

- Anxiety DisordersBipolar Disorder
- Depression
- Schizophrenia

Information Brochure

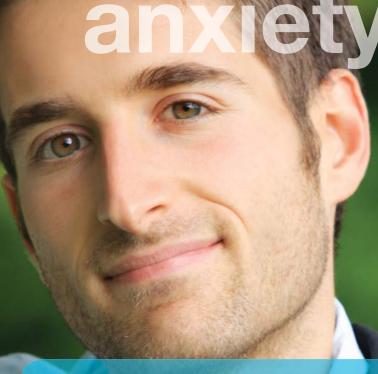




Many people have worries about their mental health from time to time. A mental health worry may become a mental illness when ongoing signs and symptoms often cause stress and affect your ability to function. A mental illness can make you miserable and can cause problems in your daily life, such as at work or in relationships. It can affect your mood, thinking and behaviour. Examples of mental illness include:

ANXIETY DISORDERS
DEPRESSION
BIPOLAR DISORDER
SCHIZOPHRENIA

In most cases, the symptoms of mental illness can be managed with a combination of medications and counselling (psychotherapy).



ANXIETY

We all know what it feels like to be nervous and anxious and these emotions can help us cope with dangerous or scary experiences. However if you have an anxiety disorder, you may often have intense, excessive worry and irrational fear about everyday situations. These feelings interfere with your daily activities, are difficult to control and can last a long time. Your symptoms may have started during childhood or the teen years and continued into adulthood.

EXAMPLES OF ANXIETY DISORDERS INCLUDE:

GENERALISED ANXIETY DISORDER

Uncontrollable and excessive worrisome thoughts about many areas of life, including work, relationships and health, even when there is little or no reason for worry.

SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA) Irrational anxiety, fear and avoidance of social situations due to feelings of embarrassment, self-consciousness and concern about being viewed negatively by others.

• OBSESSIVE-COMPULSIVE DISORDER (OCD)

Recurrent, irrational fears and thoughts (obsessions) that you respond to by engaging in uncontrollable, repetitive behaviours (compulsions).

PANIC DISORDER

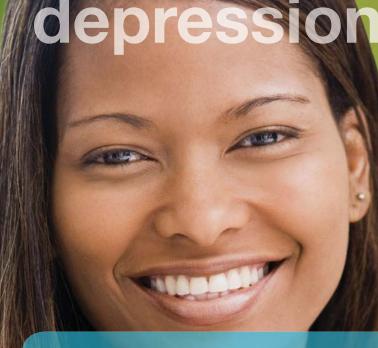
Repeated episodes of sudden, unexplained feelings of intense fear and anxiety that cause physical symptoms such as rapid heart rate, shortness of breath, dizziness and shaking.

• POST-TRAUMATIC STRESS DISORDER (PTSD)

Anxiety caused by vivid memories of a traumatic life event that was seen or lived through.

TREATMENT:

Treatment may include a type of psychotherapy that teaches you to view and respond to challenging situations in a more effective way (cognitive behavioural therapy); lifestyle changes and, if needed, medications. Ensure you follow the treatment plan that your doctor has proposed for you. Don't miss psychotherapy sessions or appointments. Even if you're feeling well, or experience side effects, do not skip or stop your medication.



DEPRESSION

Life is full of emotional ups and downs and everyone experiences the "blues" from time to time, but when the "down" times are long lasting or interfere with your ability to function at home or at work, you may be suffering from a common, serious illness - depression. Depression is a "whole-body" illness. It involves your body, mood, behaviour and thoughts. Depression can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and depression may make you feel as if life isn't worth living

Depression is not:

- A temporary blue mood
- A sign of personal weakness
- A condition that can be willed or wished away.

People experience depression in different ways. You may not have all of the symptoms listed and your symptoms could be more or less severe, than another person with depression.

SYMPTOMS OF DEPRESSION INCLUDE:

- Persistent sad, or "empty" mood
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- · Feelings of hopelessness and pessimism
- Feelings of guilt, worthlessness, helplessness and self-reproach
- Insomnia or hypersomnia, early morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain
- · Decreased energy, fatigue and feeling run down
- Increased use of alcohol and drugs, may be associated but not a criteria for diagnosis
- · Thoughts of death or suicide; suicide attempts
- Restlessness, irritability, hostility
- Difficulty concentrating, remembering, making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain
- Deterioration of social relationships

TREATMENT:

People with depression cannot merely "pull themselves together" and get better. Without treatment, your symptoms can last for weeks, months or years. The good news is that treatment can improve the symptoms of depression in over 80 % of the cases.

depression

Who is at risk for suffering from depression?

