

THE TOP FOUR MENTAL DISORDERS
AND
HOW TO ABATE THEM
Part I
by
Frank Minirth, M.D., Ph.D.
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Introduction

One in every five people in America has a diagnosable mental disorder.
What are the top 4 mental disorders?
Are you there?
Is a family member or friend in the top 4?

- The 4th most common mental disorder is OCD
 - Bible verses
 - John 6:37 – salvation
 - I John 1:9 – forgiveness
 - Philippians 4:6 – worry
 - Matthew 6:34
 - Obsession
 - The term *obsession* is officially used in obsessive-compulsive anxiety disorder (OCD) and obsessive-compulsive personality disorder (OCPD). In the anxiety definition of OCD it refers to persistent, unwanted, recurrent thoughts and worries. In OCPD it refers to maladaptive patterns of behavior such that the individual is preoccupied with rules, regulations, details, and being pedantic, parsimonious, pecuniary, perfectionistic, inflexible, and overly conscious.
 - Obsessive-compulsive disorder (OCD)
 - OCD is an anxiety disorder characterized by recurrent thoughts or repetitive actions. Although the client knows the thoughts are extreme, he or she continues with them. The thoughts may center around a fear of germs, violence, symmetry, or theological issues, for example. The compulsion may center on checking, counting, hand washing, or putting things in order. Some individuals with major depressive disorder have comorbid OCD. It affects at least 2.2 million Americans; 67% have associated major depressive disorder (MDD). A genetic factor is often present. OCD is usually treated with SSRIs (40 to 60 percent response). Other drugs that have been used include

clomipramine (Anafranil), SNRI, benzodiazepines, and atypical neuroleptics.

- Obsessive-compulsive disorder (OCD): most common types
 - The most frequent obsessions and compulsions are:

obsessions:

contaminations – 38%
harm – 24%
symmetry – 10%
somatic (health) – 7%
religions – 6%
sexual – 5%
hoarding – 5%
unwanted urges – 4%
other – 12%

compulsions:

checking – 28%
cleaning – 27%
repeating – 11%
mental rituals – 11%
ordering – 6%
collecting – 3%
counting – 2%
other – 12%

- Obsessive-compulsive disorder (OCD): poor outcomes and better outcomes
 - Factors associated with possibly poor outcome for OCD include:
 - Hoarding/symmetry symptoms
 - Contamination/cleaning symptoms
 - Early age onset
 - Factors associated with possibly better outcome for OCD include:
 - Aggressive symptoms
 - Religious symptoms
 - Sexual symptoms
- OCD spectrum disorder
 - OCD spectrum disorder includes disorders that may be related to or similar to OCD in some respects. OCD spectrum disorders include hypochondriasis, body dysmorphic disorder, impulse-control disorders such as gambling, compulsive sexual behaviors, Tourette's disorder, trichotillomania, and eating disorders.
- obsessive-compulsive disorder (OCD): nuances of interest
 - Prevalance = 2-3% of population
 - OCD is 4th most common mental disorder
 - Average age of onset = 22-36 years
 - OCD is among the top 20 disabling illnesses in ages 15-44 years
 - Average time from onset of OCD to diagnosis =9years
 - Average time from onset of OCD to appropriate treatment =17 years
 - Genetic factors seen in monozygotic twins
 - Genes involved related to serotonin, dopamine, and glutamate neurotransmitters

- Cognitive factors include:
 - Overestimation of threat
 - Intolerance of uncertainty
 - Perfectionism
 - Overestimation of importance of thoughts
 - Overestimation of control of thoughts

- 39% of females say OCD onset was during pregnancy
- Brain area involvement includes:
 - OFC (orbital frontal cortex) hypermetabolism
 - ACC (anterior cingulate cortex) hypermetabolism
 - Thalamus – hypermetabolism
 - Striatum – hypermetabolism
- OCD subtype (hoarding) – hypometabolism in posterior arcuate gyrus and cuneus
- OCD subtype (hoarding) – hypometabolism in anterior cingulate gyrus
- Lower response rate in OCD comorbid with tic disorders
- Subset of OCD patients = antibodies to B-hemolytic streptococci with proteins in basal ganglia = PANDAS (pediatric autoimmune neuropsychiatric disorder associated with streptococcal infection)
- OCD treatment response = a reduction of 25-35% of the Y-BOCS score
- Y_BOCS (Yale-Brown Obsessive Compulsive Scale) is the most widely used measure of OCD; it consists of 10 questions.
- Treatments of OCD has included:
 - SSRIs
 - Benzodiazepines
 - SNRIs
 - CBT (cognitive behavior therapy – magnification, personalization)
 - ERP (exposure response prevention)
 - Situational stress reduction
 - Scripture memorizations and stress perception
- Medical conditions to rule out in OCD include:
 - Post – stroke
 - Neurodegenerative conditions
 - Hypothyroidism
 - Bacterial conditions
 - Viral conditions
 - Encephalitis
 - Huntington disease
 - Sydenham chorea
 - Rheumatic fever

- The 3rd most common mental disorder is bipolar spectrum disorder
 - A bipolar disorder is a physiological mood disorder characterized by severe mood swings, going from high, elated, or irritable to sad, depressed, and even suicidal. In the manic phase, symptoms may include elevated mood, irritability, grandiosity, rapid thinking, pressured speech,

little sleep, hypersexuality, distractibility, and poor judgment. In the depressive phase, symptoms may include a sad mood, not enjoying life (anhedonia), altered sleep, altered appetite, low energy, agitation, guilt, and not wanting to live. Bipolar disorder is often treated with neuroleptics, lithium, or anticonvulsants. Incidentally, children or adolescents with comorbid bipolar disorder plus ADHD, the bipolar disorder is often treated first. The prevalence of bipolar disorder is 3.5 percent of the population.

- Current treatment strategies for bipolar disorder include:
 - atypical antipsychotics: Olanzapine plus fluoxetine (Symbyax) and quetiapine (Seroquel) are approved for bipolar depression; only quetiapine is approved for bipolar II depression. The atypicals are effective in bipolar mania and some have antidepressant effects.
 - mood stabilizers: Lamotrigine (Lamictal) is a little better than even lithium in depression. Divalproex (Depakote) and carbamazepine (Tegretol) are effective manic mood stabilizers; gabapentin (Neurontin), topiramate (Topamax), and tigabine (Gabril) are good for adding in comorbid conditions; the jury is still out on zonisamide (Zonegran) and levetiracetam (Kappra). Lamictal is approved for maintenance treatment of bipolar disorder, but not for acute episodes. Tigabine is being tried; it should be started low (seizure risk if induction is too rapid).
 - lithium: Lithium is better in a manic episode but helps some in mood.
 - typical antipsychotics: The typical antipsychotics such as Haldol are effective in mania but may add to depression.
 - antidepressants: The antidepressants have been used in bipolar disorder; they may lift mood but can induce mania.
 - drug combinations: Three quarters of patients in clinical practice may need more than one drug.
 - other adjunctive drugs tried for various aspects of bipolar disorder include: pramipexole (Mirapex), provigil (Modavinal), asenapine (neuroleptic with less weight gain), and fish oil (omega 3 fatty acids).
 - Dilantin: Dilantin might help in bipolar disorder, but it often has troublesome side effects.
 - Other drugs have been used for comorbid disorders such as substance disorder (60%), anxiety disorder (60%), and borderline personality disorder (30%).

Conclusion

History

I Corinthians 12