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Essentials

- [New Year's Resolutions](#)
- [What is an Anxiety Disorder?](#)
- [A-Z Anxiety Drugs Index](#)
- [How to Relax, Breathe, and More](#)
- [Crisis & Suicide Help](#)

Articles & Resources

- [Anxiety Disorders 101](#)
- [Agoraphobia](#)
- [Generalized Anxiety](#)
- [Obsessive-Compulsive](#)
- [Panic Disorder](#)
- [PTSD and Trauma](#)
- [Social Anxiety Disorder](#)
- [Specific Phobias](#)
- [Finding Help](#)
- [Treating Anxiety](#)
- [Support Groups](#)
- [Disability and Finances](#)
- [Help for Caregivers](#)
- [Anxiety in Specific Groups](#)
- [Co-Existing Disorders](#)

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- [Before You Buy](#)
- [Top Picks](#)
- [Fear of Flying Books](#)
- [Anxiety Disorders in Movies](#)
- [Self-Help Calendars](#)
- [Product Reviews](#)

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[Forums](#)

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## Panic / Anxiety Disorders

### February 01, 2004

Panic/Anxiety Disorders Blog Archives

[« January 2004](#) | [Main](#) | [March 2004 »](#)



From [Cathleen Henning](#), Your Guide to [Panic / Anxiety Disorders](#).  
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### [NIH Symposium to Explore Virtual Reality in Medicine](#)

Presenters will speak about the uses of virtual reality in medicine at a one-day symposium sponsored by the National Institutes of Health (NIH). Among the speakers will be Dr. Brenda Wiederhold discussing virtual reality and phobias, as well as Dr. Joann Difede discussing virtual reality in the treatment of stress related to 9/11 events. Continue reading for more information about the symposium.

#### "Virtual Reality: Opportunities for the NIH"

Tuesday, February 24, 2004

**What:** Virtual reality technologies are proving to be an important new tool in medical science. The National Institute on Drug Abuse, National Institutes of Health, is hosting "Virtual Reality: Opportunities for the NIH" to highlight the latest scientific findings on the current and potential roles for virtual reality technologies in medicine.

This one-day symposium will feature presentations by multidisciplinary experts who will describe the theory and applications of virtual reality (computer-generated stimulus environments), emphasizing how this technology is being used in prevention and treatment therapies for drug abuse, post-traumatic stress disorder, eating disorders, phobias, and pain.

**When:** Tuesday, February 24, 2004  
8:30 a.m.–4:30 p.m.

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**Where:** Lister Hill Auditorium  
National Library of Medicine  
Building 38A, National Institutes of Health  
(Medical Center stop on the Metro's Red line)

**Who:** Featured Speakers Listed on the Agenda that follows.

NOTE: Each presentation will be followed by a brief question and discussion session.

**Info:** The media are encouraged to attend. For more information, please call the NIDA Press Office at 301-443-6245.

**Agenda:** <http://www.drugabuse.gov/Newsroom/04/NR2-19.html#agenda>

*The National Institute on Drug Abuse is a component of the National Institutes of Health, U.S. Department of Health and Human Services. NIDA supports more than 85 percent of the world's research on the health aspects of drug abuse and addiction. The Institute carries out a large variety of programs to ensure the rapid dissemination of research information and its implementation in policy and practice. Fact sheets on the health effects of drugs of abuse and information on NIDA research and other activities can be found on the NIDA home page at <http://www.drugabuse.gov>.*

~ A [National Institutes of Health](#) press release  
[02:59 PM](#) #

### [Many Americans Still Fearful After 9/11 Attacks](#)

The number of Americans experiencing post-traumatic stress disorder (PTSD) symptoms increased after the September 11 terror attacks and continued to remain higher than previous rates of the condition, according to a new report. [Read more . . .](#)  
[02:30 PM](#) #

### **When Hoarding Becomes a Problem**

Are you a "pack rat" or do you know someone who is? While many of us may have hoarding tendencies at times, for some people the problem may become dangerous, both to mental and physical health. Researchers are starting to take hoarding seriously and consider hoarding a symptom of Obsessive-Compulsive Disorder (OCD), [according](#)

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### **Heart Disease**

Read the latest news about Heart Disease

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[to USA TODAY](#). Learn more about current hoarding research as well as what you can do about lesser hoarding behaviors of your own. [Read more . . .](#)

**More:** [What is Obsessive-Compulsive Disorder?](#)

[02:15 PM](#) #

### **Helping the Self-Injurer**

If you want to help someone who self-injures but do not understand the behavior, here are excellent tips and guidelines for talking to self-injurers about their SI behavior in ways that will keep communication open and positive.

