

How Does Narcissistic Personality Disorder Affect the Course of BPD?

There are a number of theoretical reasons to believe that someone with both NPD and BPD would be less likely to get better over time. People with NPD have been described as very resistant to treatment; people with NPD often have poor insight about the ways that their behaviors are detrimental to themselves or others. Also, people with NPD may in fact cause more emotional pain to others than they cause themselves. So, their motivation to change their behavior may be very low.

Research does suggest that people with both NPD and BPD are less likely to have their BPD symptoms get better over time. For example, one study that followed BPD patients over 6 years found that rates of co-occurring NPD were fairly low (about 6%) in patients whose BPD eventually went away (remitted). However, rates of co-occurring NPD were higher (around 19%) in patients whose BPD did not remit after 6 years. So, there is a subset of individuals with non-remitting BPD and higher rates of NPD.

Relationships in People with NPD and BPD

The relationships of individuals with BPD are often quite dysfunctional. However, adding NPD into the mix can create even more disordered conditions. In addition to the chaotic emotional life and fears of abandonment associated with BPD, a person with co-occurring NPD may also take advantage or manipulate other people, and have little empathy for others' concerns. This combination can be incredibly destructive in relationships.



Treatment for Narcissistic Personality Disorder and BPD

There are currently no empirically supported treatments for NPD, and no published clinical trials of treatments for NPD alone or co-occurring and BPD. The only published research on the treatment of NPD is limited to some case studies or anecdotal accounts, but these types of studies tend to be unreliable and subject to bias. The case study literature on the treatment of NPD has primarily centered on the use of modified psychoanalytic techniques and has recognized the challenges of successfully treating this disorder.

The clinical literature in general tends to regard NPD as a largely untreatable condition, particularly in its most severe forms. Some people believe that because there is some overlap between NPD and BPD symptoms (i.e., impulsivity and destructive behaviors) treatments designed for BPD (such as Dialectical Behavior Therapy) may also work with NPD. However, this remains to be seen; more research on the topic is sorely needed.

Antisocial Personality Disorder

Every person's personality is unique. However, in some cases a person's way of thinking and behaving can be destructive—both to others and to the person him or herself. In the case of antisocial personality disorder (ASPD), a person's personality becomes overwhelmed by a mental health condition that causes patterns of manipulation and violation of others around them.



ASPD typically begins during childhood or early adolescence and continues into adulthood. According to the National Institutes of Health (NIH), people with ASPD display a long-term pattern of:

- disregarding the law
- violating the rights of others
- manipulating and exploiting others

People with the disorder commonly do not care if they break the law. They may lie and place others at risk without feeling any remorse.

Lees McRae College states that about 2.5 to 3.5 percent of people have ASPD. The condition is much more common in men than in women.

What Causes Antisocial Personality Disorder?

The exact cause of ASPD is unknown. However, genetic and environmental factors may play a role. You may also be at greater risk of developing the disorder if you are male and if you:

- were abused as a child
- grew up with parents who have ASPD
- grew up with alcoholic parents

What Are the Symptoms of Antisocial Personality Disorder?

Children with ASPD tend to be cruel to animals and set fires illegally. Some symptoms in adults include:

- often being angry
- being arrogant
- manipulating others to get what they want
- acting witty and charming to get what they want
- lying frequently
- stealing
- acting aggressively and fighting often
- breaking the law
- not caring about personal safety or the safety of others
- not showing guilt or remorse for actions

People who have ASPD have a higher risk of substance abuse. The National Institute on Alcohol Abuse and Alcoholism has linked alcohol use to increased aggression in people with ASPD.

How Is Antisocial Personality Disorder Diagnosed?

A diagnosis of ASPD cannot be made before the age of 18. Symptoms that resemble those of ASPD may be diagnosed as a conduct disorder in those under the age of 18.

A mental health provider can question individuals who are over 18 years about past and current behaviors. This will help detect signs and symptoms that could support a diagnosis of ASPD.

One must meet certain criteria to be diagnosed with the condition. This includes:

- a diagnosis of conduct disorder before the age of 15
- documentation or observation of at least three symptoms of ASPD since the age of 15
- documentation or observation of symptoms of ASPD that do not occur only during schizophrenic or manic episodes (if you have schizophrenia or bipolar disorder)

How Is Antisocial Personality Disorder Treated?

ASPD is very difficult to treat. Typically, doctors will try a combination of psychotherapy and medication. However, it is hard to assess how effective the available treatments are in dealing with ASPD's symptoms.

Psychotherapy

Doctors may recommend different types of psychotherapy based on the specific situation. Cognitive behavioral therapy can help reveal negative thoughts and behaviors and teach ways of replacing them with positive ones.

Psychodynamic psychotherapy can increase awareness of negative, unconscious thoughts and behaviors, so that the person can change them.

Medications

No medications are specifically approved for the treatment of ASPD. However, doctors may prescribe:

- antidepressants
- mood stabilizers
- anti-anxiety medications
- antipsychotic medications

Doctors may also recommend a stay in a mental health hospital where intensive treatment can be administered.

