

# PSYCHIATRY NOTES

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

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## *THE TREATMENT OF CHRONIC INSOMNIA*

The 2005 National Institutes of Health (NIH) State-of-the-Science Conference Statement on the Manifestations and Management of Chronic Insomnia began with the following observation: "Insomnia is the most common sleep complaint across all stages of adulthood, and for millions, the problem is chronic. The report went on to note that "chronic insomnia is often associated with a wide range of adverse conditions, including mood disturbances; difficulties with concentration and memory; and some cardiovascular, pulmonary, and gastrointestinal disorders." Previously, insomnia had been viewed as a sleep disturbance that was transient due to situational disturbances or that was chronic secondary to other medical or psychiatric disorders. Insomnia is now increasingly recognized as a chronic disorder that for some patients may require chronic treatment.

Approximately 30% of the general population experience insomnia at least occasionally, and about 10% suffer from chronic insomnia.

Clinicians now have greater flexibility in long-term management of insomnia due to the changes in FDA prescribing guidelines and reports demonstrating the continued efficacy and safety of the medications in long-term treatment studies. Physician surveillance should provide further evidence of the safety of medication with long-term use. Future insomnia treatment studies should expand the domain of outcomes to include broader evidence of effectiveness in reducing the consequences and healthcare risks associated with chronic insomnia.

## *STATISTICS IN THE TREATMENT OF ADHD*

Attention-deficit/hyperactivity disorder (ADHD) affects 8% to 10% of school-aged children and 4% to 6% of adolescents; 4% of adults continue to be symptomatic. Stimulants are the treatment of choice, with reported levels of response as high as 70%, according to practice parameters and treatment guidelines. Studies have also shown that the duration of treatment and compliance improves long-term outcomes, leading to enhanced school performance; higher IQ and achievement testing scores; fewer driving difficulties; and lower rates of drug, alcohol, and tobacco use. Studies have shown that remaining on treatment improves short- and long-term outcomes, and benefits continue without the development of tolerance.

### *SCREENING FOR MATERNAL DEPRESSION*

Depression among mothers is common, yet it is not necessarily recognized by healthcare professionals, and sometimes not by the women themselves. Yet maternal depression can seriously affect how mothers interact with their children, and thus can have detrimental impacts on those children's emotional and social development -- effects that can be lifelong. A mother's depression is not confined to the perinatal period. It can and does occur any time during the child's life, having its greatest impact during the child's early years. Early recognition and treatment of maternal depression can have a significant impact on not only the future of the mother, but importantly, on the future of the child.

### *DEPRESSION AND CHRONIC COUGHING*

Depressive symptoms are present in more than half of patients with chronic cough, new research shows. The good news is that the depression seems to lift as the cough improves.

Cough is the most common reason people in the US seek medical attention, and several reports have shown that chronic cough can significantly impinge on quality of life. A recent study from the Montefiore Medical Center in New York, however, is the first to look at the prevalence of depressive symptoms among patients with chronic cough, according to the author, Dr. Peter Diczpinigaitis.

At baseline, 54% of patients with chronic cough showed symptoms of depression, however, at the three-month follow-up, only about a third of that number were still depressed-coinciding with the improvement in their cough symptoms.

"Physicians and caregivers must be cognizant of the significant risk of clinical depression in this patient population. Furthermore, clinicians should exercise judgment in deciding whether appropriate mental health referral is necessary, regardless of the outcome of treatment for chronic cough," Dr. Diczpinigaitis' team concludes.

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