

PSYCHO-EDUCATIONAL MATERIAL



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INSOMNIA (POOR SLEEP)

About one in five people has some difficulty with sleeping. However, there are many things you can do to help yourself. This leaflet aims to show you some of them. For example, simple things like winding down before bedtime, avoiding certain foods and drinks, and a bedtime routine can help. Further ways to promote sleep in more difficult cases include relaxation techniques, regular exercise, and behavioural and cognitive therapies. Sleeping tablets are not the best way to help with sleep problems because you can get addicted to them, and they often stop working if you take them regularly.

Around 30% of general population suffers from sleep disorder and this incidence is as high as 50% in patient population. Women, elderly and people suffering from chronic diseases are more susceptible to sleep disorders. But most often sleep problems are not even reported to the doctor.

Insomnia is the common sleep disorder and it is associated with symptom like:

- Taking long time to fall asleep usually more than 30 mins
- Getting up frequently at night
- Getting up too early in the morning and not falling asleep again
- Not feeling fresh and active in the morning.



Cause of Sleep Disturbance

- Environmental factors or surroundings
- Stress / Anxiety / Worries
- Medical conditions : Blood pressure/ Cardio vascular diseases / Arthritis/ - diabetes/ acidity etc.
- Some medications used for treating high blood pressure, cough, depressions etc. may also cause loss of sleep.



Consequences of Loss of Sleep

Lack of sleep can affect your health adversely, your functionality safety. It can affect you at

- Work : People with sleep loss may report poor concentration, lower productivity and poorer work quality.



ANXIETY DISORDERS

Most people feel anxious from time to time. However, anxiety can become abnormal if it interferes with your day-to-day activities. Anxiety is a symptom of various anxiety disorders which are discussed below. They can often be treated. Treatments include various talking treatments, and medication.

What is anxiety?

When you are anxious you feel fearful and tense. In addition you may also have one or more unpleasant physical symptoms. For example: a fast heart rate, palpitations, feeling sick, shaking (tremor), sweating, dry mouth, chest pain, headaches, fast breathing.

The physical symptoms are partly caused by the brain which sends lots of messages down nerves to various parts of the body when you are anxious. The nerve messages tend to make the heart, lungs, and other parts of the body work faster. In addition, you release stress hormones (such as adrenaline) into the bloodstream when you are anxious. These can also act on the heart, muscles and other parts of the body to cause symptoms.

Anxiety is normal in stressful situations, and can even be helpful. For example, most people will be anxious when threatened by an aggressive person, or before an important race. The burst of adrenaline and nerve impulses which we have in response to stressful situations can encourage a 'fight or flight' response.

Anxiety is abnormal if it:

- Is out of proportion to the stressful situation, or
- Persists when a stressful situation has gone, or the stress is minor, or
- Appears for no apparent reason when there is no stressful situation.



What are anxiety disorders?

There are various conditions (disorders) where anxiety is a main symptom. You may have an anxiety disorder if anxiety symptoms interfere with your normal day-to-day

PHOBIC ANXIETY DISORDERS

A phobia is strong fear or dread of a thing or event. The fear is out of proportion to the reality of the situation. Coming near or in contact with the feared situation causes anxiety. Sometimes even thinking of the feared situation causes anxiety. Therefore, you end up avoiding the feared situation, which can restrict your life and may cause suffering.

Social Phobia

Social phobia (social anxiety disorder) is possibly the most common phobia. With social phobia you become very anxious about what other people may think of you, or how they may judge you. Therefore, you fear meeting people, or 'performing' in front of other people, especially strangers. You fear that you will act in an embarrassing way, and that other people will think that you are stupid, inadequate, weak, foolish, crazy, etc. You avoid such situations as much as possible. If you go to the feared situation you become very anxious and distressed.



Agoraphobia

This too is common. Many people think that agoraphobia means places and open spaces. But this is just part of it. If you have agoraphobia



TREATMENTS FOR ANXIETY, PANIC, PHOBIC DISORDERS

Antidepressant medicines

These are commonly used to treat depression, but also help to reduce the symptoms of anxiety even if you are not depressed. They work by interfering with brain chemicals (neurotransmitters) such as serotonin which may be involved in causing anxiety symptoms.

- Antidepressants do not work straight away. It takes 2-4 weeks before their effect builds up. A common problem is that some people stop the medicine after a week or so as they feel that it is doing no good. You need to give it time. It is best to persevere if you are prescribed an antidepressant medicine.

- Note: after first starting an antidepressant, in some people the anxiety symptoms become worse for a few days before they start to improve.

Counselling: This may help some people with certain conditions. For example, counselling which focuses on problem-solving skills may help if you have GAD.

Cognitive and behavioural therapy: Cognitive therapy is based on the idea that certain ways of thinking can trigger, or fuel, certain mental health problems such as anxiety and depression. The therapist helps you to understand your current thought patterns - in particular, to identify any harmful, unhelpful, and false ideas or thoughts which you have that can make you anxious (or depressed).

Behavioural therapy aims to change any behaviours which are harmful or not helpful.