Paranoid Personality Disorder

Paranoid personality disorder (PPD) is a type of eccentric personality disorder. This means the behavior may seem odd or unusual to others. An individual with paranoid personality behavior has extreme suspicion of others.

PDD usually appears in early adulthood. According to the National Institutes of Health (NIH), it is more common in males than females.



What Are the Causes?

The cause of paranoid personality disorder is not known. However, it is thought that paranoid personality is a combination of biological and environmental factors.

The disorder is found more often in families with a history of schizophrenia and delusion disorders. Early childhood trauma may be a contributing factor.

What Are the Symptoms?

Many individuals with paranoid personality disorder are not aware of their problem. Suspicions of others may seem completely rational to a person with PPD. However, others around him or her may deem this distrust of others unwarranted. Symptoms include:

- believing that others have hidden motives or are out to harm you
- doubting the loyalty of others
- being hypersensitive to criticism
- having trouble working with others
- being quick to become angry and hostile
- becoming detached or socially isolated
- being argumentative and defensive
- having trouble seeing your own problems
- having trouble relaxing

How Is a Diagnosis Made?

Your doctor will begin by asking you about your symptoms and history. He or she will also conduct a physical evaluation to look for any underlying medical conditions. Your doctor may refer you to a psychiatrist or psychologist for further testing.

The psychiatrist or psychologist will conduct a psychological assessment. He or she may ask about childhood, school, work, and relationships. He or she may also ask you several hypothetical questions. This is to gauge how you react to certain situations. For example, he or she may ask what you would do if you found somebody's wallet on the sidewalk. The psychiatrist or psychologist will use your responses to make a diagnosis and form a treatment plan.

How Is It Treated?

Treatment for PPD can be very successful. However, most individuals with this condition have trouble accepting treatment. If an individual is willing to accept treatment, talk therapy or psychotherapy will be used. These methods will:

- help the individual learn how to cope with the disorder
- learn how to communicate with others in social situations
- help reduce feelings of paranoia

Medications can also be helpful, especially for severe symptoms of PPD. Medications include:

- antidepressants
- benzodiazepines
- antipsychotics

Combining medication with talk therapy or psychotherapy can be very successful.

Avoidant Personality Disorder

Everyone has a different personality, but some types of personalities are categorized as disorders. These personality types produce psychiatric symptoms that cause serious problems with relationships and work. People with avoidant personality disorder (APD) have a lifelong pattern of extreme shyness, feelings of inadequacy, and hypersensitivity to rejection. About five percent of adults have APD.



What Causes Avoidant Personality Disorder?

The cause of APD and other personality disorders is unknown. Researchers think genetic and environmental factors might play a role.

Who Is at Risk for Avoidant Personality Disorder?

There is no way to know who will develop APD. However, it is known that people who have the disorder were very shy as children. But not every child who is shy goes on to develop the disorder. And not every adult who is shy has the disorder.

If you have APD, you were probably shy as a child. Most likely, your shyness grew as you got older to the point that you began to avoid other people and situations.

What Are the Symptoms of Avoidant Personality Disorder?

If you have APD, you might have difficulty interacting with others in social and work settings because you fear:

- rejection
- disapproval
- embarrassment
- criticism

You may also have trouble believing that people like you. Because you are always on alert for people to reject or criticize you, you may misinterpret the neutral comments and actions of others as negative.

How Is Avoidant Personality Disorder Diagnosed?

Your doctor will ask you questions to see if you meet the criteria for a diagnosis of APD. To meet these, your symptoms must have begun no later than early adulthood, and you must have at least four of the following symptoms:

- You avoid work activities that involve contact with others out of fear of criticism, disapproval, or rejection.

- You are unwilling to get involved with other people unless you are sure they like you.
- You hold back in relationships because you are afraid you will be ridiculed or humiliated.
- The fear of being criticized or rejected in social situations dominates your thoughts.
- You hold back in social situations—or avoid them altogether—because you feel inadequate.
- You think you are inferior to others, unappealing to others, and socially inept.
- You are unlikely to participate in new activities or take personal risks because you are afraid of embarrassment.

How Is Avoidant Personality Disorder Treated?

Psychotherapy

Psychotherapy is the most effective treatment for APD. The goal of psychotherapy is to help you identify your unconscious beliefs about yourself and how others see you. It also aims to help you function better in your social and work lives. Two types of psychotherapy your mental health therapist might use include:

Psychodynamic Psychotherapy

Psychodynamic therapy is a form of talk therapy that helps you become self-aware about your unconscious thoughts and how your past experiences are influencing your current behavior. This allows you to examine and resolve past emotional pains and conflicts. Then you can move forward with a healthier outlook regarding yourself and how others see you. Psychodynamic psychotherapy produces lasting results, and the benefits of the therapy continue even after treatment.

Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a form of talk therapy. In CBT, your mental health therapist helps you to recognize your unhealthy beliefs and thought processes. The goal is to then replace them with healthier ones. Your therapist will encourage you to examine and test your thoughts and beliefs to determine if they have a factual basis. Your therapist will also help you to develop alternative, healthier views and thoughts.

Medication

Your doctor may prescribe antidepressant medications to help reduce your sensitivity to rejection. Medication is not a replacement for psychotherapy, but it can help relieve symptoms while you undergo therapy. A combination of therapy and medication might be the most effective treatment option.

Schizophrenia

Schizophrenia is a mental disorder that can make it difficult for person to function in a normal social setting. People with this disorder may hear voices or they may have paranoid or delusional thoughts, such as believing that their minds are being read or their thoughts controlled.



Experiences like these are terrifying and can cause feelings of withdrawal, fearfulness or agitation on an extreme level. People who are suffering from schizophrenia may not make sense when they talk, may sit for hours without talking or moving or they may seem completely fine until they talk about what they are thinking.

The term, “schizophrenia,” is actually used to classify a group of severe brain disorders that affect the way a person interprets reality. Schizophrenia can make it difficult for a person to:

- Discern the difference between fantasy and reality.
- Think in a normal, logical way.
- Have regular emotional responses.
- Behave like an average person in various social situations and settings.

Overtime, the schizophrenia can become progressively worse, inhibiting a person from properly caring for him- or herself without some form of aid or guidance. This disorder is a chronic condition, meaning it requires a lifetime of observation and treatment.

Symptoms

There are three primary sets of symptoms associated with schizophrenia:

- **Positive Symptoms:** Positive symptoms involve unusual perceptions or thoughts like delusions, thought disorders, mirages, disorganized behavior and movement disorders. These symptoms can be described as a distortion of normal, everyday functions.
- **Negative Symptoms:** Negative symptoms represent a loss or a decrease in the ability to speak, express emotion, initiate plans or find pleasure in everyday life. These symptoms may appear months or even years before positive symptoms of schizophrenia.
- **Cognitive Symptoms:** Cognitive symptoms, or cognitive deficits, on the other hand are issues relating to attention, memory and executive functions allowing people to organize and plan. These are much harder symptoms to recognize and can often be mistaken for depression or laziness. They can also be difficult to recognize as part of the disorder, but can be some of the most disabling. These symptoms include problems with comprehending information, difficulty focusing or paying attention and memory issues.

Causes and Risk Factors

Like many other similar illnesses, it has yet to be determined what the exact cause of schizophrenia is. It is believed that schizophrenia is the result of a combination of genetic and environmental factors. Schizophrenia has been known to run in families, but this is not the only cause for the disorder. Other studies suggest that this mental disorder may be the result of problems that occur in the brain's chemicals, which include the neurotransmitters, dopamine and glutamate.

Schizophrenia may be experienced during childhood or adulthood, and affects men and women equally. While childhood-onset schizophrenia can start as early as after a child turns 5 years of age, it is quite rare. Symptoms shared with autism and other childhood developmental disorders make childhood-onset schizophrenia difficult to diagnose.

Tests and Diagnosis

There are no specific, medical tests used to diagnose schizophrenia. Schizophrenia is diagnosed through psychiatric evaluation and is based on the symptom profiles listed above. A psychiatrist will examine the patient and discuss signs or abnormalities that may have been noted by family members. If schizophrenia runs in the family, then the likelihood that a person will suffer from the disorder when exhibiting similar situations is much higher than if schizophrenia does not run in a person's family.

Although there are no medical tests to diagnose schizophrenia, a brain scan and blood tests may be used to determine if any signs or symptoms are being confused with another type of disorder or medical condition.

Treatment

The current treatments focus on eliminating the symptoms of the disease rather than preventing the disorder or eliminating the disorder completely because the causes are not largely known. In other words, managing the symptoms of the disorder is the primary focus for treating schizophrenia rather than treating the underlying disorder. Some potential treatments for the symptoms include antipsychotic medications, psychosocial treatments, cognitive behavioral therapy, self-help groups and family counseling. Typically a combination between behavioral therapy, counseling and medication is ideal for treating all of the symptoms associated with schizophrenia.

Possible side effects of prescribed medication for schizophrenia include:

- Sleepiness
- Weight gain
- Increased risk of diabetes and/or high cholesterol
- Body tremors
- Sluggish mobility
- Feeling restless

Complications

If not diagnosed and properly treated, schizophrenia can lead to numerous complications, including:

- **Substance abuse:** Someone suffering from schizophrenia that is not properly managed may turn to substance abuse to alleviate symptoms or to help cope with life's difficulties caused by the disorder. However, substance abuse is known to only exacerbate symptoms of schizophrenia.
- **Physical illness:** Refusal for proper treatment and care for schizophrenia may cause someone who is suffering from the disorder to refuse medical care for any type of disease, ailment or medical condition. This can lead to potential health problems and physical illness.
- **Suicide:** If not diagnosed and treated, schizophrenia can possibly lead to suicide. Substance abuse can also be a contributing factor to suicide.

