



A WHO Educational Package

Mental Disorders in Primary Care



Diagnosis and Management of Common Mental Disorders in Primary Care

Foreword

In view of the public health importance of mental disorders in general health care, the World Health Organization (WHO) has developed an educational programme to assist primary health care providers in the diagnosis and treatment of mental disorders. This programme contains information modules concerning common mental disorders: depressive disorders, anxiety disorders, alcohol use disorders, insomnia, chronic fatigue and somatoform disorders. These conditions are frequently seen in primary care settings, and primary care providers are in a key position to identify and manage them effectively.

Because primary care differs from country to country, the WHO educational materials for primary health care providers have been prepared as a flexible set that can be tailored to different settings. The WHO package aims to facilitate the diagnosis and management of common mental disorders by improving the knowledge, skills and behavior of primary care providers. It is brief, clinician friendly, management-orientated and flexible enough to be adapted to specific country needs. The main strength of the WHO Educational package comes from its conception as a 'tool-kit' in modular form. Similar to 'lego' pieces, its components can be added or removed according to needs. Users can select and adapt those elements of the kit that are most relevant to their practices.

WHO's objective is to develop an educational programme which will be applicable in different cultures and provide state-of-the-art reference and information materials to increase awareness of mental disorders and improve their treatment. As an important part of the project national training programmes will be developed, the package will be adapted to different countries and country-wide application and dissemination will be facilitated.

Please send us your comments, suggestions to improve the WHO's Educational Programme and its use in national adaptations.

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Diagnosis and Management of Common Mental Disorders in Primary Care

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Note: The authors have worked to ensure that all information in this book containing drug dosages, schedules and routes of administration is accurate at time of publication and consistent with standards set by the World Health Organization (WHO) and the general medical community. As medical research and practice advance, however, therapeutic standards may change. For this reason and because human and mechanical errors sometimes occur we recommend that readers follow the advice of a physician who is directly involved in their care or in the care of a member of their family.



Mental Disorders in Primary Care

Programme Guidelines



Introduction

Psychological problems in general health care settings are frequent. Research shows that 24% of the patients who present themselves to primary care physicians suffer from a well defined ICD-10 mental disorder. The majority of these patients (69% across the world) usually present to physicians with physical symptoms and there is ample scientific evidence that many of those cases remain undetected. Knowing the high prevalence of common mental disorders, their susceptibility to treatment and the fact that the primary care physicians (PCPs) will continue to manage them in their practice, the following information package has been developed. It is a flexible and practical tool to assist PCP's, assess and treat mental health problems of patients under their care.

The information package has been produced by the World Health Organization Division of Mental Health and Prevention of Substance Abuse (WHO MSA, Unit on Epidemiology, Classification and Assessment) and endorsed by:

- The Collegium Internationale Neuro-Psychopharmacologicum (CINP)
- The World Organisation of National Colleges, Academies and Associations of General Practitioners and Family Physicians (WONCA)
- The World Psychiatric Association (WPA)

A brief guide to programme implementation

1 *Conduct a brief mental health assessment of patients*

- use the screening questions along the top section of the ***Mental Disorders Checklist***. This checklist is based on the International Classification of Diseases, Chapter V, Primary Care Version (ICD-10 PC). If any of the screening questions are positive, then complete appropriate mental disorder section below in order to help reach a correct diagnosis.
- the ***flowchart*** is designed to illustrate the decision making process and differential diagnosis in arriving at a diagnosis in accordance with the ICD-10 PC.

2 *If the patient has an Identified mental disorder(s)*

- use the appropriate ***Handycard(s)*** interactively with the patient to help explain the disorder.
- determine a treatment plan and explain it to the patient.
- provide a self-help leaflet for the appropriate disorder and explain how this should be used.
- set-up a follow-up visit(s) to review treatment. In general; e.g., medication, compliance with recommendations and overall progress.

3 *if the patient appears to have subthreshold disorder(s)*

- i.e, positive responses to many of the questions but not enough to fulfil the diagnostic criteria for a disorder.
- medications may not be necessary.
- use the relevant ***Handycard(s)*** interactively with the patient and provide the ***Patient Leaflet(s)***.
- indicate that you are available for consultation should the need arise.

Programme materials

1 Mental disorder Assessment Guides:

The **Checklist** and **Flowchart** are the options to help the assessment of depression, anxiety, alcohol, sleep, chronic tiredness, and unexplained somatic complaint disorders.

You can choose either one of the guides according to your practice. When you use the Checklist you can start with the screening questions (in top boxes) to explore the presence of disorders and, if the disorder exists, you can continue below. When using the Flowchart, it is necessary that you consult ICD-10 PC.

2 Information Handycards:

These are to be used during the consultation with the patient to provide brief information concerning the mental disorder. Each of the 6 disorders has its own Handycard:

- Depression
- Anxiety
- Alcohol Use Disorders
- Sleep Problems
- Chronic Tiredness
- Unexplained Somatic Complaints

3 Patient Information Leaflets:

These can be given to the patients to help reinforce the information that has been provided and also to encourage their active participation in the treatment. Each of the 6 disorders has its own Leaflet:

- Depression
- Anxiety
- Alcohol Use Disorders
- Sleep Problems
- Chronic Tiredness
- Unexplained Somatic Complaints

4 Questionnaires:

These can be employed in several different ways as diagnostic aids. The questionnaires can be completed by patients prior to the consultation or after their first visit, either alone or with the help of a PCP assistant. It can be used any time during the treatment process to review prepress.

* Diskette:

The information provided in 3 & 4 has been given on a diskette for free distribution and duplication.

General programme tips

During the *interview* be aware of vague or evasive responses to questions. Often for various reasons patients are reluctant to talk about their problems, therefore:

- ➡ ask open Ended questions
- ➡ understand and acknowledge patients' responses
- ➡ be sensitive to patients' emotions
- ➡ pay attention to patients' body language and tone of voice
- ➡ allow patients to talk freely and express their emotions
- ➡ assure patients of confidentiality
- ➡ keep an open mind
- ➡ encourage the patient to seek support from family and friends

At diagnosis, in case of multiple disorders (e.g. if there is more than one mental disorder present):

- ➡ best to treat an alcohol problem first if present
- ➡ if low or sad mood or loss of interest/pleasure present, then treatment for depression takes priority over anxiety or unexplained somatic complaints
- ➡ if anxiety symptoms are present then treatment should focus on anxiety rather than unexplained somatic complaints which increase when both disorders are present

Referral tips

It is important for the primary care providers and specialists to understand that the main objective of the educational initiative is not to replace specialists, but to extend the expertise of the primary care physician and improve the cooperation and communication between the Primary Care Providers and specialty mental health services. With this understanding in mind the following guidelines have been prepared.

Referral to a psychiatrist or to a treatment centre should be considered in the following circumstances:

- 1 if the patient is expressing a suicidal intent or if there was a recent suicide attempt
- 2 if the patient is elderly, confused and presentation of the history is unclear
- 3 if the presenting symptoms of the disorder are severe, e.g., severe weight loss or weight gain , severe physical damage from drinking, severe withdrawal symptoms, several unsuccessful attempts to quit drinking.
- 4 if the diagnosis is not clear
- 5 if the treatment fails after the patient has received an appropriate medication trial
- 6 if the management requires hospitalization or intensive treatment e.g. extreme hostility, aggression or homicide
- 7 if there is of comorbidity with severe physical or other mental disorders

Mental Disorders Checklist



Depression

Yes

- I. Low mood / sadness.....☐
II. Loss of interest or pleasure☐
III. Decreased energy and/or increased fatigue.....☐

If YES to any of the above, continue below

1. Sleep disturbance☐
difficulty falling asleep
early morning waking
2. Appetite disturbance.....☐
appetite loss
appetite increase
3. Concentration difficulty.....☐
4. Psychomotor retardation or agitation☐
5. Decreased libido☐
6. Loss of self-confidence or self esteem☐
7. Thought of death or suicide.....☐
8. Feelings of guilt.....☐

Summing up

Positive to I, II or III and at least 5 positive from 1 to 8☐
all occurring most of the time for 2 weeks or more.
Indication of **depression**.....☐

Anxiety

Yes

- I. Feeling tense or anxious?.....☐
II. Worrying a lot about things?.....☐

If YES to any of the above, continue below

1. Symptoms of arousal and anxiety?.....☐
2. Experienced intense or sudden fear unexpectedly or for no apparent reason?
Fear of dying☐ Feeling dizzy.....☐
Fear of losing control☐ lightheaded or faint.....☐
Pounding heart☐ Numbness or tingling.....☐
Sweating☐ sensations.....☐
Trembling or shaking☐ Feelings of unreality.....☐
Chest pains or difficulty breathing.....☐ Nausea.....☐
3. Experiences fear/anxiety in specific situations
leaving familiar places☐
travelling alone, e.g. train, car, plane☐
crowds confined places/ public places☐
4. Experienced fear/anxiety in social situations
speaking in front of others☐
social events.....☐
eating in front of others.....☐
worry a lot about what others think or self-consciousness?.....☐

Summing up

Positive to I or II and negative to 2, 3 and 4:
Indication of **generalized anxiety**.....☐
Positive to I and 2: indication of **panic disorder**.....☐
Positive to I and 3: indication of **agoraphobia**.....☐
Positive to 1 and 4: indication of **social phobia**.....☐

Alcohol Use Disorders

- I. No. standart drinks in a typical day when drinking?.....
II. No. of days/wk. having alcoholic drinks?.....

If above limit, or if there is a regular / hazardous pattern, continue below

1. Have you been unable to stop, reduce or continue your drinking?.....☐
2. Have you ever felt such a strong desire or urge to drink that you could not resist it?
3. Did stopping or cutting down on your drinking ever cause you problems such as:
the shakes.....☐ heart beating fast.....☐
being unable to sleep☐ headaches.....☐
feeling nervous or restless.....☐ fits or seizures.....☐
sweating.....☐
4. Have you ever continued to drink when you know that you had problems that can be made worse by drinking?.....☐
5. Has anyone expressed concern about your drinking, for example; your family, friends or your doctor?.....☐

Summing up

If I x II is 21/wk or more for men or 14/wk or more for women, then possible **alcohol problem**.....☐
Positive to I and any of 1-5, then likely **alcohol problem**.....☐

Functioning & Disablement

I. During the last month have you been limited in one or more of the following activities most of the time:

- Self care: bathing, dressing, eating?☐ Doing housework or household tasks?☐
Family relations: spouse, children, relatives?.....☐ Social activities, seeing friends?☐
Going to work or school?☐ Remembering things?☐

II. Because of these problems during the last month

- For how many days were you unable to fully carry out your usual daily activities?.....
How many days did you spend in bed in order to rest?.....

Sleep Problems

Yes

I. Have you had any problems with sleep?

- Difficulty falling asleep.....☐ Frequent or long periods of being awake.....☐
 Restless or unrefreshing asleep.....☐ Early morning awakening.....☐

If YES to any of the above, continue below

- Do you have any medical problems or physical pains?.....☐
- Are you taking any medication?.....☐
- Do any of the following apply?
 drink alcohol, coffee, tea or eat before you sleep?.....☐
 take day time naps?.....☐
 experienced changes to your routine e.g. shift work?.....☐
 disruptive noises during the night?.....☐
- Problems for at least three times a week?.....☐
- Has anyone told you that your snoring is loud and disruptive?.....☐
- Do you get sudden uncontrollable sleep attacks during the day?.....☐
- Low mood or loss of interest or pleasure?.....☐
- Worried, anxious or tense?.....☐
- How much alcohol do you drink in a typical week - (number of standard drinks / wk)?.....

Summing up

- Positive to any of 1,2 or 3:.....☐
 consider management of the underlying problem
 Positive to 4 then indication of **sleep problem**.....☐
 Positive to 5 consider **sleep apnea**.....☐
 If positive to 6 consider **narcolepsy**.....☐
 Positive to 7: consider **depressive disorder**.....☐
 Positive to 8: consider **anxiety disorder**.....☐
 If weekly drinking is more than 21 standard drinks for men and more than 14 for women, consider **alcohol use disorder**.....☐

Chronic Tiredness

Yes

I. Do you get tired easily?

- Tired all the time?.....☐
 Easily tired out while performing every day tasks?.....☐
 Difficult to recover from the tiredness, despite rest?.....☐

If YES to any of the above, continue below

- Do you have any medical problems or physical pains?.....☐
- Are you taking any medication?.....☐
- Low mood or loss of interest or pleasure?.....☐
- Worried, anxious or tense?.....☐
- How much alcohol do you drink in a typical week (number of standard drinks / wk)?.....
- Are you doing too much at home and/or work?.....☐
- Do you fail to set time aside for leisure activities?.....☐
- Have you been having problems with sleep?.....☐

Summing up

- Positive to I: indication of a **fatigue problem**.....☐
 Positive to any of 1 or 2:.....☐
 Consider management of the underlying problem
 Positive to 3: consider **depressive disorder**.....☐
 Positive to 4: consider **anxiety disorder**.....☐
 If weekly drinking is more than 21 standard drinks for men and more than 14 for women: consider **alcohol use disorder**.....☐
 Positive to 6 or 7: consider **lifestyle change**.....☐
 Positive to 8: consider **sleep problem**.....☐

Unexplained Somatic Complaints

Yes

- I. Have you been bothered by continuing aches or pains or other physical complaints for which a cause has not been found (e.g. Nausea / vomiting / diarrhoea / shortness of breath / chest pain / headaches / abdominal pain)?.....☐

If YES to any of the above, continue below

- Have you seen more than one doctor for these problems?.....☐
- Have you seen any specialists about these problems?.....☐
- Have you experienced these pains or different physical problems for longer than 6 months?.....☐
- Low mood or loss of interest or pleasure?.....☐
- Worried, anxious or tense?.....☐
- How much alcohol do you drink in a typical week (number of standard drinks / wk)?.....