[Read more . . .](#)

[02:31 PM](#) #

### **Feelings of "unreality" -- please help me cope!**

On the Community Forum, Monica writes: "I just can't lose the fear; the depersonalization comes back so hard. I'm a stay-at-home mom, and I'm TERRIFIED. This last week as been horrible; even my own little boy seems 'unfamiliar' and strange. Nothing feels right. I'm afraid I'll go crazy. Rationally I know I won't, but I can't lose the fear! I feel like I'm in a bad dream and can't wake up! Does anyone who has kids have this symptom? I want to enjoy staying at home, not be scared. Am I a freak or what? PLEASE help me!" If you can relate to Monica or can offer her some tips, please stop by the [Anxiety Community Forum](#).

[05:04 PM](#) #

### **Stressed at Work? A Coffee Break May Make It Worse!**

Trying to reduce feelings of stress by taking a coffee break might actually increase them - particularly in men, working alone, who believe it should help them perform faster - according to new research sponsored by the Economic & Social Research Council (ESRC). However, the study, led by Professor Peter Rogers and Dr Lindsay St. Claire at the University of Bristol, also found that men working in teams could feel less stressed after enjoying a sharp intake of caffeine.

Existing theories about stress management suggest that caffeine consumption can trigger stress. However, while studies into the effects of caffeine show that it can sometimes worsen anxiety, there is also evidence that it boosts confidence, alertness and sociability as well as making us better able to perform various tasks.

The Bristol research, which tried to reconcile these different perspectives, was sparked by an anecdote from a man taking part in a stress management workshop, describing a trip to the United States with his small, cohesive business team.

During the trip, he said, coffee was freely available, and the team over-indulged. Within days, stress levels had escalated and they believed that the extra caffeine had disrupted emotional feelings and relationships, and impaired their ability to perform normally.

Aiming to test this theory, the researchers found that caffeine did indeed heighten feelings of stress while performing stressful tasks, but unexpectedly this happened especially in men. However, effects of caffeine on performance were likely to depend on the type of task and whether participants were working alone or in teams.

For example, when working on mental arithmetic alone and under time pressure, caffeine might help, but when working on a collaborative task, it might undermine people's ability to get along with each other.

The study also tested the impact of expectations, or whether someone who chooses to have a cup of coffee, believing it will speed reaction times, actually feels less stressed if under pressure to do something quickly.

For this reason, in one set of tests, researchers told 32 people that their coffee contained caffeine which would help their performance, another 32 that their drink did not, and a third group of 32 that they were having caffeine which causes stress-like side effects.

Unknown to the participants, however, half of the drinks actually contained 200 mg of caffeine and the other half had none.

After drinking, all in the experiment did two stressful tasks and a series of other tests.

Unexpectedly, men who had been told that their coffee contained caffeine to enhance performance had higher heart rates and felt more stressed. Actual caffeine consumption made people generally less confident about their ability to cope and, again surprisingly, made men feel more 'stressed'.

Videos taken during the experiments showed that caffeine tended to make

men look more physically tense and sound less relaxed during a stressful public speaking task. However, it tended to reduce ratings of stress in women.

In other experiments, involving same-sex groups of five, individuals first thought out their own solutions to a problem and then agreed a set of group decisions after discussion.

This time, coffee was found to reduce some feelings of stress, particularly in men, but tended to make team-working less effective. For men, in particular, it meant that the solutions suggested after group discussion were not as good as those devised alone.

Dr St. Claire said: "Our research findings suggest that the commonplace tea or coffee break might backfire in business situations, particularly where men are concerned. Far from reducing stress, it might actually make things worse."

~ An [Economic & Social Research Council](#) press release  
04:24 PM #

### [New Treatments for People With Co-Existing Alcoholism & Psychiatric Disorders](#)

Individuals who have co-existing alcohol-use and psychiatric disorders must overcome a number of significant hurdles on their way to recovery: multiple health and social problems, double the stigma, a poor response to traditional treatments, a lack of joint treatment options, and a chronic cycle of treatment entry and re-entry.

Symposium proceedings published in the February issue of *Alcoholism: Clinical & Experimental Research* examine treatment options for this group, with a focus on four major psychiatric disorders: **social anxiety disorder**, depression, bipolar disorder, and schizophrenia.

