

## MOOD SWING: A COMPLETE PHENOMENA OF NEURO DISORDER FROM OBSESSIVENESS TO POSSESSIVENESS

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### ABSTRACT

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behaviour. Mental health, defined by the World Health Organization, is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". It is one type of disorder that affects our social activities in our life. There are many different mental disorders with different presentations. They are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others. Mental disorders include: depression, bipolar disorder, schizophrenia and other psychoses, dementia, and developmental disorders including autism. There are effective strategies for preventing mental disorders such as depression. There are effective treatments for mental disorders and ways to alleviate the suffering caused by them. Access to health care and social services capable of providing treatment and social support is key. It is one type of the conditions that affect your thinking, feeling, mood, and behaviour. It may be occasional or long-lasting (chronic). It can affect your ability to relate to others and function each day. Now a days, it is one of the important disorder in our society.

**KEYWORD:** Productively, Fruitfully, Depression, Bipolar Disorder, Schizophrenia, Dementia, Autism.



Figure-1: Mental health.

## INTRODUCTION

Mental disorder, any illness with significant psychological or behavioral manifestation that is associated with either a painful or distressing symptom or an impairment in one or more important areas of functioning. There is no simple definition of mental disorder that is universally satisfactory. This is partly because mental states or behaviour that are viewed as abnormal in one culture may be regarded as normal or acceptable in another, and in any case it is difficult to draw a line clearly demarcating healthy from abnormal mental functioning. The American Psychiatric Association defines mental illness as a health condition that involves “changes in emotion, thinking, or behavior—or a combination of these.” If left untreated, mental illnesses can have a huge impact on daily living, including your ability to work, care for family, and relate and interact with others. Similar to having other medical conditions like diabetes or heart disease, there is no shame in having a mental illness, and support and treatment are available. Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how

people think, feel, and behave. People sometimes use the term “mental health” to mean the absence of a mental disorder. It may be caused by different reasons. Now a days different types of medicines are used to treat this disorder.<sup>[1]</sup>

### Types of Disorder

There are many different conditions that are recognized as mental illnesses. The more common types include:

- Anxiety disorders including panic disorder and phobias
- Mood disorders, Depression, bipolar disorder
- Psychotic disorders including schizophrenia
- Eating disorder
- Impulse control and addiction disorder
- Personality disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder
- Developmental disorders, including autism
- Behavioural and emotional disorders in children
- Depression

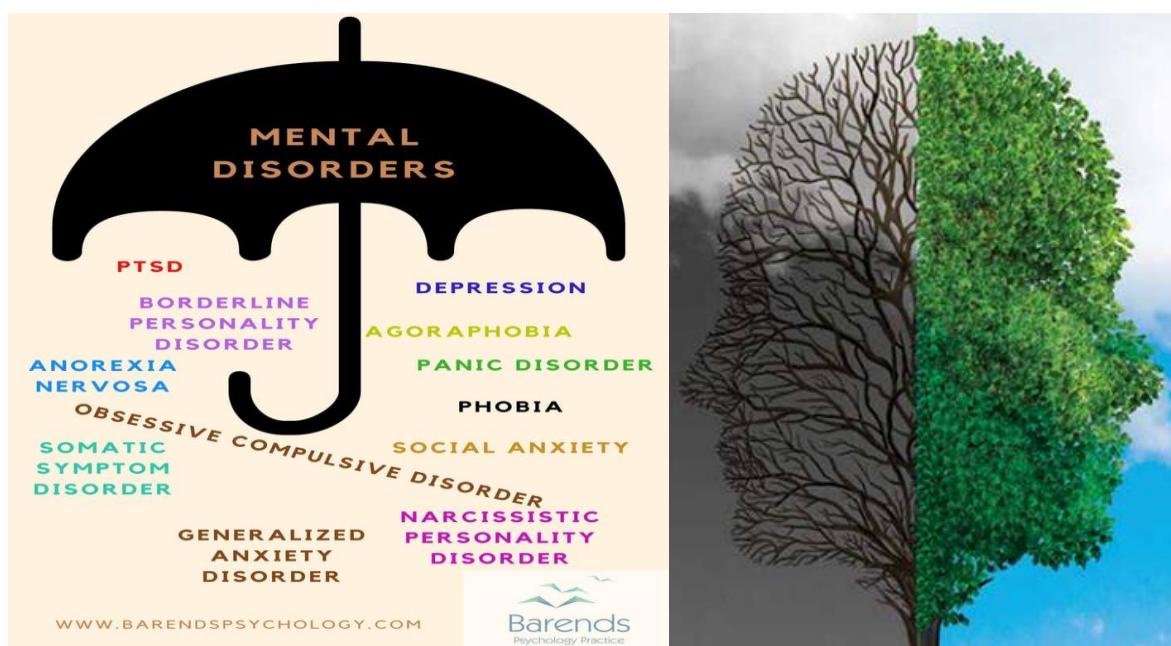


Figure-2: Mental disorders.

**Depression:** Depression is a mood disorder that involves a persistent feeling of sadness and loss of interest. It is different from the mood fluctuations that people regularly experience as a part of life. It can be occurred by many types of various reasons. If it persists many times then it can affect mental health.<sup>[3]</sup>

### Depression Causes<sup>[2]</sup>

There are several possible causes of depression. They can range from biological to circumstantial.

Common causes include:

- Family history: You're at a higher risk for developing depression if you have a family history of depression or another mood disorder.

- Early childhood trauma: Some events affect the way your body reacts to fear and stressful situations.
- Brain structure: There's a greater risk for depression if the frontal lobe of your brain is less active. However, scientists don't know if this happens before or after the onset of depressive symptoms.
- Medical condition: Certain conditions may put you at higher risk, such as chronic illness, insomnia, chronic pain, or attention-deficit hyperactivity disorder (ADHD).

### Symptoms

- A depressed mood

- Reduced interest or pleasure in activities once enjoyed
- A loss of sexual desire
- Changes in appetite
- Unintentional weight loss or gain
- Sleeping too much or too little
- Agitation, restlessness, and pacing up and down
- Slowed movement and speech

### Treatment for Depression

#### Medications

Your healthcare provider may prescribe

- Antidepressants
- Antianxiety
- Antipsychotic medications

#### Psychotherapy

Speaking with a therapist can help person learn skills to cope with negative feelings. Person may also benefit from family or group therapy sessions.