Summing up

- Positive to I and also to at least one positive form 1 to 4 and negative to 5, 6, and 7:.....☐
 consider **unexplained somatic complaints disorder**.

Functioning & Disablement

I. During the last month have you been limited in one or more of the following activities most of the time:

- Self care: bathing, dressing, eating?.....☐ Doing housework or household tasks?.....☐
 Family relations: spouse, children, relatives?.....☐ Social activities, seeing friends?.....☐
 Going to work or school?.....☐ Remembering things?.....☐

II. Because of these problems during the last month

- For how many days were you unable to fully carry out your usual daily activities?.....
 How many days did you spend in bed in order to rest?.....

Diagnostic and Management Guidelines for Mental Disorders in Primary Care

ICD-10

ICD-10 PC Chapter V contains essential information on how to help patients with mental disorders. It gives guidelines for diagnosis and management in cases where the primary care practitioner has to do this task alone. It also gives guidelines on what to say to patients and their families, how to give them counseling, what medication to prescribe, and when to consult a specialist.

In short, ICD-10 PC Chapter V presents the knowledge of mental health science in an easily understandable form for the practitioner at the primary care level.

The categories were chosen as a result of a selection process that reflects

- the public health importance of disorders (i.e., prevalence, morbidity or mortality disability resulting from the condition, burdens imposed on the family or community, health care resources need);
- availability of effective and acceptable management (i.e., interventions with a high probability of benefit to the patient or her/his family are readily available within primary care and are acceptable to the patient and the community,
- consensus regarding classification and management (i.e., a reasonable consensus exists among primary care physicians and psychiatrists regarding the diagnosis and management of the condition);
- cross-cultural applicability (i.e., suggestions for identification and management are applicable in different cultural settings and health care systems);
- consistency with the main ICD-10 classification scheme (i.e., each diagnosis and diagnostic category corresponds to those in ICD-10).

All diagnoses included in this book are fairly common in primary care settings and a management plan can be written for each of them.

Categories of mental and behavioural disorders

F00#	Dementia
F05	Delirium
F10	Alcohol use disorders
F11#	Drug use disorders
F17.1	Tobacco use disorders
F20#	Chronic psychotic disorders
F23	Acute psychotic disorders
F31	Bipolar disorder
F32#	Depression
F40	Phobic disorders
F41.0	Panic disorder
F41.1	Generalized anxiety
F41.2	Mixed anxiety and depression
F43.2	Adjustment disorder
F44	Dissociative (conversion) disorder
F45	Unexplained somatic complaints
F48.0	Neurasthenia
F50	Eating disorders
F51	Sleep problems
F52	Sexual disorders
F70	Mental retardation
F90	Hyperkinetic (attention deficit) disorder
F91#	Conduct disorder
F98.0	Enuresis
Z63	Bereavement disorders

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Diagnostic and Management Guidelines for Mental Disorders in Primary Care

For each of the 25 conditions concise Diagnostic and Management Guidelines are given.

Diagnostic Guidelines

Presenting complaints
Diagnostic features
Differential diagnosis

Management Guidelines

Essential information for patient and family
Counseling of patient and family
Medication
Specialist consultation

Ordering information:

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Flow Chart Assessment Guide

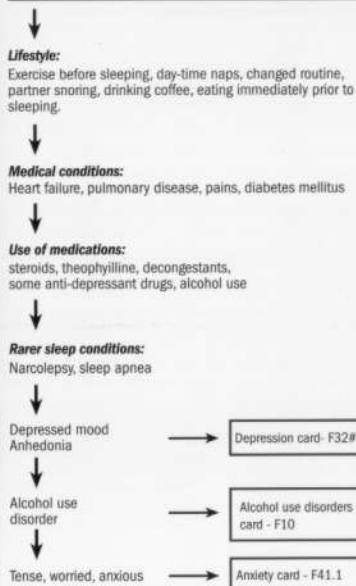
(To be used with
ICD-10 PC)



Sleep Problems

Common symptoms:

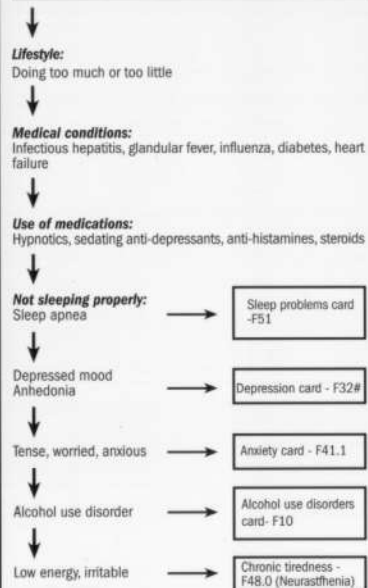
Difficulty falling asleep, frequent or long periods of being awake, early morning wakening, restless or unrefreshing sleep



Chronic Tiredness (Neurasthenia)

Common symptoms:

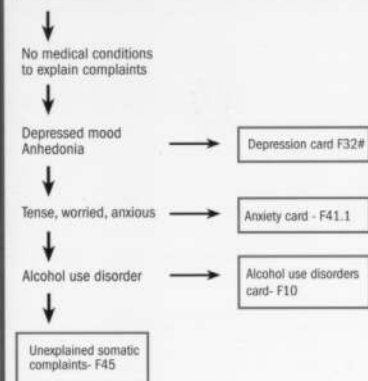
Tired all the time, tires easily, tired despite rest



Unexplained Somatic Complaints

Common symptoms:

Nausea, vomiting, abdominal pains, headaches, chest pains, difficulty in breathing, skin rashes



The assessment guide for Unexplained Somatic Complaints should be used in close conjunction with the other cards wherever applicable (e.g. Depression, Anxiety, Alcohol Use Disorder, Sleep Problems)

Flow Chart Assessment Guide

(To be used with
ICD-10 PC)



Depression

Common symptoms:

Low mood, sad, blue, loss of interest, guilt or low self worth, disturbed sleep, disturbed appetite, agitation or slowing down, fatigue, pain, hopelessness and helplessness.



Medical conditions:

Organic illness: neoplasms, arthritis, endocrine disorders, chronic infectious diseases, chronic medical conditions e.g. heart problems, diabetes etc



Use of medications:

Beta blockers, antihypertensives, contraceptives, corticosteroids



Tense / worried / anxious

→ Anxiety card - F41.1



Alcohol use disorder

→ Alcohol use disorders card - F10



Life events / loss

→ Adjustment disorder card - F43.2



If still depressed treat with antidepressants. (adequate dose and period)

Anxiety

Common symptoms:

Worry chest pain, numbness, tension, dizziness, breathlessness, light headedness, sweating heart pounding, muscle aches, stomach pains, tremors



Medical conditions: e.g. Thyrotoxicosis



Use of medications: e.g. Methylxanthines and beta agonists



Depressed mood

→ Depression card-F32#



Anhedonia



Alcohol use disorder

→ Alcohol use disorders card- F10



Life events / loss

→ Adjustment disorder card- F43.2
Bereavement disorders - Z63



Sudden episodes of extreme anxiety

→ Panic disorder - F41.0



With avoidance behaviour in public, crowded or open spaces

→ Agoraphobia-
Phobic disorders - F40



Long lasting anxiety symptoms

→ Anxiety card - F41.1



Extreme fear of being judged

→ Social phobia -
Phobic disorders - F40

Alcohol Use Disorders

Common symptoms:

Drinking above acceptable levels
Comorbid disorder depression / anxiety suspect
Medical examination + biochemical tests, family history



Male GE 21 standard drinks/wk
Females GE 14 standard drinks/ wk

Physical, psychological and social problems
Pregnancy

→ Alcohol use disorders card-F10 (Harmful use)



Loss of control
strong desire
tolerance
withdrawal symptoms

→ Alcohol use disorders card-F10 (dependence)

Mental Disorders in Primary Care

Depression

Common symptoms

Mood and Motivation

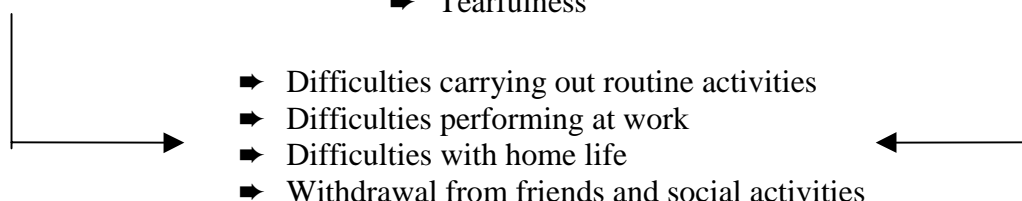
- Continuous low mood
- Loss of interest or pleasure
- Hopelessness
- Helplessness
- Worthlessness

Psychological

- Guilt / negative attitude to self
- Poor concentration/memory
- Thoughts of death or suicide
- Tearfulness

Physical

- Slowing down or agitation
- Tiredness / lack of energy
- Sleep problems
- Disturbed appetite (weight loss/increase)



Depression is common and treatable

- Depression does not mean weakness
- Depression does not mean laziness
- Depression does mean that you have a medical disorder which requires treatment

Common triggers

Psychological

- Major life events
- recent bereavement
- relationship problems
- unemployment
- moving house
- stress at work
- financial problems

Other

- family history of depression
- childbirth
- menopause
- seasonal changes

Illness

- infectious diseases
- influenza hepatitis
- chronic medical conditions
- alcohol and substance use disorders

Medications

- antihypertensives
- H2 blockers
- oral contraceptives
- corticosteroids

What treatments can help?

Both therapies are often needed

Supportive therapy for:

- stress/life problems
- patterns of negative thinking
- prevention of further episodes

Medication for:

- depressed mood or loss of interest / pleasure for two or more weeks and at least four of the symptoms mentioned earlier
- little response to supportive therapy (counselling)
- recurrent depression
- family history of depression

About medication

Effective

works better and faster than other methods

Treatment plan

must be strictly adhered to

Drugs

- are not addictive
- interact in a harmful way with alcohol
- improvement takes time, generally 2-4 weeks for response

Side effects

must be reported, but generally start improving within 7-10 days

Progress

- same medication should continue unless a different decision is made by the physician
- medication should not be discontinued without physician's knowledge
- in case a medication is not effective, another medication may be tried

Time period

medication to be continued at least 6 months after initial improvement

Ongoing review

is necessary over the next few months

Increasing time spent on enjoyable activities

- Set small achievable, daily goals for doing pleasant activities
- Plan time for activities and increase the amount of time spent on these each week
- Plan things to look forward to in the future
- Keep busy even when it is hard to feel motivated
- Try to be with other people/family members

Problem solving plan

Discuss

problems with partner/family members, trusted friend or counsellor

Distance

yourself to look at problems as though you were an observer

Options

to work out possible solutions to solve the problems

Pros & cons

examine advantages and disadvantages of each option

Time frame

to examine and resolve problems

Action plan

for working through the problems over a period of time

Review

progress made in solving problems

Changing attitudes and way of thinking

"I will always feel this way things will never change"

Replace with

"These feelings are temporary. With treatment things will look better in a few weeks"

"It's all my fault. I do not seem to be able to do anything right"

Replace with

"These are negative thoughts that are the result of depression. What evidence for this do I really have?"



Depression

Depression is an illness - it is common and treatable

Depression

Depression is an illness - it is common and treatable

Depression **does not** mean that you are weak or lazy. It is a *medical* disorder like hypertension, diabetes or arthritis that requires *medical treatment*. It can occur at any age and can be overcome with *medical help*.

What is depression?

Many people use the word depression to describe feelings of sadness and loss. These feelings often pass within a few hours or a few days. During this time people are able to carry out their normal activities. The medical illness called **depression** is different from transient feelings of sadness. In **depression**, as a medical disorder, sad feelings are felt much more intensely and for a longer period of time. It can be disruptive to your work, social and family life.