"The United States has typically separated services for mental health from those associated with addictions," said Charlene E. Le Fauve, symposium organizer and health scientist administrator at the National Institute on Alcohol Abuse and Alcoholism.

"Because of this separation, when a person with comorbid disorders enters one type of care, they are inadequately treated for the other condition. If one disorder goes untreated, both usually worsen and additional complications occur, which can include serious

medical problems such as liver disease, HIV, or other organ damage, suicide, criminalization, unemployment, and homelessness. As a result, some individuals with comorbid disorders often require high-cost services such as inpatient and emergency room care."

Symposium speakers at the June 2003 Research Society on Alcoholism meeting in Fort Lauderdale, Florida presented findings from recent trials and clinical studies:

- A selective serotonin reuptake inhibitor (SSRI) called paroxetine shows promise in the treatment of social anxiety in alcohol-dependent subjects.

"Since this was the first study to examine the effectiveness of paroxetine in this dual-diagnosis population," said Le Fauve, "we need to see if the results can be replicated by other researchers before we can determine how promising the results are."

- Response to SSRIs among individuals with co-existing alcohol dependency and depression seems to depend on various factors, including the severity of the depression, whether the depression is primary or secondary to the alcohol use, alcoholic typology (Type A or B), and gender.

"When someone is severely depressed, addicted to alcohol, needs inpatient mental health treatment, and has a history of attempting suicide," explained Le Fauve, "SSRIs are effective at improving the depression and decreasing alcohol consumption. Whereas, for alcoholics who do not need inpatient treatment because their symptoms of depression are mild to moderate, SSRIs are not very effective at treating both disorders. On the other hand," she added, "a heavy drinker who does not require formal addiction treatment may take SSRIs and notice that they will substantially reduce their alcohol intake."

Research indicates that gender may also play a role in the effectiveness of SSRIs, in that women with both alcohol and depressive disorders tend to respond better than men.

In addition, the type of alcoholic receiving SSRIs – Type A versus Type B – can influence its effectiveness in reducing alcohol consumption. Type A individuals are considered to have a less severe form of the disorder than Type B individuals: Type As become alcoholics at a later age, have less severe symptoms or fewer psychiatric problems, and have a better outlook on life than Type Bs, who become alcoholics at an early age, have a high family risk for alcoholism, demonstrate more severe symptoms, and have a more negative outlook on life than Type A individuals.

"Type B alcoholics are considered to be more severe and at greater risk for poor health outcomes," said Le Fauve. "Type B alcoholics also significantly worsen when they are treated with SSRIs when compared to Type A alcoholics. Clearly," she added, "SSRIs will not be the best method of treatment for all people who have both depression and alcoholism."

- In the first study of its kind, researchers found that an anticonvulsant, mood stabilizer called sodium valproate, used previously to treat bipolar disorder, may also be useful for both stabilizing mood states and decreasing alcohol use among bipolar alcoholics.
- Researchers have also found that treatment with the antipsychotic clozapine is associated with a decrease in alcohol and other substance use in patients with schizophrenia.

"'Atypical' or 'novel' antipsychotics are generally safer and better tolerated than older or 'typical' antipsychotic medicines," explained Le Fauve. "Emerging studies suggest that atypical antipsychotics can also be effective for a broad range of psychiatric syndromes beyond the primary indication of schizophrenia, such as mania, depression, anxiety, hostility and aggression. In addition, clinicians are increasingly using these medicines for conditions such as dementia, autism, developmental delay/mental

retardation and personality disorders. So, it is not entirely surprising that a new atypical antipsychotic such as clozapine ... may be a useful treatment modality for a broad range of non-psychotic conditions, including alcoholism."

Le Fauve noted that researchers are just beginning to unravel the complexities of how to treat people with comorbid mental illness and alcohol-use disorders. Including more people with comorbid psychiatric and substance abuse disorders in clinical research studies is an important first step, she added, to addressing the numerous issues that remain.

"We need to determine how individuals develop comorbid disorders and establish multidisciplinary teams to collaborate on the cause of these illnesses," she said. "We need to determine the role of genes and the environment in increasing risk of and/or offering protection against comorbid illnesses. We need to establish treatment approaches for comorbid conditions that take various situations, severity, gender, and alcohol subtypes into account. We need to develop better screening tools to diagnose complex comorbid disorders. We need to explore how fetal exposure to alcohol may lead to comorbid psychiatric disorders across the lifespan. Finally, we must develop comorbid training units in outpatient settings for health care providers to become credentialed mental health and addictions treatment providers."