**Light therapy:** Exposure to doses of white light can help regulate person mood and improve symptoms of depression. Light therapy is commonly used in seasonal affective disorder, which is now called major depressive disorder with seasonal pattern.

**Alternative therapies:** Ask person's healthcare provider about acupuncture or meditation. Some herbal supplements are also used to treat depression, like St. John's wort, SAMe, and fish oil.

**Exercise:** Aim for 30 minutes of physical activity 3 to 5 days a week. Exercise can increase person's body's production of endorphins, which are hormones that improve mood.

Avoid alcohol and drugs: Drinking or misusing drugs may make person feel better for a little bit. But in the long run, these substances can make depression and anxiety symptoms worse.

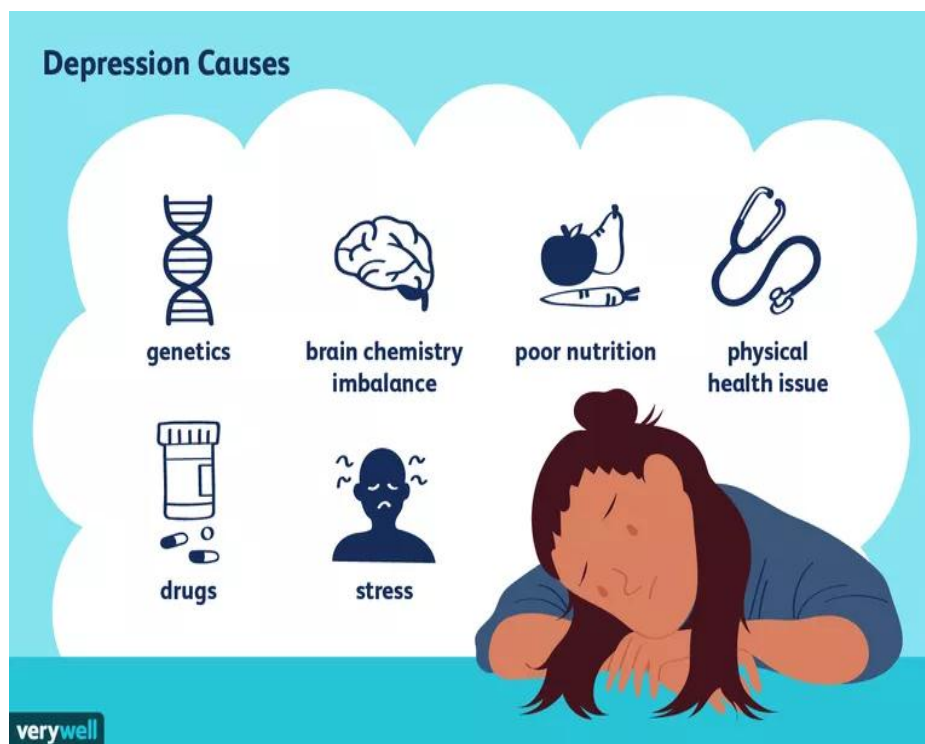


Figure-3: Causes of depression.

**Posttraumatic Stress Disorder (PTSD):** It is a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, or rape or who have been threatened with death, sexual violence or serious injury. It can have long-term effects, including flashbacks, difficulty sleeping, and anxiety.

#### Causes

- Stressful experiences, including the amount and severity of trauma the person have gone through in life
- Inherited mental health risks, such as a family history of anxiety and depression
- Inherited features of personality — often called person's temperament
- The way person's brain regulates the chemicals and hormones person's body releases in response to stress

## Symptoms

### Intrusion symptoms

- Nightmares
- Flashbacks and a sensation that the event is happening again
- Fearful thoughts

### Avoidance symptoms

- Refusing to discuss the event
- Avoiding situations that remind the person of the event

### Arousal and reactivity symptoms

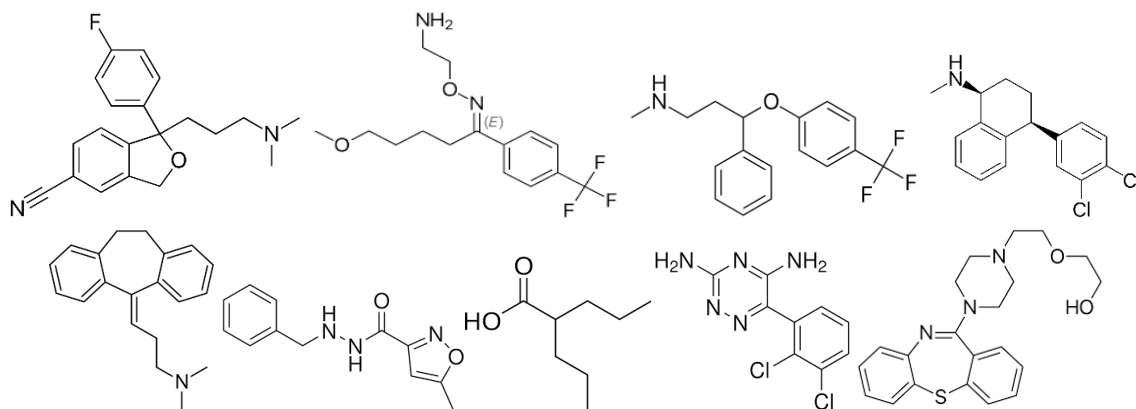
- Difficulty sleeping
- Irritability and angry outbursts
- Hypersensitivity to possible dangers
- Feeling tense and anxious

## Symptoms that affect mood and thinking

- Inability to remember some aspects of the event
- Feelings of guilt and blame
- Feeling detached and estranged from others and emotionally and mentally numbed
- Having a reduced interest in life
- Difficulty concentrating

**Ptsd Treatment:** The goal of PTSD treatment is to reduce the emotional and physical symptoms, to improve daily functioning, and to help the person better manage with the event that triggered the disorder. Treatment for PTSD may involve psychotherapy (a type of counseling), medication, or both.