Depression does not discriminate and affects people of both sexes and all races, cultures and social classes. It is estimated that 20 % of the population may suffer from major depression during the course of their lives. It is reported that depression is twice as common in women, than it is in men. Depression also occurs in children, adolescents, after childbirth and in the elderly.

Treatment for depression

1 in 10 people will have depression in their life, but most people do not get the help they need even though treatment can help you feel better. People often don't seek help because:

- Depression is often not seen as a real illness
- Many people blame themselves and think they are weak
- People are scared and too embarrassed to ask for help
- Depression is often not spotted or seen as another illness.

Depression is one of the most treatable mental illnesses. Eight out ten depressed people respond to treatment and nearly all depressed people who receive treatment see at least some relief from their symptoms.

Treatment for depression can include cognitive behavioura therapy, that teaches you to view and respond to challenging situations in a more effective way; lifestyle changes and antidepressant medications.

If one medicine doesn't work for you, try another one. Anti-depressants don't work quickly – for most people, it takes 2 - 3 weeks to start feeling better. It is very important not to stop taking the medication and to give them a full chance to work.

They may cause mild side effects like a dry mouth, sickness, headache, or dizziness but these usually pass in a week or two. Never mix medications of any kind – prescription ones from the hospital, or pharmacy with, over the-counter, or with borrowed –you must consult your doctor first.

Depression generally isn't an illness that you can treat on your own, but you can do some things for yourself that will help. In addition to professional treatment, follow these self-care steps:

Stick to your treatment plan

Don't skip psychotherapy sessions or appointments. Even if you're feeling well or experience side effects, resist any temptation to skip your medication. If you stop, the depression symptoms may come back, and you could also experience withdrawal-like symptoms.

Learn about depression

The more you know, the better you will cope.

Understand your medication

Give your medication time to work, you need to allow time for the brain chemicals to be fully restored. This takes at least 4 - 6 months in most people, sometimes longer. Speak to your doctor about any side effects you experience, things like your interest in sex should return as your depression lifts. Taking alcohol with antidepressants can make you feel very drowsy. Anti depressants are not addictive.

Pay attention to warning signs

Work with your doctor or therapist to learn what might trigger your depression symptoms.

Take care of yourself

Eat a healthy diet, exercise regularly and get plenty of sleep.

Avoid alcohol and illegal drugs

It may seem like alcohol or drugs lessen symptoms, but in the long run they generally worsen depression and make it harder to treat.

• Simplify your life

Cut back on obligations when possible, and set reasonable goals for yourself. Give yourself permission to do less when you feel down.



- Consider writing in a journal
 Keeping a journal can improve mood by allowing you to express pain, anger, fear or other emotions.
- Don't become isolated
 Try to participate in social activities, and get together with family or friends regularly. Try to be with other people and do things that you enjoy. Let your family and friends help you. Join a support group where everyone understands and no one judges.
 (Call SADAG 0800 20 51 21 for contacts in your area)
- Don't make important decisions when you're down Avoid decision making when you're feeling very depressed, since you may not be thinking clearly

Depression and HIV and AIDS

People who have HIV and AIDS often feel sad, angry and scared. Many people with HIV also have depression but depression is a separate illness and you do not have to suffer from depression as well as HIV and AIDS. People with HIV and AIDS can still get treatment for depression.

bipolar mood disorder

BIPOLAR MOOD DISORDER

Bipolar mood disorder is often referred to as manic depression. This is because in bipolar disorder, your moods swing dramatically from the lows of depression to the highs of mania.

When you become depressed, you may feel extremely sad or hopeless and lose interest or pleasure in most activities.

When your mood rapidly shifts in the other direction, you may feel ecstatically happy or euphoric, on top of the world and full of energy.

These rapid mood swings often disrupt your work, school, family, and social life. Mood shifts may occur only a few times a year, or as often as several times a day. Bipolar Disorder affects up to 4 % of the population in South Africa and is a disruptive, long-term condition.

Although men and women are equally affected, men tend to have more manic episodes and women suffer more with depressive episodes. Bipolar mood disorder (manic depression) does not discriminiate and affects any social or educational class, race or nationality.

You may not experience all of the symptoms listed below, as exact symptoms of bipolar disorder vary from person to person. For some people, depression causes the most problems; for other people, manic symptoms are the main concern. Symptoms of depression and symptoms of mania or hypomania may also occur together.

