



AAF SERVICES

INEZ COSTANZO, LCSW-C, BCD
PSYCHOTHERAPY * ADHD COACHING

13508 COACHLAMP LANE
SILVER SPRING, MD 20906
301-871-5408
WWW.AAFSERVICES.COM

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The Case for Psychiatric Medicines

For years we have been hearing that we are a pill-popping nation. In some ways this is true. Witness those who demand an antibiotic from their doctor even though their infections are viral and will not be helped by the drug. But when it comes to psychiatric medications for anxiety and mood disorders, I have yet to run into a patient who is anxious to take them. In fact, many people begin taking them only to stop as soon as they feel better and then suffer a relapse. Some patients view these drugs as crutches and believe that they should be tough enough to cope with life without such help. Others are too afraid of side effects or long-term problems to try them at all. And the media, when not covering juicy stories like the OJ trial or Monica, latches on to any hint of a problem with these drugs and hypes it for good copy. What is the truth? Who should take these medications, when and why?

To begin with, it is essential to understand that what we call mental illness is usually a chemical imbalance that causes disturbances in thoughts or emotions. Specifically, chemical imbalances in the brain cause the melancholy and low self-esteem of depression or the fretfulness of obsessive-compulsive disorder. But did you realize that there are other physical illnesses that can create depression such as diabetes or hypothyroidism? When the mood disorder is caused by an inability to produce insulin or thyroid hormone it is not considered mental illness; nor do people tend to question whether medication is necessary. However, if the imbalance is in the brain, the label is mental illness and people suddenly think they should be able to think their way out of the problem. But just as you cannot think your way out of diabetes, you cannot think your way out of depression or anxiety.

Our approach to psychiatric medications is interesting. New drugs are constantly coming down the pike – new antibiotics, pain medications, and other disease-modifying drugs – and patients are happy to take them even though they do not yet have a track record, and there is no way to know the long-term effects. People take them because they cure disease, moderate the effects of a disease, or alleviate pain and do not think much about side effects because they know the effects of the illness, if left untreated, will be debilitating.

As a side note, herbal remedies are also popular even though there is often little research to support their safety and efficacy. Take the Echinacea craze in the late 1990s. American

cold sufferers jumped on the Echinacea bandwagon only to find out later that studies showed it was no more effective than a placebo.¹ St. John's Wort was touted as the "natural" alternative to drugs for the treatment of depression. Not only is it not as effective as the drugs available, but it interacts in a dangerous way with far more of the other medications that many people take, such as some heart medications.

What individuals often fail to realize is that the effects of untreated depression and anxiety, like many other physical illnesses, can be serious, even deadly. First there are the effects of stress on the body. The stress response originally evolved to help humans deal with intense, *but brief* periods of danger. Today, however, instead of coping with immediate threats, like the attack of a wild animal, many of us are faced with challenges that are ongoing, like earning enough money or juggling family needs. That extended stress,

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News Flash!

A recent study funded by the National Institutes of Health found that parents' depression significantly impacts their kids' mental health. In the study, mentally healthy kids with depressed mothers developed psychiatric disorders at a rate of 17%, while kids with mothers who successfully treated their depression remained mentally healthy.



Opposites Attract

Opposites often attract, and the marriage of opposites can create some interesting clashes. Introverts marry extroverts, spenders marry savers, Redskins fans even marry Cowboys fans. (Note: rooting for rival sports teams can have major implications once you have kids.) There's one pairing of opposites, however, that has not gotten enough attention: the Attention Deficit Disorder (ADD) and the Obsessive Compulsive Disorder (OCD) marriage.

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manifesting in the form of anxiety and/or depression, takes a toll. Robert M. Sapolsky, author of *Why Zebras Don't Get Ulcers* has shown that stress and depression are highly correlated with illnesses such as heart disease, diabetes and colitis.

