

THE TOP FOUR MENTAL DISORDERS
AND
HOW TO ABATE THEM
Part II
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Radio 08/13/09

Introduction

- What are the top 2 of the 4 mental disorders that we have looked at this week?
 - Part I
 - #4 - OCD
 - #3 - bipolar disorder
- Should you intervene to help a friend or relative with one of these disorders?
- Should you seek help yourself?
- Bible Verse
 - Genesis 18:14a
- The #2 most common mental disorder is social anxiety disorder (SAD)
 - Social anxiety disorder (SAD) is an anxiety disorder characterized by an excessive, persistent, and recognizably unreasonable fear of social or performance situations.
 - Important nuances of SAD include:
 - more prevalent in females
 - onset frequently in childhood or adolescence
 - gradual onset, chronic course
 - characterized by:
 - anxiety – blushing, sweating, ↑HR, tremor, nausea
 - avoidance of situation
 - interferences with functioning socially

- examples include
 - public speaking fears and speech blocking
 - initiating conversations fears
 - attending parties fears
 - dating fears
 - being in small groups fears
 - unable to urinate
- comorbidity common including in order:
 - other anxiety disorders
 - mood disorders
 - excessive use of alcohol
- abnormal brain functioning in:
 - amygdala
 - hippocampus
 - cortical areas
- cognitive distortions including:
 - exaggeration of hazard
 - exaggeration of possible humiliation
 - heightened arousal
 - impaired concentration
 - excessive self-focus
 - negative post-event processing
- Treatments tried include:
 - CBT, group therapy, exposure therapy
 - SSRIs (Zoloft, Paxil, Luvox CR, Prozac, Celexa)
 - SNRIs (Effexor, Cymbalta)
 - TCA (Anafranil)
 - MAOI (Nardil, Parnate)
 - RIMAs (moclobemide, brofaromine)

- The #1 most common mental disorder is major depressive disorder (MDD)
 - Bible verses
 - Isaiah 41:10
 - Jeremiah 33:3
 - Major depressive disorder is a professional term from the DSM-IVR. It refers to a specific set of criteria, including at least a two-week period of symptoms, such as depressed mood, decreased pleasure in most activities of daily living, significant appetite or weight changes, changes in sleep pattern, agitation, fatigue, guilt, feelings of worthlessness, diminished ability to think, and recurrent thoughts of death.
 - MDD carries an increased risk of mortality, impairment, and other illnesses. By the year 2020 it appears that it will be responsible for a larger burden of disease than any other illness.
 - Depression refers to a low or sad mood. It is a symptom, not a diagnosis. Many drugs have been tried either on-label or off-label for depression. These include SSRIs, SNRIs, atypical antidepressants, MAOIs, TCAs, tetracyclic antidepressants, alprazolam (Xanax), atypical neuroleptics (Seroquel, Geodon, Abilify), lithium, cytomel, Lamictal, Zonegran, stimulants, Provigil, SAMe (natural product), St. John's wort (natural product), omega-3 fatty acids (natural product), Deplin (L-methylfolate), caffeine, and B₆ (pyridoxine). MDD (major depressive disorder) correlates with decreased hippocampal volume, decreased neurogenesis, and decreased BDNF (brain-derived neurotrophic factor).
 - Depression is widespread:
 - Almost 1 in every 5 people will experience MDD in their lifetime (17%)

- Almost 1 in every 10 people will experience MDD in the past 12 months (7%)
 - Almost 1 in every 20 people will experience MDD in the past month (2-5%)
- Depression is associated with high comorbidity of MDD with other diagnostic issues:
 - 70% - anxiety disorder
 - 25% - substance use disorder
 - 30% - impulse-control disorder
- Adjustment disorders usually experience a transient decreased mood: adjustment reactions include:
 - A personal loss
 - A relationship conflict
 - A job loss
- Neuroanatomical changes in depression include:
 - Decreased subgenual prefrontal cortex
 - Decreased hippocampal volume
 - Decreased anterior cingulated cortex
 - Decreased amygdala volume
 - Decreased gene expression of BDNF (brain-derived neurotrophic factor)
- Women are more likely 2 to 1 to have MDD
- Symptoms of MDD include
 - Negative emotions
 - Anhedonia (no longer enjoy life)
 - Decreased memory and learning
 - Decreased cognitive functioning
- There is a strong association between MDD (major depressive disorder) and GAD (generalized anxiety disorder)

- Treatments tried for MDD and GAD include:
 - SSRI (Lexapro and Paxil approved, all SSRI used)
 - SNRI (Effexor and Cymbalta approved)
 - Benzodiazepines as adjunctive treatments
 - Hypnotic medications as adjuncts
 - Gabapentin (Neurontin) and pregablin (Lyrica) tried
 - Buspar (buspirone) – FDA approved
 - Buspar at 750 mg shows modest efficacy in MDD
 - Wellbutrin (bupropion) as adjunct
 - Remeron (mirtazepine) as adjunct
- Neurochemical changes in MDD include:
 - Catecholaminergic dysfunction
 - REM sleep dysfunction
 - Decreased hippocampal neurogenesis
- MDD tends to be recurrent:
 - Three years after recovery from MDD, 50% of people have a recurrence of MDD
 - In fifteen years, 90% had a recurrence
- Conclusion
 - I Corinthians 1:27
 - I Corinthians 12