Post-Traumatic Stress Disorder

Post-traumatic stress disorder, or PTSD, is a type of anxiety disorder that affects a person's mental health. A person typically suffers from PTSD after seeing or experiencing a traumatizing event where grave injury or death is involved. PTSD can be viewed as a severe illness, affecting normal function of a person's everyday life. According to the National Institute of Mental Health (NIMH), post-traumatic stress disorder occurs when a person's natural "fight-or-flight" response reaction is altered or damaged. Those suffering from PTSD may feel constantly stressed or frightened long after the traumatic event has occurred and they are no longer in any form of danger.



Causes

Almost anyone can suffer from PTSD at practically any age. From veterans of war, to children who have suffered from abuse, there are numerous factors that can cause someone to suffer from post-traumatic stress disorder. In some cases, there are those with PTSD who may not have directly suffered through or witnessed a dangerous event, but may have a close friend or family member who is harmed or has passed away under traumatic circumstances.

Certain events are likely to cause PTSD, such as:

- Natural disasters, like floods, earthquakes and fires
- War
- Domestic abuse
- Being in a hostage situation
- Rape
- Imprisonment
- Terrorism
- Experiencing child abuse or neglect

These are only a few examples of events that can trigger post-traumatic stress disorder. Again, one does not have to directly experience a traumatic event to trigger PTSD, and having a history of trauma in one's life increases the likelihood of suffering from PTSD.

Symptoms

Symptoms of PTSD are commonly broken down into three categories:

- **Memories or reliving the event:** Those suffering from PTSD may suffer from episodes where they relive the traumatic experience through flashbacks or dreams. These episodes can occur when they are conscious or even while they are asleep and reliving the experience through a dream.
- **Avoiding or trying to forget the event:** Another group of symptoms associated with PTSD are categorized as "avoidance" symptoms. The individual may try to erase the traumatic memories by not talking about the event, becoming numb to any type of emotion and avoiding any activities that bring about any form of emotion.

- For example, people suffering from PTSD might avoid activities that they once enjoyed, and may even have difficulties maintaining relationships, even with those who they should be the closest to like a spouse or their children.
- **Anxiety and emotional arousal:** The third group of symptoms involves increased anxiety and emotional arousal. The individual may exhibit anger issues and might be easily irritated or startled. One might also have sleeping problems and difficulty concentrating.

Rather than looking for a specific set of symptoms, those caring for someone suffering from PTSD should look for an abnormal pattern of behavior that can fall into any of the three categories of symptoms mentioned above. Should the symptoms persist for a lengthy period of time, professional assistance should be sought immediately.

Coping With PTSD

It is important to recognize signs of PTSD and seek professional treatment as soon as possible to prevent the disorder from progressing after a traumatic experience. There are various forms of treatment available to help people cope with PTSD:

- **Medication:** Certain medications can help improve symptoms of PTSD, including antidepressants, antipsychotics, anti-anxiety and sleeping medication. Patients should consult with their physician about possible side effects or problems with the medication to determine if their continued use is the best course of action.
- **Support groups:** It might be helpful for those suffering from PTSD to share their feelings and life experiences with those who have suffered from similar, traumatic events. Support groups can also be effective for those who have turned to substance and alcohol abuse to cope with PTSD.
- **Therapy:** There are several forms of therapy that can be used for coping with post-traumatic stress disorder. Cognitive therapy consists of a person discussing his or her daily experiences with a professional to gain a further grip on what is causing any problems in day-to-day life. Exposure therapy allows people to confront a traumatic experience in a safe, controlled environment. An example of exposure therapy is virtual reality program that allows someone to enter a specific situation without the threat of actual danger.

To properly cope with PTSD, it may take one or a combination of these treatment methods. Progression of post-traumatic stress disorder can lead to further complications such as:

- Deterioration of relationships with family, friends and loved ones
- Panic disorder
- Depression
- Suicide
- Substance abuse

Professional help should be sought immediately if there are any signs that a person suffering from PTSD is having thoughts of hurting him or herself. There are numerous social services, mental health specialists, centers, clinics, family services, support groups and hotlines available to assist those suffering from PTSD. Visit the NIMH for further resources on post-traumatic stress disorder in the links below.

Compulsive Hoarding Disorder

Most people have some degree of clutter or disorder in their homes, be it a disorganized desk, a cluttered closet or a designated junk drawer. But there are some people, known as compulsive hoarders, who acquire so much clutter it ends up taking over their homes and even their lives.

What many people see as trash, compulsive hoarders see as treasures that they can't throw away. Rooms that people use on a daily basis become unusable storage space for the items they possess. Eventually, the clutter becomes so overwhelming that it disrupts their lives.



Compulsive hoarding is a serious disorder, affecting more than one million people in the United States, alone. If you think you might know of someone who has a problem with hoarding, read through this guide to get a better understanding of this disorder.

What Is Compulsive Hoarding?