PANIC DISORDER

Panic disorder is a condition where you have recurring panic attacks. Many people with panic disorder also develop agoraphobia. This means you avoid many places, and may not even go out from your home, due to fear of having a panic attack in a public place. Treatment with antidepressant medicines and/or cognitive behavioural therapy works well in over half of cases.

What is a panic attack?

A panic attack is a severe attack of anxiety and fear which occurs suddenly, often without warning, and for no apparent reason. In addition to the anxiety, various other symptoms may also occur during a panic attack. These include one or more of the following:

- Palpitations or a thumping heart.
- Hot flushes or chills.
- Feeling sick, dizzy, or faint.
- Numbness, or pins and needles.
- choking sensations.
- Feelings of unreality, or being detached from yourself.
- Sweating and trembling.
- Chest pains.
- Fear of dying or going crazy.
- Shortness of breath

The physical symptoms that occur with panic attacks do not mean there is a physical problem with the heart, chest, etc. The symptoms mainly occur because of an overdrive of nervous impulses from the brain to various parts of the body during a panic attack.

During a panic attack you tend to over-breathe (hyperventilate). If you over-breathe you blow out too much carbon dioxide which changes the acidity in the blood. This can then cause more symptoms such as confusion and cramps, and make palpitations, dizziness, and pins and needles worse. This can make the attack seem even more frightening, and make you over-breathe even more, and so on. A panic attack usually lasts 5-10 minutes, but sometimes they come in waves for up to two hours.

What is panic disorder?

At least 1 in 10 people have occasional panic attacks. If you have panic disorder it means that you have recurring panic attacks. The frequency of attacks can vary. About 1 in 50 people have panic disorder.

If you have panic disorder, you also have ongoing worry about having further attacks and/or worry about the symptoms that you get during attacks. For example, you may worry that the palpitations or chest pains that you get with panic attacks are due to a serious heart problem. Some people worry that they may die during a panic attack.

What causes panic attacks?

Panic attacks usually occur for no apparent reason. The cause is not clear. Slight abnormalities in the balance of some brain chemicals (neurotransmitters) may play a role. This is probably why medicines used for treatment work well. Anyone can have a panic attack, but they also tend to run in some families. Stressful life events such as bereavement may sometimes trigger a panic attack.

Dealing with a panic attack

To ease a panic attack, or to prevent one from getting worse:

- Breathe as slowly and as deeply as you can. Concentrate on breathing.
- Breathe into a paper bag. By doing this you re-breathe your own carbon dioxide. This

Washington: Addiction is not just a simple behaviour problem involving alcohol, drugs, gambling or sex—it is a chronic brain disorder, scientists have now defined.

The American Society of Addiction Medicine has released this new definition of addiction after a four-year process involving more than 80 experts.

At its core, addiction isn't just a social problem or a moral problem or a criminal problem. It's a brain problem whose behaviours manifest in all these other ar-



NEW DEFINITION

ears," Dr Michael Miller, former president of ASAM, who oversaw the development of the new definition, said.

"Many behaviours driven by addiction are real problems and sometimes criminal acts. But the disease is about brains, not drugs. It is about underlying neurology, not outward actions," Dr Miller was quoted as saying by LiveScience.

The new definition also describes addiction as a primary disease, meaning that it's not the result of other causes, such as emotional or psychiatric problems.

And like cardiovascular disease and diabetes, addiction is recognized as a chronic disease; so it must be treated, managed and monitored over a person's lifetime, the researchers said.

Research has shown that addiction affects the brain's reward circuitry, such that memories of previous experiences with food, sex, alcohol and other drugs trigger cravings and more addictive behaviours.

Brain circuitry that governs impulse control and judgment is also altered in the brains of addicts. **PH**

Boozy Asians more prone to oesophageal cancer

By **Nalini Ravichandran** in New Delhi

A GLASS of wine could be more detrimental to an Asian man than to his western friend, confirms a recent study, which shows that 30 per cent of East Asians are prone to oesophageal cancer. This is particularly relevant in the light of another new US study that shows a direct link between alcohol and cancer.

Though the link between alcohol consumption and cancer was drawn over two decades ago, this study is the first to show the direct link between booze and cancer. It shows that ethanol itself is carcinogenic for certain parts of the body, say researchers. When broken down by the body, ethanol can cause DNA damage, leading to dangerous changes in the cells and breast and liver cancer.

The situation is even worse for Asians, who are more sensitive to the impact of alcohol. "Asians genuinely have a slow rate of metabolism of alcohol because of their genes. This is one of the reasons for the higher incidence of oesophageal and even liver cancer among heavy drinkers from the Asian descent," Nirmal Kumar, gastroenterologist,

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Our low metabolism rate is to be blamed for it.

LONG-TERM EFFECTS OF ALCOHOLISM

HEALTH effects of your drinks can linger long after you kick the habit, wrecking your health forever. Researchers at the Neurobehavioral Research Inc at Hawaii found that diagnosed alcoholics who had given up drinking struggled to even walk straight along a line or stand heel to toe with their arms folded for a minute with their eyes closed in the test done on them as part of the study.