Depression can also affect people in many other ways. Common symptoms are:

- ➡ Disturbed sleep
- ➡ Changes to appetite
- ➡ Physical aches and pain
- ➡ Lack of energy or motivation
- ➡ Irritability and intolerance
- ➡ Feelings of guilt
- ➡ Loss of concentration

What may trigger depression?

It is known that there are biochemical changes in the brains of depressed patients. There is also evidence that if your first degree relatives suffer from depression, you are at a greater risk of having depression. For many people, depression is triggered by stressful events, alcohol or drug use. However, in some people there is no obvious trigger. Think about your situation - was your depression associated with one of the triggers listed below?

If so, put a check beside it. If not, and you are aware of some other trigger, write it in the space provided. It would help to discuss this with your doctor, your family and friends.

Possible triggers

- | | | | |
|---|-------|--|-------|
| ➡ Moving house | _____ | ➡ Loss of job | _____ |
| ➡ Divorce or separation | _____ | ➡ Poverty | _____ |
| ➡ Death of a loved one | _____ | ➡ Unemployment | _____ |
| ➡ Long term alcohol use | _____ | ➡ Chronic drug use | _____ |
| ➡ Certain medications | _____ | ➡ Seasonal changes | _____ |
| ➡ Dissatisfaction or conflict at work | _____ | ➡ Loneliness | _____ |
| ➡ Death of a spouse | _____ | ➡ Marital problems | _____ |
| ➡ Chronic physical illness | _____ | ➡ Childbirth | _____ |
| ➡ Being a victim of a crime or an accident | _____ | ➡ Unsatisfactory relationships with family or friends | _____ |
| ➡ Serious injury or illness in the patient or a loved one | _____ | ➡ Unprepared social and cultural changes (immigration) | _____ |
| ➡ Low self-esteem | _____ | ➡ Others (specify) | _____ |

How to overcome depression

1 Identify your symptoms of depression - in the last month

<i>Symptom Severity Form</i>	Not at all	Mild	Moderate	Severe
Feelings of sadness	_____	_____	_____	_____
Loss of interest or pleasure in activities previously enjoyed	_____	_____	_____	_____
Lack of energy / tiredness	_____	_____	_____	_____
Poor/disturbed sleep	_____	_____	_____	_____
Putting on/losing weight	_____	_____	_____	_____
Poor concentration / forgetfulness	_____	_____	_____	_____
Slowness	_____	_____	_____	_____
Restlessness	_____	_____	_____	_____
Decreased interest in sex	_____	_____	_____	_____
Physical aches/pains	_____	_____	_____	_____
Believing that you are no good	_____	_____	_____	_____
Feelings of hopelessness	_____	_____	_____	_____
Thoughts of harming oneself	_____	_____	_____	_____
Feelings of guilt/self blame	_____	_____	_____	_____

2 Identify problems in your life

Everybody experiences problems in life and sometimes these can trigger depression. List the problems which you think triggered your depression. What were the things that bothered you before you became depressed?

e.g. *Going through divorce, unhappy work environment*

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Discuss your list with your doctor and/or counsellor, family member or a trusted friend.

3 Working out a strategy to deal with problems

Often problems that never get resolved can trigger depression. Are you putting your problems off because you cannot find any easy solutions to them? Maybe with the help of your doctor and/or your counsellor and the support of your family and friends you can try to work out some of your problems. Think of the problems you have listed previously. We suggest that you work through each of them using the following strategy.

Discuss the problem(s) with a trusted family member or friend.

Then write down what you believe to be the major difficulties of solving it.

e.g. Problem: Unhappy work environment

Major difficulty of solving it: Difficulty finding a new job

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Work out options for dealing with the problem(s)

Then write down your options

e.g. *Leave the job and then look for a new one*

You shouldn't leave your job

What do other people think?

before finding a new job

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Decide on a step by step action plan for working through the problem(s). The final solution can seem overwhelming. Plan the steps that you need to take to solve the problem and then set realistic time targets to achieve each step.

Action

Date

e.g. *Start looking for a new job*

Tomorrow

Examine the progress made in solving the problem(s). At each step, review your progress and discuss this with your doctor and/or counselor or with a trusted family member or friend.

Progress review

Date

e.g. *Boss responded positively*

6/6/97

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4 Identify routine and pleasant activities

Think about your daily routine activities before you were depressed and write them below. Now think about those activities that you enjoyed and those that you would have liked to have done and also write them down,

Before becoming depressed

My routine activities

Pleasant activities

Activities I wanted to do

e.g. *Grocery shopping*

Going to a restaurant

Reading

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5 Increase routine and pleasant activities

Once you have identified your daily routine activities and pleasant activities with the help of your doctor and/ or counsellor you can slowly try to return to your routine and also try to do some of the pleasant activities you enjoy. At the beginning of each week you can choose activities from your "daily routine" list and "pleasant activity" list and build them into your day.

Remember, it is Important to do these activities even when you do not feel like it

6 Identify those areas of your life that are positive

When you are depressed it is easy to lose sight of those things that you value in your life. Think about life before depression. What did you value and what was special? Make a list of them.

e.g. *Family*
Children
Work
Sport
Music

Having identified those areas of your life that are positive, discuss them with your doctor and/or counsellor.

7 Identity negative thinking

When people are depressed they tend to think negatively about themselves, events and their future. Negative thinking can also trigger depression and slow down recovery. Have you noticed differences in the way people think about events? Some people are mostly positive while others are negative. Can you relate to any of the examples below?

A colleague was promoted at work rather than you...

Person A

She is more experienced
She has been here longer
She has the necessary skills
It will be my turn next time

Person B

I will never get promoted
I am not appreciated
I am not liked
I am worthless

Brief disappointment

Prolonged unhappiness

Remember you can help the success of your treatment by working to change your negative way of thinking.

Here are some more examples of negative thoughts or beliefs. Mark the statements that apply to you

- ☐ If someone does not like me it means that there is something wrong with me
- ☐ If I get criticised it means that I am wrong
- ☐ If I make a mistake that means that I am stupid
- ☐ Things always and will always go wrong for me
- ☐ I cannot handle it when things go wrong
- ☐ To be a good person I have to be nice to everyone
- ☐ If I am a bad person if I hurt someone
- ☐ If I show emotion it means that I am weak
- ☐ If my partner leaves me it means that I am worthless
- ☐ If I do not get asked out it means that I am not liked
- ☐ I can never overcome my problems
- ☐ If the relationships failed, I did something wrong

8 How do you change the way that you think

It is likely that you have been thinking in a negative way for sometime now. It will take a lot of practice to change these ways

Remember you can learn to think more positively and this will make a huge difference in your life.

Here are some suggestions:

First, ask yourself “*is what I believe TRUE?*”

- It will be useful to consult someone outside the situation for their opinion
- Ask yourself if everyone would have the same belief in this situation
- Examine other possible explanations for the event occurring

Second, counter each negative and unreasonable thought with more realistic ones

- This should be opposite to the unreasonable belief
- It should be a realistic statement
- There should be as many counters as possible

Now, read the following example and work out your own examples using the same format. You can do this with the help of your doctor and/or your counsellor.

Example

The example below shows how negative and positive thoughts lead to different reactions to the same situation.

SITUATION: Was not chosen for job

Unreasonable/negative thoughts:

- Just as well I didn't get the job, I would have failed at it anyway
- I am no good/stupid
- I am a failure
- I should give up
- I will never succeed

Resulting feelings: Worthlessness, depression.

Now let's look at the same situation from a different angle

Reasonable/positive thoughts:

- Many people do not get the job they want
- I need to practice some interview techniques
- I am not a failure, I have achieved many good things in the past
- I will not get anywhere by giving up
- If I persevere I can succeed
- I have succeeded in the past and I will continue to succeed

Resulting feelings: Disappointment, but enthusiasm and hope

Now you can work through your own examples. Write down a situation that has made you unhappy and any negative thoughts you may have had and the resulting feelings. Next you may write the counter positive thoughts and the new resulting feelings.

Remember it will take time to change the way you think and feel

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Keep a record of your progress

As part of treatment it is often useful to record how you feel and also to plan and record activities that you do. This will help you keep track of your progress.

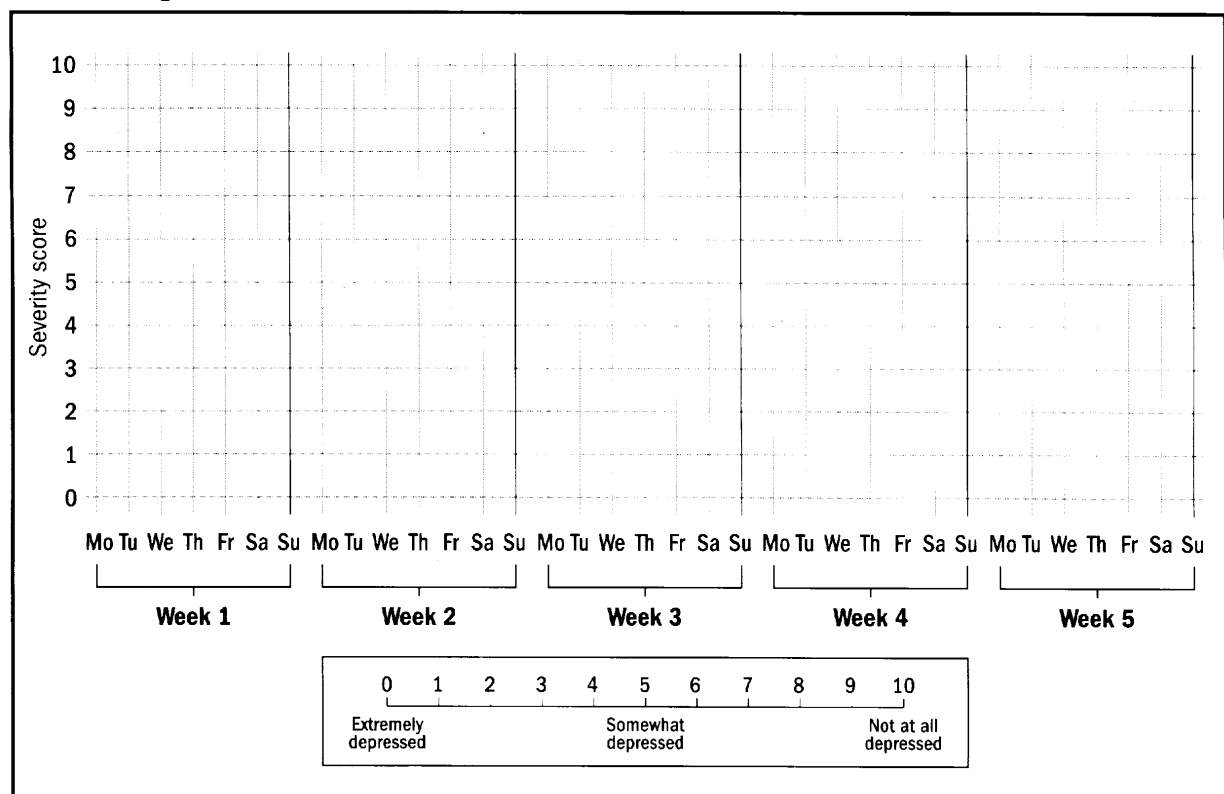
Use the Symptom Severity Form and Personal Progress Chart to monitor your mood and symptoms. Give yourself an overall rating of how you feel each wee~

Remember to:

- 1 Choose items from your activity lists and build them into each day using the weekly activity planning form
- 2 Every week think about how you feel and rate each of your symptoms on the symptom severity form
- 3 Each week mark your overall depression rating on the personal progress chart

Overall rating of how you feel

Personal Progress Chart



How to avoid recurrence of depression

- ➡ it is very important that you follow your physicians advice
- ➡ take your medication as directed without skipping any days
- ➡ never reduce or stop taking medication without first talking to your doctor
- ➡ identify your negative thinking habit and change them to positive one

Assess your symptoms regularly and consult your physician and/or counselor if you have any problem.

Finally

- ➡ Doing the exercises when you are depressed can be difficult
- ➡ It might be useful to work through them with a trusted friend or family member.
- ➡ If you need extra help you can always talk to your doctor and/or your counsellor.

You can overcome your depression.

This page will be filled by local centers or attending PCPs

Notes

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Medication information

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Self-help groups

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Counselors

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Doctors

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Help lines

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Suggested reading

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Other materials

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ICD-10 PC: Questionnaire for

Depressive Disorder

During the *last month* have you had any of the following complaints most of the time for at least two weeks. If yes, please check or mark the relevant box.