Doctors use certain antidepressant medications to treat PTSD -- and to control the feelings of anxiety and its associated symptoms -- including:



- Selective serotonin reuptake such as citalopram (Celexa), fluvoxamine (Luvox), fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft)
- Tricyclic antidepressants such as amitriptyline (Elavil) and isocarboxazid (Doxepin)
- Mood stabilizers such as divalproex (Depakote) and lamotrigine (Lamictal)
- Atypical antipsychotics such as aripiprazole (Abilify) and quetiapine (Seroquel)

**Psychotherapy:** Psychotherapy for PTSD involves helping the person learn skills to manage symptoms and develop ways of coping. Therapy also aims to teach the person and their family about the disorder, and help the person work through the fears associated with the traumatic event. A variety of psychotherapy approaches are used to treat people with PTSD, including:

- Cognitive behavioral therapy: which involves learning to recognize and change thought patterns that lead to troublesome emotions, feelings, and behavior.
- Prolonged exposure therapy: a type of behavioral therapy that involves having the person relive the traumatic event, or exposing the person to objects or

situations that cause anxiety. This is done in a well-controlled and safe environment. Prolonged exposure therapy helps the person confront the fear and gradually become more comfortable with situations that are frightening and cause anxiety. This has been very successful at treating PTSD.

- Psychodynamic therapy: focuses on helping the person examine personal values and the emotional conflicts caused by the traumatic event.
- Family therapy: may be useful because the behavior of the person with PTSD can have an affect on other family members.
- Group therapy: may be helpful by allowing the person to share thoughts, fears, and feelings with other people who have experienced traumatic events.
- Eye Desensitization and Reprocessing (EMDR): is a complex form of psychotherapy that was initially designed to alleviate distress associated with traumatic memories and is now also used to treat phobias.





**Figure-4: Anorexia.**

**Anorexia Nervosa:** Anorexia (an-o-REK-see-uh) nervosa — often simply called anorexia — is an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight and a distorted perception of weight. People with anorexia place a high value on controlling their weight and shape, using extreme efforts that tend to significantly interfere with their lives. The physical signs and symptoms of anorexia nervosa are related to starvation. Anorexia also includes emotional and behavioral issues involving an unrealistic perception of body weight and an extremely strong fear of gaining weight or becoming fat.

**Causes:** The exact cause of anorexia is unknown. As with many diseases, it's probably a combination of biological, psychological and environmental factors.

- **Biological:** Although it's not yet clear which genes are involved, there may be genetic changes that make some people at higher risk of developing anorexia. Some people may have a genetic tendency toward perfectionism, sensitivity and perseverance — all traits associated with anorexia.
- **Psychological:** Some people with anorexia may have obsessive-compulsive personality traits that make it easier to stick to strict diets and forgo food despite being hungry. They may have an extreme drive for perfectionism, which causes them to think they're never thin enough. And they may have high levels of anxiety and engage in restrictive eating to reduce it.
- **Environmental:** Modern Western culture emphasizes thinness. Success and worth are often equated with being thin. Peer pressure may help fuel the desire to be thin, particularly among young girls.

#### **Physical Signs and Symptoms of Anorexia**

- Extreme weight loss or not making expected developmental weight gains
- Thin appearance
- Abnormal blood counts
- Fatigue
- Insomnia
- Dizziness or fainting
- Bluish discoloration of the fingers
- Hair that thins, breaks or falls out
- Soft, downy hair covering the body
- Absence of menstruation
- Constipation and abdominal pain

**Treatment and Recovery:** A healthcare professional will make a comprehensive plan to address the individual's specific needs. It will involve a team of specialists who can help the person overcome the physical, emotional, social, and psychological challenges that they face.

#### **Strategies include**

- Cognitive-behavioral therapy (CBT), which can help the person find new ways of thinking, behaving, and managing stress
- Family and individual counseling, as appropriate
- Nutritional therapy, which provides information on how to use food to build and maintain health
- Medication to treat depression and anxiety
- Supplements to resolve nutritional deficiencies
- Hospital treatment, in some cases



**Figure-5: Panic disorder.**

**Panic Disorder:** People with panic disorder have sudden and repeated attacks of fear that last for several minutes or longer. These are called panic attacks. Panic attacks are characterized by a fear of disaster or of losing control even when there is no real danger. A person may also have a strong physical reaction during a panic attack. It may feel like having a heart attack. Panic attacks can occur at any time, and many people with panic disorder worry about and dread the possibility of having another attack. Panic disorder is a type of anxiety disorder. It causes panic attacks, which are sudden feelings of terror when there is no real danger. Symptoms of panic disorder often begin to appear in teens and young adults under the age of 25.<sup>[4]</sup>

**Causes:** It's not known what causes panic attacks or panic disorder, but these factors may play a role

- Genetics
- Major stress
- Temperament that is more sensitive to stress or prone to negative emotions
- Certain changes in the way parts of your brain function

Panic attacks may come on suddenly and without warning at first, but over time, they're usually triggered by certain situations.

Common symptoms associated with a panic attack include: racing heartbeat or palpitations

- Shortness of breath
- Feeling like you are choking
- Dizziness (vertigo)
- Lightheadedness
- Nausea
- Sweating or chills
- Shaking or trembling

**Prevention:** There's no sure way to prevent panic attacks or panic disorder. However, these recommendations may help.

- Get treatment for panic attacks as soon as possible to help stop them from getting worse or becoming more frequent.
- Stick with your treatment plan to help prevent relapses or worsening of panic attack symptoms.
- Get regular physical activity which may play a role in protecting against anxiety.

**Medication:** Doctors also may prescribe different types of medications to help treat panic disorder:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Beta-blockers
- Benzodiazepines

**PSYCHOTHERAPY:** A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful as a first-line treatment for panic disorder. CBT teaches you different ways of thinking, behaving, and reacting to the feelings that come on with a panic attack.