###

*Alcoholism: Clinical & Experimental Research (ACER)* is the official journal of the Research Society on Alcoholism and the International Society for Biomedical Research on Alcoholism. Co-authors/presenters of the symposium proceedings published in ACER included: Raye Z. Litten of the National Institute on Alcohol Abuse and Alcoholism; Carrie L. Randall and Darlene H. Moak of the Center for Drug and Alcohol Programs at the Medical University of South Carolina in Charleston; Ihsan M. Salloum of the Western Psychiatric Institute and Clinic at the University of Pittsburgh Medical Center; and Alan I. Green of the Department of Psychiatry at Dartmouth Medical School in Lebanon, New Hampshire. All of the symposium research was funded by the National Institute on Alcohol Abuse and

Alcoholism.

~ A [National Institute on Alcohol Abuse and Alcoholism](#) news release

04:03 PM #

### [Paxil CR Effectively Treats Social Anxiety Disorder, Study Shows](#)

GlaxoSmithKline's Paxil CR(TM) (paroxetine HCl) Controlled-Release Tablets is a generally well-tolerated treatment for social anxiety disorder, according to a study published in the February issue of the *Journal of Clinical Psychiatry*. In the study, approximately three times as many patients taking Paxil CR achieved remission compared to placebo. In addition, dropout rates due to adverse events such as sexual dysfunction were low and comparable for both treatment groups. These findings are important since discontinuation of treatment is a well-recognized issue in managing social anxiety disorder.

Recently approved for the treatment of social anxiety disorder, Paxil CR is the first and only controlled-release SSRI (selective serotonin reuptake inhibitor) indicated for this condition. Paxil CR is also indicated for the treatment of depression, panic disorder and premenstrual dysphoric disorder (PMDD).

"This data are significant because it shows that patients with social anxiety disorder, which is the most common anxiety disorder, who take Paxil CR can effectively manage their symptoms with a low rate of patient dropouts due to adverse events that are commonly associated with SSRIs," said Dr. Murray Stein, Professor of Psychiatry, University of California San Diego. "Our hope is that patients will be better able to maintain a drug treatment regimen, thus increasing the likelihood of remission and improved outcomes."

Social anxiety disorder, also known as social phobia, is the most common type of anxiety disorder, affecting millions of Americans. People with social anxiety disorder have an intense fear of being scrutinized by other people in social or performance situations. When exposed to "common" social situations such as meetings, classes, parties, speaking in public and talking to strangers or authority figures, people with social anxiety disorder have literally become marked, "sick with fear," and often develop symptoms including rapid

heartbeat, sweating, shaking and upset stomach. Some people with social anxiety disorder avoid these situations all together, severely limiting their life, work and social relationships. Additionally, in 70 to 80 percent of cases, social anxiety disorder is complicated by the presence of additional psychiatric conditions such as depression or panic disorder, which add to the burden of the condition.

### **Paxil CR Significantly Improved Symptoms of Social Anxiety Disorder**

In this multi-center, randomized, double-blind, placebo-controlled, flexible-dose study, patients with social anxiety disorder were randomly assigned to receive Paxil CR(TM) (paroxetine HCl) Controlled-Release Tablets (flexible dose: 12.5 mg to 37.5 mg/day) (n=186) or placebo (n=184) for 12 weeks of treatment following a one-week, single-blind, placebo run-in period. The primary efficacy measures were the change from baseline in the Liebowitz Social Anxiety Scale (LSAS) and proportion of responders based on the Clinical Global Impression (CGI), Global Improvement score.

Patients who received Paxil CR experienced a statistically significant reduction in the LSAS total score and in both the Fear or Anxiety and Avoidance subscales compared to those patients randomized to placebo. In the CGI Global Improvement responder analysis, nearly twice as many patients treated with Paxil CR achieved a score of "very much improved" or "much improved," compared to patients treated with placebo. Furthermore, approximately three times as many patients treated with Paxil CR achieved clinical remission, compared to patients treated with placebo.

The American Psychiatric Association (APA) recognizes discontinuation of treatment as an issue to managing anxiety and depression. Studies show that more than 40 percent of patients drop out of treatment within the first 90 days. To achieve full remission, the APA recommends continued treatment for four to five months.