According to the International OCD Foundation, hoarding is defined by two characteristics: acquiring too many possessions and not being able to get rid of those possessions. When those possessions begin to negatively impact a person's life to the point where they can no longer move freely around their home or use certain rooms of the house, that person has become a compulsive hoarder.

Some of the early warning signs of someone who is developing this disorder are:

- The person talks quite frequently about his or her possessions.
- The person does not let you into his or her house or into a certain part of the house.
- The person puts off repairs or paying bills.
- The person shops often and is always acquiring more things.
- The person is very disorganized and views cleaning and organizing as major tasks.

Hoarders will save a variety of things from clothing, toys, newspapers and plastic containers to food wrappers and junk mail among other items. The saved items vary from person to person as does the reasons they hoard.

Why Do People Hoard?

People hold on to things for many different reasons including:

- **Emotional attachment.** We all have certain treasures that hold sentimental value to us and hoarders are no different, although they tend to have an attachment to many, many items instead of a select few. Hoarders may even associate their items as being part of their identity.

- **Not wanting to waste.** Hoarders tend to see each and every item they own as having a purpose. Even if they can't use it now, they may be able to use it in the future, so they feel it would be a waste to get rid of it. This is actually the most common reason that people hoard.
- **The fear of losing important information.** Just as hoarders see every item as having a purpose, they see all sources of information as being just useful, too. Brochures, magazine, newspapers and books, even if they're outdated, can supply a wealth of information so they save them for when they'll need that information.

What Causes People to Hoard?

Researchers have found that genetics can be an underlying cause of hoarding. According to the UCSD Department of Psychiatry, up to 85 percent of people who hoard have known someone close to them who also had this problem. Other causes of compulsive hoarding include:

- Family experiences
- Psychological issues
- Brain abnormalities

Compulsive hoarding is also associated with Obsessive Compulsive Disorder (OCD), although it has not yet been determined whether compulsive hoarding is caused by OCD or just a disorder that's common among people who have OCD.

Who Tends To Hoard?

Hoarding tends to occur more frequently in men, but usually develops earlier in women. Hoarding behaviors can be exhibited in children and can worsen over time. There are some characteristics that are common to people with a hoarding disorder. They are:

- Perfectionism
- Depression or anxiety
- Memory problems
- Short attention spans

How Does Someone Stop Hoarding?

The most common way to treat compulsive hoarding is through Cognitive Behavioral Therapy. This therapy can help hoarders uncover the underlying reason of why they hoard, and resist the temptation of acquiring new items. Through CBT, hoarders can also work with a therapist who will help them go through their possessions and decide what's important to keep and what's unnecessary.

Medications, particularly antidepressants, are also commonly used to treat compulsive hoarding. A combination of medications and psychotherapy also works well for some hoarders. It's also important that people who have this disorder receive support from those around them. It may be helpful for some hoarders to join a support group so they can receive advice and guidance from others who have had this problem.

While there is no definitive way to prevent the development of compulsive hoarding, it's important that people who may be suffering from this disorder to seek help at the first signs of development. Getting treatment right away and getting to the root of the problem is the most effective way to overcome this disorder.

Light Therapy for Depression and Other Disorders

Bright light therapy, or more commonly referred to as light therapy, is becoming a popular treatment option for individuals looking to improve mood disorder symptoms. Find out more about this alternative treatment and what it can do for you.

What Is Light Therapy?

Light therapy is a treatment for patients who suffer from seasonal affective disorder (SAD), depression and other similar conditions. The treatment consists of exposing the patient to intense levels of artificial fluorescent light.

- Fluorescent bulbs are placed in a special treatment box.
- A screen is placed over the box to diffuse the fluorescent rays.
- The treatment box is placed on a table in a designated area, usually near the bed, a comfortable chair or a work desk.
- Therapy consists of the individual receiving the therapy sitting close to the box.
- The light is turned on and the person can engage in whatever activities are desired, such as reading, writing, eating, listening to music or any other activity that can be performed.
- The head and body are positioned so that they are facing the light while the eyes remain open.
- Looking at the light box directly is avoided.
- Focus is placed on the activities being performed under the light rather than on the light itself.

How Does Light Therapy Work?

The fluorescent bulbs that are used during light therapy mimic natural outdoor sunlight. It has been long known that patients suffering from seasonal affective disorder, depression and other mood disorders often report an improvement of their condition when exposed to natural sunlight. For this reason, many physicians instruct their patients to spend as much time as possible outdoors in hopes of obtaining the mood enhancing benefits of the sunlight. Light therapy has a very similar effect on individuals as natural sunlight.

The light is believed to positively affect the chemicals in the brain that are responsible for changes in mood, resulting in a decrease in depressive symptoms and mood swings.

The underlying reason why the light has such a profound effect on the brain chemicals, thus the persons overall mood is still unclear. The physiological effects of the light, however, have been well documented. Blood tests have demonstrated a significant decrease in Melatonin levels of patients receiving light therapy treatment. Many experts suspect that an imbalance of Melatonin, the hormone responsible for our internal wake/sleep cycles, is the underlying cause for fluctuations in mood levels of individuals suffering from SAD and other mood disorders.

