

BEHAVIORAL HEALTH UNIT

PATIENT HANDBOOK

INTRODUCTION & WELCOME

Entering treatment is stressful for you and your family/loved ones. The staff want to make the process as easy and as comfortable a possible. To facilitate this, we provide you with this handbook. Please feel free to talk to staff about any questions and concerns you have.

PROGRAM OVERVIEW

The goal of the treatment on the unit is to provide a safe and therapeutic environment for adults who are experiencing difficulties due to a neuropsychiatric problem. We work with you to resolve these problems as effectively as possible and help you plan for a successful discharge. The average length of stay in this program is 9–12 days, however it varies from person to person based on their response to treatment. Ultimately, the physician determines when a patient is ready for discharge and will discuss this individually with each patient.

Services include:

- Psychosocial and psychiatric assessment, evaluation and diagnosis
- Nursing Care
- Milieu Therapy
- Treatment planning
- Therapeutic activity
- Psychopharmacotherapy
- Case Management services including continuing care planning
- Patient/Family education

The Unit operates with a multidisciplinary Treatment Team – the Medical Directors (psychiatrists), licensed independent practitioners such as ARNP's (Advanced Registered Nurse Practitioners) or PA's (Physician Assistants), RNs, a Social Worker/Case Manager, and Psychiatric Nursing Assistants (PNAs). Additional members of the Treatment Team may include Physical Therapists, Registered Dietitians, Pharmacists, Translators and a Pastoral Counselor.

ITEMS TO BRING

- ❖ Three days of comfortable, washable clothing labeled with the patient's name. Laundry will be done by staff on the unit.
- ❖ Personal care items – toothbrush, toothpaste, comb, brush, shampoo
- ❖ Current list of patient's medications, doctors' names, addresses and phone numbers
- ❖ Any medical information
- ❖ Medicare and/or any other insurance cards
- ❖ Copy of Power of Attorney or Guardianship papers
- ❖ Unframed family picture (for patient's bulletin board)

ITEMS NOT TO BRING

- ❖ Medications including over the counter as well as prescription medications
- ❖ Valuables such as cash, credit cards and jewelry. All valuables must be sent home; we cannot be responsible for lost items.
- ❖ Glass items such as vases or picture frames
- ❖ Electronic items such as radios, tape players, DVD players, televisions, etc.
- ❖ Sharp objects such as knives, scissors, knitting needles, nail files, etc.
- ❖ Razors – safety or straight razors
- ❖ Canes
- ❖ Belts or suspenders
- ❖ More than three days clothing
- ❖ Food, gum, candy, cookies, etc.
- ❖ Hangers of any type
- ❖ Cell Phones

VISITING

Saturday and Sunday 2:00 PM – 4:00 PM.

Wednesday 6:00 – 8:00 PM.

Some rules about visiting:

- ❖ Visitors should not share information with other visitors or patients.
- ❖ All information concerning patients and their presence in this facility is confidential and protected by both federal and state laws.
- ❖ No pictures may be taken on the unit.
- ❖ Do not bring pocketbook/purse/handbags/backpacks, etc. onto the unit; leave them in your car.
- ❖ Cell phones should be turned to "off" or "vibrate" and may not be used on the unit (you may use waiting room to make calls if necessary).
- ❖ Visitors must sign in when they visit.
- ❖ Patients may only have 2 visitors at a time.
- ❖ No one under the age of 18 is allowed to visit.
- ❖ Visitation is at the discretion of the staff.
- ❖ Everything brought onto the unit must be searched – no glass or sharp items are allowed – flowers are allowed on the unit at the staff's discretion based on the size and type of container.
- ❖ Visitors are not allowed in patient's rooms.
- ❖ Patients are not allowed to have food brought to them.
- ❖ Patients are only allowed to keep 3 days worth of clothing due to space limitations and required inspections.
- ❖ No pets are allowed in the facility.
- ❖ Discharged patients may not visit.
- ❖ Visitors who are under the influence of drugs or alcohol or who behave in a disruptive manner will not be permitted on the unit.
- ❖ Conjugal visits are not permitted.

VALUABLES

We recommend that you leave valuable items and money at home.

TELEPHONE USE AND MAIL

There is a phone available for your use at the Nurses' Station. The phone number is 360-794-1443. You may use the phone between 9:00 A.M. and 10:30 P.M. during *free time*. You need to be respectful of each other regarding use of the phones. Please limit calls to 10 minutes at a time.

Patients may send and receive mail. All mail is distributed via Nurses' Station. The address here is:

Valley General Hospital
Behavioral Health Unit
14701 179th Ave. SE
Monroe, WA 98272-0646

SMOKING & USE OF TOBACCO PRODUCTS

Smoking and the use of tobacco products is not allowed in this hospital. If this presents a problem please speak with your physician.

CONDUCT

Sexual, physical or verbal abuse, threats or threatening gestures, harassment, racial harassment or financial exploitation of staff or peers is not tolerated.

