

# PSYCHIATRY NOTES

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## *Do MOOD, ANXIETY, DISTRESS, AND PAIN DISORDERS HAVE A COMMON PATHWAY?*

A CLINICAL ARTICLE IN THE JULY ISSUE OF PSYCHIATRIC TIMES REPORTED THE FOLLOWING: IT IS BECOMING INCREASINGLY CLEAR THAT RELATIONSHIPS BETWEEN DEPRESSION, ANXIETY, AND PAIN DISORDERS RUN DEEPER THAN SYMPTOMATIC SIMILARITIES SHARED BY THESE CONDITIONS. ALTHOUGH NOT ALWAYS CONSISTENT, STUDIES POINT TO SHARED GENETIC UNDERPINNINGS FOR THESE DISORDERS, EMPHASIZING GENES INVOLVED IN THE REGULATION OF MONOAMINERGIC AND PEPTIDE TRANSMISSION, INFLAMMATORY RESPONSES, DIURNAL RHYTHMS, AND NEUROTROPHIC SIGNALING. ALL OF THESE ARE IMPORTANT MODULATORS OF ANXIETY, MOOD, AND STRESS RESPONSES. FURTHERMORE, SYMPTOMS OF ANGER, DEPRESSION, AND ANXIETY ARE STRONGLY CORRELATED WITH ONE ANOTHER. STRESS, IN TURN, IS A MAJOR PRECIPITANT, PERPETUANT, AND AGGRAVATING FACTOR OF ALL 3 CONDITIONS.

HOWEVER, ONE MUST TEMPER ANY RAMPANT "CLUMPING" ENTHUSIASM WITH THE RECOGNITION THAT—AS WITH SIMILARITIES—DIFFERENCES BETWEEN SYMPTOM PRESENTATIONS HAVE ALSO FREQUENTLY BEEN FOUND. A FULL APPRECIATION OF EACH PERSON'S SYMPTOMS—AS THE UNIQUE RESULT OF INTERACTIONS BETWEEN GENETIC VULNERABILITY, ADVERSITY, POSITIVE LIFE EXPERIENCES, INDIVIDUAL COPING SKILLS, AND OVERALL HEALTH—OFFERS THE CLEAREST WAY FORWARD IN OUR FIELD'S ATTEMPT TO DEVELOP PERSONALIZED TREATMENT APPROACHES.

## *SCREENING TESTS FOR ALZHEIMER DISEASE*

RESEARCHERS FROM TEXAS HAVE RECENTLY REPORTED THAT THE WIDELY-USED SCREENING TEST, THE MINI-MENTAL STATUS EXAM, IS NOT THE BEST TEST TO USE WHEN SCREENING FOR ALZHEIMER DISEASE. OTHER TESTS, EASILY AND QUICKLY ADMINISTERED, MAY BE MORE ACCURATE IN RULING IN OR OUT ALZHEIMER DISEASE IN A PATIENT. THE MINI-COG OR EVEN SIMPLE CLOCK DRAWING, EACH ADMINISTERED IN ABOUT FIVE MINUTES MAY BE BETTERS TOOLS FOR PHYSICIANS TO UTILIZE.

***DO STIMULANTS PROTECT AGAINST PSYCHIATRIC DISORDERS IN YOUTH WITH ADHD?***

IN A RECENT STUDY PUBLISHED IN THE JOURNAL, *PEDIATRICS*, BIEDERMAN LOOKED AT DIAGNOSES OF OTHER PSYCHIATRIC DISORDERS AFTER DIAGNOSIS WITH ADHD TO DETERMINE WHETHER STIMULANT TREATMENT WAS ASSOCIATED WITH LOWER RISK OF BEING DIAGNOSED WITH MAJOR DEPRESSION, ANXIETY DISORDER, CONDUCT DISORDER, OPPOSITIONAL-DEFIANT DISORDER, OR BIPOLAR DISORDER - ALL KNOWN COMORBID CONDITIONS OF ADHD. THIS STUDY FOLLOWED MALES, DIAGNOSED AT AGE 6 TO 17, WHO WERE ORIGINALLY PART OF A LARGER FAMILY STUDY OF ADHD.

THE AUTHORS COMPARED THE OUTCOMES AMONG PARTICIPANTS WITH ADHD WHO HAD RECEIVED ANY STIMULANT TREATMENT FOR ADHD WITH OUTCOMES AMONG THOSE WHO NEVER RECEIVED STIMULANT. OF THE ORIGINAL 140 PARTICIPANTS WITH ADHD, 66% WERE TREATED AT SOME POINT WITH STIMULANT MEDICATIONS. IN THE ASSESSMENT, TREATMENT WITH STIMULANTS WAS ASSOCIATED WITH A SIGNIFICANTLY *LOWER* HAZARD OF BEING DIAGNOSED WITH MAJOR DEPRESSION, CONDUCT DISORDER, MULTIPLE ANXIETY DISORDER, OR OPPOSITIONAL-DEFIANT DISORDER AND A LOWER RISK OF REPEATING A GRADE. THERE WAS NO SIGNIFICANT ASSOCIATION BETWEEN STIMULANT THERAPY AND RATES OF BIPOLAR DISORDER.

THE AUTHORS CONCLUDE THAT STIMULANT TREATMENT IS ASSOCIATED WITH LOWER RISK FOR LATER DIAGNOSIS OF PSYCHIATRIC DISORDERS AND GRADE RETENTION. MANY FACTORS MIGHT AFFECT WHY A CHILD IS OR IS NOT TREATED WITH STIMULANTS FOR ADHD, AND MANY OF THOSE FACTORS ARE UNDOUBTEDLY ASSOCIATED WITH DEVELOPMENT OF PSYCHIATRIC DISORDERS AND THE ABILITY OF A CHILD TO PASS SCHOOL GRADES. THIS STUDY MAY HELP PARENTS STRUGGLING WITH A QUESTION OF WHETHER TO TREAT OR NOT. IF TREATMENT HELPS THE CHILD SUCCEED IN SCHOOL, THEN THAT ALONE (NOT TO MENTION IMPROVED INTERPERSONAL RELATIONSHIPS) MAY PROVIDE A PROTECTIVE EFFECT FOR THE CHILD AS HE OR SHE AGES.

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