Youth has its own psyc

Youth Dawn 15.1.03

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BEFORE we start, first let's clear one thing. The term 'youth' is rather vague, and, technically or scientifically speaking, the term 'adolescence' seems to be more appropriate, which covers the period between the ages of 13 and 21 years.

Common psychiatric problems among the young people includes anxiety, obsessive compulsive disorder, sex hypodrondriasis and also mood disorder of mild to moderate intensity such as mild to moderately severe depressive illness.

OBSESSIVE COMPULSIVE DISORDER: Until recently, it was considered to be a rare disorder but current research has revealed that it is in fact a common illness. The mean age of the onset of OCD is the early 20s but there are patients who become symptomatic even at younger ages.

Obsessions or compulsions are a significant source of distress. They are time consuming and can also interfere significantly with a person's normal routine. Obsessions or recurrent thoughts, impulses or images, especially if obscene, incestuous or blasphemous in nature are a source of profound distress.

These patients can be treated with acyclic anti-depressants, especially clomipramine and SRIs. In this disorder, a combination of pharmacotherapy, with behaviour therapy in the form of 'thought stopping', 'exposure' to a feared situation or object and 'response prevention' in which the patient is instructed to resist the urge to perform the compulsion after exposure, has been found to be quite effective.

DEPRESSIVE ILLNESS: This is the commonest psychiatric problem affecting all classes of both males and females. But more than men, it is prevalent in women. It is also very common in youth. Contrary to common understanding, people suffering from this illness may not present initially with the complaints of sadness of mood, or episodes of crying.

In fact presentation with physical complaints like giddiness, headache, tiredness, vague aches and pains in the body and disturbance of sleep and appetite are the commonest presentations. Any patient complaining of these symptoms should be evaluated carefully keeping in mind the possibility of this disorder.

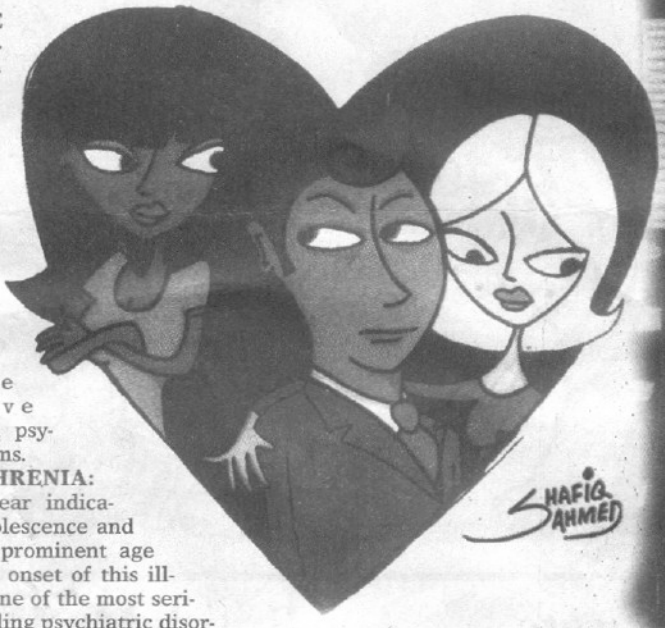
The intensity may vary from mild depressive episodes to moderate depressive episodes with or without somatic complaints. The episodes may be of severe depression which may or may not be accompanied by a death wish or suicidal tendency. The rate of parasuicide and suicide is the highest in youth. A timely diagnosis and appropriate treatment with psychotherapy, pharmacotherapy and electro-convulsive therapy, can save life.

CONDUCT (OR ANTISOCIAL): This comprises problems caused by disorderly or inappropriate conduct and includes juvenile delinquency and substance abuse.

Substance abuse may be mild as smoking or anything off a pan-shop like *pan*, *supari*, *gutka* or *niswar*. In more severe cases, narcotics like opium, heroin, *charas* and *bhang* are involved.

ADJUSTMENT REACTIONS: This includes adjustment problems in the family, parents, siblings and, or, their spouses, with teachers or with peers and possibly also co-workers.

SEVERE PSYCHIATRIC DISORDERS: This includes severe illnesses of schizophrenia or other psychoses and severe mood disorders like Bipolar Affective Disorder and Severe Depressive episodes with psychotic symptoms.



SCHIZOPHRENIA: There are clear indications that adolescence and youth is the prominent age group for the onset of this illness. This is one of the most serious and disabling psychiatric disorders. The disease is manifested by severe disturbances of behaviour and thought. The signs and symptoms vary according to various types. However, they usually consist of delusions of various types and also hallucinations.

Awareness of this disease is important as early diagnosis. Treatment intervention in the form of pharmacotherapy and ECT in early stages makes it more amenable to favourable treatment outcome and a better prognosis overtime.

If in a family member, especially of younger age groups, a persistent change in behaviour or ideas is observed which seems bizarre or away from reality, it should be taken seriously and psychiatric opinion must be sought.

BIPOLAR AFFECTIVE DISORDER: The hallmark of this illness is mood swings. The patient suffers from changes in mood from episodes of depression, to episodes of elated mood, both of varying intensity.

The duration of phases of depression and elation is variable and the interval between these may be so short that sometimes the patient presents mixed symptoms of depression and elation.

DISORDERS OF IDENTITY: These are identified as severe subjective distresses over an inability to reconcile aspects of the self into a relatively coherent and acceptable sense of self.

This disturbance is manifested by uncertainty about a variety of issues relating to identity including three or more of the following long-term goals that include, career choice, friendship patterns, religious identification, values and loyalties.

