



WellNurture Custom Health

Promoting Wellness – Preserving Health – Protecting Dreams

AN OVERVIEW OF ANXIETY

- **Fear and anxiety are a normal part of life.**
- **Normal anxiety keeps us alert.**
- **Intervention is required when fear and anxiety becomes overwhelming intruding on a persons' quality of life.**

Common Anxiety Disorders:

- **Generalized anxiety disorder (GAD)**
- **Panic disorder**
- **Post Traumatic Stress Disorder & Acute Stress Disorder**
- **Phobias**
- **Substance-Induced Anxiety Disorder**

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- **The National Institute of Mental Health utilizes scientific tools to determine the cause of anxiety disorders.**
- **They feel that like heart disease and diabetes these disorders are complex and probably result from a combination of genetic, behavioural, developmental and other factors.**
- **Several parts of the brain circuitry are key factors in a highly dynamic interplay that gives rise to fear and anxiety.**



GAD

- **Uncontrollable excessive anxiety and worry.**
- **Occurs for at least a six month period.**
- **Feeling constantly on edge and tired.**
- **Muscle tenseness.**
- **Feeling irritable and unable to concentrate.**



Panic Disorder

- Onset within 10 minutes.
- Escalating debilitating fear.
- Intense period of discomfort both physically and mentally.
- Phobia- excessive fear upon exposure to a specific object or situation.
- Agoraphobia – recurrent panic attacks associated with the places they occur, people attempt to avoid these places which leads to restricted freedom of movement or isolation. Example: fear of elevators, large crowds, air travel.
- Examples of other phobias are social phobia and OCD or obsessive compulsive disorder. These people usually recognize the unreasonableness of the behaviour but resisting the obsession or compulsion escalates the anxiety to intolerable levels.

PTSD

- **Precipitated by a specific traumatic event.**
- **Experienced, witnessed or was confronted with an actual life threatening event that posed a physical threat to them or someone else.**
- **Some examples are soldiers who served time in a war zone, being violated or witnessing a horrific event, living through a natural disaster.**
- **Produces intense fear, helplessness.**
- **May experience flashbacks, feelings of detachment, guilt, sleep problems, other physical symptoms.**

ASD

(ACUTE STRESS DISORDER)

- **Similar to PTSD**
- **Develops within one month post trauma**
- **Time- limited lasts two days to four weeks**

TREATMENTS

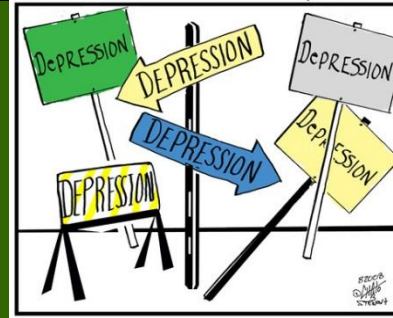
- **Medications such as anti-anxiety or anti-psychotics.**
- **Psychotherapy.**
- **Cognitive behavioural therapy – changing thinking patterns and their over-reaction to the anxiety provoking source.**

DEPRESSION

- “Depression is the number four leading cause of disability in the world and is expected to be in second place by 2020, after metabolic syndrome.” (WHO).
- Depression is caused when neurological circuits in the brain fail to function properly or crucial neurotransmitters- chemicals used by nerve cells to communicate – are out of balance. The precise causes of these imbalances continue to be a matter of intense research.
- The core symptom of depression is anhedonia which is the inability to feel pleasure.



Cont'd



- **Depression is a serious medical condition that affects the body, mood and thoughts. It affects the way one eats and sleeps, one's self concept, and the way one thinks about things.**
- **It is not a sign of personal weakness or a condition that can be willed or wished away. People with depressive illness cannot merely “pull themselves together” and get better. Without treatment symptoms can last weeks, months or years.**
- **Depression is twice as common in women and does not strike based on age, ethnicity, or social status.**



Symptoms:

- Persistent sad, anxious or “empty” mood.
- Feelings of hopelessness, pessimism.
- Feelings of guilt, worthlessness, helplessness.
- Loss of interest in hobbies and activities including sex.
- Decreased energy and fatigue.
- Difficulty concentrating, remembering and making decisions.

