

12 Myths About Mood Disorders



SAN DIEGO CENTER FOR THE TREATMENT OF MOOD DISORDERS

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OUR MISSION TO OUR CLIENTS

TO PROVIDE STATE OF THE ART TREATMENT FOR MOOD AND ANXIETY DISORDERS.

OUR MISSION TO OUR COLLEAGUES IN OUR COMMUNITY

TO BE A CENTER OF EXCELLENCE FOR OUR COLLEAGUES NEEDING
INFORMATION ON THE TREATMENT OF MOOD AND ANXIETY DISORDERS;
TO PROVIDE REFERRAL FOR THEIR CLIENTS.

INTRODUCTION

THE TWELVE MYTHS ABOUT "MENTAL ILLNESS" ARE THE ACTUAL CONCERNS
EXPRESSED BY MY PATIENTS OVER THE YEARS. THESE FACTUAL ANSWERS
ARE THE ONES THAT HELPED MY PATIENTS TO UNDERSTAND AND TREAT
THEIR PROBLEM. NO OTHER HUMAN ILLNESSES CREATE SO MUCH
MISUNDERSTANDING AND FEAR AS PSYCHIATRIC DISORDERS. IT IS HOPED
THAT THIS WILL HELP OTHERS TO BETTER UNDERSTAND CAUSES AND
TREATMENT OF MOOD DISORDERS.

TWELVE MYTHS ABOUT MOOD DISORDERS

MYTH NUMBER 1:

People with mood disorders are "mentally" ill.

FACT:

People with mood disorders are not "mentally" ill; they have a treatable physiological disorder of the brain.

This myth is especially confusing because most of us don't make the distinction between "mind" and "brain." The dictionary equates the word "mental" with the word "mind." So, naturally we think of mental illness as a disorder of the mind. But most of us tend to think of mind and brain as the same thing. The mind is not actually a physical structure in any one part of the brain but rather is a group of the brain's functions.

The mind is the mostly conscious part of our brain where we think, feel, and record and react to our experiences.

The brain is indeed where the mind resides. But the brain is the source of control for a many of our body's functions, which the brain controls without our awareness. For example the brain controls breathing and heart rate, hormone regulation, growth, appetite, sleep and many other functions. The brain also exerts controls over the mind including control over mood.

When an abnormal mood develops and persists, it is because there is a physiological disorder in the nerve cell areas of the brain that control mood.

We now know that mood disorders are (treatable) physiological disorders of the brain, just as diabetes is a treatable physiological disorder of the metabolism.

We believe that once a mood disorder develops-whatever the cause- it is because the brain has developed disturbances in the way particular groups of nerve cells function.

Many factors contribute to this physiological disorder of the brain. We now know that sudden or prolonged stress in our lives affects brain function. Stress can come from our efforts to cope with difficult medical problems, or relationships at work or home. Some of us have a family history of mood disorders and are more predisposed to the effects of stress. We call this a "genetic predisposition" to mood disorder.

Once a mood disorder does develop, it affects feeling, thinking, and even behavior. Medications help restore normal physiological function to the nerve cells, and counseling helps with better coping skills to deal with stress.

MYTH NUMBER TWO:

"I don't want to tell anyone about my problem because it seems like I am the only one with this problem."

FACT:

You are one of about 10% of all Americans who have or will have depression, anxiety, or mood swings. Some vital statistics are listed below. Some of these vital statistics show how long it takes most people with mood disorders to get a correct diagnosis. In many cases it takes even longer to get the proper treatment.

But the longer you delay getting an evaluation for treatment the greater the chance that your problem will interfere with your life and will make the recovery process more difficult.

VITAL STATS:

- The National Institute of Mental Health estimates that depression afflicts 9.5 percent of adults in any given year, or about 19 million
- A Journal of the American Medical Association study estimates that depression costs U.S. employers \$44 billion yearly in absenteeism and lost productivity, \$31 billion more per year than related costs from non depressed workers
- More than half of patients nationwide are getting inadequate therapy, a new study suggests.
- The findings suggest that while the stigma of mental illness may be easing, many doctors may not be aware of treatment advancements, and many patients may be seeking unproven therapies, said Harvard Medical School researcher Ronald Kessler.
- Treatment was considered adequate or adhering to accepted guidelines in only 21 percent of patients with recent depression.
- Unfortunately a lot of people with this illness are going to their doctors and being put on some anti-depressant maybe for an inadequate dose for inadequate time.

