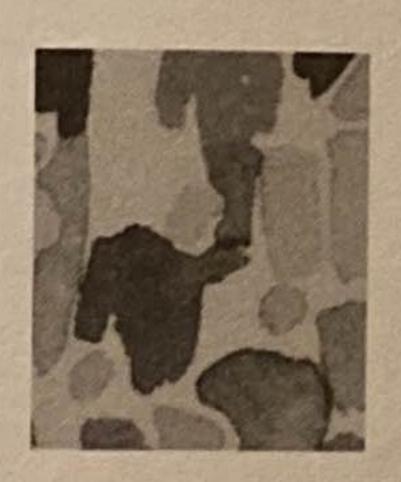
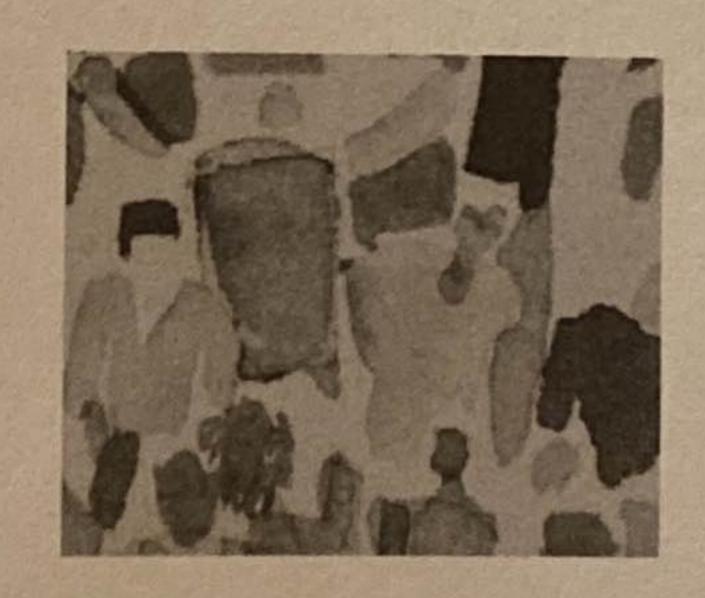
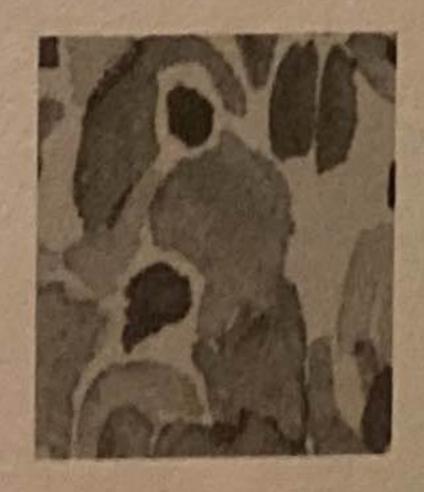
What Every Patient, Family, Friend, and Caregiver Needs to Know About Psychiatry

Second Edition



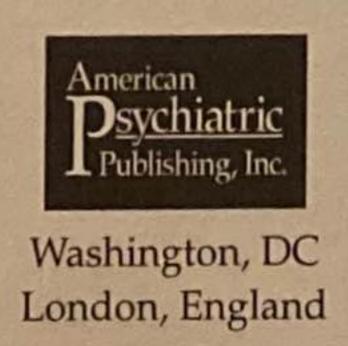




What Every Patient, Family, Friend, and Caregiver Needs to Know About Psychiatry

Second Edition

Richard W. Roukema, M.D., F.A.P.A.



Note: The author has worked to ensure that all information in this book is accurate at the time of publication and consistent with general psychiatric and medical standards, and that information concerning drug dosages, schedules, and routes of administration is accurate at the time of publication and consistent with standards set by the U.S. Food and Drug Administration and the general medical community. As medical research and practice continue to advance, however, therapeutic standards may change. Moreover, specific situations may require a specific therapeutic response not included in this book. For these reasons and because human and mechanical errors sometimes occur, we recommend that readers follow the advice of physicians directly involved in their care or the care of a member of their family.

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TO MY FAMILY:

My wife, Marge Greg, Susan, Bennett, and Evan Todd Richard Jim, Meg, Jimmy, Jenni, and Chris

With love and gratitude

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About the Author

RICHARD W. ROUKEMA, M.D., F.A.P.A., is Clinical Associate Professor at the University of Medicine and Dentistry of New Jersey (UMDNJ) in Newark, New Jersey. He also serves as Clinical Director of Mental Health Services at Ramapo Ridge Psychiatric Hospital in Wyckoff, New Jersey, a division of the Christian Health Care Center.