These disorders are always accompanied by impairment of social, academic or occupational functioning.

EPIDEMIOLOGY: Recent studies have indicated that the reported incidence of psychiatric problems of youth, especially incidence of mood disorders, has consistently increased over the last few decades.

At the age of 14 years, the one-year prevalence rate of handicapping psychiatric disorders was about eight per cent. This figure increased to 20 per cent if cases of less severe anxiety and depression were included.

The lifetime prevalence rate of major depressive disorder in a youth is estimated to fall between 15-20 per cent. Between 40-70 per cent of this have co-morbid psychiatric disorders and upto 50 per cent have two or more co-morbid disorders.

In youth, prevalence rate for current and life time stress disorders were found to be 0.4 per cent and 1.3 per cent.

A study examining young adults during theist first episode of schizophrenia found that 47 per cent had displayed the first sign of their illness before age 21 years. This clearly indicates that adolescence and youth is the predominant age group for the onset of this illness.

Implications of psychiatric problems in youth are numerous. It is harmful for the affected person not only because of the discomfort and distress that it causes in his life. But also because it presents obstacles in the way of development and achievement of the person to his full potential.

It has serious implications for the family because it adversely affects relationships. Also it has adverse economic consequences arising from the loss of potential income, which the affected person would have earned and from the treatment cost that he incurs.

If the person is suffering from conduct disorders, juvenile delinquency or substance abuse, it has severe implications not only for the affected person but also for his family and the society. It is detrimental to the society

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In case of a cure, generally it is accepted that these problems are not easy, as there is no single magic word which takes care of all of this. On the contrary it needs consistent, concerted efforts at all levels of the society to raise the standards health information, sex education for youngsters, awareness of mental disorders and awareness of common psychiatric problems of youth. Only then can we hope to bring down the currently rising ratio of these problems.

In Pakistan these educational and awareness promoting efforts should be projected not only towards the masses but also towards health professionals. The prevailing situation here is that due to a lack of awareness of psychiatric problems of youth, when a person does suffer from these, usually no treatment is sought. At times the symptoms are so severe that there are behavioural changes that are distressing. Generally, the family physician, who is usually a general practitioner, after conducting a physical examination and some laboratory tests, reassures the patient and his family that all is well and the person has no illness. By this he means the person has no physical illness, which is true.

But these patients do have psychiatric problems for the treatment of which they should be referred to some psychiatrist for [illegible] and proper treatment.

Like all other places around the world, in Pakistan also the media should play an active and vital role in this regard.

There are various ways of treating psychiatric disorders. First lets discuss pharmacotherapy.

The general concept that psychological disorders are caused only by psychological disturbances is not entirely true. Recent researches indicate that psychological disturbances are only one factor. Other more important factors may be genetic predisposition and the disturbances in the chemical functioning of the brain at cellular and subcellular levels. These chemicals are called as neuro-transmitters.

Disturbance in the form of their depletion, uptake or reuptake has been clearly shown to be related to the commencement and future cause of psychiatric illnesses. These disturbances can be manipulated by administrating medicines. Nowadays potent medicines, classified as *psychotropics*, are available, which can cure, alter the course of the disease or ameliorate the symptoms greatly so that, even if the patient is not cured, he can live his life in relative peace.

There are different classes of medicines for different types of diseases. For treatment of anxiety and related disorders there are *anxiolytics* of which benzodiazepines constitute the most extensively used group.

For sleep disorders there are *hypnotics*. For psychotic illnesses there are *neuroleptics* or *anti-psychotics*. For depressive disorders there are *stimulants* and *anti-depressants*.

Some stimulants and anti-depressants have been used very successfully for treatment of attention deficit disorder, panic anxiety and sexual disorders as well. Other drugs of common use in psychiatry are *mood stabilizers* such as lithium and *anti-parkinsonian*. These are medications used for treatment of movement disorders or to control side-effects of neuroleptics. *Anti-epileptics* are used to treat seizure disorders.

Electro-convulsive therapy (ECT) is an effective and relatively cheap method of treatment which has been neglected due to lack of information and incorrect misgivings. If used properly, not only does it hasten the time of recovery but also when used in conjunction with medication, it may lower the total treatment cost in terms of hospitalization time and the amount of medication used.

In fact, it is the treatment in moderate to severe depressive episodes, which are resistant to medication or are accompanied by psychotic symptoms and suicidal tendency. It is very effective in some forms of schizophrenia, bipolar affective disorder and other psychoses predominated by affective disturbances.

Various forms of psychotherapies have been used for treatment of different disorders. Recent researches are suggestive of its good results especially in the treatment of depressive illnesses. However, it has the disadvantage of being time-consuming and costly.

Some forms of behaviour modification are very useful for treatment of obsessive-compulsive disorder. Behaviour modification techniques are also useful in treatment of sexual disorders.

Hypnosis, relaxation and desensitizations. These techniques are useful in treatment of *phobias* and *anxiety disorders*.

Other than the above remedies, many psychiatric problems of youth can be treated with counselling, behaviour modification, psychotherapy and medication.

But in cases where the intensity or nature of the disorder is such that there is a total lack of insight resulting in non-cooperation for purpose of follow-up visits or non-compliance to prescribed medication. Where behaviour disturbance is so severe that it disrupts family life, becomes homicidal or suicidal, and also indulges in substance abuse, hospital care is necessary and should be considered.

An initial period of hospitalization ensures better observation to confirm diagnosis. It also helps in the timely completion of required laboratory investigation and intensive treatment with medication or psychological methods. ■