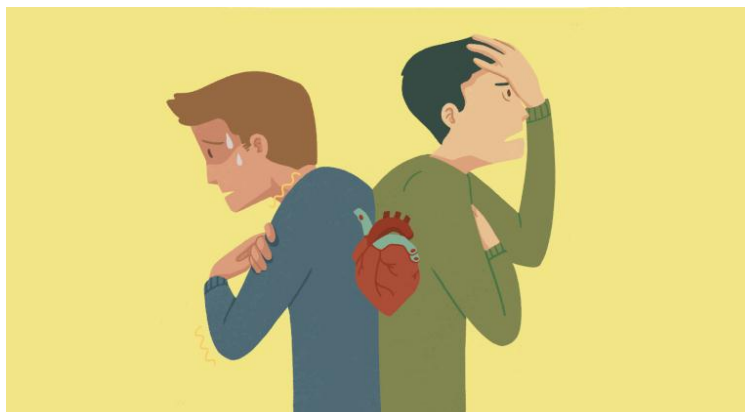


Figure-6: Somatic disorder.

**Somatic Symptom Disorder:** Somatic symptom disorder involves a person having a significant focus on physical symptoms, such as pain, weakness or shortness of breath, that results in major distress and/or problems functioning. The individual has excessive thoughts, feelings and behaviors relating to the physical symptoms. Symptoms of somatic symptom disorder may be:

- Specific sensations, such as pain or shortness of breath, or more general symptoms, such as fatigue or weakness
- Unrelated to any medical cause that can be identified, or related to a medical condition such as cancer or heart disease, but more significant than what's usually expected
- A single symptom, multiple symptoms or varying symptoms
- Mild, moderate or severe

**Causes:** The exact cause of somatic symptom disorder isn't clear, but any of these factors may play a role:

- Genetic and biological factors such as an increased sensitivity to pain
- Family influence which may be genetic or environmental, or both
- Personality trait of negativity which can impact how you identify and perceive illness and bodily symptoms
- Decreased awareness of or problems processing emotions causing physical symptoms to become the focus rather than the emotional issues

- Learned behavior — for example, the attention or other benefits gained from having an illness; or "pain behaviors" in response to symptoms, such as excessive avoidance of activity, which can increase your level of disability

**Treatment of Somatic Symptom Disorders:** Patients who experience SSD may cling to the belief that their symptoms have an underlying physical cause despite a lack of evidence for a physical explanation. Or if there is a medical condition causing their symptoms, they may not recognize that the amount of distress they are experiencing or displaying is excessive. Patients may also dismiss any suggestion that psychiatric factors are playing a role in their symptoms.

A strong doctor-patient relationship is key to getting help with SSD. Seeing a single health care provider with experience managing SSD can help cut down on unnecessary tests and treatments.

The focus of treatment is on improving daily functioning, not on managing symptoms. Stress reduction is often an important part of getting better. Counseling for family and friends may also be useful.

Cognitive behavioral therapy may help relieve symptoms associated with SSD. The therapy focuses on correcting:

- Distorted thoughts
- Unrealistic beliefs



Figure-7: Hypochondria: Somatic Symptom Disorder.

**Obsessive-Compulsive Disorder (OCD)**<sup>[1]</sup>: It is a *mental illness* that causes repeated unwanted thoughts or sensations (obsessions) or the urge to do something over and over again (compulsions). The repetitive behaviors, such as hand washing Obsessive-Compulsive Disorder (OCD) checking on things or cleaning, can significantly interfere with a person's daily activities and social interactions.

**Causes OF OCD:** The causes of OCD are not fully understood. There are several theories about the causes of OCD, including:

- Compulsions are learned behaviours, which become repetitive and habitual when they are associated with relief from anxiety.
- OCD is due to genetic and hereditary factors.
- Chemical, structural and functional abnormalities in the brain are the cause.
- Distorted beliefs reinforce and maintain symptoms associated with OCD.
- It is possible that several factors interact to trigger the development of OCD. The underlying causes may be further influenced by stressful life events, hormonal changes and personality traits.

**OCD Types and Symptoms**<sup>[7]</sup>: OCD comes in many forms, but most cases fall into at least one of four general categories:

- Checking, such as locks, alarm systems, ovens, or light switches, or thinking you have a medical condition like pregnancy or schizophrenia
- Contamination, a fear of things that might be dirty or a compulsion to clean. Mental contamination involves feeling like you've been treated like dirt.
- Symmetry and ordering, the need to have things lined up in a certain way
- Ruminations and intrusive thoughts, an obsession with a line of thought. Some of these thoughts might be violent or disturbing.

**Symptoms:** Obsessive thoughts or compulsive behaviors associated with OCD generally last more than an hour each day and interfere with daily life.

**Obsessions:** These are upsetting thoughts or impulses that repeatedly occur.

People with OCD may try to ignore or suppress them, but they may be afraid that somehow the thoughts might be true.

The anxiety associated with suppression can also become too great to endure, making them engage in compulsive behaviors to decrease their anxiety.

**Compulsions:** These are repetitive acts that temporarily relieve the stress and anxiety brought on by an obsession. Often, people who have compulsions believe these rituals will prevent something bad from happening.

**Diagnosis:** It is important to be aware that not all habits or repetitive behaviors are synonymous with compulsions. Everyone has repeated thoughts or engages in double-checking things from time to time. In order to be diagnosed with OCD, their experience is characterized by

- An inability to control their thoughts or behaviors, even when they recognize that they are excessive or irrational
- Spending an hour or more a day on these obsessions and compulsions
- Experiencing significant problems and disruptions in daily life because of these thoughts and behaviors

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**OCD Diagnosis:** Doctor may do a physical exam and blood tests to make sure something else isn't causing Patient's symptoms. they will also talk with patient about patient's feelings, thoughts, and habits.

**OCD Treatment:** There's no cure for OCD. But Person may be able to manage how symptoms affect his/her life through medicine, therapy, or a combination of treatments.

#### Treatments include

- Psychotherapy: Cognitive behavioral therapy can help change your thinking patterns. In a form called exposure and response prevention, doctor will put patient in a situation designed to create anxiety or set off compulsions. Patient'll learn to lessen and then stop your OCD thoughts or actions.
- Relaxation: Simple things like meditation, yoga, and massage can help with stressful OCD symptoms.
- Medication: Psychiatric drugs called selective serotonin reuptake inhibitors help many people control obsessions and compulsions. Common ones include citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), = fluvoxamine, paroxetine (Paxil), and sertraline (Zoloft). If patient still have symptoms, doctor might give patient antipsychotic drugs like aripiprazole (Abilify) or risperidone (Risperdal).