Physical assault of staff or peers is not tolerated.

Footwear must be worn at all times.

Sunglasses may not be worn inside.

Displays of affection or other behavior that gives the appearance of inappropriate relationships is not allowed. Further, it is strongly recommended that patients do not engage in any relationships with one another either while in treatment or after discharge.

ELECTRONIC DEVICES, READING MATERIALS, ETC.

Television viewing is permitted at staff's discretion. Radios, cameras, tape players, video games, laptop computers, cell phones, beepers or any other electronic equipment are not allowed.

ATTENDANCE

You are expected to attend and be on time for all program activities.

JOURNALING

If you are interested, the staff encourages you to try "journaling". Please let the staff know and they will provide you with a composition book and information about this type of coping skill.

FOOD AND BEVERAGES

Meals are eaten in the Day Room three times daily and snacks are available. Therapeutic diets are provided if medically necessary; other special diets are available as well such as kosher or vegetarian. A dietitian is available for consultation. No food or beverages may be taken from the Day Room or to your room.

YOUR ROOM & LAUNDRY

You are expected to keep your room neat and clean. This means that your bed must be made, including clothes neatly put away and footwear stored in your clothes closet or drawer and bathroom neat by 8:30 each morning. Staff will do a reasonable amount of laundry on a daily basis so that you have clean clothes. You are not allowed to operate the washer or dryer.

Beds are changed once weekly on Sundays.

There will be room checks throughout the night, so as a courtesy to the staff, please wear appropriate sleepwear.

COMMUNAL LIVING

You are expected to shower and brush your teeth daily.

HANDWASHING IS THE MOST IMPORTANT THING WE CAN DO TO DECREASE THE SPREAD OF INFECTION. Please notify staff if you notice anyone, including staff, who does not wash their hands or use a hand sanitizer. There are disinfectant wipes and gloves available.

WEAPONS

NO WEAPONS of any sort are permitted on the unit. Any weapon found will be confiscated.

ALCOHOL AND OTHER DRUGS

Possession, distribution and/or use of alcohol and/or mood–mind altering drugs is a serious infraction. We may conduct monitored drug screen urinalysis.

GAMBLING

Gambling of any kind is prohibited.

CONTACT THE STAFF

You may contact the staff at 360–794–1443 twenty–four hours a day. We ask that one family member be designated as the "point person" so that staff does not spend too much time repeating information to one family member, then another! We will also want from you the phone numbers of the "point person" so that we may contact them as well.

If you have concerns and/or complaints about your/a family member's care, you should speak to the Charge Nurse so that your concerns can be directly addressed. If you are not satisfied with the response, you may request to speak with the Director or Hospital Administration. If you feel that your complaints have not been addressed to your satisfaction, you may notify the Office of Quality Monitoring at Joint Commission for the Accreditation of Healthcare Organizations @ 1–800–944–6610 or www.complaint@jcaho.org.

HEALTHCARE DIRECTIVES

A Healthcare Directive (also know as an Advance Directive or POLST form) is a legal document which informs healthcare workers about your wishes for medical treatment in the event you are unable to communicate them yourself due to your medical condition or mental state.

During a psychiatric hospitalization, an Advance Directive regarding Do No Resuscitate will be placed on hold. These documents are important ones which we need to know about during hospitalization so that we can respect that patient's wishes regarding their treatment as best is possible.

We can provide you information regarding obtaining a Healthcare Directive. Please ask the staff for copies of the pamphlets entitled, "POLST" and/or "What Patients Need to Know About Mental Health Advance Directives".

QUALITY CARE AND SAFETY

The patient's health and safety is our first priority. Here's how you can help:

- ❖ Learn all you can about your condition
- ❖ Expect health care providers to introduce themselves and confirm who you are before providing care or treatment
- ❖ Actively participate in your care – fully describe your medical condition and health concerns, make a list of questions to ask, make sure you and your doctor agree on your care, know how long treatment will last and what to expect.
- ❖ Encourage everyone to wash their hands!
- ❖ Know your medications
- ❖ If you do not recognize a medication, ask what it is and why you are being given it, ask about side effects, ask for written information, ask about possible medication interactions
- ❖ If you don't understand something, ask!
- ❖ If you think you're receiving the wrong treatment or medication, ask staff to double-check
- ❖ Get your family or a good friend involved in your care; they can act as an advocate for you

If you would like further information about this topic, please ask staff for a copy of the brochure entitled "Quality Care and Safety".

WHAT IS A COLOR-CODED "ALERT" WRISTBAND"?

A color-coded wrist band is a means to convey or communicate important medical information or an alert about the status of a patient. This is done so every staff member can provide the best care possible, even if they do not know that patient. The different colors have certain meanings. The words for alerts are also written on the wristband to reduce the chance of confusing the alert messages.

RED means **ALLERGY ALERT** — If you have an allergy to anything – food, medicine, latex, dust, grass, pet hair, etc. **ANYTHING** – tell us. It may not seem important to you but it could be very important in the care you receive.