Mania (the "highs")

- Increased physical and mental activity and energy, like staying up all night and talking very fast
- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behaviour
- Decreased need for sleep without experiencing fatigue, such as working on the computer for 20 hours straight
- Grandiose delusions, inflated sense of self importance, such as maxing out credit cards
- Racing speech talking so fast that others cannot follow your thinking – and racing thoughts
- Being so easily distracted that your attention shifts between many topics in just a few minutes.
- Impulsiveness, poor judgment, distractibility such as gambling
- Doing reckless things without concern about possible bad consequences – such as inappropriate sexual activity or making foolish business investments.
- In the most severe cases, delusions and hallucinations

Depression (the "lows")

- Feeling sad, down in the dumps and losing interest in things that you previously enjoyed
- Prolonged sadness or crying spells
- Inability to concentrate or make decisions
- Inability to take pleasure in former interests
- Loss of appetite or eating too much
- Trouble sleeping or sleeping too much
- Loss of energy, persistent tiredness
- Feelings of guilt, worthlessness
- · Pessimism. indifference
- Irritability, anger, worry, agitation, anxiety
- Unexplained aches and pains
- Recurring thoughts of death or suicide
- Social withdrawal

Bipolar disorder is not a character flaw or a sign of personal weakness. Very effective treatments are available.

Bipolar disorder is similar to other lifelong illnesses – such as high blood pressure and diabetes – in that it cannot be "cured". It can, however, be managed successfully through proper treatment, which allows most people to return to productive lives.

Around 85 % of people who have a first episode of manic depression will have another. Because of this, maintenance treatment is essential in this illness. Good quality of life is usually possible with effective treatment.

TREATMENT:

Bipolar Disorder isn't an illness that you can treat on your own, but you can do some things for yourself that will help. The first thing that you can do to help yourself live with Bipolar Disorder, is to become an expert on the condition. Since Bipolar is a lifetime condition, like any other medical disorders, it is essential that you and your family learn as much you can about the disorder and its treatment. Consider joining a support group in your area to learn from others how to manage day-to-day life and your medications.

bipolar mood disorder

You can help manage the minor mood swings and stresses that sometimes lead to more severe episodes by paying attention to the following:

Follow your treatment plan

Don't skip psychotherapy sessions. Even if you're feeling well or experience side effects, it is vital that you do not skip, stop or change your medication. Always consult your doctor.

Sleep:

Maintain a stable sleep pattern by going to bed around the same time every night and getting up about the same time each morning. Disturbed sleep patterns appear to cause chemical changes in your body that trigger mood episodes. If you have trouble sleeping, or are sleeping too much, be sure to tell your doctor.

Exercise:

Moderate, regular exercise can help steady your mood. Working out releases brain chemicals that make you feel good (endorphins), can help you sleep and has a number of other benefits. Check with your doctor before starting any exercise program, especially if you're taking lithium to make sure exercise won't interfere with your medication.

Mood diary:

Keeping track of your daily moods and "triggers" that can affect your mood is easier with a daily mood diary. It can help track your mood, medications, and things that happen to affect your mood and will help you and your doctor better understand your Bipolar condition.

For you, the mood diary can help you understand yourself, notice what affects you and plan your daily activities better. At the end of each day record the following information:

- rate your mood episodes from mania through normal to depression;
- track your medications;
- note the amount of sleep you had the previous night;
- note any significant events; note side effects and/ or other symptoms such as pain, anxiety, irritability, paranoia etc.

When you visit your doctor, take the mood diary with you so you have a complete record of how you have been feeling between appointments.

Alcohol & drugs:

Don't use alcohol or drugs as these are substances that can cause an imbalance in your brain and this almost always makes matters worse. This can, and often does trigger mood episodes and interfere with your medications. Get help if you have trouble stopping on your own.

Other medicine:

Over the counter medications for colds, allergies and pain in even small amounts can interfere with sleep, mood or your medication. Be careful about "everyday" use of small amounts of alcohol as well as caffeine (in Cola and stimulant drinks as well as tea and coffee).

Support:

Support from family and friends can help a lot. However it is important to understand that living with somebody with mood swings is not easy. Family therapy and joining a support group can be very helpful. Call the BIPOLAR HELPLINE 0800 7080 90 or visit www.sadag.org.

Work:

Try to reduce stress at work. We all want to perform well and do our best at work, but avoiding a relapse must be your first priority. Try to keep regular hours that will allow you to get to sleep at a reasonable time. If mood symptoms interfere with your work, discuss with your doctor whether to take some time off from work or not. What to tell employers or coworkers is ultimately up to you.

bipolar mood disorder



SCHIZOPHRENIA

Schizophrenia is a disease of the brain in which people interpret reality abnormally. Schizophrenia is classified as a form of psychotic disorder - meaning it is a disorder that causes people to have difficulty interpreting reality.

Schizophrenia is believed to occur as a result of a disturbance in the development of the brain. Schizophrenia may result in some combination of hallucinations, delusions, and disordered thinking and behaviour. It usually strikes in the late teenage years to mid-30's. It affects people of all cultures and in all countries. Men and women are equally affected, although men may present earlier with symptoms.