### **Controlled-Release Paxil CR Tablets**

Paxil CR(TM) (paroxetine HCl) Controlled-Release Tablets offers the proven efficacy of paroxetine in a Geomatrix oral drug delivery system. The tablet is a multi-layered formulation that controls dissolution and allows absorption of the drug further down in

the small intestine. Paxil CR offers flexible dosing with three dosing strengths: 12.5 mg, 25 mg, and 37.5 mg. Geomatrix technology is licensed from SkyePharma PLC (Nasdaq: SKYE/ LSE:SKP). Most common adverse events (incidence of 5 percent or greater incidence for Paxil CR and at least twice that for placebo) in studies for major depressive disorder, panic disorder, PMDD and social anxiety disorder include infection, trauma, nausea, diarrhea, dry mouth, constipation, decreased appetite, somnolence, dizziness, decreased libido, tremor, yawning, sweating, abnormal vision, asthenia, insomnia, abnormal ejaculation, female genital disorders and impotence. Patients should not be abruptly discontinued from antidepressant medication, including Paxil CR. Concomitant use of Paxil CR in patients taking monoamine oxidase inhibitors (MAOIs) or thioridazine is contraindicated.

For more information on Paxil CR log on to <http://www.paxilcr.com>, or for patients who are being treated with Paxil CR, visit [CRBalance.com](http://CRBalance.com).

~ A [GlaxoSmithKline](#) news release  
[07:43 PM](#) #

### **[Should anxiety sufferers date other people with anxiety?](#)**

On the Community Forum, Albacorky writes: "Do you think people with anxiety disorders should try to date other people with anxiety disorders? It seems to make sense to me because, after all, who would understand you better? Maybe it depends on the actual people and the degree of anxiety, and the success or failure rate won't be much different than the national average. I know if I met a nice woman about my age and she had an anxiety disorder, I think I'd understand her a lot better, and her me, but maybe that's just wishful thinking on my part." What do you think? [Join the discussion on the Anxiety Community Forum.](#)  
[06:00 AM](#) #

### **[Are You Feeling Lonely Today?](#)**

Loneliness may be painful and even frightening, and it may indicate a need for introspection. Have you been feeling lonely for a long time? Perhaps it's time to make some changes; it is possible to feel less alone. Loneliness is not a sign that you have failed or that you will never have people in your life. It may take effort to change the way you feel,

but you can do it. [Read more . . .](#)

**More:** [Make friends on our Anxiety Community Forum](#)

[06:00 AM](#) #

### [How can I help my anxious teen?](#)

On the Community Forum, Johned1 writes: "My 15-year-old daughter, a 10th grader, has struggled with anxiety about going to school since 4th grade. She started off 10th grade well, but crashed in November and has barely been to school since then. She is bright and very social. She loves making friends and thrives on social contact. But because she has been out of school so much, she has made few friends in her high school. I am looking for anyone who may have gone through a similar experience (either as the parent or the child)." If you have any advice or experiences to share with John, [please stop by the forum.](#)

[03:53 PM](#) #

### **Free E-Course: Six Weeks to Improved Relaxation**

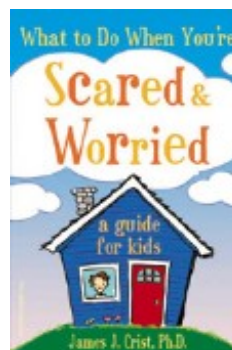
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**More:** [How to Relax at Your Desk](#)

[03:25 PM](#) #

### [New Book for Children With Anxiety Disorders](#)

From upsetting events to a fear of spiders to panic disorders, kids have worries and fears. And now, kids have help — whether they struggle a little or a lot. Drawing on his years of experience



helping children deal with anxiety, Dr. James Crist has written a book that kids can turn to when they need advice,

reassurance, and ideas to try: *What to Do When You're Scared & Worried: A Guide for Kids*.

Dr. Crist starts by explaining why we have worries and fears, then focuses on the kinds of anxieties kids commonly have: fears after something bad has happened; fears of people, animals, and situations; separation anxiety; and more. He explains each type of fear in detail — what might cause it, how it feels — then offers specific suggestions on how to gain control over negative feelings.

Kids learn to relax, use their imaginations, face their fears, change their thoughts and beliefs from negative to positive, and ask for help. Includes a special chapter for parents, references, resources, and a glossary.

From [Free Spirit Publishing](#) -- Available January 2004, \$9.95

[11:50 AM](#) #

### [NAMI Urges FDA to Issue Guidance on Use of SSRIs in Children](#)

The National Alliance for the Mentally Ill (NAMI) calls on the U.S. Food and Drug Administration (FDA) to provide clear guidance to families and mental health providers on the safe and effective treatment of major depression in children -- after reviewing **all** of the relevant research data.