YELLOW means **FALL RISK** — We want to prevent falls at all times. Your provider will determine if you need extra attention in order to prevent a fall. Sometimes, a person may become weakened during their illness or because they just had a surgery. When a patient has this color-coded alert wristband, it indicates this person needs to be assisted when walking or they may fall.

PERMISSION TO PHOTOGRAPH

We take a photograph of all new patients which is used, along with other methods, to help identify them when staff are giving treatments, etc. Additional photographs may be taken at staff's discretion to document the condition of injuries and/or wounds. No cameras are allowed on the unit.

NOTICE OF PRIVACY PRACTICES

Policies and procedures within this facility regarding the confidentiality of treatment here and medical records are directed by Federal and State laws. In keeping with the level of confidentiality utilized on this unit, without a patient's written permission, no one will be allowed to visit and staff cannot acknowledge a patient's presence on the unit. If the patient wishes to give family members or friends the right to visit and obtain information about them from the staff, they must sign a release.

If you would like further information about this topic, please ask staff for a copy of the brochure entitled "Notice of Privacy Practices".

PATIENT'S RIGHTS

In the State of Washington, when a patient comes to the hospital they must be agreeable to being admitted and treated and must indicate this agreement verbally and, if able, in writing. This is a voluntary admission. However, there are patients who require admission for their own safety but who refuse the treatment.

Even though this patient may have a Designee with Power of Attorney or a Guardian, this person cannot legally admit the patient into the hospital. A third party, appointed by the State is required to assess the patient and determine if they meet certain statutory requirements for involuntary admission. If these requirements are met, the patient can be detained for up to seventy-two (72) hours. After this period of time, the patient can agree to a voluntary admission or court proceedings will take place to determine the need for treatment.

Under the Washington Administrative Code (WAC 388865–0566), patients have the right to:

- ❖ Have a responsible member of the immediate family if possible, guardian or conservator, if any, and such person as designated by them given written notice of the inpatient status and the rights as such;
- ❖ A medical and psychosocial evaluation within 24 hours of admission (if held involuntarily, this evaluation will determine whether continued detention in this facility is necessary);
- ❖ A judicial hearing (if being held involuntarily) before a superior court if the consumer is not released within 72 hours (excluding Saturday, Sunday and holidays) to decide if continued detention within this facility is necessary;
- ❖ Wear their own clothes and keep and use personal possessions except when deprivation of same is essential to protect their safety or the safety of others;
- ❖ Keep and be allowed to spend a reasonable sum of their money for canteen expenses and small purchases;
- ❖ Have access to individual storage space for their private use;
- ❖ Have visitors at reasonable times;
- ❖ Have reasonable access to a telephone, both to make and receive confidential calls; have ready access to letter writing materials, including stamps, and to send and receive uncensored correspondence through the mails;
- ❖ Not to consent to the administration of anti-psychotic medications beyond the hearing conducted pursuant to RCW 71.05.320(2) or the performance of electroconvulsant therapy or surgery, except emergency life-saving surgery, unless ordered by a court of competent jurisdiction pursuant to the following standards and procedures:

- The administration of anti-psychotic medication or electroconvulsant therapy shall not be ordered unless the petitioning party proved by clear, cogent, and convincing evidence that there exists a compelling state interest that justifies overriding the patient's lack of consent to the administration of anti-psychotic medications or electroconvulsant therapy, that the proposed treatment is necessary and effective, and that medically acceptable alternative forms of treatment are not available, have not been successful, or are not likely to be effective;

The court shall make the specific findings of fact concerning;

- ◆ The existence of one or more compelling state interests
- ◆ The necessity and effectiveness of the treatment and
- ◆ The person's desires regarding the proposed treatment. If the patient is unable to make a rational and informed decision about consenting to or refusing the proposed treatment, the court shall make a substituted judgement for the patient as if he or she were competent to make such a determination.

