



Life Transitions Newsletter

July 2008



Dear Clients,

Hope this newsletter finds you enjoying your summer! This edition focuses on whether or not to give children mental health diagnosis, the effect of the new energy drinks our teens are consuming and a new featured call "Shorts".

While doing my morning exercising Heather Lockheart was featured on Good Morning America. She has had her public relationship representative tell the public about her struggle with depression. Having someone who is famous telling her story hopefully will help others get help for this very treatable disease. Good for Heather!

Sincerely,

Penny Blazej, LCSW, BCD

What are the trends in outpatient diagnosis of bipolar disorder in youth?"

After reading a recent article published by Dr. Mark Olfson's sighting that there has been a ten-fold increase in the rates of bipolar diagnosis in children, I was shocked.

According to Dr. Olfson, "*These trends likely reflect a recent tendency to over diagnose bipolar disorder in young people, a correction of historical under recognitions, or a combination of both trends.*"

Remember when there was a trend of diagnosing any child who had difficulty sitting still in a classroom with Attention Deficit Disorder (ADD). And thousand of our youth were prescript control substances like Ritalin. With time it was realized that many of these children did not have ADD and were taken off these powerful medications. Is the diagnosis of bipolar another example of psychiatrists over diagnosis children with behavioral problems? Or is this a case of bipolar being under diagnosis in the past?

What ever the reason, why are we giving children mental health disorder diagnosis away? In my training at the Columbia University both at the Medical School and the School of Social Work, professors empathized that giving a child any mental health diagnosis should be avoided because that label sticks with them throughout their school years. While working at Four Winds Psychiatric Hospital (a mental health hospital specialized in adolescents and children), our directors strongly advised not giving children any diagnosis. Why, because children change so rapidly both cognitively and emotionally.



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So why the change is giving children diagnosis? One key reason is the decreased stays in mental health hospitals. Before managed care (yes, there was a time managed care did not exist), children were allowed to stay in hospitals until the troubled behaviors were resolved. In those days, at Four Winds, we rarely used medication and focused strongly on behavioral modification and cognitive behavioral therapy. But those treatments take time.

Now if you get a 5-7 day stay in a psychiatric hospital you are lucky. That is barely enough time to get the child out of crisis and forces professionals to use medications. These children are mainstreamed right back into the environments that created their behavioral problems WITHOUT any treatment that could teach them how to deal better.

Another reason is that in order for therapists to receive reimbursements from insurance companies, they must give the children a diagnosis of a major mental health disorder. This can create a significant ethical bind for therapists.

Many of my colleagues have struggled with this issue trying to find a resolution that best supports the child. If you don't give the diagnosis, many children would not be given the help they need. If you do give the diagnosis, the therapist struggles with having to label the child which could have significant ramifications in the future.

For myself, after many conversations with experts, I have decided not to give a child a mental health diagnosis. To accommodate the families that can not afford to pay, I

devote three sessions per week to low or no paying clients.

Net: If behavioral problems arise, treat the problems without a DMS-IV diagnosis. If medication is needed to help the therapeutic process, then use it. However, just giving our children drugs without the accompany psychotherapy is not really treating the problem – it is just masking it. Let's let our children grow up before labeling them with mental health disorders.

Are These New Energy Drinks Safe?

What is the most abused drug in the United States? How many of you guessed caffeine? A recent article in the New York Times (NY Times, May 27, 2008, by Tara Parker-Pope) emphasizes that this addiction problem is not just in adults but teens as well:

“Health researchers have identified a surprising new predictor for risky behavior among teenagers and young adults: the energy drink.

Super-caffeinated energy drinks, with names like Red Bull, Monster, Full Throttle and Amp, have surged in popularity in the past decade. About a third of 12- to 24-year-olds say they regularly down energy drinks, which account for more than \$3 billion in annual sales in the United States.

The trend has been the source of growing concern among health researchers and school officials. Around the country, the drinks have been linked with reports of nausea, abnormal heart rhythms (increased aggression and violence) and emergency room visits...”

So what exactly is in these drinks? Well a lot of stimulants like plant-based stimulants



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like guarana, herbs like ginkgo and ginseng, sugar, amino acids including taurine as well as vitamins. With the main active ingredient being caffeine. How much? It can vary but typically is 100+ milligrams of caffeine. A typical Cola product has about 30 milligrams. That is a 3+ fold increase in caffeine!

How does that compare to coffee? Many of the coffee drinks can have up to 250 milligrams in a 12-ounce cup. However, these are generally hot so the consumer sips them. The high energy drinks are served cold and can be consumed at a much faster having the caffeine enter into the blood stream faster.

What happens if you add alcohol to a high energy drink? The addition of caffeine can make alcohol users feel less drunk, but motor coordination and visual reaction time are just as impaired as when they drink alcohol by itself, according to an April 2006 study in the medical journal *Alcoholism: Clinical and Experimental Research*. Not a good combination for everyone but especially dangerous for a teen.

Net: These high energy drinks are not healthy for everyone.

Shorts

- Possible New Treatment for Sever Depression? North County Times ran an article featuring “brain pacemakers” as an experimental treatment for people who have not responded to any other depression treatments. Deep brain stimulation (DBS) has been successfully used to treat clients with Parkinson’s disease. In DBS a wire is implanted in one or two specific areas that may

regulate mood. The pulmonary studies look promising but much large studies are need before it can become a recommend treatment.

- The Harvard Mental Health Newsletter once again sites studies that confirm that people with anxiety disorders should avoid smoking and caffeine – both can trigger a panic attack.
- According to the Agency for Healthcare Research and Quality mental health problems ranked first among the top three reasons American seek medical help.

Resources

A good resource for couples/individual who have wanted children and found out they were infertile is:

www.coming2terms.com/

Announcements

Therapists across the nation are volunteering one hour of free therapy for our troops and their families. The program is called “Give an Hour”. I have volunteered and hope other therapists will do the same. To sign up go to www.giveanhour.org. Let’s support our troops!

Wise Words

“Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us.”
Marianne Williamson