- The duration of light therapy treatments will start out relatively low at first, on average 15 minutes per session.
- As time goes on, the doctor will increase the amount of time the patient spends near the light box, with the maximum time topping at around the two hour mark.
- The length of time prescribed will vary among individuals depending on their specific needs.
- Light therapy should be avoided during evening hours when it can interfere with sleep.
- Most individuals find that they achieve maximum results when they undergo light therapy treatment in the early morning hours.

Who Can Benefit From Light Therapy?

The most common use of light therapy is in the treatment of individuals suffering from seasonal affective disorder and those suffering from seasonal depression (winter blues). People suffering from winter depression, believed to be a result of less hours of sunlight during the day, have a high success rate with light therapy. Research is being conducted on the effects of light therapy on other types of depression and mood disorders, as well as sleep disorders and jet lag. Individuals who begin working the night shift often have a difficult time adjusting to the reversal of the wake/sleep cycles. Recent studies show that light therapy may be an effective treatment for this condition.

Although light therapy is not generally recommended for children, there are some studies that show light therapy may help decrease the symptoms of attention deficit hyperactivity disorder (ADHD) in adults. Promising results are also reported for conditions such as obsessive-compulsive disorder (OCD), Parkinson's disease and dementia. More research needs to be conducted in these areas.

Doctors sometimes prescribe light therapy for patients suffering from psoriasis and other skin disorders. The treatment for these individuals is very similar to those suffering from mood disorders, with the exception of the type of light bulbs used. Light therapy boxes used to treat skin conditions contain ultraviolet light bulbs. Ultraviolet light is not used in mood disorder treatment because it is hazardous to the eyes and skin.

Are There Side Effects?

The majority of individuals undergoing light therapy do not experience any side effects. Of those that do, the majority of them are minor side effects that go away rather quickly. Mild side effects can be usually be managed by simply decreasing the amount of time spent near the light box, increasing the distance between the individual and the light box or adjusting the level of light emitted. Mild side effects that have been reported with light therapy include headache, sore eyes, irritability, nausea, dry mouth, restlessness, hyperactivity and sleep problems.

Is It Safe For Everyone?

There are some individuals who should not use light therapy. Although no contraindications have been reported with light therapy use during pregnancy, expectant and nursing mothers should avoid treatments until further studies are conducted. Individuals who suffer from light sensitivity should avoid light therapy, as should those who have conditions that make skin sensitive to sunlight, such as Lupus. Certain medications can increase sensitivity to sunlight, so individuals should disclose any medications they are taking to their doctor prior to starting light therapy.

People suffering from bipolar disorder and severe depression should avoid light therapy, as suicidal thoughts and manic behavior has been reported. As with any treatment, always consult your physician before starting light therapy.

Herbal Program for Depression

Taken from Footprints on the Path plus our Own Information

Depression can be a disease in itself or a symptom of another mental disorder. Women are more often affected than men and they seem to be a particular risk in the period prior to menstruation or following childbirth. Symptoms may include change of appetite and weight, change in sleep habits, loss of interest in usual activities, fatigue, poor concentration or thoughts of a negative nature.

Primary Formulas

- Mood Elevator
- St. John's Wort T/R – For mild depression

Herbals

- SAM-e – To improve mood and fight depression
- Cordyceps, Adaptamax or Wild American Ginseng – To balance the body
- Stress Relief or Stress-J (Anti-Stress/Colon Tension)
- Blood Build, Liver Balance or Blessed Thistle – To strengthen a weakened liver
- Thyroid Support, Thyroid Activator or TS II w/Hops
- Ginkgo Biloba T/R – If caused by circulatory problems
- Kava Kava – Promotes relaxation without dulling senses
- Mineral Chi Tonic, Super Algae or Kelp – trace minerals
- Wild Yam + Pro-G-Yam Cream – If caused by menopause

Vitamins, Minerals & Other Supplements

- 5-HTP Power – As an antidepressant and to help produce serotonin
- 7-Keto – To relieve depression
- Nutri-Calm (Anti-Stress Formula) – For the B vitamins
- Glyco Essentials – For essential sugars
- DHA – For omega-3 fatty acid
- Folic Acid Plus – A lack is often a cause of depression
- L-Glutamine – To simulate mental alertness
- Calcium-Magnesium – For nervous System
- Melatonin Extra – Stabilizes electrical activity of Nervous System
- ASEA – Redox Signaling Molecules – Has been shown to help improve mood

Essential Oils

- Lavender (Avoid if chronic depression), Neroli, Geranium, Jasmine, Ylang Ylang, Frankincense, Grapefruit, Rose Bulgaria, Patchouli, Mandarin, Marjoram/Sweet, Jasmine.
- Avoid Rosemary

Homeopathic

- Depressaqueel Remedy

Herbal Program for Schizophrenia

Taken from Footprints on the Path plus our Own Information

Any of a group of psychotic disorders usually characterized by withdrawal from reality, illogical patterns of thinking, delusions, and hallucinations, and accompanied in varying degrees by other emotional, behavioral or intellectual disturbances. Schizophrenia often associated with dopamine imbalances in the brain and defects of the frontal lobe may have an underlying genetic cause. An individual should seek counsel from a medical doctor.