- The person shall be present at any hearing on a request to administer anti-psychotic medication or electroconvulsant therapy filed pursuant to the subsection. The person has the right:
 - ◆ To be represented by an attorney
 - ◆ To present evidence
 - ◆ To cross-examine witnesses
 - ◆ To have the rules of evidence enforced
 - ◆ To remain silent
 - ◆ To view and copy all petitions and reports in the court file, and
 - ◆ To be given reasonable notice and opportunity to prepare for the hearing. The court may appoint a psychiatrist, psychologist within the scope of practice, or physician to examine and testify on behalf of such persons. The court shall appoint a psychiatrist, psychologist, within their scope of practice, or physician designated by such person or the person's counsel to testify on behalf of the person in cases where an order for electroconvulsant therapy is sought;
- An order for the administration of anti-psychotic medications entered following a hearing conducted pursuant to this section shall be effective for the period of the current involuntary treatment order, and an interim period during which the person is awaiting trial or hearing on a new petition for involuntary treatment or involuntary medications;
- Any person detained pursuant to RCW 71.05.320(2), who subsequently refuses anti-psychotic medication, shall be entitled to the procedures set forth in RCW 71.03.370(7);
- Anti-psychotic medications may be administered to a non-consenting person detained or committed pursuant to this chapter without a court order pursuant to RCW 71.05.215(2) or under the following circumstances;
 - ◆ A person presents an imminent likelihood of serious harm;
 - ◆ Medically acceptable alternatives to administration of anti-psychotic medications are not available, have not been successful, or are not likely to be effective; and
 - ◆ In the opinion of the physician with responsibility for treatment of the person, or his or her designee, the person's condition constitutes an emergency requiring the treatment to be instituted before a judicial hearing as authorized pursuant to this section can be held. If anti-psychotic medications are administered over a person's lack of consent pursuant to this subsection, a petition for an order authorizing the administration of anti-psychotic medications shall be filed in the next judicial day. the hearing shall be held within two judicial days, if deemed necessary by the physician with responsibility for the treatment of the person, administration of anti-psychotic medications may continue until the hearing is held.
- ❖ Dispose of property and sign contracts unless such person has been adjudicated as incompetent in a court proceeding directed to that particular issue;
- ❖ Not to have psychosurgery performed on him or her under any circumstances;
- ❖ Adequate care and individualized treatment;
- ❖ Have all information and records compiled, obtained, or maintained in the course of receiving services kept confidential;
- ❖ Not forfeit any legal right or suffer any legal disability as to consequence of any actions taken or orders made, other than as specifically provided;

- ❖ Not deny to any person treatment by spiritual means through prayer in accordance with the tenets and practices of a church or religious denomination;
- ❖ Not be prohibited from exercising a right available to him or her at or prior to January 1, 1974, for obtaining release from confinement (if committed on or prior to January 1, 1974);
- ❖ To be given a written statement setting forth the substance of Section 450 of RCW 71.05 and 388-865-565 WAC upon leaving a public or private agency following evaluation or treatment for mental disorder
 To the restoration of the right to firearm possession when they no longer require treatment or medication for a condition related to the involuntary commitment. This is described in RCW 9.41.047(3)(a). – "An adult who wants his or her right to possess a firearm restored may petition the court that ordered involuntary treatment or the superior court of the county in which he or she lives for a restoration of the right to possess firearms. At a minimum, the petition must include the fact, date, and place of involuntary treatment, the fact, date, and release from involuntary treatment and a certified copy of the most recent order of commitment with the findings and conclusions of law. The person must show the court that he / she no longer requires treatment or medication for the condition related to commitment. If the court requests relevant information about the commitment or release to make a decision, the mental health professionals who participated in the evaluation and treatment must give the court that information".

ADDITIONAL RIGHTS FOR VOLUNTARY PATIENTS:

- ❖ Immediate release, unless involuntary commitment proceedings are initiated;
- ❖ Access to attorneys, courts and other legal redress;
- ❖ A review of their condition and status at least each one hundred and eighty days at which time they shall again be advised of their right to discharge.

If you feel your rights are being violated, you may report it to the Patient Ombudsman @ 1-800-684-3555

THE USE OF RESTRAINT

A restraint is a device which involuntarily restricts a patient's freedom of movement, activity or access to his or her body. The restraint which is used may be a wrist or ankle restraint, and an abdominal belt. Restraints may only be used when it has been determined the patient may be in danger of harming themselves or others. Patients who are in restraints are monitored on an ongoing basis to assure that the restraint is properly fitted and not causing problems with circulation, breathing, or irritating the skin. All care needs are met, including bathing, oral care, food and fluids and toileting.

Patient Education

What is Depression?

Depression is a serious condition that significantly affects a person's work and family life, sleeping and eating habits and general health. It has been said that the impact on functioning and well-being is equivalent to having congestive heart failure.

A person suffering from depression experiences a pervasive low mood and loss of interest in things that were formerly their favorites. They are often preoccupied with feelings of worthlessness, inappropriate guilt or regret, helplessness or hopelessness. Other symptoms include poor concentration and memory, withdrawal from social situations and activities, reduced sex drive and thoughts of death or suicide. Insomnia is common; the typical pattern is one of early morning wakening (waking up very early and being unable to get back to sleep). Appetite is often decreased, with resulting weight loss, although increased appetite and weight gain can occur. The person may report persistent physical symptoms such as fatigue, headache, digestive problems, pain or feelings of sluggishness. Older people with major depression more often show cognitive symptoms such as forgetfulness, and a more noticeable slowing of movements. In severe cases, depressed people may experience psychotic symptoms such as delusions or hallucinations, usually of an unpleasant nature.

Before a diagnosis of depression is made, a physician or similar healthcare provider performs a medical examination and investigates to rule out a medical illness as a cause of symptoms. These include blood tests measuring thyroid functioning and other basic blood work to rule out metabolic disturbances or infections. There are no tests that can be done to diagnose depression.