- **Neuromodulation:** In rare cases, when therapy and medication aren't making enough of a difference, doctor might talk to patient about devices that change the electrical activity in a certain area of brain. One kind, transcranial magnetic stimulation, is FDA-approved for OCD treatment. It uses magnetic fields to stimulate nerve cells. A more complicated procedure, deep brain stimulation, uses electrodes that are implanted in your head.
- **TMS (transcranial magnetic stimulation):** The TMS unit is a non-invasive device that is held above the head to induce the magnetic field. It targets a specific part of the brain that regulates OCD symptoms.

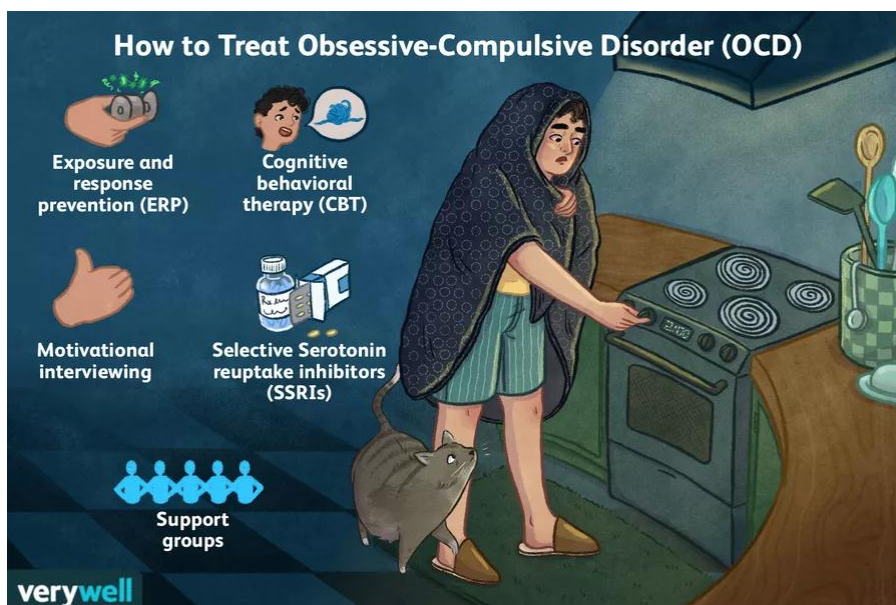


Figure-8: OCD.

**Narcissistic Personality Disorder:** Narcissistic personality disorder — one of several types of personality disorders — is a mental condition in which people have an inflated sense of their own importance, a deep need for excessive attention and admiration, troubled relationships, and a lack of empathy for others.

**Causes of Narcissistic Personality Disorder:** The causes of NPD aren't well understood. However, inherited genetic defects are thought to be responsible for many cases of NPD. Contributing environmental factors may include:

- Childhood abuse or neglect
- Excessive parental pampering
- Unrealistic expectations from parents
- Sexual promiscuity (often accompanies narcissism)
- Cultural influences

**Symptoms:** Signs and symptoms of narcissistic personality disorder and the severity of symptoms vary. People with the disorder can:

- Have an exaggerated sense of self-importance
- Have a sense of entitlement and require constant, excessive admiration
- Expect to be recognized as superior even without achievements that warrant it
- Exaggerate achievements and talents

- Be preoccupied with fantasies about success, power, brilliance, beauty or the perfect mate
- Believe they are superior and can only associate with equally special people
- Monopolize conversations and belittle or look down on people they perceive as inferior

**Treatment For Narcissistic Personality Disorder:** Treatment for NPD primarily consists of talk therapy, also known as psychotherapy. If symptoms of NPD occur alongside depression or another mental health condition, then appropriate medications may be used to treat the other disorder. However, there are no medications to treat NPD.

- Improve your collaboration with co-workers and peers
- Maintain your personal relationships
- Recognize your strengths and potential so you can tolerate criticisms or failures
- Understand and manage your feelings
- Cope with any self-esteem issues
- Set realistic goals for yourself

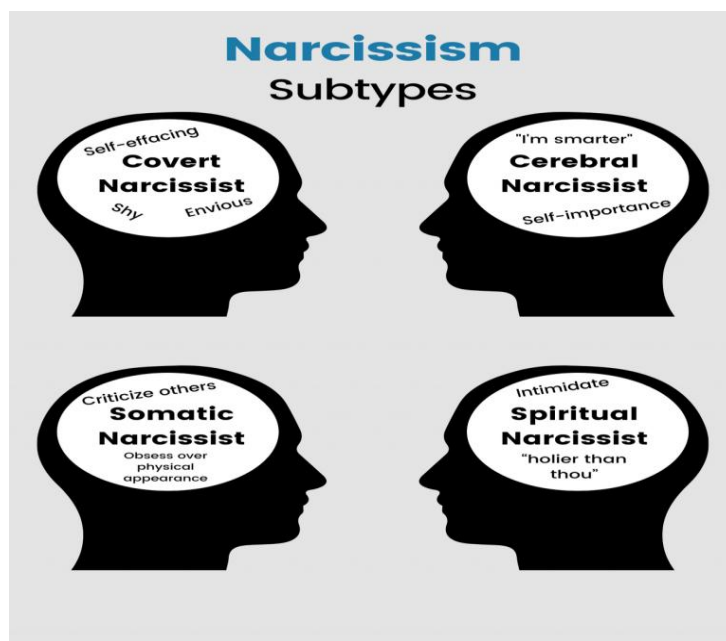


Figure-9: Narcissism.

**Borderline Personality Disorder:** Borderline personality disorder is an illness marked by an ongoing pattern of varying moods, self-image, and behavior. These symptoms often result in impulsive actions and problems in relationships. People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days.

**Causes:** Like most psychological disorders, the exact cause of BPD is not known. However, there is research to suggest that some combination of nature (biology or genetics) and nurture (environment) is at play.

