

PSYCHIATRY NOTES

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Psychopharmacology and Psychotherapy for Adults, Adolescents, and Children

ADHD AND THE ADOLESCENT DRIVER

Adolescent drivers with attention deficit hyperactivity disorder (ADHD) are more likely to be involved in--and to die of--a driving accident than any other cause. The higher occurrence of driving mishaps is not surprising given that the core symptoms of ADHD are inattention, impulsivity, and hyperactivity. Safe driving habits can diminish the risk, however. The first step is to inform patients of the dangers of driving; the significance of adolescence, ADHD, and medication can be underscored in a written "agreement." Strategies to promote safer driving--especially optimally dosed long-acting stimulant medication taken 7 days a week--may be critical. A number of measures lead to safer driving by reducing potential distractions during driving (eg, setting the car radio before driving, no drinking or eating or cell phone use while driving, no teenage passengers in the car for the first 6 months of driving, and restricted night driving).

ANXIETY IN THE MEDICAL PATIENT

Anxiety is a natural state that is essential for survival. Nearly as common is anxiety that exceed psychological needs, leading to functional impairment. Anxiety disorders are the most common category of mental illness in the United States. Secondary anxiety is also widespread and can arise not only from numerous medical causes but also from the psychological process of coping with illness. In some cases, anxiety may be the first symptom of an undiagnosed medical illness. Clinical examples include the patient with a sudden pulmonary embolus who presents with panic symptoms and shortness of breath; the patient with anxiety attacks and a feeling of unreality who is having complex partial seizures; or a tremulous, diaphoretic patient with tachycardia who turns out to have hyperthyroidism.

It is important to make the appropriate diagnosis. Many anxiety disorders are relatively hidden, such as social anxiety and obsessive-compulsive disorder. Clinicians need to ask patients about the presence of phobias, avoidance behavior, and compulsions. As a rule, anxiety arises in situations in which people feel a lack of control. That may be particularly true in medical environments that are unfamiliar. The simple acknowledgment of the patient's anxiety in an empathic way may help reduce it. Judicious use of medications helps alleviate anxiety. Benzodiazepines are fast-acting, safe, and effective, especially in acute situations. SSRIs are particularly useful for patients with anxiety disorders, especially if there is evidence of depression. It is most important that patients with anxiety disorders receive appropriate and adequate psychotherapy.

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DEPRESSION AND SMOKING CESSATION

Depression could be preventing some patients with heart disease from quitting smoking, a recent study which appears in the January 28 issue of the Archives of Internal Medicine suggests. Patients hospitalized for a cardiac event who did not have depressive symptoms were approximately 3 times more likely to quit smoking than those who had depressive symptoms.

The results suggest that depression may help explain why some smokers continue the habit despite serious health concerns, said the study's lead author, Anne N. Thorndike, MD, MPH. Public health efforts have succeeded in significantly reducing overall smoking rates, "but there is still a core group of smokers out there who aren't quitting," said Dr. Thorndike. "We're looking for reasons why they might not be quitting, and we think depression plays a big role in that."

LIFE SATISFACTION DIPS IN MIDDLE AGE

Middle-aged people surveyed in 72 of 80 countries around the world reported lower levels of happiness or satisfaction with life compared with younger and older adults. Researchers found a U-shaped relationship between well-being and age, independent of income and other demographic factors, according to an article published in an upcoming issue of the journal Social Science & Medicine.

In the United States, unhappiness peaked at age 38.6 years for women and at age 52.9 years for men. European men and women reported the lowest levels of life satisfaction at age 46.5 years.

"For the average person in the modern world, the dip in mental health and happiness comes on slowly, not suddenly in a single year," said one researcher. "Only in their 50s do most people emerge from the low period. But encouragingly, by the time you are 70, if you are still physically fit, then on average you are as happy and mentally healthy as a 20-year-old. Perhaps realizing that such feelings are completely normal in midlife might help individuals survive this phase better."

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