There is no single known cause of depression. Rather, it likely results from a combination of genetic, biochemical, environmental, and psychological factors. Research indicates that depression is a disorder of the brain. Brain-imaging technologies have shown that the brains of people who have depression look different than those of people without depression; the parts of the brain responsible for regulating mood, thinking, sleep, appetite and behavior appear to function abnormally. In addition, important neurotransmitters chemicals that brain cells use to communicate appear to be out of balance.

Depression tends to run in families, suggesting a genetic link, however, depression occurs in people without family histories of depression also. Genetic research indicates that risk for depression results from the influence of multiple genes acting together with environmental or other factors. Additionally, trauma, loss of a loved one, a difficult relationship, or any stressful situation may trigger a depressive episode. Subsequent depressive episodes may occur with or without an obvious trigger.

How is depression treated?

As it is likely that depression is caused an imbalance in the complex, interrelated chemical reactions of the brain involving neurotransmitters (substances that allow brain cells to communicate with one another such as serotonin, norepinephrine, and dopamine), the medications used focus on impacting these chemicals.

Synapses are gaps between nerve cells. The cells convert electrical impulses into bursts of chemical relayers or neurotransmitters which travel across the synapses to receptors on nearby cells, triggering the electrical impulses to travel down the other cells:

Since depression can include both thought disorders and mood disorders, a wide spectrum of various combinations of medications may be used in combination or at various times.

Medication Names:

sertraline (Zoloft), escitalopram (Lexapro), citalopram (Celexa), fluoxetine (Prozac), paroxetine (Paxil), venlafaxine (Effexor), duloxetine (Cymbalta), bupropion (Wellbutrin), mirtazapine (Remeron), trazodone (Desyrel), lithium, valproate (Depakote), carbamazepine (Tegretol), lamotrigine (Lamictal), gabapentin (Neurontin), topiramate (Topamax)

How they work:

Selective serotonin reuptake inhibitors (SSRI's) and serotonin–norepinephrine reuptake inhibitors (SNRI's) are newer class of antidepressant medications. The neurotransmitters serotonin and norepinephrine are especially important as research shows that abnormalities in neurotransmitter activity affect mood and behavior. SSRI's and SNRI's seem to relieve symptoms of depression by blocking the reabsorption (reuptake) of serotonin and/or norepinephrine by certain nerve cells in the brain. This leaves more serotonin and/or norepinephrine available in the brain. As a result, this enhances neurotransmission – the sending of nerve impulses – and improves mood.

Other related medications are bupropion (Wellbutrin) which is a norepinephrine and dopamine reuptake inhibitor and mirtazapine (Remeron) which is a noradrenergic and specific serotenergic antidepressant (NaSSA) which is thought to work by blocking receptors that inhibit the release of the neurotransmitters norepinephrine and serotonin. Desyrel (trazodone) is an antidepressant which is chemically unrelated to other known antidepressant agents.

These medications are generally considered safer than other classes of antidepressants. They're less likely to have adverse interactions with other medications, and they're less dangerous if taken as an overdose. All SSRI's and SNRI's have the same general mechanism of action and side effects, however, individual ones have some different pharmacological characteristics and therefore you may respond differently to certain ones or experience different side effects with different ones. Common side effects include:

- ❖ Nausea (you may experience less nausea with controlled–release forms)
- ❖ Sexual dysfunction, including reduced desire or orgasm difficulties
- ❖ Headache
- ❖ Diarrhea
- ❖ Nervousness
- ❖ Rash
- ❖ Agitation
- ❖ Restlessness
- ❖ Increased sweating
- ❖ Weight gain
- ❖ Drowsiness
- ❖ Insomnia

Common side effects of mirtazapine are drowsiness and weight gain. It is often used as an add-on medication to enhance the effectiveness of other medications used for severe and treatment-resistant depression. Common side effects that may occur with trazodone are dizziness or drowsiness, headache, insomnia, dry mouth, nausea, loss of appetite; diarrhea or constipation.

An important side effect of note with all these medications is that in people who have bipolar disorder (which may be undiagnosed) there is a risk of mania. If you begin to feel full of energy, like your mind is racing, if you stop sleeping and feel like you don't need it, if you begin to gamble or spend money or do other uncharacteristic things, call your healthcare professional right away.

In some cases, antidepressants may be associated with worsening symptoms of depression or suicidal thoughts or behavior.

A rare but potentially life-threatening side effect of SSRI's is serotonin syndrome. This condition, characterized by dangerously high levels of serotonin in the brain, can occur when an SSRI interacts with antidepressants called monoamine oxidase inhibitors (MAOI's). Because of this, don't take any SSRI's while you're taking any MAOI's or within two weeks of each other. Serotonin syndrome can also occur when SSRI's are taken with other medications or supplements that affect serotonin levels, such as St. John's wort. Serotonin syndrome requires immediate medical treatment; some symptoms include: confusion, restlessness, hallucinations, extreme agitation, fluctuations in blood pressure, increased heart rate, nausea and vomiting, fever and seizures.