Dr. Roukema is married to Congresswoman Marge Roukema (R-New Jersey) and has two children. He has published in numerous journals and has won many awards, including Psychiatrist of the Year from the National Alliance for the Mentally Ill (NAMI–NJ Chapter) and a national award, a Special Teaching Award (Psychiatric Residents and Medical Students) from UMDNJ–New Jersey Medical School, and the Top Docs Award from New Jersey Monthly magazine.

Dr. Roukema has been granted a certificate of Distinguished Life Fellow by the American Psychiatric Association.

Introduction

We are living in post–September 11 times. Although some individuals seem little affected and are walking through life as though nothing happened on that day in 2001, most of us are looking through different lenses and experience more anxiety and sadness than in previous days. The United States and its leaders anticipate more terrorism. No one knows when such blatant acts of destruction may occur. Persons with emotional or psychiatric disorders are especially affected by such major events, and the result has been more frequent use of mental health services. As expected, the incidence of depression, generalized anxiety, and, especially, posttraumatic stress disorder has increased.

Simultaneously, it is becoming more difficult to obtain mental health services because of restrictions by commercial and government insurance sources. To counter this trend, the U.S. Congress is attempting to pass a mental health parity bill, which would prevent discrimination by insurers in payments for such services.

Among insurance companies, questions always arise regarding what kinds of problems can be considered diseases. The major clinical disorders, such as schizophrenia, bipolar disorder, and major depression, are clearly debilitating illnesses and thus require insurance reimbursement. But should difficulties in marriage, vocational stress, or lesser issues be treated by the mental health community? Or should such conditions be regarded simply as problems in living? At present, most of these conditions are covered (at least in part) by insurance. But this situation may not continue as costs increase.

The role of psychiatrists has changed drastically in the last 20 years. During most of my private practice, I was a single practitioner who saw patients weekly or more often in full 50-minute sessions. Such practice is becoming less common. Most psychiatrists now engage in split treatment. Psychiatrists evaluate new patients and then conduct weekly or monthly 10- to 15-minute medication checks. Meanwhile, mental health specialists are assigned to perform the psychotherapy. This new arrangement works well when there is close collaboration between psychiatrist and psychotherapist. However, there is often insufficient monitoring of medication use.

Physicians are now considered "health care providers" and are no longer regarded as the sole source of information on health care. Magazines and newspapers have columns on the latest treatments for many diseases. The Internet is a competing source of data on health issues. Patients often come to physicians' offices with downloaded information that they intend to compare with what their physicians say. The use of alternative medicine, also referred to as complementary medicine, is increasingly common. Physicians now routinely ask their patients if they are using any such medications or techniques such as acupuncture, biofeedback, or massage therapy. Herbal medicines are taken with abandon, and many persons believe that these substances are "natural" and therefore are not drugs or chemicals. The new research on herbal drugs is gradually revealing that some are useful and others are of no use or even harmful. In this age of rapidly changing research findings and new treatments, it is no wonder that the average patient wants to know what the best treatment is at the present time for a given illness.

With less time to talk to psychiatrists about what is currently available, patients and families of those with psychiatric illnesses do well to seek out information about the mental health field.

This book provides the latest such data. In this edition, recent genetic findings regarding mental illness, new diagnostic techniques, and new brain scan techniques are presented. I also discuss recent alternations in psychotherapeutic techniques and new medications with fewer side effects. With the increase in the incidence of Alzheimer's disease, it seemed appropriate to include a broader discussion of this devastating illness and its effect on caregivers. As in the first edition, helpful suggestions are made to family and other caregivers concerning what they can do to help the person who is striving to cope with an emotional or mental illness. Recommendations for further reading on specific topics are provided at the end of the book.

I am pleased that there has been sufficient interest in this book to warrant a second edition, as well as a Chinese translation. I hope that patients and families will find the information useful in understanding and dealing with any emotional or mental illness in their lives.

I thank Robert E. Hales, M.D., M.B.A., Editor-in-Chief of American Psychiatric Publishing, for agreeing to have me author a second edition of this book. I appreciate all the work of APPI's professional publishing staff, including Ron McMillen, Chief Executive Officer; John McDuffie, Editorial Director; Pam Harley, Managing Editor, Books; Anne Barnes, Graphic Design Manager; and Judy Castagna, Manufacturing Manager. I thank Herbert Pardes, M.D., for graciously providing a quote for use on the book's cover.

PART



Background and Normal Variations in Stress