- I. Have you been feeling sad, blue or depressed? ☐
- II. Have you lost interest or pleasure in things that you enjoyed previously? ☐
- III. Have you been feeling your energy decreased and/or you are tired all the time? ☐

If YES to any of the above, continue below

1. Have you been experiencing any problems falling asleep or waking up much earlier than before? ☐
2. Have you lost your appetite or have you been eating much more than usual? ☐
3. Any difficulties concentrating; for example, listening to others, working, watching TV, listening to the radio ? ☐
4. Have you noticed any slowing down in your thinking or moving around? ☐
5. Has your interest in sex decreased? ☐
6. Have you felt negative about yourself or lost confidence ? ☐
7. Have you thought of death, wished that you were dead or tried to end your life? ☐
8. Do you often feel guilty? ☐

I. During the *last month* have you been limited in one or more of the following areas most of the time:

- Self care: bathing, dressing, eating? ☐
- Family relations: spouse, children, relatives? ☐
- Going to work or school? ☐
- Doing housework or household tasks? ☐
- Social activities, seeing friends, hobbies? ☐
- Remembering things? ☐

II. Because of these problems doing the *last month*:

How many days were you unable to fully carry out your usual daily activities? _____

How many days did you spend in bed in order to rest? _____

Mental Disorders in Primary Care

Anxiety

Common symptoms

Psychological

- ➡ Tension
- ➡ Worry
- ➡ Panic
- ➡ Feelings of unreality
- ➡ Fear of going crazy
- ➡ Fear of dying
- ➡ Fear of losing control

Physical

- ➡ Trembling
- ➡ Sweating
- ➡ Heart pounding
- ➡ Light headedness
- ➡ Dizziness
- ➡ Muscle tension
- ➡ Nausea
- ➡ Breathlessness
- ➡ Numbness
- ➡ Stomach pains
- ➡ Tingling sensation

↓
Disruptive to work, social or family
Prevents you from doing this

Anxiety disorders are common and treatable

Anxiety **does not** mean weakness

Anxiety **does not** mean losing the mind

Anxiety **does not** mean personality problems

Severe anxiety **does** mean a medical disorder which requires treatment

Common forms of anxiety

Generalized anxiety disorder

- ➡ persistent /excessive worry

and

- ➡ physical symptoms

Panic disorder

- ➡ sudden intense fear

and

- ➡ physical symptoms
- ➡ psychological symptoms

Social phobia

Fear / avoidance of:

- ➡ social situations
- ➡ fear of being criticised

and

- ➡ physical symptoms
- ➡ psychological symptoms

Agoraphobia

Fear / avoidance of:

- ➡ situations where escape is difficult
- ➡ going to unfamiliar places alone

and

- ➡ physical symptoms
- ➡ psychological symptoms

What treatments can help?

Both therapies are most often needed

Support therapy for:

- ➡ slow breathing' relaxation
- ➡ exposure to feared situations
- ➡ realistic / positive thinking
- ➡ problem solving

Medication for:

- ➡ severe anxiety
- ➡ panic attacks

About medication

Short term

- use for severe anxiety
- can be addictive and ineffective when used in the long term

Side effects

- are important to report

Counselling

- (emotional support and problem solving)
- is always recommended with medication

Ongoing review

- of medication use is recommended

Slow breathing to reduce physical symptoms of anxiety

- Breathe in for 3 seconds and out for 3 seconds and pause for 3 seconds before breathing in again
- Practice 10 minutes morning or night (5 minutes is better than nothing)
- Use before and during situations that make you anxious
- Regularly check and slow down breathing throughout the day

Changing attitudes and ways of thinking

"My chest is hurting and I can't breathe, I must be having a heart attack."

Replace with

"I am having a panic attack, I should slow my breathing down and I will feel better."

"I hope they don't ask me a question, I won't know what to say."

Replace with

"Whatever I say will be OK, I am not being judged. Others are not being judged, why should I be?"

"My partner has not called as planned. Something terrible must have happened"

Replace with

"They might not have been able to get to a phone. It is very unlikely that something terrible has happened."

Exposure to overcome anxiety and avoidance

Easy stage →
Going to walk alone

Moderate stage →
Lunch with a friend

Hard stage
Shopping with a friend

- Use slow breathing to control anxiety
- Do not move to the next stage until anxiety decreases to acceptable level



Anxiety

Anxiety is common and treatable

Anxiety

Anxiety is common and treatable

An anxiety disorder **does not** mean that you are weak Or that you are losing your mind or that you have a personality problem. Severe anxiety is a disorder that **can be overcome** with treatment Effective treatments are available.

What is anxiety?

The word 'anxiety' is used to describe the mental and physical response to fearful and threatening situations. This reaction may include trembling, choking, increased heart rate, sweating, feelings of unreality and so on. Anxiety is a normal response experienced by everyone in response to stress. Nearly being hit by a car, sitting for an exam or giving a public talk are all examples of situations in which lead most people to experience anxiety.

You are likely to be suffering from an anxiety disorder if you have any of the following:

- ➡ The anxiety reaction occurs frequently
- ➡ Your fears are out of proportion to the situation
- ➡ You start to avoid feared situations
- ➡ It interferes with your working, social or family life

Different forms of anxiety

- 1 Generalized anxiety
- 2 Panic disorder
- 3 Social phobia
- 4 Agoraphobia

Try to work out which the following descriptions best fit your situation.

Generalized anxiety disorder

Generalized anxiety is different from the other anxiety disorders. The experience of anxiety is not linked to specific situations or to a fear of having a panic attack. It is an ongoing general anxiety, tension and excessive worrying about normal events and the future. While worry is a feature of generalized anxiety, it is less common to experience the range of other psychological symptoms common to different forms of anxiety.

Panic disorder

People who suffer from 'panic disorder' are likely to experience attacks of sudden and intense anxiety. These panic attacks cannot be associated with events occurring around a person. The person is generally free from anxiety in between attacks

Common symptoms of panic disorders include:

Psychological symptoms

- ➡ fear of dying
- ➡ fear of going crazy
- ➡ feelings of unreality

Physical symptoms

- ➡ tightness or pain in the chest
- ➡ shortness of breath
- ➡ choking sensation
- ➡ pounding heart
- ➡ trembling
- ➡ numbness/tingling sensation in fingers and feet
- ➡ light-headedness
- ➡ sweating
- ➡ hot and cold flushes
- ➡ nausea
- ➡ dizziness and light-headedness

Panic attacks are also common with the other anxiety disorders. However, those attacks are easier to predict because they mostly occur in response to the feared situation(s).

Social phobia

The main feature of 'social phobia' is the fear of being the focus of attention or subject of criticism. People with this disorder may worry that they will do something silly or embarrassing in front of others. Social phobia is experienced in many different social situations.

Commonly feared situations include:

- ➡ speaking in front of others
- ➡ asking questions
- ➡ eating in front of others
- ➡ writing in front of others
- ➡ being the centre of attention
- ➡ social activities such as lunches, dinners, parties, marriages, religious gathering or festivals etc

Agoraphobia

People who have agoraphobia experience psychological and physical anxiety and often panic attacks.

The anxiety tends to occur in situations in which:

- ➡ there is a risk of having a panic attack
- ➡ there is a sense of being trapped or being to unable to leave or escape
- ➡ it would not be easy to get help should the need arise
- ➡ the environment is different and unfamiliar

This anxiety leads to the avoidance many situations and can severely effect day-to-day life. In extreme cases people who suffer from agoraphobia find It difficult to leave their house.

Examples of commonly feared or avoided situations are:

- ➡ leaving home, travelling alone, crowds and public places

What may trigger anxiety?

There are many possible triggers for anxiety. It often starts during periods of psychological or physical stress.

Examples of psychological and physical stress include:

Psychological

- ➡ relationship break-ups
- ➡ severe arguments
- ➡ death of someone close
- ➡ loss of a job
- ➡ lack of sleep
- ➡ work pressure
- ➡ financial problems
- ➡ physical and sexual abuse

Physical

- ➡ physical illness
- ➡ excessive use of alcohol
- ➡ domestic violence
- ➡ abuse of other drugs
- ➡ trauma

When people experience stress they have a natural tendency to breathe more quickly and deeply. There is also a tendency to worry more than usual. These two factors are commonly found in people who have an anxiety disorder. Often changing the way you breathe and reducing worry can be useful for managing anxiety.

Breathing too quickly and deeply

It is surprising for people to learn that breathing too quickly and/or deeply (also known as hyperventilation) can bring on anxiety. Breathing too quickly lowers the amount of carbon dioxide in your lungs and by a complicated series of processes this causes physical symptoms of anxiety.

Other important things to note are:

- You can get physical anxiety by slightly over breathing for a long time.
So, over breathing does not have to be obvious to you or to others.
- If you slightly over breathe, even a yawn or sigh can trigger a panic attack or physical symptoms of anxiety.

Over breathing is a habit and it takes time to change.

Worry and negative thinking

Worry and unrealistic or negative thinking can be triggers of anxiety. People who get anxious sometimes think in ways that bring on the anxiety or make it worse.

For example,

- you can think of an unpleasant situation and then make it worse by dwelling on it
- you can spend a lot of time worrying about something that never happens anyway
- you can misinterpret the behaviors and thoughts of other people around you

How to treat anxiety

The presence of anxiety does not necessarily signify a problem. It is a universal human emotion that appears as a normal response to certain situation. But anxiety is not always functional; sometimes it reaches disabling proportions. Furthermore, the anxious person may develop means of dealing with anxiety that are ineffective or counterproductive, such as *alcohol abuse*.

The end point in the management of anxiety is not to remove all anxiety but rather to reduce it to manageable proportion.

The best way to manage anxiety is through psychological help (counselling) and social support. With different psychological methods, it is possible to:

- ➡ control and stop panic attacks
- ➡ confront previously avoided and feared situations
- ➡ change negative and unrealistic thinking and reduce worry

Short term use of medication is recommended only when the anxiety experienced is very severe and counselling is also being used.

Another very effective way of reducing anxiety is physical exercise. Specifically, aerobic exercise is the form of exercise most consistently shown to reduce anxiety, and the duration should be of more than twenty minutes. Anxiety reduction achieved through aerobic exercise is similar to the reduction achieved through meditation or relaxation.

How to overcome anxiety

1 Identify your symptoms of anxiety

Mark on the scale how much you experience each symptom. If you have other symptoms write them on another piece of paper and also *rate* them.

Symptom	<i>Symptom severity</i>			
	Not at all	Mild	Moderate	Severe
Psychological				
worry	_____	_____	_____	_____
fear of loss of control	_____	_____	_____	_____
fear of dying	_____	_____	_____	_____
fear of going crazy	_____	_____	_____	_____
feelings of unreality	_____	_____	_____	_____
Physical				
Trembling	_____	_____	_____	_____
tightness / pain in the chest	_____	_____	_____	_____
shortness of breath / choking	_____	_____	_____	_____
sweating	_____	_____	_____	_____
pounding heart	_____	_____	_____	_____
hot and cold flushes	_____	_____	_____	_____
dizziness / light-headedness	_____	_____	_____	_____

2 Identify situations or places that you fear or avoid

It is common for people to experience anxiety in certain situations or places but not in others. It is also common for people to avoid those situations so that they can avoid the feeling of anxiety.

Do you fear or avoid anything? If you do, write them down and discuss them with your doctor and/or counsellor.

e.g., *speaking in front of a group*

.....

.....

.....

.....

Now add to the list below any other situations or places that you fear or avoid. Mark on the scale how much you fear or avoid each of the items. It will help you to overcome your anxiety if you repeat this task every time you think of a new situation or place that you fear or avoid. Discuss these with your doctor and/or counsellor.

Places/situations	<i>Fear or avoidance</i>			
	Not at all	Mild	Moderate	Severe
Eating or drinking with other people	_____	_____	_____	_____
Being watched or stared at	_____	_____	_____	_____
Talking to people in authority	_____	_____	_____	_____
Speaking in public	_____	_____	_____	_____
Being criticized	_____	_____	_____	_____
Asking for directions in the street	_____	_____	_____	_____
Ordering in a restaurant	_____	_____	_____	_____
Asking for help in a shop	_____	_____	_____	_____
Travelling alone or by bus	_____	_____	_____	_____
Walking alone on busy streets	_____	_____	_____	_____
Going Into crowded shops	_____	_____	_____	_____
Going to the movies	_____	_____	_____	_____
Taking elevators	_____	_____	_____	_____

3 Getting to know your breathing habits

You have learned so far that breathing too much or too quickly can bring on anxiety symptoms. The following exercises will help you learn more about your breathing habits. First check to see if you have any of the following symptoms of over breathing.

You breathe more than 10-12 breaths a minute at rest	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
Your chest sometimes feels over-expanded or tight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
You or others have noticed that you sigh or yawn quite a bit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
You often gasp or take deep breaths, particularly in situations that make you anxious	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>

If you are marked “yes” to any of these, then it is likely that you over breathe.

4 Slow breathing to reduce anxiety

When you get physical symptoms of anxiety, for example breathlessness, it feels like you are not breathing enough. The natural response is to breathe in more. However, if you do try to get more air by breathing in more, it just makes the problem worse. The best solution is to slow down your breathing even though you may feel that you should speed it up. Now we suggest a slow breathing technique to stop the unpleasant feelings of anxiety.