Medications known as mood stabilizers may also be prescribed. Lithium is one example. Anticonvulsant medications, such as valproate (Depakote) or carbamazepine (Tegretol), lamotrigine (Lamictal), gabapentin (Neurontin), and topiramate (Topamax) have mood-stabilizing effects (and are also useful in treating chronic pain). Some common side effects with Lithium include mild hand tremors, mild thirst, temporary mild nausea and general discomfort at the beginning of treatment.

Some other side effects can include allergic reactions, blurred vision, confusion, diarrhea, drowsiness, weight gain, giddiness, thirst, increased or decreased urination, twitching or other muscle movements, loss of coordination, muscle weakness, headaches, persistent nausea, ringing in the ears, seizures, slurred speech, swelling of the ankles or vision changes.

Some effects from Depakote can include abdominal cramps, nausea and/or vomiting, indigestion, loss of appetite, change in menstrual periods, diarrhea, hair loss and trembling of hands and arms. Some symptoms to report to your healthcare professional are unsteadiness, constipation, dizziness, drowsiness, headache, skin rash, unusual excitement, restlessness or irritability

Unsteadiness, dizziness, drowsiness, lightheadedness and nausea or vomiting may occur with Tegretol. Some less common side effects about which you should check with your healthcare professional may include aching joints or muscles, constipation or diarrhea, dry mouth, increased sensitivity to sunlight (skin rash, itching, redness or other discoloration of skin, or severe sunburn), increased sweating, irritation or soreness of tongue or mouth, loss of hair or sexual problems.

The most common side effects from Lamictal include dizziness, blurred or double vision, headaches, coordination problems, nausea or vomiting, drowsiness, irritated or runny nose, sore throat, dry mouth, cough, hand tremors, weakness, back pain, indigestion, diarrhea or constipation. If you experience hives or a rash, painful sores in or around the mouth or eyes or swelling of the lips, call your healthcare professional right away.

Neurontin may have the following side effects: back pain, changes in vision, clumsiness, constipation or diarrhea, dizziness, drowsiness, dry mouth, nausea or vomiting. If any of the following occur, call your healthcare professional right away: allergic reactions (rash, hives, itching, difficulty breathing, tightness in the chest, swelling of the mouth, face, lips, or tongue), abnormal thoughts or aggressive or other unusual behavior, back and forth eye movements, chest pain, confusion, fast, slow, or irregular heartbeat, fever, chills, sore throat, loss of coordination, numbness of an arm or leg, restlessness, seizures, dizziness, shortness of breath, swelling of the hands, legs, or feet or tremors.

Some common side effects from Topamax are numbness and tingling ("pins and needles" most often in the arms or legs), fatigue, change in sense of taste, weight loss, difficulty concentrating, loss of appetite, nausea and diarrhea.

Common side effects that may occur with trazodone are dizziness or drowsiness, headache, insomnia, dry mouth, nausea, loss of appetite; diarrhea or constipation.

An important side effect of note with all these medications is that in people who have bipolar disorder (which may be undiagnosed) there is a risk of being put into a phase of mania. If you begin to feel full of energy, like your mind is racing, if you stop sleeping and feel like you don't need it, if you begin to gamble or spend money or do other uncharacteristic things, call your healthcare provider right away.

Stopping any of these medications may be risky and you should never do so without consulting your physician; some of these medications need to be tapered off .

Suicidal feelings and SSRI's

In some cases, antidepressants may be associated with worsening symptoms of depression or suicidal thoughts or behavior. These symptoms or thoughts are most likely to occur early in treatment or when you change your dosage, but they can occur at any time during treatment. Be sure to talk to your healthcare provider about any changes in your symptoms. You may need more careful monitoring at the beginning of treatment or upon a change in treatment, or you may need to stop the medication if your symptoms worsen.

What is psychosis? (bipolar disorder & schizophrenia)

Psychosis is a broad category of mental disorders encompassing the most serious emotional disturbances which render an individual incapable of staying in contact with reality. Symptoms of psychosis include hallucinations (seeing, hearing or otherwise experiencing via our senses something which is not really there) and delusions (believing something which is not true). While there are separate categories for the disease of schizophrenic and one for mood disorders (such as depression and bipolar disorder) these disorders often include some psychosis.

Schizophrenia is a chronic mental illness which generally consists of the following symptoms: delusions, hallucinations or other evidence of a serious thought disorder. The significant, obvious symptoms are also generally accompanied by less significant symptoms such as apathy and lack of emotional response. Some persons with schizophrenia are quite disabled while others maintain normal lifestyles.