Schizophrenia does not mean that you have a split personality or multiple personality. The word "schizophrenia" does mean "split mind," but it refers to a disruption of the usual balance of emotions and thinking. It is not caused by psychological conflicts, stress or drug abuse although these factors may trigger an acute episode of illness.

SYMPTOMS OF SCHIZOPHRENIA GENERALLY ARE DIVIDED INTO THREE CATEGORIES

Positive symptoms Excess or distortion of normal functions

Negative symptoms Less or absence of normal function

Delusions or beliefs not based in reality, usually involve misinterpretation of perception or experience.

Loss of interest in everyday activities

Hallucinations, seeing or hearing things that don't exist, although hallucinations can be

Appearing to lack emotion

experienced with any of the senses (sight, hearing, touch, sound and taste).

Reduced ability to plan or carry out activities

Thought disorders with difficulty speaking and organizing thoughts

Neglect of personal hygiene

Disorganized behaviour. E.g. childlike silliness to unpredictable agitation.

Social withdrawal Loss of motivation

schizophrenia

Cognitive symptoms

Disabling problems with thought processes.

Problems with making sense of information

Difficulty paying attention

Memory problems

By definition, schizophrenia is only diagnosed if these symptoms last for at least six months and are associated with a significant decline in the person's ability to care for themselves or to function in social and work situations.

Schizophrenia is a chronic condition and lifelong treatment may be necessary.

Roughly half of people with schizophrenia will have a full recovery, while others will have continuing difficulties but improved symptoms. Other people with schizophrenia will have more severe and persistent difficulties and their disability may be severe.

Left untreated, schizophrenia can result in severe emotional, behavioural and health problems, as well as legal and financial problems that affect every area of life.

COMPLICATIONS:

- Suicide or Self-destructive behaviour, e.g. hurting yourself
- Depression
- Abuse of alcohol, drugs or prescription medications
- Poverty and homelessness
- Family conflicts
- Inability to work or attend school
- Health problems from antipsychotic medications
- · Being a victim or perpetrator of violent crime
- Heart disease, often related to heavy smoking

Schizophrenia places a difficult burden on families. Help is available from South African Depression and Anxiety Group (SADAG). Call 0800 20 51 21 or visit www.sadaq.org.

Treatment for schizophrenia is based on medication to resolve symptoms. Talk therapy (psychotherapy) will not resolve symptoms by themselves. Ensure you follow the treatment plan that your doctor has proposed for you. Don't miss psychotherapy sessions or appointments, and never skip or stop your medication. The medication will improve your symptoms, but if you stop the medication, your symptoms will return. Remember that you will more than likely need medication for schizophrenia for a very long period of time as the risk of becoming ill again after going off medication is very high. The available medications for schizophrenia are not perfect and they do have side-effects which can be long lasting. However medication allows many people with schizophrenia to lead productive lives in their community. If side effects are bothering you, consult your doctor, and they will help you to choose an appropriate action.

A message to family member of people who have schizophrenia

Family members play a vital part in helping a person recover, reintegrate them into society and ensure that they remain on their medication.

schizophrenia

The steps required in coping with schizophrenia also provide the keys to recovery for family members and persons affected with schizophrenia.

Each family will develop their own style and toolbox for coping with the ravages of this debilitating illness, but the basics remain the same for all:

- Everyone involved must find the strength to accept the reality of this illness and the challenges it brings.
 Realize and believe that no one is to blame – not parents, siblings, outsiders, or major events in the past. Until you complete this step, you cannot offer help to your mentally ill loved one or your other family members.
- Educate yourself, other family members, and your loved one about the disorder, including understanding what treatment options are available and what community support groups are available to help.
- Helping your family member follow treatment over the long-term as people with schizophrenia cannot simply "snap out of it" or "pull themselves up by their bootstraps". Control of paranoid delusions, distorted thought patterns, aural and visual disturbances, insomnia, and other symptoms require potent prescription medication. Encourage your loved one to embrace the help the medication offers and work to ensure that he or she takes the medication as directed and on schedule.
- Seek outside support in the form of a community support group specific for schizophrenia and/or other mental illness.
- Develop a trusting, honest relationship with mental health professionals involved in the recovery of your family member. Recovering and preventing symptoms from recurring depends also on a strong relationship with the doctor.

Working on these basic steps required for coping with schizophrenia from the very beginning will lay the foundation necessary to provide a more stable environment for your family and helping your family member or loved one, become part of the family unit again and part of society.



Disclaimer: The information herein was provided by The South African Depression and Anxiety Group (SADAG). If you have any questions regarding the information provided please contact your healthcare professional.

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