MYTH NUMBER THREE:

"Everyone gets depressed or anxious from time to time. Does that mean that I should be on a medication every time that I have those problems?"

FACT:

Everyone does get depressed or anxious from time to time. That is a normal part of our range of emotional expression. That is not what defines a mood disorder. The acid test of development of mood disorders is functional impairment: the feelings of depression or anxiety interfere with our ability to function normally much or most of the time; and that the decrease in functioning affects our relationships, work, or the ability to enjoy ourselves. There are also often problems with eating and sleeping too little or too much.

MYTH NUMBER FOUR:

"My family or friends will think I'm 'crazy' if I see a psychiatrist to get treatment."

FACT:

Most friends and family need not know about your decision to seek care. Your health decisions are a personal private matter. A trusted friend or family member should know if you are taking a medication no matter what the nature of the medical problem. In the unlikely event of a problem with medication they can assist you with accessing care. Your trusted family or friend will respect you for your decision to help yourself by getting treatment and won't think that you are "weird" or "crazy". Most trusted friends and family can relate to mood symptoms because most people have experienced anxiety, depression, or elevated moods at times in their lives, even if those moods have not been severe enough to need treatment.



MYTH NUMBER FIVE:

"I feel like I am weak or that I have a character flaw because I have to see a psychiatrist to get help for my problem."

FACT:

That's called shame and self-blame. We don't blame ourselves when we have medical problems that affect other areas of our body.

Illnesses that affect the brain and therefore our behavior or emotions are the same as those that affect other areas of our body. Like high blood pressure or diabetes, illnesses of the brain are caused by complex biochemical changes. We call those physiological changes because there are alterations in the functions of the cells. Biochemical imbalances cause mood disorders. We believe that those biochemical imbalances are caused by one or more stressors like physical illness, emotional stress, or genetics. The idea that mood disorders are due to character flaws is a myth that comes from societal attitudes that developed before we had modern brain imaging techniques that show the physiological changes in the brains of people who develop mood disorders.



MYTH NUMBER SIX:

"I have always heard that the treatments make you feel like a 'zombie' and I have to work, and a family to take care of, I can't be unable to function."

FACT:

Modern medications used for the treatment of mood disorders have far fewer side effects and are generally well tolerated. It would make no sense to give you a medication that would itself cause a problem functioning when the whole purpose of treatment is to restore normal functioning. Whenever a medication for a mood disorder is by itself causing a problem it must be carefully re-evaluated. Nobody should be taking a medication that is causing a problem functioning or making them feel worse.

The very reason for frequent visits to the psychiatrist while you are being stabilized on a medication is to give the doctor and opportunity to carefully watch for the emergence of any problems associated with the use of medication.

MYTH NUMBER SEVEN:

"Of course you are depressed; anyone would be depressed if they had something like that happen to them." "You should just get over it!"

FACT:

Many people share this misconception: that your depression is a condition that is understandable so you should "just get over it and get on with your life."

No one would apply this kind of thinking to a problem in another part of their body. For example, if you broke a bone would you, or anyone else, say: "of course you broke your arm; you fell off that chair, now go home and just get over it."

Just because the cause of the mood disorder is understandable doesn't mean that it shouldn't be treated. The reasons that physicians treat disorders are that: 1.they cause pain; 2.they cause loss of function; 3.they pose a risk to the rest of our health. Shouldn't we treat mood disorders if they cause emotional pain, or decreased function, or if they pose a risk to the rest of our health?



MYTH NUMBER EIGHT:

"I don't want to become dependent on a pill to make me happy."

FACT:

It would be nice if there were a pill to make us happy, unfortunately no pill can make us happy; that comes from within ourselves. Medications for mood disorders work by controlling the physiological imbalances in the particular nerve cells that affect mood. When the chemical imbalances are corrected, the mood disorder is controlled. This removes the obstacles to functioning normally again. However happiness only comes from doing the things that make us happy.

MYTH NUMBER NINE:

"I heard that you become addicted to the medications that treat depression and anxiety; that you have to take them the rest of your life."

