

Treating mental disorders

Pharmacotherapy

Pharmacotherapy is the treatment of a disease by means of drugs. For mental disorders effective treatment can help to stabilise or even cure the disease.

Table 1 outlines the classes of drugs often used to treat mental disorders.

Psychotherapy

Psychotherapy is a general term for the treatment of mental illness or emotional disturbances primarily by verbal or nonverbal communication. This type of treatment effects change through the development of a trusting relationship that allows free communication and

leads to understanding of the causes of a disorder. As therapy progresses, new ideas are introduced into the individual's present situation and there is an acceptance of self. Some common forms of psychotherapy are described below.

Behaviour therapy

The application of modern theories of learning and conditioning in the treatment of behaviour disorders. The basic assumption of this approach is that maladaptive behaviour can be changed without insight into its underlying causes. Behavioural therapy depends on precise observations of behaviour and concentration on symptoms. It is assumed that both normal and abnormal behaviours are learned and maintained in the same way, so procedures that alter normal behaviour should also be useful in altering maladaptive behaviour. This therapy is beneficial to patients with depression, anxiety and obsessive–compulsive disorder (OCD), where patients may have 'learnt' how to be depressed, anxious or obsessive–compulsive.

Category and class	Examples of clinical use
Antipsychotics (neuroleptics) <ul style="list-style-type: none"> • Typical antipsychotics • Atypical antipsychotics 	Schizophrenia Psychosis
Antidepressants <ul style="list-style-type: none"> • Selective serotonin reuptake inhibitors (SSRIs) • Selective noradrenaline reuptake inhibitors (NARIs) • Tricyclic antidepressants (TCAs) • Monoamine oxidase inhibitors (MAOIs) • Selective serotonin and noradrenaline reuptake inhibitors (SNRIs) • Noradrenaline and specific serotonergic antidepressants (NaSSAs) 	Depression Anxiety disorders
Antimanic <ul style="list-style-type: none"> • Lithium • Anticonvulsants • Thyroid supplementation 	Mania Bipolar disorder
Antianxiety (anxiolytics) <ul style="list-style-type: none"> • Benzodiazepines • Antidepressants • β-Adrenergic-blocking drugs 	Anxiety disorders

Table 1. Classes of drugs prescribed in the treatment of mental disorders¹





Cognitive therapy

Cognitive therapy is a direct form of psychotherapy based on the interpretation of situations that determine how an individual feels and behaves. Like behaviour therapy, cognitive therapy assesses current situations and uses directive methods. It is based on the premise that cognition, the process of acquiring knowledge and forming beliefs, is a primary determinant of mood and behaviour. Behaviour is secondary to the way people think about themselves and their roles in the world: maladaptive behaviour arises from ingrained stereotyped thoughts. Cognitive therapy aims to identify maladaptive thought and self-statements and to suggest alternatives. Irrational beliefs may also be exposed and confronted. Cognitive therapy is most applicable to clearly delineated maladaptive behaviours such as phobias.

Cognitive behaviour therapy (CBT)

In CBT, both the cognitive and behavioural approaches are combined. This therapy is especially effective in anxiety disorders such as panic disorder and OCD. The combination of pharmacotherapy and CBT is recommended for certain disorders, as it helps to reduce the recurrence rate.

Family therapy

This type of group psychotherapy is based on the theory that a family is a 'system' that attempts to maintain homeostasis regardless of how maladaptive the system may be. The focus of the therapy is on the family rather than the individual with more than one family member being treated simultaneously in the same session. Therefore, the family becomes 'the patient' rather than an individual family member.

Group therapy

Based on many theories, 'groups' range from those that emphasise support and increase social skills, to those that emphasise specific symptomatic relief and groups that work through unresolved personal conflicts. The focus of therapy may be on one individual in the context of the group, on interactions that occur among individuals in the group or on the group as a whole.

Psychoanalysis and psychoanalytic psychotherapy

These two forms of treatment are based on Sigmund Freud's theories of dynamic, unconscious and psychological conflict. The major goal of psychoanalysis and psychoanalytic psychotherapy is to help the patient develop insight into unconscious conflicts. It is suggested that these conflicts are based on unresolved childhood wishes which are then manifested as symptoms. These therapies aim to help people with mental disorders develop more conscious adult patterns of interaction and behaviour.

Psychoanalysis focuses on the recovery of childhood experiences during therapy sessions.

Psychoanalytic psychotherapy is usually more focused than psychoanalysis and is used in combination with other approaches. The therapy sessions are less frequent than for psychoanalysis and the individual and therapist meet in face-to-face encounters. Brief dynamic psychotherapy consists of 10–40 sessions for a period of up to 1 year. This therapy is seldom used due to the high cost compared with other available treatments.

Other forms of treatment

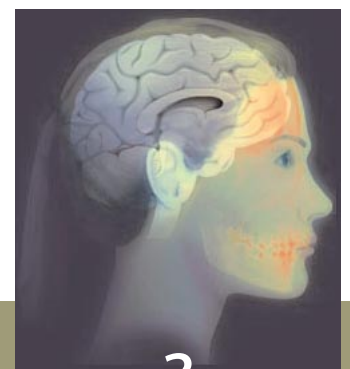
Electroconvulsive therapy (ECT)

This form of therapy is often referred to as 'shock therapy' or 'electrotherapy'. It has been used for many decades for the treatment of more severe psychiatric disorders and has a reputation as a cruel and inhumane form of treatment.

ECT is still used today but it is always administered to anaesthetised patients. This prevents the muscle contractions and injuries previously associated with this type of therapy. Sedation also reduces the distress experienced by observers.

ECT is used widely in the USA and in some countries in Europe. There is still some strong opposition to the treatment in many southern European countries.

The exact mechanism of action of ECT is unclear but it is thought that the electric shock induces epileptic fits/seizures that result in a massive release of neurotransmitters in the synaptic clefts. This sudden increase in neurotransmitter release is thought to help re-establish the normal concentrations of neurotransmitters in the brain.





ECT has been widely studied, is regarded as safe for use in the elderly and has been found to be effective for the treatment of the following disorders:

- Severe forms of depression
- Treatment-resistant depression
- Catatonic schizophrenia
- Treatment-resistant schizophrenia
- Mania
- Depression and psychosis in pregnant women
- Parkinson's disease.

Light therapy

Light therapy is mainly used for the treatment of a specific form of depression known as seasonal affective disorder (SAD). SAD is most frequently diagnosed in northern European countries. For a diagnosis of SAD a person must have experienced depressed mood during the autumn and winter of three or more consecutive years. This form of depression is thought to be related to reduced exposure to sunlight.

Exposure to very strong light relieves the symptoms of depression in patients with SAD and is the first-line treatment recommended for this disorder.

Sleep deprivation

Sleep deprivation involves reducing an individual's period of sleep every night or every second night over a period of 7–14 days. In some cases sleep deprivation can rapidly decrease depressive feelings. This treatment is seldom used as a single therapy, but tends to be used when a more rapid response to drug treatment is needed.

References

1. US Department of Health and Human Services. Mental Health: A Report of the Surgeon General —Chapter 2: The fundamentals of mental health and mental illness. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Centre for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