Contributing factors that may increase your risk include

- **Brain structure:** There is evidence of differences in brain structure and function in individuals with BPD, especially in the parts of the brain that affect impulse control and emotional regulation. However, it's still unclear if these differences are a result of having BPD, or if they are part of the cause.
- **Family history:** Having a parent or sibling with BPD may also increase the risk of developing the condition.
- **Negative experiences:** Many people diagnosed with BPD have experienced childhood abuse, trauma, or neglect or were separated from their caregivers at an early age. However, not all people with BPD had one of these childhood experiences, and, conversely, many people who have had them do not develop BPD.

**Signs and Symptoms:** Clinicians use the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* to diagnose mental health conditions,

including BPD. Insurance companies also use the *DSM-5* to reimburse for the treatment of this condition.

According to the *DSM-5*, the following signs and symptoms are characteristic of BPD:

- Frantic efforts to avoid being abandoned by friends or family
- Unstable and intense personal relationships that shift between extreme adoration and extreme dislike
- A persistently unstable self-image or sense of self, such as sudden shifts in values, career path, types of friends, or sexuality
- Impulsive, damaging behaviors, such as substance misuse, sexual activity, unsafe driving, or binge eating
- Self-harming behaviors and, for some people, suicidal thoughts or actions
- Intense moods, such as extreme low mood, irritability, or anxiety that lasts for a few hours to a few days
- Chronic feelings of emptiness

**Treatment:** Although at one time experts believed that BPD was unlikely to respond to treatment, research has shown that BPD is very treatable.

The usual order of treatment options includes

- **Psychotherapy:** This is the standard treatment for BPD. Examples of psychotherapy that are targeted to BPD include dialectical behavior therapy (DBT) and mentalization-based treatment (MBT). This may include family, friends, or caregivers.<sup>[7]</sup>
- **Medication:** Patient's mental health professional may also recommend medication to help treat certain symptoms such as depression or mood swings.

- Other treatments: Hospitalization or more intensive treatments may be necessary in times of crisis.



**Figure-10: Generalized Anxiety Disorder.**

**Generalized Anxiety Disorder:** Generalized anxiety disorder (or GAD)<sup>[6]</sup> is marked by excessive, exaggerated anxiety and worry about everyday life events for no obvious reason. People with symptoms of generalized anxiety disorder tend to always expect disaster and can't stop worrying about health, money, family, work, or school.<sup>[6]</sup>

**Causes:** As with many mental health conditions, the cause of generalized anxiety disorder likely arises from a complex interaction of biological and environmental factors, which may include:

- Differences in brain chemistry and function
- Genetics
- Differences in the way threats are perceived

**Symptoms:** Generalized anxiety disorder symptoms can vary. They may include:

- Persistent worrying or anxiety about a number of areas that are out of proportion to the impact of the events
- Overthinking plans and solutions to all possible worst-case outcomes
- Perceiving situations and events as threatening, even when they aren't
- Difficulty handling uncertainty
- Indecisiveness and fear of making the wrong decision
- Inability to set aside or let go of a worry

**Prevention:** There's no way to predict for certain what will cause someone to develop generalized anxiety disorder, but patient can take steps to reduce the impact of symptoms if patient's experience anxiety:

- Get help early. Anxiety, like many other mental health conditions, can be harder to treat if patient wait.
- Keep a journal. Keeping track of patient personal life can help and patient's mental health

professional identify what's causing stress and what seems to help patient feel better.

- Prioritize issues in patient life. Patient can reduce anxiety by carefully managing time and energy.
- Avoid unhealthy substance use. Alcohol and drug use and even nicotine or caffeine use can cause or worsen anxiety. If patient are addicted to any of these substances, quitting can make patient's anxious. If patient can't quit on his/her own, see his/her doctor or find a treatment program or support group to help patient.

**Social Anxiety:** Social anxiety disorder, sometimes referred to as social phobia, is a type of anxiety disorder that causes extreme fear in social settings. People with this disorder have trouble talking to people, meeting new people, and attending social gatherings.<sup>[5]</sup>

**Causes:** Like many other mental health conditions, social anxiety disorder likely arises from a complex interaction of biological and environmental factors. Possible causes include:

- Inherited traits. Anxiety disorders tend to run in families. However, it isn't entirely clear how much of this may be due to genetics and how much is due to learned behavior.
- Brain structure. A structure in the brain called the amygdala (uh-MIG-duh-luh) may play a role in controlling the fear response. People who have an overactive amygdala may have a heightened fear response, causing increased anxiety in social situations.
- Environment. Social anxiety disorder may be a learned behavior — some people may develop significant anxiety after an unpleasant or embarrassing social situation. Also, there may be an association between social anxiety disorder and parents who either model anxious behavior in social situations or are more controlling or overprotective of their children.





Figure-11: Generalized Anxiety Disorder.

### Symptoms of Social Anxiety Disorder

Social interaction may cause the following physical symptoms

- Blushing
- Nausea
- Excessive sweating
- Trembling or shaking
- Difficulty speaking
- Dizziness or lightheadedness
- Rapid heart rate

### Prevention: Psychotherapy

Psychotherapy, or talking therapy, helps people understand their experiences and develop effective coping methods.

There are many types of psychotherapy, including:

- CBT
- Interpersonal therapy
- Psychodynamic therapy
- Family therapy

CBT is a common treatment. It aims to help the person recognize and change negative thoughts or beliefs about social situations. It also aims to change people's behaviors or reactions to situations that trigger anxiety.

CBT can help a person recognize that their own thoughts, not those of others, can determine how they react and behave.

Exposure therapy, or cognitive delivered exposure, can also help. With this approach, the person gradually works up to facing the situations they fear with a therapist and in a safe environment.

**Medications:** A range of medications can help people manage the symptoms of social anxiety disorder.

The three main types are antianxiety medications, antidepressants, and beta-blockers. The sections below will look at these options in more detail.

### Antidepressants

Selective serotonin reuptake inhibitors, which people mainly use as antidepressants, can also help with the symptoms of social anxiety disorder. They may take several weeks or months to take effect.

