

# PSYCHIATRY NOTES

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*Psychopharmacology and Psychotherapy for Adults, Adolescents, and Children*

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## *PREVENTIVE THERAPIES REDUCE LIKELIHOOD OF DEPRESSION FOLLOWING STROKE*

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HOLLAND IS  
LOCATED OFF OF  
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In a trial of 176 non-depressed patients with recent stroke, those who received Lexapro or problem-solving therapy were significantly less likely to develop depression in 1-year of follow-up than were patients who received placebo, according to a study published in May in the *Journal of the American Medical Association*. "The implication of this study is that all patients who have a stroke — if they are able to take antidepressants — would benefit by the use of antidepressants, because of previous data that we have that show that mortality is increased and recovery is slowed by the existence of depression," lead study author Robert G. Robinson, M.D.

After adjustment for a previous history of mood disorders, patients who received placebo were 4.5 times more likely to develop depression than were patients who received Lexapro and 2.2 times more likely to develop depression than were patients who received problem-solving therapy.

## *INSOMNIA AND COMORBID ANXIETY*

Insomnia and anxiety are closely related in a variety of ways. The conditions coexist frequently in the clinical practice of medicine and may even involve common etiologies. Both can be symptomatic manifestations of other conditions. In addition, both can represent distinct, primary conditions or syndromes in their own right.

Insomnia is commonly comorbid with anxiety disorders and in particular with GAD, PTSD, and panic disorder. In addition, anxiety itself can be comorbid with insomnia disorders such as primary insomnia. Persistent insomnia is associated with a heightened risk for the emergence of anxiety disorders. Insomnia and anxiety are, therefore, intricately intertwined. Additionally, the presence of insomnia in the context of an anxiety disorder introduces a clinical complication because many of the available treatments for anxiety disorders do not have predictably positive effects on insomnia complaints. In such cases, psychotherapy and pharmacologic techniques are available for treatment.

### ***NEW FINDINGS IN YOUTH ANXIETY DISORDERS***

**I**n a recent European study of over 3000 individuals from the ages of 14 to 24, with social anxiety disorder that began at an early age, there was an increased risk for the development of subsequent depression. This finding was especially true in young females. This study demonstrated that during the first 3 decades of life, social anxiety disorder is associated with a substantial increase in risk of future depression. The study calls attention to the morbidity associated with social anxiety disorder and the importance of early treatment of the disorder. Treatment with both medication and psychotherapy appears to be effective in the treatment of the early –onset anxiety disorder and the prevention of subsequent depression.

### ***DEPRESSIVE CONDITIONS LINKED TO ASTHMA SEVERITY***

**D**epressive conditions reported by both patients and their physicians are associated with increased asthma severity, according to a report in the May issue of the journal *Chest*.

During the lifetimes of patients with asthma, depressive conditions are not unusual and are more common than in the general population. The estimated lifetime rate of depression is 40%, and depressive symptoms may affect up to two thirds of patients with asthma. Depression and asthma may each exacerbate the other.

Because most patients receive both their asthma and mental health care in the primary care setting, diagnoses made by primary practitioners, as well as by psychiatrists, are crucial to ensure that patients are treated for both disorders.

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