Remember to breathe in using you, abdomen (not your chest) and through your nose.

- ➡ breathe in slowly to the count of 3 seconds
- ➡ when you get to 3, slowly breathe out to the count of 3 seconds
- ➡ pause for 3 seconds before breathing in again
- ➡ continue this exercise for 5 minutes or so
 - practice twice a day for 10 minutes (5 minutes is better than nothing)
 - try to check and slow down your breathing during the day
 - use the slow breathing technique whenever you get anxious

Remember the technique of slow breathing sounds very simple and it is very effective, but it will take practice to master the technique.

5 Identify unrealistic negative thinking

When people are depressed they tend to think negatively about themselves, events and their future. Unrealistic and negative thinking can also trigger anxiety and slow down recovery.

Consider these two responses.

Disagreement with a colleague...

Person A

She doesn't agree with me;
she thinks what I said was stupid

I am a fool, I should not talk

I can not handle it;
I am getting out of here

Person B

So we have a different point of view. That is OK

It was interesting to discuss our different ideas

If she has a problem, then too bad for her

Anxiety / panic

Interested / stimulated

6 Identify unrealistically negative thinking

Here are some more examples of other unrealistic thoughts or beliefs. Mark the statements that apply to you.

- ☐ when people look at me they are examining what I do
- ☐ if I get criticized it means that I am wrong
- ☐ if I don't agree with people they won't like me
- ☐ if I make a mistake that means that I am stupid
- ☐ to be a good person I have to be nice to everyone
- ☐ I am a bad person if I hurt someone
- ☐ if I show emotion it means that I am weak
- ☐ people will think that there is something wrong with me if they see that I am anxious
- ☐ the opinions of other people about me are very important
- ☐ I am afraid that I look or sound silly to other people
- ☐ I can tell that people will evaluate me negatively
- ☐ I have to be very careful about what I say in case I offend someone
- ☐ approval is very important to me
- ☐ being anxious is a sign of weakness
- ☐ when people see me behave like this they will talk badly of me to others

Now if you have other unrealistic or negative beliefs write them below or use separate sheet of paper

e.g. If someone is late, I assume there has been an accident.

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.....
.....

7 How do you change the way you think?

It is likely that you have been thinking in an unrealistic or a negative way for some now. **Remember, you can learn to think more realistically. It will take practice to change your ways but you can do it.**

First, ask yourself, is this belief that I have true? In order to do this, it may help to...

- consult someone outside the situation for their opinion
- ask yourself whether everyone would have the same belief in this situation
- ask yourself if the belief is true in every situation
- examine the other similar situations
- examine other explanations for the event occurring

Second, counter each unrealistic or negative thoughts with more realistic ones

- these should be opposite to the unrealistic belief
- they should be realistic statements
- there should be as many counters as possible

8 How do you change the way that you think?

Please read the following example and then try to create your own examples. Try to find solutions to them using the same method.

SITUATION: Anxious eating in a restaurant

Unreasonable negative thoughts:

- I am sure they know that I am anxious and my fork is shaking
- They will think that I am strange
- They will think that I am a fool
- I hope they will not tell anyone
- I wish I could get out of here

Resulting Feelings: Panic

Reasonable positive thoughts:

- It is unlikely that they have noticed my anxiety
- It is more noticeable to me than to them
- If they were to think anything they would probably think that I was shy
- Even if they did think that I was anxious they would not think badly of me
- I will try to stay focused on the meal and our conversation

Resulting feelings: Manageable anxiety

9 Exposing yourself to fearful situations

Here are some general guidelines:

- Build up slowly: start with easy tasks and build up to harder tasks
- Only move on to a harder task when you feel comfortable with the task you are working on
- Practise tasks regularly, once a day is better than twice a week
- Do not give in to set-backs
- Discuss your problems with your doctor and/or your counsellor
- Get someone to help and encourage you

Specific guidelines:

- Always stay in the situation until your anxiety level drops. If you leave the situation while your anxiety is high or when you are in a panic, you will experience relief. This will make your anxiety worse the next time you are confronted with a similar situation.
- Use slow breathing strategies to control physical anxiety
- Use the new 'rational thinking' strategies to replace unrealistic/negative thinking.

Here you will find some examples to help you work out your exposure plan.

Example 1- Getting used to speaking and asking for assistance in front of others

With a friend

- go to a shop and ask for an item that you wish to buy
- go to a flower shop and ask for special arrangement of flowers
- go to a clothes shop and try on different types of clothes
- ask for directions in the street
- repeat tasks varying the Items that you ask for
- vary the shops that you go to
- repeat the activities on your own
- repeat activities with an acquaintance

Example 2- Eating in public

With a friend

- go to a coffee shop and order coffee
- have morning tea with a friend
- have a sandwich in a coffee shop with a friend
- have dinner in restaurant with a friend
- vary the time of day that you go
- go into quiet and then busy shops/cafes
- go to informal and formal places
- repeat activities on your own

Example 3- Feeling comfortable with groups of people

- organize and go to a social event with a group of friends
- organize and go to a social event with a group of friends and some acquaintances
- organize and go to a social event with acquaintances only
- organize and go to a social event with work colleagues
- vary the social events
- vary the time of the day
- vary the formality of the events

Example 4 – Conversation with people

- Say what you think rather than going along with what others think
- Say 'No, I think...'
- Say 'No, I would prefer to...'
- repeat activities with friends
- repeat activities with acquaintances
- repeat activities with people with whom you feel comfortable

Keep a record of progress

As part of treatment It is useful to keep a record of your anxiety levels in difficult situations. You can see more clearly how the breathing exercises, thinking techniques, and exposure exercises have helped you. We have developed three record forms for you to use.

1 The symptom severity form: We recommend you use this every week to monitor your symptoms of anxiety.

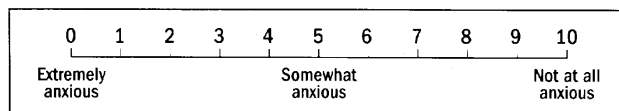
2 The exposure form: We recommend that you use this every week to monitor your symptoms of anxiety for situations in which you have carried out exposure exercises.

3 Personal progress chart: We recommend that each week you mark your overall rating on the graph provided.

Symptom severity form anssd overall rating of how you feel

Week _____

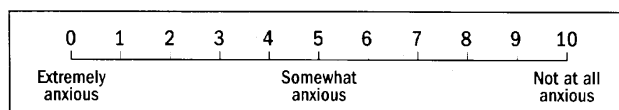
Symptom	Severity <i>not at all</i>	<i>mild</i>	<i>moderate</i>	<i>severe</i>
Psychological				
➡ fear of loss of control	_____	_____	_____	_____
➡ fear of dying	_____	_____	_____	_____
➡ fear of going mad	_____	_____	_____	_____
➡ feelings of unreality	_____	_____	_____	_____
Physical				
➡ trembling	_____	_____	_____	_____
➡ tightness / pain in the chest	_____	_____	_____	_____
➡ shortness of breath / choking	_____	_____	_____	_____
➡ pounding heart	_____	_____	_____	_____
➡ sweating	_____	_____	_____	_____
➡ hot and cold flushes	_____	_____	_____	_____
➡ nausea	_____	_____	_____	_____
➡ dizziness / light-headedness	_____	_____	_____	_____
➡ numbness / tingling	_____	_____	_____	_____



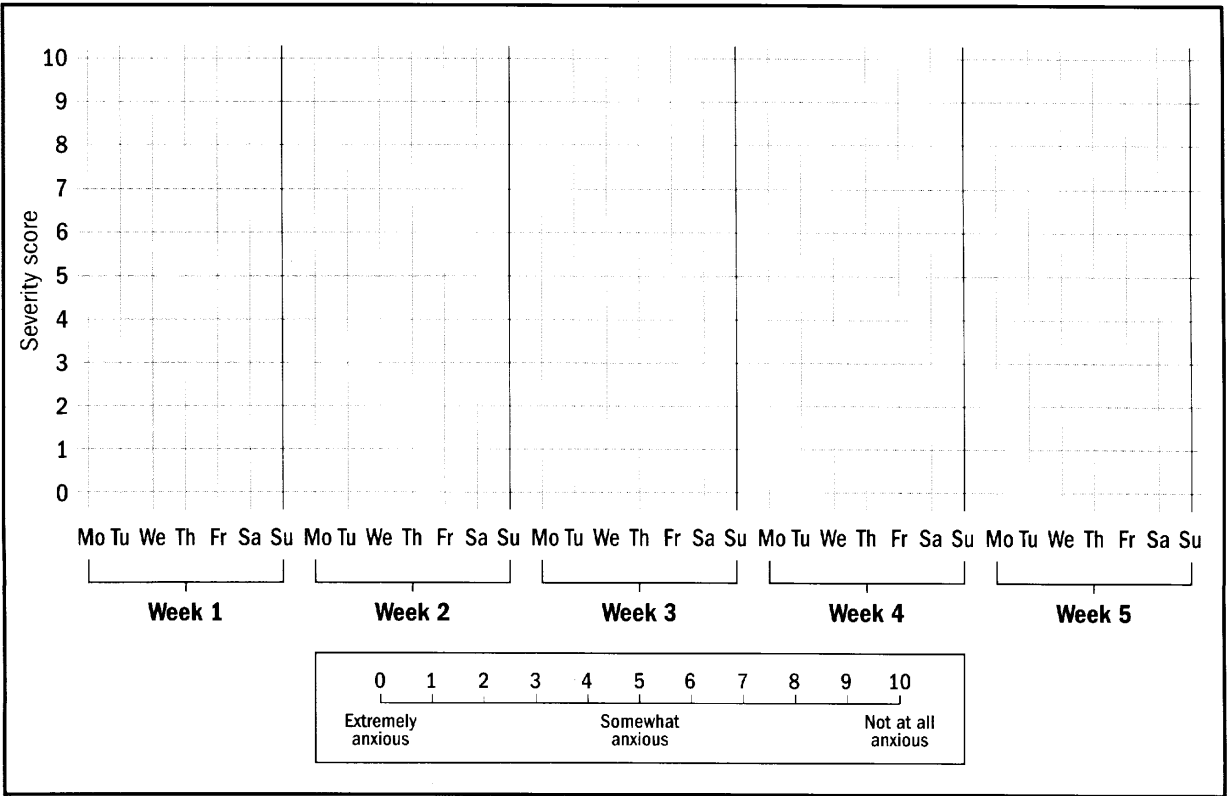
Exposure form and overall rating of how you feel

SITUATION: *Example: getting used to speaking & asking for assistance*

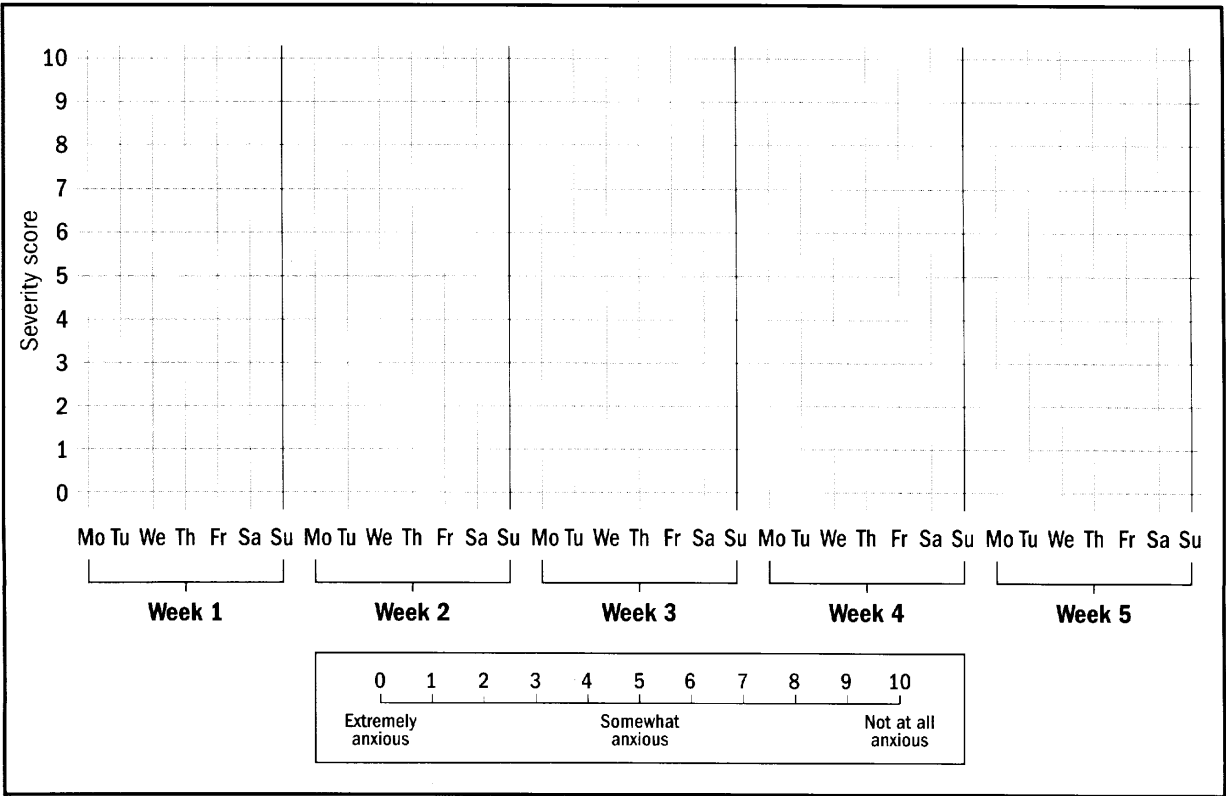
Week	Specific task	Fear or avoidance severity <i>not at all</i>	<i>mild</i>	<i>moderate</i>	<i>severe</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



Personal progress chart



Personal progress chart



This page will be filled by local centers or attending Primary Care Providers

Notes

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Medication information

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Self-help groups

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Counselors

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Doctors

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Help lines

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Suggested reading

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Other materials

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ICD-10 PC: Questionnaire for

Anxiety

During the *last month* have you had any of the following complaints most of the time? If yes, please check or mark the relevant box.