Herbals

- Brain-Protex w/Huperzine (Brain Circulation)
- Gotu Kola (Brain Food) or Ginkgo/Gotu Kola
- Enviro Detox or Heavy Metal Detox
- Mood Elevator (Antidepressant)
- Stress-J (Anti-Stress/Colon Tension) or Stress Relief
- Nerve Control (Relaxation Formula)
- Kava Kava – Relax without dulling senses
- Herbal Sleep (Natural Sleep Aid)

Vitamins, Minerals & Other Supplements

- Focus Attention – To nourish and stimulate the brain, support neurotransmitters and blood circulation
- GABA Plus – To aid brain metabolism and function
- Nutri-Calm (Anti-Stress Formula)
- Trace Mineral Maintenance – Contains lithium
- Germanium Combination or Korean Ginseng – To oxygenate the brain
- KHA – For brain support
- Super GLA, Flaxseed Oil or Black Currant Oil
- Zinc – To offset high copper levels
- Magnesium Complex (Vital Nutrition) – Often low in Schizophrenia
- Niacin (high doses) + B-Complex – To support the Nervous System
- Free Amino Acids
- Vitamin C (Antioxidant/Vital Nutrition)
- Krill Oil
- ASEA – Redox Signaling Molecules to help with mood and to help make the antioxidants usable

Essential Oils

- Frankincense, Peppermint or Rosemary
- Avoid Bergamot

Homeopathic

- Detoxification Remedy

Diet

- Avoid alcohol and caffeine
- Eliminate dairy products

Other

- Consider Hypoglycemia, Hypothyroidism. Stay calm.

Herbal Program for Alzheimer's Disease

Taken from Footprints on the Path plus our Own Information

A degenerative disease characterized by mental deterioration to the degree that it interferes with the person's ability to function socially and at work. Symptoms include loss of ability to clearly remember past or present facts, names, places, etc. Loss of touch with reality, confused. Caused may include excessive amounts of aluminum concentrations in the brain, lack of oxygen to the brain, poor circulation or atherosclerosis.

Primary Formulas

- Focus Attention
- Brain Protex

Herbals

- Heavy Metal Detox – To eliminate heavy metals such as aluminum
- Ginkgo/Gotu Kola or Ginkgo Biloba T/R
- Milk Thistle T/R – To detoxify the body and support the liver
- Green Tea Extract – to neutralize free radicals
- Nervous Fatigue Formula – For confusion
- Phyto-Soy – To reduce memory loss and depression
- Mineral Chi Tonic or Super Algae (trace minerals)

Vitamins, Minerals & Other Supplements

- Mega-Chel – To eliminate heavy metals and for vital nutrition
- Super Orac
- 7-Keto – To improve cognitive function
- Lecithin
- Alpha Lipoic Acid – Antioxidant crosses blood brain barrier
- DHA – To reduce risk of Alzheimer's disease
- MSM + Vitamin C – To detoxify the body
- Germanium Combination or Korean Ginseng – To oxygenate the cells
- Pregnenolone or DHEA – For age-related brain function
- 5-HTP Power – As an antidepressant
- L-Carnitine – For cognition, memory and attention span
- ASEA – Redox signaling molecules to replace damaged cells and make antioxidants usable. To increase SOD and glutathione over 500%.

Homeopathic: Detoxification Remedy

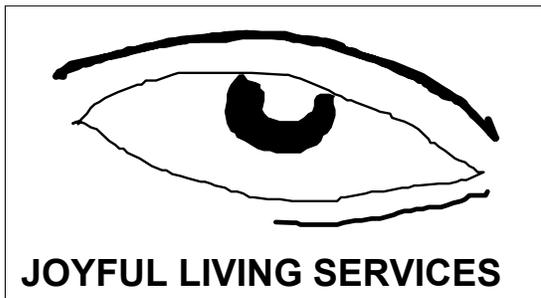
Essential Oils

- Rosemary (to help with disorientation)
- Rose Bulgaria (confusion)
- Frankincense or Sandalwood (has shown to be effective)
- Helichrysum, Oregano, Clove Bud

Diet: Eliminate aluminum cookware, foil and deodorants. Drink only purified water

Other

- Consider removal of amalgam dental fillings. Parasites in the brain can mimic Alzheimer's Disease.



Free Yourself From Clutter Course

Joyful Living Services is giving a “Free Yourself from Clutter” Course.

Course Details and Description

You will receive a bound workbook, which will teach you everything you need to know about freeing yourself from clutter forever using Feng Shui principals. This course is based on Karen Kingston’s book entitled “Clear Your Clutter with Feng Shui”.