#### Some examples include

- Paroxetine (Paxil, Paxil CR)
- Sertraline (Zoloft)
- Fluoxetine (Prozac, Sarafem)

Serotonin-norepinephrine reuptake inhibitors, which are another class of antidepressant, can also help.

#### Some examples include

- Venlafaxine (Effexor, Effexor XR)
- Desvenlafaxine (Pristiq)
- Duloxetine (Cymbalta)

### Antianxiety medications

Antianxiety medications act quickly to reduce the symptoms of anxiety, but doctors will usually recommend them as a short-term solution, as they can create dependence.

Benzodiazepines are a common class of antianxiety drug. Some examples of these include alprazolam (Xanax) and clonazepam (Klonopin). In 2020, the Food and Drug Administration (FDA) strengthened their warning about benzodiazepines. Using these drugs can lead to physical dependence, and withdrawal can be life-threatening. Combining them with alcohol, opioids, and other substances can result in death. It is essential to follow the doctor's instructions when using these drugs.

**Beta-blockers:** Beta-blockers help block the physical effects of anxiety, such as sweating, tremors, and a rapid heartbeat. They do this by blocking the stimulating effects of adrenaline.

Doctors usually prescribe these drugs for specific situations, such as having to give a presentation, but not for ongoing treatment.





Figure-12: Phobias.

A phobia is a type of anxiety disorder that causes an individual to experience extreme, irrational fear about a situation, living creature, place, or object.

**CAUSES:** It is unusual for a phobia to start after the age of 30 years, and most begin during early childhood, the teenage years, or early adulthood. They can be caused by a stressful experience, a frightening event, or a parent or household member with a phobia that a child can learn.

**SYMPTOMS:** A person with a phobia will experience the following symptoms. They are common across the majority of phobias:

- A sensation of uncontrollable anxiety when exposed to the source of fear
- A feeling that the source of that fear must be avoided at all costs
- Not being able to function properly when exposed to the trigger
- Acknowledgment that the fear is irrational, unreasonable, and exaggerated, combined with an inability to control the feelings

A person is likely to experience feelings of panic and intense anxiety when exposed to the object of their phobia. The physical effects of these sensations can include:

- Sweating
- Abnormal breathing
- Accelerated heartbeat
- Trembling
- Hot flushes or chills
- A choking sensation
- Chest pains or tightness
- Butterflies in the stomach
- Pins and needles
- Dry mouth

**TREATMENT:** Phobias are highly treatable, and people who have them are nearly always aware of their disorder.

**Medications:** The following medications are effective for the treatment of phobias.

**Beta blockers:** These can help reduce the physical signs of anxiety that can accompany a phobia.

Side effects may include an upset stomach, fatigue, insomnia, and cold fingers.

**Antidepressants:** Benzodiazepines are an example of a tranquilizer that might be prescribed for a phobia. These may help reduce anxiety symptoms. People with a history of alcohol dependence should not be given sedatives.

#### Behavioral therapy

There are a number of therapeutic options for treating a phobia.



**AGORAPHOBIA:** Agoraphobia is a fear of places or situations that person can't escape from. The word itself refers to "fear of open spaces." People with agoraphobia fear being in large crowds or trapped outside the home. Person often avoid social situations altogether and stay inside their homes.

Many people with agoraphobia fear they may have a panic attack in a place where they can't escape. Those with chronic health problems may fear they will have a medical emergency in a public area or where no help is available.

### CAUSES

The exact cause of agoraphobia isn't known. However, there are several factors that are known to increase your risk of developing agoraphobia. These include having:

- Depression
- Other phobias, such as claustrophobia and social phobia
- Another type of anxiety disorder, such as generalized anxiety disorder or obsessive compulsive disorder
- A history of physical or sexual abuse
- A substance abuse problem
- A family history of agoraphobia

Agoraphobia is also more common in women than in men. It usually begins in young adulthood, with 20 years being the average age of onset. However, symptoms of the condition can emerge at any age.

### SYMPTOMS

Typical agoraphobia symptoms include fear of:

- Leaving home alone
- Crowds or waiting in line
- Enclosed spaces, such as movie theaters, elevators or small stores
- Open spaces, such as parking lots, bridges or malls
- Using public transportation, such as a bus, plane or train

### TREATMENT: Psychotherapy

The treatment process may include some systematic desensitization, in which the person gradually confronts avoided situations with the support and guidance of their therapist

### Medications

Medications may also be prescribed to help manage certain symptoms of agoraphobia.<sup>[6]</sup> These medications include:

- Antidepressants including selective serotonin reuptake inhibitors (SSRIs), selective serotonin-norepinephrine inhibitors (SNRIs), and tricyclic antidepressants
- Anti-anxiety medications such as Klonopin (clonazepam) and Xanax (alprazolam)

**Coping:** In addition to seeking help from a mental health professional, there are also lifestyle changes that can help you to better manage the symptoms of agoraphobia. These include:

•

- Practicing stress management techniques such as deep breathing, visualization, and progressive muscle relaxation to help reduce anxiety
- Eating a healthy and nutritious diet
- Getting regular physical exercise
- Avoiding drugs and alcohol



**Figure-13: Agoraphobia.**

**Causes of mental illness:** Genetics (heredity): It may be occurred sometimes in families, suggesting that people who have a family member with a mental illness may be somewhat more likely to develop one themselves. It is passed on in families through genes.

- Infections: Certain infections have been associated to brain damage and the development of mental illness or the worsening of its symptoms.
- Brain defects or injury: Defects in or injury to certain areas of the brain have also been associated to some mental illnesses.
- Prenatal damage: A disruption of early fetal brain development or trauma that occurs at the time of birth - for example, loss of oxygen to the brain -- may be a factor in the development of certain conditions, such as autism spectrum disorder.
- Substance abuse: Long-term substance abuse, in particular, has been linked to anxiety, depression, and paranoia.
- Other factors: Poor nutrition and exposure to toxins, such as lead, may play a role in the development of mental illnesses

### Psychological Factors

- Severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse
- An important early loss, such as the loss of a parent
- Neglect
- Poor ability to relate to others
- Childhood trauma
- Stressful events



Figure-14: Mental illness.