Bipolar disorder is a one of a category of mood disorders defined by the presence of one or more episodes of abnormally elevated mood referred to as mania (symptoms include an elevated or irritable mood, increased energy, decreased need for sleep, pressured speech, racing thoughts, poor attention span, judgment that is so impaired that spending sprees or behavior that is quite abnormal for that individual may occur including substance abuse or sexual indiscretion, delusional ideas may occur of a grandiose nature).

Both of these disorders are generally chronic in nature and often have an exacerbating/remitting type of course; the prognosis is better if the individuals is compliant with treatment. There is some evidence which indicates that treatment lapses can lead to more severe, longer-lasting exacerbations.

It is likely that these disorders are caused by both:

1. An imbalance in the complex, interrelated chemical reactions of the brain involving neurotransmitters (substances that allow brain cells to communicate with one another such as serotonin, norepinephrine, and dopamine)
2. Structural differences in the areas of the brain known as the hippocampus and amygdala which help to regulate thought and emotion

Sometimes psychosis involves only one brief episode and there is never a reoccurrence. Nonspecific psychotic disorders include psychotic symptoms, e.g., delusions, hallucinations or a severely disorganized behavior, that cannot be classified in any other disorder. Dementia may cause psychosis, as may some types of substance abuse or an infectious process or a severe head injury.

How are these disorders treated?

Since psychosis can include both thought disorders and mood disorders, a wide spectrum of various combinations of medications may be used in combination or at various times.

Medication Names:

clozapine (Clozaril), olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Seroquel), ziprasidone (Geodon), sertraline (Zoloft), haloperidol (Haldol), escitalopram (Lexapro), citalopram (Celexa), fluoxetine (Prozac), paroxetine (Paxil), venlafaxine (Effexor), aripiprazole (Abilify), duloxetine (Cymbalta), bupropion (Wellbutrin), mirtazapine (Remeron), Invega (paliperidone), trazodone (Desyrel), lithium, valproate (Depakote), carbamazepine (Tegretol), lamotrigine (Lamictal), gabapentin (Neurontin), topiramate (Topamax)

How they work:

Some common antipsychotic medications include clozapine (Clozaril), olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Seroquel), and ziprasidone (Geodon).

Possible side effects from these medications include insomnia, agitation, anxiety, constipation, diarrhea, dry mouth, headache, weight gain, difficulty swallowing, orthostatic hypotension, abnormal movements of the tongue, mouth, arms and legs, blood pressure changes and sweating. Additionally, olanzapine may increase blood sugar levels. Some serious, but rare side effects that may be seen with these medications is fever, stiff muscles, sweating, fast or uneven heartbeat, jerky muscle movements that you cannot control. These symptoms should be reported to your healthcare professional immediately.

Selective serotonin reuptake inhibitors (SSRI's) and serotonin–norepinephrine reuptake inhibitors (SNRI's) are newer class of antidepressant medications. SSRI's and SNRI's seem to relieve symptoms of depression by blocking the reabsorption (reuptake) of serotonin and/or norepinephrine by certain nerve cells in the brain. This leaves more serotonin and/or norepinephrine available in the brain. As a result, this enhances neurotransmission – the sending of nerve impulses – and improves mood.

Here is a list of SSRI's and SNRI's:

- ❖ Sertraline (Zoloft)
- ❖ Escitalopram (Lexapro)
- ❖ Citalopram (Celexa)
- ❖ Fluoxetine (Prozac)
- ❖ Paroxetine (Paxil)
- ❖ Venlafaxine (Effexor)
- ❖ Duloxetine (Cymbalta)

Other related medications are bupropion (Wellbutrin) which is a norepinephrine and dopamine reuptake inhibitor and mirtazapine (Remeron) which is a noradrenergic and specific serotonergic antidepressant (NaSSA) which is thought to work by blocking receptors that inhibit the release of the neurotransmitters norepinephrine and serotonin. Desyrel (trazodone) is an antidepressant which is chemically unrelated to other known antidepressant agents.

These medications are generally considered safer than other classes of antidepressants. They're less likely to have adverse interactions with other medications, and they're less dangerous if taken as an overdose. All SSRI's and SNRI's have the same general mechanism of action and side effects, however, individual ones have some different pharmacological characteristics and therefore you may respond differently to certain ones or experience different side effects with different ones. Common side effects include:

- ❖ Nausea (you may experience less nausea with controlled–release forms)
- ❖ Sexual dysfunction, including reduced desire or orgasm difficulties
- ❖ Headache
- ❖ Diarrhea
- ❖ Nervousness
- ❖ Rash
- ❖ Agitation
- ❖ Restlessness
- ❖ Increased sweating
- ❖ Weight gain
- ❖ Drowsiness
- ❖ Insomnia

Common side effects of mirtazapine are drowsiness and weight gain. It is often used as an add-on medication to enhance the effectiveness of other medications used for severe and treatment-resistant depression. Common side effects that may occur with trazodone are dizziness or drowsiness, headache, insomnia, dry mouth, nausea, loss of appetite; diarrhea or constipation.