Clutter is stuck energy that has far-reaching effects physically, mentally, emotionally, and spiritually. The simple act of clearing clutter can transform your life by releasing negative emotions, generating energy, and allowing you to create space in your life for the things you want to achieve.

In this course you will learn what clutter is, why you keep clutter, how it affects you, and how to let it go.

Course Cost

This course costs \$50. The course needs to be paid in full up-front. It can be paid by check, credit card, or bank wire. The following items will be covered in the course:

Identifying Clutter

1. What is Clutter?
2. Clutter Zones in Your Home
3. Collections
4. Paper Clutter
5. Miscellaneous Clutter
6. The BIG Stuff
7. Other People’s Clutter

Understanding Clutter

1. The Problem with Clutter
2. The Effectiveness of Clutter Clearing
3. How Clutter Affects You
4. Why Do People Keep Clutter?
5. Letting Go

Clearing Clutter

1. How to Clear Your Clutter
2. Staying Clutter-Free
3. Clutter Clearing Your Body
4. Clearing Mental Clutter
5. Clearing Emotional Clutter
6. Clearing Spiritual Clutter

7. What is Feng Shui?
8. Clutter and the Feng Shui Bagua
9. Clutter and Feng Shui Symbology

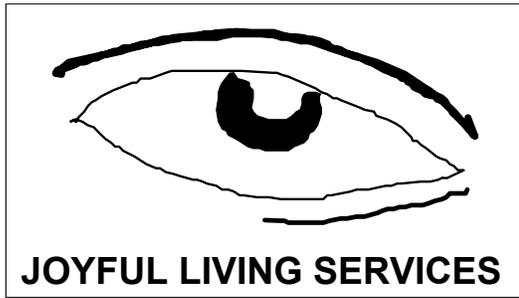
Using Feng Shui Principles to Place Furniture, Mirrors, and Other Enhancements

Questions & Registration

Fill out the attached registration form and mail it to us along with your payment to Joyful Living Services, P.O. Box 485, Weimar, CA 95736-0485, USA. You can also contact us via e-mail at iridology@netzero.net, by phone at 530-878-1119 or 800-704-9800. We will need your name, company if you have one, mailing address, phone, fax, e-mail, and payment information to complete your registration process.

Who Can Take This Course

Everyone and anyone who wants to learn how to free themselves from clutter in their life.



Free Yourself From Clutter Course Registration Form

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Name: _____

Company: _____

Address: _____

Address: _____

City, State: _____

Zip Code: _____

Country: _____

Telephone: _____

Fax: _____

E-mail: _____

Course Name: _____

Course Type Preferred: (Please Circle One) Correspondence

Payment By: (Please circle one) VISA MasterCard American Express Bank Wire Check Money Order

Credit Card #: _____ Exp. Date: _____

Date Funds were Wired (if bank wire): _____ Check Number (if personal check mailed): _____

CERTIFIED WOMEN'S HEALTH COUNSELOR ONLINE COURSE - SESSION 12 QUESTION & ANSWERS

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP, PC: _____
PHONE: _____
FAX: _____
E-MAIL: _____

Please be sure to fill out the information above, complete the test and e-mail or mail it back to us at iridology@netzero.net or P.O. Box 485, Weimar, CA, 95736-0485. We will grade your question & answer session and will let you know if we have any questions or concerns. **Please use a separate sheet to do this assignment.**

1. What is the difference between "mental health" and "mental illness"?
2. What are the types of anxiety and how do they differ from each other?
3. What is Bipolar Disorder?
4. What are the types of Bipolar disorder and how do they differ from each other?
5. What is chemical dependency and how many people in the world are afflicted with it?
6. How many drinks per week do you need to be drinking before you are considered to have an alcoholism problem?
7. What are the 4 steps to help family members who are addicts?
8. What is dementia and what are its symptoms?
9. What can you do to help prevent dementia?
10. What are the conditions that can cause progressive dementia?
11. What is depression?
12. What are the five types of depression?
13. What are the effects of exercise on depression?
14. What are eating disorders?
15. What are the types of eating disorders?
16. How can you help someone with an eating disorder?
17. What is a personality disorder and how do you know it's actually a disorder and not just a "quirk" in their personality? How do you know when it's an actual disorder?
18. What is MPD and how is it caused and treated?
19. What is BPD and how is it caused and treated?
20. What is NPD and how is it caused and treated?
21. What is APD and how is it caused and treated?
22. What is PPD and how is it caused and treated?
23. What is APD and how is it caused and treated?
24. What is Post-Traumatic Stress Disorder?
25. Do you know anyone with Post-Traumatic Stress Disorder? If so, have they been diagnosed or do you just "think" they have it from the information in this course?
26. What can you do to help someone with PTSD?
27. What is Compulsive Hoarding Disorder?
28. Do you know anyone with CHD?
29. How can you help or support someone with CHD?