"As a psychiatrist who treats children with major depression, and mother of two children who suffer from depressive illness, there is a critical need to ensure that families nationwide understand the best way to help their children deal with the sometimes life-threatening illness of depression," stated Dr. Suzanne Vogel-Scibilia, a NAMI national board member. "We know from personal experience that selective serotonin reuptake inhibitors (SSRIs) have saved the lives of many children, and parents need the benefit of this FDA data review."

Following two conflicting reports on the benefits and risks of prescribing certain antidepressants for children and adolescents with depression, the FDA today convened a meeting to consider current research data and the need for further research in this area.

Britain's Medicines and Healthcare Products Regulatory Agency and the FDA issued warnings last year that stated that increased suicidal ideation and suicide attempts in clinical trials were associated with the use of Paxil—a

SSRI used to treat adolescents with major depression.

However, the link between SSRI use in adolescents with depression and suicide is weak, according to a preliminary report released by the American College of Neuropsychopharmacology (ACNP) -- whose special task force of nationally recognized psychiatrists evaluated evidence from clinical trials and studies. This analysis led the task force to conclude that SSRI use did not cause increased suicide attempts or ideation in youth being treated for depression. On the contrary, the data reviewed by the ACNP task force demonstrated efficacy in the use of SSRIs to treat youth with major depression.

"Psychotropic medications for children with mental illnesses should be used only when the anticipated benefits outweigh the risks," stated Dr. Suzanne Vogel-Scibilia. "Research shows that early identification and comprehensive treatment can improve the long-term prognosis of children with mental illness. Research on the effectiveness of treatments is our best hope for the future."

"NAMI is concerned that any limitations on the ability of knowledgeable practitioners to treat children with SSRIs, when needed, could be damaging to children in our country—especially those with serious, life-altering illnesses," according to Dr. Vogel-Scibilia, who appeared today before the FDA committee on behalf of NAMI.

"There is some epidemiological evidence that the overall use of SSRIs has had a positive effect in reducing suicides in adolescents," said Dr. Ken Duckworth, NAMI medical director and a child and adolescent psychiatrist. "However, the field clearly needs more and better research to understand the effects of SSRIs in treating depression in children."

The discussion of pediatric medicine and SSRI use in children and adolescents must also address the critical need to ensure that all children and adolescents with mental illnesses have access to evidence-based assessments, interventions and quality clinical care. According to Dr. Vogel-Scibilia, "the lack of effective and appropriate treatment for children with mental illnesses will adversely affect a child's overall development including the child's ability to learn, develop self-esteem, socialize and function in the

community." We simply must ensure that children with mental illnesses have access to safe and effective treatments to avoid the continued suffering and unnecessary tragedies that occur nearly every day in this country.

###

*As The Nation's Voice on Mental Illness, NAMI leads a national grassroots effort to transform America's mental health care system, combat stigma, support research, and attain adequate health insurance, housing, rehabilitation, jobs and family support for millions of Americans living with mental illnesses. NAMI's one thousand affiliates are dedicated to public education, advocacy and support and receive generous donations from tens of thousands of individuals as well as grants from government, foundations and corporations. NAMI's greatest asset, however, is its volunteers -- who donate an estimated \$135 million worth of their time each year.*

~ A [NAMI](#) press release

[07:35 AM](#) #

### **Free E-Course: Alcohol's Health Effects**

Almost every system in the body can be negatively affected by drinking alcohol. Some effects are reversible, but others are not. [Sign up now](#) for Alcoholism Guide Buddy T's free email course to find out how drinking alcohol can cause a variety of different medical problems.

[10:15 AM](#) #

### **For Women, the 12 Steps Don't Always Work**

Alcoholics Anonymous has dominated the alcohol treatment field in the United States. This approach has worked well for many people who have drinking problems, but it doesn't work for everyone. Many women especially find the emphasis on "powerlessness" to be less than helpful. Mental Health Resources Guide Dr. Leonard Holmes explains the problems and discusses alternatives. [Read more . . .](#)

[07:32 AM](#) #

### **Free E-Course: Alternative Sleep Aids**

Of course there's medication - sleeping pills, tranquilizers, muscle relaxants. But perhaps other techniques might help you sleep. If your doctor prescribes the pills, be sure to follow his advice, but you also might try one or more of these

alternatives as additional sleep aids (with your doctor's consent). This eight week course will help you discover if one of these methods will work for you. [Sign up now for this free e-course](#) from Sleep Disorders Guide Florence Cardinal.

**More:** [How to Get a Better Night's Sleep](#)  
11:38 AM #

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