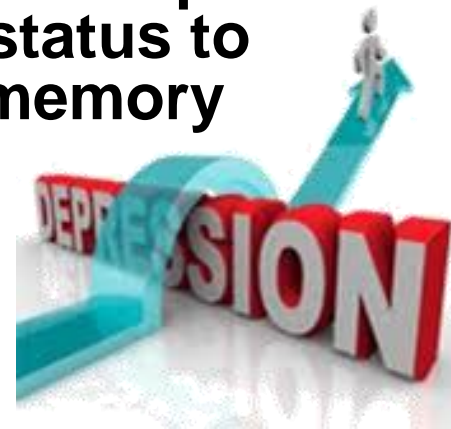
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- **Trouble sleeping, awake often or excessive sleep**
- **Appetite or weight changes**
- **Thoughts of death or suicide, or suicide attempts**
- **Restlessness, irritability**
- **Persistent physical symptoms such as headaches, digestive disorders, chronic pain that don't respond to routine treatment**

TREATMENTS

- **First step should be physical exam.**
- **Certain medications can cause symptoms of depression.**
- **Medical conditions such as a viral infection, thyroid disorder, or low testosterone can also cause symptoms of depression.**
- **A physician should rule out these possibilities through examination, interview and lab tests.**
- **The next step should be psychological evaluation a good diagnostic assessment will include a complete history of symptoms and present mental status to determine if speech, thought patterns or memory have been affected.**



MEDICATIONS



- **Several types to treat depression.**
- **Newer anti-depressants such as SSRI's have fewer side effects than some of the older choices (ex: tricyclic's).**
- **Medications affect levels of neurotransmitters.**
- **Neurotransmitters conduct cellular communication, necessary for balance on all physiological levels. (physical, mental, emotional).**

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- **Doctor may try different ones to attain best effect or a combination of more than one.**
- **Some see a difference in the first two weeks after starting anti-depressants, often it is three to four (in some as many as eight) before full therapeutic effect occurs.**
- **This gives rise to stopping too soon!!!! They can either feel it isn't working or they start feeling better and think they don't need it.**

EDUCATION STRESSING
CONTINUATION of MEDICATION
IS SO CRUCIAL



- Medications must be stopped gradually to avoid withdrawal symptoms
- It is important to continue the medication for at least four to nine months to prevent a relapse
- Individuals with bipolar disorder, or chronic or recurrent major depression may have to be on medication indefinitely.
- Medications for depression are not habit forming.
- “MAO Inhibitors” react with a number of food items, the doctor or pharmacy should provide this information to the patient. (tyramine + MAOI interaction=hypertensive crisis)

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- **Other anti-depressants don't have food restrictions, however they should always be compared to other prescribed and OTC meds for potential negative interaction.**
- **Alcohol and/or street drugs may reduce the effectiveness and should be avoided.**
- **Anti-anxiety meds or sedatives are not anti-depressants, they are not effective alone for depression, but may be prescribed as an adjunct.**
- **Stimulants - used rarely for severely depressed patients, only under close supervision.**

SIDE EFFECTS OF ANTIDEPRESSANTS

- **RESTLESSNESS**
- **ANXIETY**
- **SEXUAL DYSFUNCTION**
- **CHANGES IN APPETITE**
- **WEIGHT GAIN OR LOSS**
- **PANIC ATTACKS**
- **INSOMNIA**
- **FATIGUE/SLEEPINESS**
- **RISK OF GI BLEEDING, BRUISING, NOSEBLEEDS**

Some nutrient cofactors to enhance neurotransmitter function and mood;

- **B complex**
- **Vit C**
- **Vit D3**
- **Omega 3**
- **L-theanine (amino acid)**
- **Cysteine (amino acid)**
- **Zinc**



PSYCHOTHERAPIES

- **Several forms, short term 10 -20 weeks.**
- **Cognitive-behavioural therapy - therapist works with patient to help change the negative thoughts and behaviour patterns that contribute to depression.**
- **Interpersonal therapy – therapist helps patient work through disturbed personal relationships.**
- **Group therapy is often offered, especially in hospital.**
- **A combination of medication and psychotherapy is the preferred approach to treatment for many depressed individuals. It also usually involves a collaborative team of family doctor, psychiatrist, therapist, pharmacist, and preferred support groups.**

ECT (electroconvulsive therapy)

- **Used to treat severe depression in individuals who do not respond to medication or are intolerant of the side effects produced by these meds.**
- **The exact mechanisms by which ECT exerts its therapeutic effect are not yet known.**



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This presentation is for educational purposes only.

The information presented is for reference only and should not be taken as a treatment regimen or suggested treatment modality.