FACT:

Nothing could be further from the truth. Antidepressants are not addictive and they are the treatment of choice for depression and anxiety disorders. Most people who are correctly treated for mood disorders are able to achieve complete remission of their symptoms and are able to stop taking medications after a year or less of treatment. Some people with mood disorders, especially those people who have had their mood disorders for many years and, or have had a strong family history of mood disorders may need to be on medication longer.



MYTH NUMBER TEN:

"This is how I've been for a long time. I thought it was just part of 'me.' I knew that something was wrong, but I didn't think that anything could be done about it...how can you change who you are?"

FACT:

No one should have to suffer from the effects of mood disorders on their day-to-day lives even though that is often exactly what happens when people don't get treatment. Human beings are extremely adaptive and when we develop mood disorders, we learn to adjust to the limitations in our functioning, especially when those limitations develop gradually over time. This adjustment to a decreased quality of life does after a while seem like it is "just the new me." People who feel this way come in for treatment only when their quality of life gets so much worse that they, or their family, can no longer accept the limitations in functioning.

Yet mood disorders are, in the right hands, among the most treatable of all medical problems.

MYTH NUMBER ELEVEN:

"A doctor gave me a pill for depression once and I took it for a while and it never helped so I stopped taking it, I'm not convinced that these (medications) even work."

FACT:

Treatment of a mood disorder is a complicated process. The right medication has to be chosen based on the history and the problem. It's not like taking a Tylenol for a headache. The doctor should monitor the response to the medication and help the patient to know what to expect. The medication dosage may need adjustment to obtain an optimal response. If the problem is not improving as expected, the medication may need to be changed. The whole process should be designed around helping the patient to understand what is wrong with them and what will be done to help them to get back to normal functioning. Education, medical teaching, and counseling play critical roles in the process of recovery.

MYTH NUMBER TWELVE:

"I thought that you just take a pill and then it makes you better, why is therapy or counseling necessary if this is a chemical imbalance in the brain?"

FACT:

Medical teaching, education, and counseling are critical in the treatment of many medical problems. In the treatment of Diabetes, medication corrects the insulin deficiency and the glucose levels, but life style changes are critically important in order to control this life threatening problem. No medication will help Diabetes if the patient eats the wrong foods or does not learn to eat the right foods, get exercise, and lose weight. The same is true of mood disorders. Medication corrects the chemical imbalance, but coping mechanisms for dealing with stress are essential to controlling mood disorders and restoring optimal functioning.



IF YOU HAVE A MOOD OR ANXIETY DISORDER, PLEASE MAKE SURE YOU HAVE THE RIGHT DIAGNOSIS AND ARE GETTING THE RIGHT TREATMENT.



ABOUT THE SAN DIEGO CENTER FOR THE TREATMENT OF MOOD DISORDERS

WHAT WE DO:

We specialize in the treatment of Depressive Disorders, Anxiety, Panic, and Bipolar Disorders.

HOW WE DO IT:

Both medication and cognitive behavioral therapy are utilized. Cognitive behavioral therapy is a pragmatic and focused approach to problem solving. Specific therapeutic tools are provided to effect change in patients' lives. The patient's use of those tools is fine tuned and carefully supervised in therapy. We believe that the best treatment outcomes occur when we take the time to educate our patients about their diagnosis and their treatment options. We want our patients to become full partners in the recovery process.

OUR RECORD OF SUCCESS:

The goal of treatment is to restore full functioning as quickly as possible. This is achieved with a high degree of success by utilizing extensive patient education tools, active monitoring for optimal treatment response, and when necessary weekly office visits until stabilization is achieved. We make careful use of the latest treatments.

OUR PHILOSOPHY:

Mood and anxiety disorders are biochemical imbalances in the brain. Most patients can expect full, or a very significant degree of remission of symptoms and return of functioning. We believe that there should be no stigma or guilt associated with these disorders and we help patients to overcome those disabling emotions associated with cultural and social stigma about "mental illness."

WHAT OUR PATIENTS SAY ABOUT US:

Please read some selections from the attached comments of our patients who have been kind enough to describe their experience in treatment. We believe this sample is representative of the confidence that most of our patients have gained as a result of their treatment.