- I. Have you been feeling tense or anxious? ☐
- II. Have you been worrying a lot about things? ☐

If YES to any of the above, continue below

1. Have you experienced in the last month:

- Fear of dying? ☐
- Fear of losing control? ☐
- Pounding heart? ☐
- Sweating? ☐
- Trembling or shaking? ☐
- Chest pain difficulty breathing? ☐
- Nausea₁ feeling dizzy, lightheadedness or feeling faint? ☐
- Numbness or tingling sensations? ☐
- Feelings of unreality? ☐
- Nausea? ☐

2. Have you experienced these symptoms while:

- going to unfamiliar places ☐
- travelling alone, e.g. train, car, plane ☐
- crowds / confined places/ public places ☐
- taking lifts elevators ☐

3. Fear/anxiety in social situations?

- speaking in front of others ☐
- social events ☐
- eating in front of others ☐
- worrying/tension/feelings of apprehension ☐

I. During the last month have you been limited in one or more of the following areas most of the time:

- Self care: bathing, dressing, eating? ☐
- Family relations: spouse, children, relatives? ☐
- Going to work or school? ☐
- Doing housework or household tasks? ☐
- Social activities, seeing friends, hobbies? ☐
- Remembering things? ☐

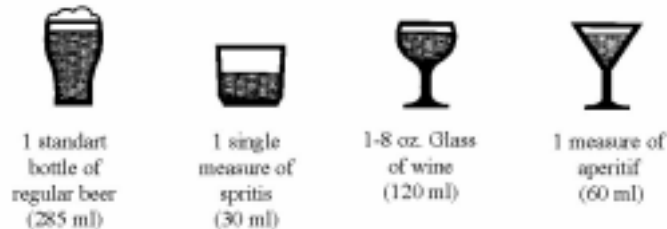
II. Because of these problems during the last month:

How many days were you unable to fully carry out your usual daily activities? _____

How many days did you spend in bed in order to rest? _____

Mental Disorders in Primary Care

Alcohol Use Disorders



(Note: net alcohol content of a standard drink is 8-13 gr of ethanol)

Common symptoms

'High risk' drinking

Men

More than 3 standard drinks/day (21 drinks/week)

Women

More than 2 standard drinks/day (14 drinks/week)



Many have no symptoms but are at risk

Psychological

- Poor concentration
- Sleep problems
- Less able to think clearly
- Depression
- Anxiety/ stress



- Difficulties and arguments with family/ friends
- Difficulties performing at work/ home
- Withdrawal from friends and social activities
- Legal problems

Physical

- Hangovers/ blackouts
- Injuries
- Tiredness I lack of energy
- Weight gain
- Poor coordination
- High blood pressure
- Impotence
- Vomiting/ nausea
- Gastritis/ diarrhoea
- Liver disease
- Brain damage



Alcohol problems are treatable

Alcohol problems **do not** mean weakness

Alcohol problems **do not** mean you are a bad person

Alcohol problems **do** mean that you have a medical problem or a lifestyle problem

What treatments can help?

Both therapies are most often needed

Supportive therapy for:

- to reduce drinking
- to stop drinking
- for stress
- prevention of life problems
- education of the family members for support

Medication for:

- moderate to severe withdrawal
- physical problems
- relapse prevention

Set goals: Acceptable levels of drinking

Who?

Men

Women

How many drinks?

No more than 3 standard drinks

No more than 2 standard drinks

How often?

Each day - only for five days/wk

Each day - only for five days/wk

(2 non-alcohol drinking days/wk)

→ *Keep in mind: the less the person drinks the better it is*

- Pregnancy
- Physical alcohol dependence
- Physical problems made worse by drinking
- Driving, biking
- Operating machinery
- Exercising (swimming, jogging, etc.)

→ **Recommendation is not to drink at all**

Determine action: How to reach target levels

- Keep track of your alcohol consumption
- Turn to family and/or friends for support
- Have one or more non-alcoholic drinks before each drink
- Delay the time of day that you drink
- Engage in alternative activities at times that you would normally drink, e.g. when you are feeling bored or stressed
- Switch to low alcoholic drinks
- Decide on non-drinking days (2 days or more per week)
- Take smaller sips
- Eat before starting to drink
- Join a support group
- Quench your thirst with non-alcoholic drinks
- Avoid or reduce time spent with heavy-drinking friends
- Avoid bars, cafes or former drinking places

Review progress: Are you keeping on track?

Questions to ask

- Am I keeping to my goals?
- What are the difficult times?
- Am I losing motivation?
- Do I need more help?

Progress tips

- Every week record how much you drink over the week
- Avoid these difficult situations or plan activities to help you cope with them
- Think back to your original reasons for cutting down or stopping
- Come back for help, talk to family and friends



Alcohol Use Disorders

Alcohol can become a problem

Alcohol Use Disorders

Alcohol can become a problem

Some people find it difficult to control their drinking. This *does not mean* that you are *weak* or that you have *a bad personality*. It simply means that alcohol is addictive when taken on a regular basis and in large quantities.

Effects of alcohol

Drinking alcohol affects people in many ways. Below is a list of some of the common physical, emotional and psychological effects of alcohol. Think about each item and mark the ones that apply to you.

Physical effects

- ➡ less energy ☐
- ➡ sleep problems ☐
- ➡ weight gain ☐
- ➡ high blood pressure ☐
- ➡ impotence ☐
- ➡ poor coordination ☐
- ➡ nausea/vomiting ☐
- ➡ gastritis/diarrhea ☐
- ➡ injury ☐
- ➡ liver damage ☐
- ➡ slowing of mental functions ☐
- ➡ memory loss ☐
- ➡ accidents and injuries ☐
- ➡ blackouts and hangovers ☐

Emotional/social effects

- ➡ depression ☐
- ➡ anxiety/stress ☐
- ➡ irritability ☐
- ➡ anger ☐
- ➡ relationship problems ☐
- ➡ problems at work ☐
- ➡ financial problems ☐
- ➡ family problems ☐
- ➡ legal problems ☐

What is low risk drinking?

To avoid the problems listed above it is important to make sure that you do not drink too much or too often. Guidelines for low risk drinking are presented below. Individuals differ in terms of what level will cause harm

Always keep in your mind that the less you drink the better it is for you.

Limits for men

- ➡ Up to 3 standard drinks/day
- ➡ Keep below 15 standard drinks/week
- ➡ No alcohol drinking for at least 2 days/week

Limits for women

- ➡ Up to 2 standard drinks/day
- ➡ Keep below 10 standard drinks/week
- ➡ No alcohol drinking for at least 2 days/week

A standard drink refers to:



1 standard
bottle of
regular beer
(285 ml)



1 single
measure of
spirits
(30 ml)



1-8 oz. Glass
of wine
(120 ml)



1 measure of
aperitif
(60 ml)

It is important to note that there are situations in which you should not drink any alcohol:

- During pregnancy
- When driving a car or motorbike
- When operating machinery
- Before exercise

It is important to stop drinking alcohol altogether if:

- You have had severe problems with alcohol previously
- If due to alcohol you have had major problems at home or at work
- If you tried to cut down your consumption and were not successful
- If it annoys you when other people express concern about your drinking
- If you feel guilty about your drinking
- If you get the shakes and/or nausea in the morning
- If you regularly take an alcoholic drink first thing in the morning
- You have a health problem that could be made worse by alcohol
e.g. *liver disease, diabetes, hypertension*

Over the next week, use the form below to record how many standard drinks of alcohol you consume.

Remember wine and beer are alcoholic drinks.

Drinks consumed

Week	Lunch	Dinner	Other
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

In a typical day how many standard drinks do you have? _____

On how many days in a typical week do you drink? _____

Is this above or below the safe limits for your gender? _____

About detoxification

The first part of treatment if you are physically dependent on alcohol is detoxification. **Detoxification** refers *to a period of time when you stop taking alcohol*. As a result your body has to re-adjust to a normal state without alcohol and you are likely to experience symptoms of alcohol withdrawal. The most common symptoms include nausea, shaking, sweating, irregular heart beat, anxiety and fatigue. These symptoms gradually improve over 3 to 5 days. Other more serious symptoms include fits, confusion about the day, time or where you are. You may experience hallucinations, that is, seeing or hearing things that do not exist. If you have ever experienced any of the serious symptoms previously, you should contact your physician immediately or go to a clinic for **detoxification**. Otherwise it is safe to detoxify at home, following the advice of a physician. Medication can help to reduce unpleasant symptoms of withdrawal during this phase. However, there is **no medication** that will **cure** an alcohol problem.

There are a range of non-drug strategies to help you to stop drinking or to reduce the amount of alcohol that drink. Natural and self-recovery are possible strategies.

We will describe these strategies to help you to overcome your *drinking* problem. You might find that some strategies are more useful than others. Remember you can have the support of your family and/or friends to overcome your alcohol problem.

Difficult times

Changing habits like drinking can be difficult. There will be times when you may drink more than what you have planned or there might be times when it is very difficult not to drink or limit your drinking.

Can you think of any difficult times when you had problems in controlling your drinking?

- **Where were you?**
- **Who were you with?**
- **What were you doing?**
- **What were you feeling?**

Now look at the list below. Mark the situations or feelings that tend to make you drink more. If you have other similar situations, write them below. Discuss your list with your physician, counselor, family *member* or a close *friend*.

- ☐ when I go to a party
- ☐ when I go to dinner
- ☐ when I go to the pub
- ☐ meeting people in social situations
- ☐ when I am with friends who drink
- ☐ when I am on my own
- ☐ when I am feeling in a low mood
- ☐ when I am feeling anxious

- ☐ when I am feeling angry
- ☐ when I am feeling stressed
- ☐ when I want to relax
- ☐ when I have had a difficult day
- ☐ when I have had an argument
- ☐ when I am in a celebrating mood
- ☐ when I invite friends over

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Dealing with difficult times

Now you have the list of the most difficult times for you to resist drinking. If it is at all possible¹ avoiding difficult situations will be very useful. Your initial strategy should be to reduce the temptation to drink.

However, in the long term, avoiding difficult situations may not be practical so it is also important to work out strategies to cope with difficult situations. Take a look at some of the strategies below and mark those that would be useful to you.

- ☐ If you have the habit of going to pubs after work or have the habit of meeting your friends there
try to organise a different social activity, e.g. going to see a film, or going to a gym or a park
- ☐ If you drink mainly at night
try to keep yourself busy, go to places where you cannot drink, e.g., movies
- ☐ If you drink when you are with friends who drink heavily
try to avoid contact with these friends
- ☐ If you drink when you are alone
reduce the amount of time that you spend alone, e.g. join a club or a support group or increase time doing activities with family members
- ☐ If you drink when you are bored
try to plan enjoyable activities, e.g. shows, movies, exercise, hobbies etc.
- ☐ If you drink when you are stressed
learn relaxation techniques or engage in relaxing activities, e.g. gardening
- ☐ If you drink when you feel depressed or if you think that drinking calms your anxiety
you must consult your doctor about it

How to reduce your drinking

- quench your thirst with non-alcoholic drinks before having an alcoholic drink
- avoid salty snacks when you are drinking
- eat before drinking; It will make you feel more full and then you will drink less
- have one or more non-alcoholic drinks before each alcoholic drink
- try to take small sips of your drink, avoid gulping, and if possible use a straw
- dilute your drinks, e.g. add soda to wine and mixers to spirits

Make a list of your most difficult times and write below a few strategies to help you In each of these situations

Difficult times

e.g., *Friday night at work*

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.....