An important side effect of note with all these medications is that in people who have bipolar disorder (which may be undiagnosed) there is a risk of mania. If you begin to feel full of energy, like your mind is racing, if you stop sleeping and feel like you don't need it, if you begin to gamble or spend money or do other uncharacteristic things, call your healthcare professional right away.

In some cases, antidepressants may be associated with worsening symptoms of depression or suicidal thoughts or behavior.

A rare but potentially life-threatening side effect of SSRI's is serotonin syndrome. This condition, characterized by dangerously high levels of serotonin in the brain, can occur when an SSRI interacts with antidepressants called monoamine oxidase inhibitors (MAOI's). Because of this, don't take any SSRI's while you're taking any MAOI's or within two weeks of each other. Serotonin syndrome can also occur when SSRI's are taken with other medications or supplements that affect serotonin levels, such as St. John's wort. Serotonin syndrome requires immediate medical treatment; some symptoms include: confusion, restlessness, hallucinations, extreme agitation, fluctuations in blood pressure, increased heart rate, nausea and vomiting, fever and seizures.

Medications known as mood stabilizers may also be prescribed. Lithium is one example. Anticonvulsant medications, such as valproate (Depakote) or carbamazepine (Tegretol), lamotrigine (Lamictal), gabapentin (Neurontin), and topiramate (Topamax) have mood-stabilizing effects (and are also useful in treating chronic pain). Some common side effects with Lithium include mild hand tremors, mild thirst, temporary mild nausea and general discomfort at the beginning of treatment. Some other side effects can include allergic reactions, blurred vision, confusion, diarrhea, drowsiness, weight gain, giddiness, thirst, increased or decreased urination, twitching or other muscle movements, loss of coordination, muscle weakness, headaches, persistent nausea, ringing in the ears, seizures, slurred speech, swelling of the ankles or vision changes.

Some effects from Depakote can include abdominal cramps, nausea and/or vomiting, indigestion, loss of appetite, change in menstrual periods, diarrhea, hair loss and trembling of hands and arms. Some symptoms to report to your healthcare professional are unsteadiness, constipation, dizziness, drowsiness, headache, skin rash, unusual excitement, restlessness or irritability

Unsteadiness, dizziness, drowsiness, lightheadedness and nausea or vomiting may occur with Tegretol. Some less common side effects about which you should check with your healthcare professional may include aching joints or muscles, constipation or diarrhea, dry mouth, increased sensitivity to sunlight (skin rash, itching, redness or other discoloration of skin, or severe sunburn), increased sweating, irritation or soreness of tongue or mouth, loss of hair or sexual problems.

The most common side effects from Lamictal include dizziness, blurred or double vision, headaches, coordination problems, nausea or vomiting, drowsiness, irritated or runny nose, sore throat, dry mouth, cough, hand tremors, weakness, back pain, indigestion, diarrhea or constipation. If you experience hives or a rash, painful sores in or around the mouth or eyes or swelling of the lips, call your healthcare professional right away.

Neurontin may have the following side effects: back pain, changes in vision, clumsiness, constipation or diarrhea, dizziness, drowsiness, dry mouth, nausea or vomiting. If any of the following occur, call your healthcare professional right away: allergic reactions (rash, hives, itching, difficulty breathing, tightness in the chest, swelling of the mouth, face, lips, or tongue), abnormal thoughts or aggressive or other unusual behavior, back and forth eye movements, chest pain, confusion, fast, slow, or irregular heartbeat, fever, chills, sore throat, loss of coordination, numbness of an arm or leg, restlessness, seizures, dizziness, shortness of breath, swelling of the hands, legs, or feet or tremors.

Some common side effects from Topamax is numbness and tingling ("pins and needles" most often in the arms or legs), fatigue, change in sense of taste, weight loss, difficulty concentrating, loss of appetite, nausea and diarrhea.

Stopping any of these medications may be risky and you should never do so without consulting your physician; some of these medications need to be tapered off .

Selective serotonin reuptake inhibitors (SSRI's) and serotonin–norepinephrine reuptake inhibitors (SNRI's) are newer class of antidepressant medications. SSRI's and SNRI's seem to relieve symptoms of depression by blocking the reabsorption (reuptake) of serotonin and/or norepinephrine by certain nerve cells in the brain. This leaves more serotonin and/or norepinephrine available in the brain. As a result, this enhances neurotransmission – the sending of nerve impulses – and improves mood.

One more thing...

You have a good deal of control over your mental health and overall prognosis:

- ❖ Adopt a healthy lifestyle (regular sleep and exercise; no alcohol or drug abuse; learn to manage or avoid stress)
- ❖ Regularly see a supportive healthcare provider who is knowledgeable about the psychiatric management of this disorder
- ❖ Learn which symptoms predict the return of this illness
- ❖ Learn to trust the warnings given by family and friends when they see early signs of relapse
- ❖ Learn as much as possible about this illness from therapists, the Internet, books, or self–help groups