### Environmental Factors

Certain stressors can trigger an illness in a person who is susceptible to mental illness. These stressors include:

- Death or divorce
- A dysfunctional family life
- Feelings of inadequacy, low self-esteem, anxiety,
- Changing lifestyle
- Social or cultural expectations
- Substance abuse by the person or the person's parents

**Symptoms of Mental Illness:** Signs and symptoms of mental illness can vary, depending on the disorder, circumstances and other factors. Mental illness symptoms can affect emotions, thoughts and behaviors. Examples of signs and symptoms include:

- Feeling sad
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries, guilty
- Extreme mood changes of highs and lows
- Withdrawal from friends and activities
- Significant tiredness, low energy or problems sleeping
- Detachment from reality (delusions), paranoia or hallucinations
- Inability to cope with daily problems or stress
- Trouble understanding and relating to situations and to people
- Major changes in eating habits
- Sex drive changes
- Apathy

### Treatment of Mental Illness

- A physical exam: The doctor will try to understand the symptoms.
- Lab Test: These may include, for example, a check of your thyroid function or a screening for alcohol and drugs.
- A Psychological Evaluation: A doctor or mental health professional will ask the symptoms, feelings to the patients.

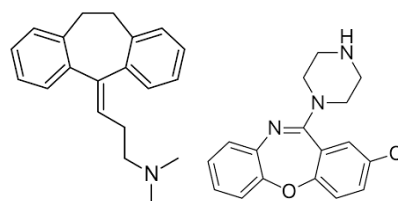
### Treatment Team

- Family or primary care doctor

- Nurse practitioner
- Physician assistant
- Psychiatrist, a medical doctor who diagnoses and treats mental illnesses
- Psychotherapist, such as a psychologist or a licensed counselor
- Pharmacist
- Social worker
- Family members

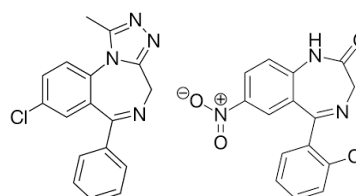
**Medication:** Although psychiatric medications don't cure mental illness, they can often significantly improve symptoms. Psychiatric medications can also help make other treatments, such as psychotherapy, more effective.

**1. Antidepressants:** Antidepressants are used to treat depression, anxiety and sometimes other conditions. They can help improve symptoms such as sadness, hopelessness, lack of energy, difficulty concentrating and lack of interest in activities.



Example: Amitriptyline, Amoxapine

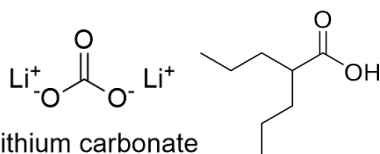
**2. Anti-anxiety medications:** These drugs are used to treat anxiety disorders, such as generalized anxiety disorder or panic disorder. They may also help reduce agitation and insomnia. Long-term anti-anxiety drugs typically are antidepressants that also work for anxiety.



Example: Alprazolam, Clonazepam

**3. Mood-stabilizing medications:** Mood stabilizers are most commonly used to treat bipolar disorders, which

involves alternating episodes of mania and depression. Sometimes mood stabilizers are used with antidepressants to treat depression.

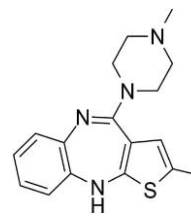


Lithium carbonate

Example: **Lithium, Valproic Acid,**

**4. Antipsychotic medications:** Antipsychotic drugs are typically used to treat psychotic disorders, such as schizophrenia. Antipsychotic medications may also be used to treat bipolar disorders or used with

antidepressants to treat depression. Example: olanzapine, quetiapine, risperidone.



Olanzapine

**Psychotherapy:** Psychotherapy is a general term that is used to describe the process of treating psychological disorders and mental distress through the use of verbal and psychological techniques.



Figure-15: Mental swinging.

## CONCLUSION

A **mental disorder**, also called a **mental illness** or **psychiatric disorder**, is a behavioral or mental pattern that causes significant distress or impairment of personal functioning. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders. Such disorders may be diagnosed by a mental health professional.

The causes of mental disorders are often unclear. Theories may incorporate findings from a range of fields. Mental disorders are usually defined by a combination of how a person behaves, feels, perceives, or thinks. This may be associated with particular regions or functions of the brain, often in a social context. A mental disorder is one aspect of mental health. Cultural and religious beliefs, as well as social norms, should be taken into account when making a diagnosis. The definition and classification of mental disorders are key issues for researchers as well as service providers and those who may be diagnosed. For a mental state to classify as a disorder, it generally needs to cause dysfunction. Most international clinical documents use the term mental "disorder", while "illness" is also common. It has been noted that using the term "mental" (i.e., of the mind) is not necessarily meant to imply separateness from the brain or body.

## REFERENCES

1. Abramowitz JS. Treatment of obsessive-compulsive disorder in patients who have comorbid major depression. *Journal of Clinical Psychology*, 2004; 60: 1133–1141.
2. Angst J, Gamma A, Endrass J. Risk factors for the bipolar and depression spectra. *Acta Psychiatrica Scandinavica*, 2003; 108: 15–19.
3. Arnau R, Meagher MW, Norris MP, et al. Psychometric evaluation of the Beck Depression Inventory-II with primary care medical patients. *Health Psychology*, 2001; 20: 112–119.
4. Barlow DH. Cognitive-behavioral therapy, imipramine, or their combination for panic disorder: a randomized controlled trial. *Journal of the American Medical Association*, 2000; 283: 2529–2536.
5. Davidson JR, Zhang W, Connor KM, et al. A psychopharmacological treatment algorithm for generalised anxiety disorder (GAD). *Journal of Psychopharmacology*, 2010; 24: 3–26.
6. Das-Munshi J, Goldberg D, Bebbington PE, et al. Public health significance of mixed anxiety and depression: beyond current classification. *British Journal of Psychiatry*, 2008; 192: 171–177.
7. Bobes J, Gonzalez MP, Bascaran MT, et al. Quality of life and disability in patients with obsessive-compulsive disorder. *European Psychiatry*, 2001; 16: 239–245.