Strategies

invite a non drinking friend to go and see a movie

.....
.....
.....
.....
.....

Stick to your goals

As we have mentioned before, there may be times when you will find it difficult to stick to your goals. You might find that you had a few more drinks than you had planned to drink.

Do not get discouraged - do not think of yourself as a failure. Learn from each occasion. Keep on trying

Remember

- do not *give* in because you have had a bad experience
- take It one day at a time and gradually it will get easier
- you need your family and friends to support you
- every time you stop yourself from doing something as a habit you are one step closer to breaking the habit
- the craving for alcohol will decrease if you mentally occupy yourself with something else
- you should consult your physician and/or counsellor concerning your difficulties

1 Identify reasons for changing

Thinking about reasons for changing is an important first step. It will help to motivate you. First think carefully about your reasons for wanting to change. Then have a look at the list below and mark those that apply to you. If *you have other reasons* write them down *and discuss them with your doctor or counselor*.

- ☐ you will feel better
- ☐ you will have more energy
- ☐ you will lose excess weight
- ☐ you will sleep better
- ☐ you will save money
- ☐ you won't have any hangovers
- ☐ you will work better
- ☐ your performance at work will improve
- ☐ your health will improve
- ☐ your family life will improve
- ☐ your memory will improve
- ☐ there will be less conflict at home
- ☐ you won't be thinking about your next drink all the time
- ☐ you will prevent serious health problems

2 Setting goals

You have to set goals. This will help you to change.

Here are some suggestions about setting goals.

- if you are trying to stop ***drinking altogether***, it is important to set a definite 'quit date'.
- if you are trying to ***reduce your drinking***, it will help if you plan which days you will drink alcohol and how many drinks you will have on each of these days. Make sure that you have at least two alcohol-free days in a week.
- it also helps to record the number of drinks that you have each day. Keeping a record will remind you to cut down and it will help you to keep track of whether you are following your goals.

Important things to remember

- Keep your drinking at a level which is within the safe limits
- Remember to have two alcohol-free days a week
- Be realistic; you may want to plan your drinks for social occasions
- Remember not to drink more than your limit

Here you will find an example of a 'diary' form. Read it carefully, then on the similar form below, plan and write your goals at least one week ahead.

Example of diary form

	Week 1	
	<i>Drinking goals</i>	<i>Standard drinks consumed</i>
Monday	<i>3</i>	<i>2</i>
Tuesday	<i>3</i>	<i>2</i>
Wednesday	<i>0</i>	<i>2</i>
Thursday	<i>2</i>	<i>1</i>
Friday	<i>3</i>	<i>3</i>
Saturday	<i>3</i>	<i>3</i>
Sunday	<i>0</i>	<i>1</i>

Diary form

	Week 1		Week 2		Week 3	
	<i>Drinking goals</i>	<i>Standard drinks</i>	<i>Drinking goals</i>	<i>Standard drinks</i>	<i>Drinking goals</i>	<i>Standard drinks</i>
Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____	_____

Diary form

	Week 1		Week 2		Week 3	
	<i>Drinking goals</i>	<i>Standard drinks</i>	<i>Drinking goals</i>	<i>Standard drinks</i>	<i>Drinking goals</i>	<i>Standard drinks</i>
Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____	_____

If you cannot achieve your goals it is important that you ask yourself 'why not?' or 'what went wrong?'. This might help you plan different strategies in the future. Use the standard drink diagram to record how much you drink and to set your drinking goals.

This page will be filled by local centers or attending Primary Care Providers

Notes

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Medication information

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Self-help groups

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Counselors

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Doctors

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Help lines

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Suggested reading

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Other materials

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ICD-10 PC: Questionnaire for

Alcohol Use Disorders

1 standard drink =



1 standart
bottle of
regular beer
(285 ml)



1 single
measure of
spritis
(30 ml)



1-8 oz. Glass
of wine
(120 ml)



1 measure of
aperitif
(60 ml)

I. How many standard drinks of alcohol do you have in a typical day when you are drinking?

II. How many days a week do you have a drink containing alcohol?

If above the limit, or if there is a regular/hazardous drinking pattern, continue below

In the ***last year*** have you had any of the following? Mark the relevant box.

- | | |
|---|--------------------------|
| 1. Have you been unable to stop, reduce or control your drinking? | <input type="checkbox"/> |
| 2. Have you ever felt such a strong desire or urge to drink that you could not resist it? | <input type="checkbox"/> |
| 3. Did stopping or cutting down on your drinking ever cause you problems such as: | |
| ➤ the shakes | <input type="checkbox"/> |
| ➤ being unable to sleep | <input type="checkbox"/> |
| ➤ feeling nervous or restless | <input type="checkbox"/> |
| ➤ sweating | <input type="checkbox"/> |
| ➤ heart beating fast | <input type="checkbox"/> |
| ➤ headaches | <input type="checkbox"/> |
| ➤ fits or seizures | <input type="checkbox"/> |
| 4. Have you ever continued to drink when you knew you had physical problems that might be made worse by drinking? | <input type="checkbox"/> |
| 5. Has anyone expressed concern about your drinking; for example, your family, friends or your doctor? | <input type="checkbox"/> |
-

I. During *the last month* have you been limited in one or more of the following areas most of the time:

- | | |
|--|--------------------------|
| • Self care: bathing, dressing, eating? | <input type="checkbox"/> |
| • Family relations: spouse, children, relatives? | <input type="checkbox"/> |
| • Going to work or school? | <input type="checkbox"/> |
| • Doing housework or household tasks? | <input type="checkbox"/> |
| • Social activities, seeing friends, hobbies? | <input type="checkbox"/> |
| • Remembering things? | <input type="checkbox"/> |

II. Because of these problems doing the *last month*:

How many days were you unable to fully carry out your usual daily activities? _____

How many days did you spend in bed in order to rest? _____

Mental Disorders in Primary Care

Sleep Problems

Common symptoms

- Difficulty falling asleep
 - Frequent awakening
 - Early morning awakening
 - Restless or unrefreshing sleep
- Difficulties at work social and family life
- Makes it difficult to carry out routine or desired tasks

Common causes

Psychological causes:

- Depression
- Anxiety
- Worries
- Stress

Physical causes:

Medical problems

- Overweight
- Heart failure
- Nose-throat & Lung disease
- Sleep apnea
- Narcolepsy
- Pains

Medications

- Steroids
- Decongestants
- Others

Lifestyle causes:

- Too hot or too cold
- Tea, coffee and alcohol
- Heavy meal before sleep
- Mental or physical activity before sleep
- Daytime naps
- Irregular sleep schedule

Environmental causes:

- Noise
- Pollution
- Lack of privacy
- Over crowding

What treatments can help?

Supportive therapy is
the preferred treatment

Supportive therapy for:

- stress/life problems
- depression
- worry
- changes in lifestyle and sleep habits

Medication for:

- temporary sleep problems
- short term use in chronic problems to break sleep cycle

About medication

Short term

- ➡ use for short period of time

Side effects

- ➡ are important to report

Ongoing review

- ➡ of medication use is recommended

Long term

- ➡ when used in the long term there may be difficulties stopping and lead to dependence

Harmful

- ➡ harmful when alcohol and other drugs are used

Lifestyle change strategies

- ➡ Try to minimise noise in your sleep environment, if necessary consider ear plugs
- ➡ Try to make sure that the room that you are sleeping is not too hot or too cold
- ➡ Reduce the amount of alcohol, coffee and tea that you drink, especially in the evenings.
- ➡ Try to avoid eating immediately before going to sleep
- ➡ Try to have your dinner earlier in the evening rather than later
- ➡ Don't lie in bed trying to sleep. Get up and do something relaxing until you feel tired.
- ➡ Have regular times for going to bed at night and waking up in the morning
- ➡ Reduce mental and physical activity during the evenings
- ➡ Increase your level of physical activity during the day, build up a regular exercise routine
- ➡ Avoid day time naps during the day, even if you have not slept the night before
- ➡ Use relaxation techniques, for example, slow breathing

Slow breathing for relaxation

- ➡ Breathe in for 3 seconds
- ➡ Breathe out for 3 seconds
- ➡ Pause for 3 seconds before breathing in again
- ➡ Practice for 10 minutes at night (5 minutes is better than nothing)

More evaluation may be needed

- ➡ If someone stops breathing during sleep (sleep apnea)
- ➡ If there is daytime sleepiness without apparent explanation



Sleep problems

Sleep problems are treatable

Sleep problems

Sleep problems are treatable

Insomnia is the most common type of sleep problem. It is very distressing when others do not understand the difficulties that you are having with sleep and how it can affect your life. The good news is that **you can** overcome your sleep problems.

About sleep

The amount of sleep that people need varies considerably. Most adults sleep between 7 and 8 hours at night. However, it is usual for some people to have less sleep without being badly affected. Often people over 60 years old complain of having sleep problems, mainly because they have noticed that they are sleeping less. This change in sleep patterns is common and a natural part of aging.

It does not matter how much you sleep, what is more important is how well you feel physically and mentally as a result of your sleep pattern.

Effects of poor sleep

If you do have a sleep problem then it is very likely that you are experiencing mental and physical problems as a result. You might have difficulties with concentration and this can create problems while you are driving or at work.

Some of the effects of poor sleep include:

- falling asleep during the day
- feeling of tiredness
- poor concentration
- memory problems
- problems in making decisions
- irritability
- frustration
- increased risk of accidents and injury

About medication

It is important to note that medication alone will not cure your sleep problem. Long term use can lead to dependence, which means when you stop using the medication your problems can become much worse. If you are going to use medication, only short term or intermittent use is recommended. For example, someone who has suffered a loss may find it difficult to sleep and may benefit from the short term (a few days to 2-3 weeks) use of sleeping pills as needed.

Keep in mind that sleeping pills

- can be addictive
- can interact in a harmful way with alcohol and other drugs can cause problems in elderly people
- can be harmful to your baby if you are pregnant

Sleep disorders

It is important to determine whether you are suffering from a specific sleep disorder. Think about the following questions.

- ➡ Has anyone told you that your snoring is loud and disruptive?
if so you may be suffering from sleep apnea. This is a dangerous condition in which you stop breathing during sleep. There are effective treatments for this condition.
- ➡ Have you ever experienced sudden attacks of irresistible sleepiness during the day in which you could not stay awake?
if so you may be suffering from narcolepsy in which people feel forced to sleep for a period ranging from a few seconds to half an hour. This can be dangerous, particularly when driving or operating machinery. However, this condition responds to medication.
- ➡ Do you experience uncomfortable feelings in your legs or feet before falling asleep?
Does strong movement ease the discomfort? Has anyone told you that your muscles twitch or jerk? if the answer is yes to any of these questions you may have 'nocturnal myoclonus' in which there are numerous episodes of muscle twitching during the night. This condition can be treated with medication.

You should consult your physician if you have answered 'yes' to any of the above questions.

How to overcome sleep problems

Now that you have a better understanding of sleep disorders, we will describe to you some strategies to help you overcome your sleep problem. You will find that some strategies are more useful than others.

Remember to get a friend or a family member to help and support you.

Identify possible causes

There can be many causes of sleep problems. Sleep problems can be caused by a sleep disorder, physical illness, emotional factors or lifestyle factors such as too much coffee or tea and environmental factors like noisy streets, overcrowding or pollution.

We will try to help you identify whether your sleep problem is caused by a:

- sleep disorder, e.g., narcolepsy or sleep apnea
- other physical disorders, e.g., chronic infections or medication
- emotional disorders, e.g., anxiety, depression or stress
- lifestyle factors, e.g., drinking too many cups of coffee or smoking too many cigarettes
- environmental factors, e.g., noisy sleep environment or overcrowding

If you are not able to find the cause of your problem or even if you think you identify the cause, you should consult your physician. Once the problem is identified it will be possible to work out a solution to help you get back to a regular sleep routine.

Physical causes

Physical illness and medications are known to affect sleep. If you have a long term physical problem or you have been taking medication for some time, your sleep can be affected in an ongoing way. Have a look at the list below and mark any item that is relevant to you. If there are others, write them in the space below.

Possible physical causes

- | | |
|------------------------|--------------------------|
| Indigestion | <input type="checkbox"/> |
| Headaches | <input type="checkbox"/> |
| Backache | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> |
| Heart disease | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> |
| Asthma | <input type="checkbox"/> |
| Sinusitis | <input type="checkbox"/> |
| Ulcers | <input type="checkbox"/> |
| Other physical illness | <input type="checkbox"/> |

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If you have marked any of the above, you should consult your physician.

Emotional causes

It is more common to experience sleep problems when feeling depressed, anxious or angry. Think about your situation, read through the list below and mark those items that apply. If you have another emotional problem that is not listed write it in the space below.