Second, depression and anxiety often lead to isolation. The depressed person often avoids social situations because of the energy required or stress involved. Often the individual's work suffers, both from the desire to isolate and from lapses in concentration and memory due to depression. In general, depressed people behave in ways that do anything but bring people closer. The result is that support networks disappear, which only feeds the downward spiral. The danger here comes not only from overt consequences, such as feelings of worthlessness and possibly even suicidal tendencies, but also from more subtle sources, such as the negative, long-term health effects of living an isolated life. Isolation increases the risk of death from a range of medical disorders.²

Among the concerns that many people have with mood order medications is the fear that taking an anti-depressant or an anti-anxiety drug will change who they are. This isn't just an esoteric question, but one that people take very personally. My response to patients with this question has always been to point out that you are the person who decides to be well by taking medication. Medications don't change who you are because it is you who has made the conscious choice to improve your mental health. Another way to look at it is to consider how you would live your life if it weren't crowded by fear and/or hopelessness. That is the baseline which therapeutic drugs are meant to provide.

As with any drugs, it's important to have all the facts before deciding whether or not to take psychiatric medications. There are reasons not to take certain drugs, and you should always consider what factors in your life might render treatment ineffective or unsafe (such as family history, a medical condition, etc.). However, it is equally important to recognize the potential negative results of not taking medication. This side of the argument is too often neglected, and the result is that a lot of people miss out on the chance to lead happier, healthier lives. Ultimately it is your responsibility to achieve the best mental health possible. Medication is not a crutch, but a tool to help you achieve that goal.

1. Turner RB et al. An evaluation of *Echinacea angustifolia* in experimental rhinovirus infections. *NEJM*. 2005; 353:341-348.

2. House JS et al. Social relationships and health. *Science* 1988; 241:540-545



Resource Alert

Wonder how the drugs you take interact with each other and with food and alcohol? Find out at: www.drugdigest.org/DD/Interaction/ChooseDrugs/.

Watching an ADD'er with an OCD spouse can be like watching a train wreck in progress. Spouse #1, the ADD'er, brings in the mail after work and drops it on the floor while petting the dog. Then he/she pulls out pasta for dinner but absentmindedly puts it down by the computer while running a quick email check. Turning on the news, spouse #1 carries the remote away to the bathroom while washing his or her hands from petting the dog. Spouse #2, the OCD'er, then walks in the door and finds the mail on the floor, the TV blaring (but the remote missing), and no pasta anywhere for the pot of water that's boiling on the stove.

The scenario sounds harmless, but repeated over the course of many weeks, months or years, and the ADD/OCD combination is seriously combustible. The OCD spouse, overwhelmed by the ADD-related chaos, comes to think of his or partner as unreliable and stubborn. The ADD spouse, confused by the OCD reaction, which can range from exasperation to fury, sees someone who is chronically unreasonable and over-reactive. The constant friction increases household tension and can, over time, create an unlivable situation.

Like any environmental stressor, the level of tension caused by an ADD/OCD mix depends on what else is going on in life. If life is relatively calm, a spouse's behavior may be "quirky" rather than grating. However, add on pressure from work, or a new addition to the family, or a sudden illness, and suddenly the tension skyrockets.

Luckily there are a few simple things you can do to lessen the ADD/OCD friction. Anything that cuts down on chaos is good. For example, in the "so simple it sounds silly" category, buy some bins that you can place strategically around the house. You can have bins for mail, bins for school flyers, bins for TV remotes, even bins for things that need to be carried up the stairs. Putting things in bins requires very little work, and they dramatically lessen the visible chaos.

Set up routines that are easy to follow. If getting bills paid on time is an issue, pick a time every week to spend ten minutes reviewing bills together. Create a space to pile any unpaid bills and keep it stocked with pens, a checkbook, envelopes and stamps.

Most of all, be aware of what spousal behaviors cause the most conflict. Address them together and decide what can be done to help the ADD spouse focus and the OCD spouse let go of the small stuff. You may find that simple behavior modifications work (like using bins and developing routines), or you may decide to look into medication or individualized coaching or therapy. Whatever the case, keep in mind that "mixed marriages" can work, and work well. After all if a Redskins fan and a Cowboys fan can live happily ever after, so can an ADD and an OCD spouse.

For information on coaching and how to manage the chaos of ADHD—your own, your spouse's or your child's—contact Inez Costanzo at 301-871-5408.