WHAT DR. BROWN'S PATIENTS SAY ABOUT HIM

G.J. (80 years old)

I wish I could express my thanks and gratitude endlessly. Thank you for all you have done for me.

M.W. (51 years old)

Dr. Brown's help and medical expertise for my clinical depression for the last 11 months has changed my life. He helped me make it though my medical treatments for Hepatitis and he was always available to me when I needed urgent care during this difficult period. I no longer have a stigma about Psychiatry. I have awakened to life!

E.O. (53 years old)

I have found my time with Dr. Brown to be very beneficial. He got me out of the anxiety and depression while he let me know how the medications would work and what to expect. His demeanor and personality made it easy to talk to him. I never felt intimidated or rushed. And, he explained my situation using terms from every-day-life examples, talking to me, not at me.



B.B. (44years old)

Before I came to see Dr. Brown I had almost given up hope of ever living a normal life. I went from doctor to doctor but none of them knew anything about the up-to-date treatments for Bipolar disorder. They wouldn't discuss my disorder with me. They just wanted to hand me medication and push me out the door. Now that I am with Dr. Brown my hopes of living a normal happy life are still alive. I am more stable now than I have been since being diagnosed six years ago.

B.D. (92 years old)

I have been so sick (depressed and anxious) for the past four years that there were times I didn't even know my own husband. It was through Dr. Craig Brown that I regained my life back. He has helped me to stay well for the past three years.

Mr. J. (78 years old)

I am privileged to write of my experience with Dr. Brown. I had been treated by other psychiatrists for years to no avail. Unlike Dr. Brown they lacked compassion and true concern. With Dr. Brown I have complete explanations about medications and my illness. He has helped retrieve me from impossible situations not only through medication but by showing me my mistakes and how to overcome them.

V.C. (78 years old) written by her daughter

My family had been dealing with my mother's Bipolar illness for many, many years. Dr. Brown is that first doctor who has brought my family out of denial and my mother out of the hospital. Because of his explanations of the disease and his knowledge of medications my mother has been stable for the first time and longer than she has at any time in her life.

R.L. (38)

I am Bipolar. I finally "have a name" for the things that I sometimes say and do that do not make sense to my family, friends, and sometimes to me either. It was Dr. Brown who first diagnosed me with this disorder, after I had made a suicide attempt and had been hospitalized by another doctor. It was a hard long road understanding this problem, getting stable, and researching what this meant for me and my family. Sensing my confusion and frustration one day Dr. Brown said to me "to not let it take over my life, learn to control it." I'll never forget those words. Dr. Brown, with his dedication, his commitment and his true understanding, gives 110% of himself to his patients in order to help them heal themselves. He has taught me to live in harmony with my problem.

B. (46 years old)

I am a patient of Dr. Brown's currently being treated for Manic Depressive Disorder. I was diagnosed more than twenty years ago and have had several doctors and hospitalizations. The five-year doctor-patient relationship I have with Dr. Brown is a team effort of monthly visits and proper monitoring of my medications. As a result I have been completely stable and haven't needed to be hospitalized. Dr. Brown is most concerned about my wellness. And he always assures me if I need help in any way before my next appointment to not hesitate to call. My illness is in complete remission with my ongoing treatment with Dr. Brown. I am very thankful to have him as my doctor.

V.M. (62 years old)

I came to Dr. Brown two years ago with severe anxiety attacks. I was completely overwhelmed and my family was going through its most difficult period. I found Dr. Brown to be extremely knowledgeable with years of experience. He was able to diagnose my problem and prescribe drug treatment that brought about immediate results. However it was the ongoing therapeutic relationship that has meant the most to me and my work toward recovery. Dr. Brown's approach is straightforward and no-nonsense. He lays out a clear concise plan for recovery that works. His steady guidance and counseling has given me the tools that I need to bring about effective and long lasting changes in my life. With Dr. Brown's help I have become a stronger, more self confident person who is leading a more rewarding and productive life.

P.H. (64 years old)

Dr. Brown is a caring and careful physician. He is concerned with both my physical and mental well being. He has been willing to spend time with me to make sure that I have a good understanding of my condition and that medications are correct for me. His knowledge of medication is better than I have experienced with other doctors. Education about my depression is an integral part of the treatment. He and his staff have made it easier to accept and live with my longstanding illness.