The study has shown that alcoholics continue to walk all wobbly and clumsy for years even after they sober up.

enzyme called ALDH2. But 30 per cent of people in the study group were unable to metabolise alcohol due to a genetic variant in them. The problem of alcohol metabolism among Asians is not a new one. Called the Asian flush, it results in excessive facial redness, sweating, increased body

temperature and a higher heart rate. A genetic mutation limits the formation of aldehyde dehydrogenase, resulting in a large amount of acetaldehyde, that can be toxic, making it difficult for them to metabolise alcohol. This can also lead to cases of oesophageal cancer. Studies on the direct link

between alcohol consumption and its long term health effects are mounting. Recent brain imaging studies show that young adults who drank heavily showed shrinkage in an area of the brain responsible for memory and learning. Even moderate levels of drinking can slow your cognitive ability.

TENSION-TYPE HEADACHE

Tension-type headache is the most common form of headache. Painkillers taken as required work well in most cases. Attention to lifestyle factors such as stress, posture, and exercise may help to prevent headaches. Medication to prevent headaches may help if you have frequent tension-type headaches.

What is tension-type headache and whom does it affect?

Tension-type headache is the common type of headache that most people have at some time. One study found that, on average:

- About half of adults have a tension-type headache every now and then - less than one a month. This is called infrequent episodic tension-type headache.
- About a third of adults have two or more tension-type headaches per month, but fewer than 15 a month. This is called frequent episodic tension-type headache.
- About 3 in 100 adults have a tension-type headache 15 or more times per month - that is, on most days. This is called chronic tension-type headache (sometimes called chronic daily headache).

What are the symptoms of a tension-type headache?

- Typically, the pain is like a tightness around the hat-band area. Some people feel a squeezing or pressure on their head. It usually occurs on both sides of your head, and often spreads down your neck, or seems to come from your neck. Sometimes it is just on one side. The pain is usually moderate or mild, but sometimes it can be severe.
- A tension-type headache can last from 30 minutes to 7 days. Most last a few hours or so.
- The headache normally comes on during the day, and gets worse as the day goes on.
- There are usually no other symptoms. Some people don't like bright lights or loud noises, and don't feel like eating much when they have a tension-type headache.



What causes tension-type headaches?

The cause is not clear. Some, but probably not most, may be due to tension. This is why the term tension-type headache is now used rather than tension headache. Many tension-type headaches develop for no apparent reason. Some may be triggered by things such as:

- Emotional tension, anxiety, tiredness or stress.
- Physical tension in the muscles of the scalp and neck. For example, poor posture at a desk may cause the neck and scalp muscles to tense. If you squint to read because you cannot see well, this may tense your scalp muscles too.
- Physical factors such as bright sunlight, cold, heat, noise, etc.

Some research suggests that your genetic make-up may be a factor. So, some people may inherit a tendency to be more prone to develop tension-type headaches more easily than others when stressed or anxious.

MEMORY LOSS & DEMENTIA

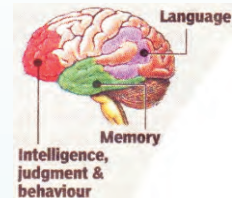
Many people find that they become more forgetful as they become older. This is common and is often not due to dementia. There are also other disorders such as depression and an underactive thyroid that can cause memory problems. Dementia is the most serious form of memory problem. It causes a loss of mental ability, and other related symptoms. Dementia can be caused by various diseases or disorders which affect the parts of the brain involved with thought processes. Most cases are caused by Alzheimer's disease, vascular dementia, or dementia with Lewy bodies (DLB). Symptoms of dementia develop gradually and typically become worse over a number of years. The most important part of treatment for dementia is good-quality support and care for the person with dementia and for their carers. In some cases, treatment with medicines may be helpful.

SYMPTOMS

Dementia usually first appears as forgetfulness. Personality changes may follow with a loss of interest in things one previously enjoyed. As the disease develops, there may be changes in:

- Sleep patterns
- Poor judgement
- Depression
- Difficulty in reading and writing
- Delusions

People with severe dementia can no longer understand language or recognise family members.



WHAT CAUSES DEMENTIA

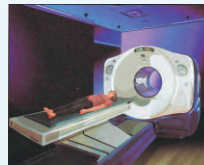
Dementia is caused by loss of communication among the nerve cells. While some causes of dementia can be reversed, others cannot. Treatable conditions that can trigger dementia include high fever, dehydration, vitamin deficiency, adverse reactions to medicines, problems with thyroid gland, or minor head injury.



HOW IS IT DIAGNOSED

Dementia is diagnosed by looking into the patients medical and family history, neurological elevations, cognitive and neuropsychological testing, blood tests,

- MRI Scan Brain - High Resolution
- 21 Channel Video EEG
- Contrast Enhancement CT Scan Brain



TREATMENT

The goal is to control the symptoms. There is also growing evidence that some kinds of mental exercise can help patients. Medication may also needed to control behaviour problems caused by the disease.

Cognitive functions are mental tasks we perform every minute from remembering names to doing calculations. Memory is often the first to be affected. You gradually



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