Possible emotional causes

- | | |
|--------------------------|--------------------------|
| Feeling stressed | <input type="checkbox"/> |
| Worrying a lot | <input type="checkbox"/> |
| Feeling tense or anxious | <input type="checkbox"/> |
| Feeling sad or depressed | <input type="checkbox"/> |
| Anger | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

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If you have marked any of the above we recommend that you discuss your feelings with your physician.

Lifestyle causes

Lifestyle causes of sleep problems are very common. Read the list and mark items that apply to you. If you are aware of other lifestyle causes write them in the space below.

Possible lifestyle causes

- | | |
|---|--------------------------|
| Drinking coffee or tea | <input type="checkbox"/> |
| Drinking alcohol late at night | <input type="checkbox"/> |
| Eating just before sleep | <input type="checkbox"/> |
| Late dinners, going to sleep on a full stomach | <input type="checkbox"/> |
| Smoking a lot of cigarettes | <input type="checkbox"/> |
| Strenuous physical activity before going to sleep | <input type="checkbox"/> |
| Too much mental activity before sleep | <input type="checkbox"/> |
| Wry little exercise during the day | <input type="checkbox"/> |
| Working at night | <input type="checkbox"/> |
| Daytime naps | <input type="checkbox"/> |
| Not having regular times for going to sleep | <input type="checkbox"/> |
| Not having regular times for waking up | <input type="checkbox"/> |

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Environmental causes

- | | |
|-------------------------------------|--------------------------|
| Noisy sleep environment | <input type="checkbox"/> |
| Too much light in sleep environment | <input type="checkbox"/> |
| Pollution | <input type="checkbox"/> |
| Overcrowding | <input type="checkbox"/> |

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Overcoming the sleep problem

Once you have identified a 'cause', you can start to plan ways to overcome your sleep problem.

If you have identified a physical cause or if you think that you suffer from a sleep disorder then you should discuss ways of managing the problem with your physician. Although you may not be able to cure a chronic illness, there might be better ways to manage the symptoms so it is less disruptive to your sleep.

If you have identified an emotional cause you should discuss this with your physician. You might also want to try the relaxation exercise.

If you have identified a lifestyle cause for your sleep problem then you should consider some of the following strategies.

Dealing with lifestyle causes

It is important to change environment triggers of your sleep problem. Here are some examples of what you can do.

- ➡ minimise the noise while you are trying to sleep;
keep the windows shut at night close the door to your bedroom, tell others to be quiet while you are sleeping, buy some ear plugs
- ➡ sleep in a dark environment;
buy curtains or blinds that will keep your room dark
- ➡ make sure you are comfortable while sleeping;
not too hot not too cold, comfortable bed. etc.
- ➡ reduce caffeine during the day;
not too much tea or coffee during the day, particularly in the evening
- ➡ reduce the amount of alcohol that you drink;
avoid alcohol a few hours before you go to bed
- ➡ reduce the number of cigarettes you smoke;
try not to smoke before you go to bed
- ➡ avoid eating or drinking before you sleep;
try to eat regular meals and finish eating 2-3 hours before you go to bed
- ➡ exercise regularly;
develop a regular exercise routine and do not exercise before going to bed
- ➡ allow some time to relax before going to sleep;
don't try to go to sleep after a lot of physical and mental activity
- ➡ avoid day time naps;
even if you have not slept well the night before, do not take daytime naps
- ➡ get up at a regular time in the morning;
- ➡ go to bed at a regular time at night;
- ➡ Avoid lying in bed worrying about not sleeping;
When you can not sleep, get up and do something relaxing; you can read listen to music or practise

Slow breathing for relaxation

Feeling physically or mentally tense can interfere with sleep. Learning ways to relax can help sleep problems. There are many relaxation techniques. Here we will give you a breathing relaxation technique from which you will benefit

- ➡ breathe in slowly to the count of 3 seconds.
- ➡ when you get to 3, slowly breathe out to the count of 3 seconds.
- ➡ pause for 3 seconds. before breathing in again
- ➡ after 5 min or so, say the word 'relax' to yourself as you breathe out
 - breathe in using your abdomen (not your chest) and through your nose
 - practice 5 to 10 minutes at night in a comfortable chair
 - keep in mind that the benefits of relaxation will not occur unless you practice
 - do not try hard to relax or to sleep; just carry out the exercise

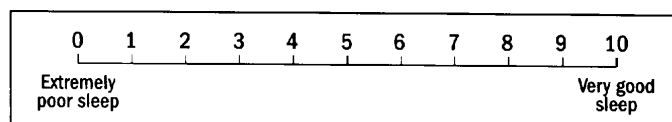
Record your sleep

Filling out the following form can help you keep track of your progress.

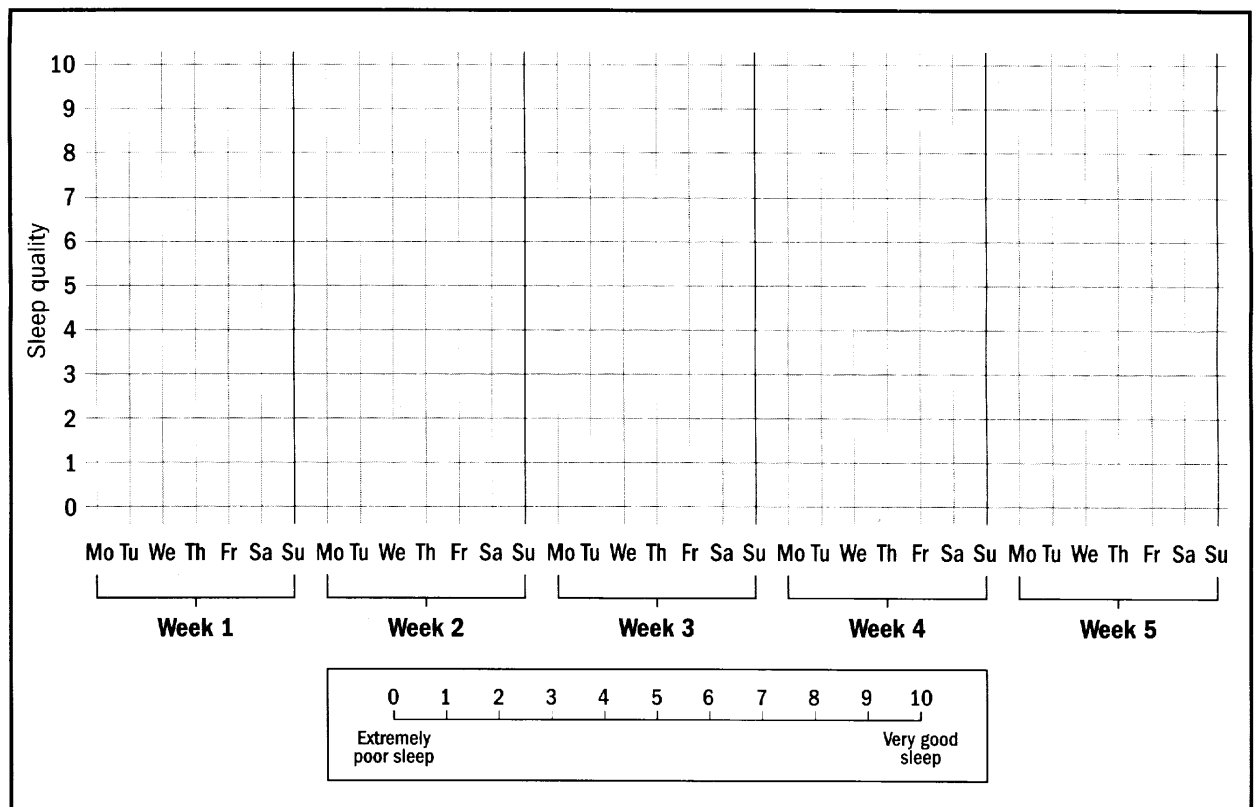
Each day write down the date, the time that you went to bed (Bedtime) and the time that you woke up (Wake Time). Then mark in the space provided how well you slept (Quality of sleep). Also, each week give yourself an overall rating of your sleep from the scale provided. Each week mark your overall sleep rating on the graph.

Sleep record form

	<i>Week 1</i>			<i>Week 2</i>			<i>Week 2</i>		
	<i>Bedtime</i>	<i>Wake time</i>	<i>Quality of sleep (0-10)</i>	<i>Bedtime</i>	<i>Wake time</i>	<i>Quality of sleep (0-10)</i>	<i>Bedtime</i>	<i>Wake time</i>	<i>Quality of sleep (0-10)</i>
Monday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____	_____	_____	_____	_____



Personal progress chart



This page will be filled by local centers or attending Primary Care Providers

Notes

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Medication information

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Self-help groups

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Counselors

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Doctors

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Help lines

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Suggested reading

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Other materials

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ICD-10 PC: Questionnaire for Sleep Problems

During the *last month* have you had any of the following complaints *most of the time*.

I. Have you had any problems with sleep? (Check or mark those that apply)

- Difficulty falling asleep
- Frequent or long periods of being awake
- Early morning awakening (hours earlier than usual)
- Restless or unrefreshing sleep

☐
☐
☐
☐

II. On average how many hours do you sleep? _____

At what time do you go to bed? _____

At what time do you get up? _____

If YES to any of the above, continue below

1. Do you have any medical problems or physical pains?

☐

2. Are you taking any medication?

☐

3. Do any of the following apply? (mark any that apply)

drink alcohol, coffee, tea or eat before you sleep?

☐

take daytime naps?

☐

experienced changes to your routine, e.g. shift work, jet lag?

☐

disruptive noises during the night

☐

4. Do you have these problems for more than three days a week?

☐

5. Has anyone told you that your snoring is loud and disruptive?

☐

6. Do you get sudden uncontrollable sleep attacks during the day?

☐

7. Have you been feeling sad, down or depressed or have you lost interest or pleasure in activities you normally enjoy?

☐

8. Have you been feeling worried, anxious or tense?

☐

9. How much alcohol do you drink in a typical week?

.....

I. During the *last month* have you been limited in one or more of the following areas most of the time:

- Self care: bathing, dressing, eating?
- Family relations: spouse, children, relatives?
- Going to work or school?
- Doing housework or household tasks?
- Social activities, seeing friends, hobbies?
- Remembering things?

☐
☐
☐
☐
☐
☐

II. Because of these problems doing the *last month*:

How many days were you unable to fully carry out your usual daily activities?

How many days did you spend in bed in order to rest?

Mental Disorders in Primary Care

Chronic Tiredness

Common symptoms

Compared with previous level of energy
and as compared to people known to you

Tired all the time

Tire easily

Tired despite rest



- Disruptive to work, social and family life
- Affects ability to carry out routine and other tasks
- Feelings of frustration

Common triggers

Psychological triggers

- Depression
- Stress
- Worry
- Anxiety
- Doing too much activity
- Doing too little activity

Physical triggers

Medical problems

- anemia
- bronchitis
- asthma
- diabetes
- arthritis
- Thyroid disorder
- influenza
- alcohol/drug use
- bacterial, viral and other infections

Medications

- steroids
- antihistamines

What treatments can help?

Both therapies may be needed



Supportive therapy for:

- depression
- worry/ anxiety
- stress/ life problems
- lifestyle change
- level of physical activity

Medication:

- for other mental or physical disorders
- antidepressants are sometimes useful
- there are no effective medications specific to fatigue

Behavioral strategies

- ➡ Examine how well you are sleeping
- ➡ Have a brief rest period of about 2 weeks, in which there are no extensive activities
- ➡ After the period of brief rest, gradually return to your usual activities
- ➡ Plan pleasant and enjoyable activities into your week
- ➡ Gradually build up a regular exercise routine
- ➡ Do not push yourself too hard, remember to build up all activities gradually and steadily
- ➡ Try to have regular meals during the day
- ➡ Try to keep to a healthy diet
- ➡ Use relaxation techniques, for example, slow breathing

Slow breathing for relaxation

- ➡ Breathe in for 3 seconds
- ➡ Breathe out for 3 seconds
- ➡ Pause for 3 seconds before breathing in again
- ➡ Practice for 10 minutes at night (5 minutes is better than nothing)

Increasing level of physical activity:

A little activity
1 or 2 times a week
e.g. walking



Inactive

Daily activities -
not much effort,
e.g., fast walking,
shopping, cleaning



Some activity

Activity that makes
you out of breath for
20 minutes or more,
3-5 times a week
e.g. jogging



Active

Chronic tiredness

Chronic tiredness can be overcome

Chronic tiredness is one of the most *common* symptoms reported to doctors. It is psychologically very *distressing* since it can be misinterpreted by family, friends and co-workers. It can affect a person's life in a very *negative way*.

What is tiredness?

Tiredness can be felt in different ways. For example:

- feeling tired all the time
- getting easily tired while performing everyday tasks
- finding it difficult to recover from being tired, despite rest

There are times when everyone feels tired. However, feeling tired for most people is temporary and in most cases the cause can be identified quite easily.

Tiredness becomes a problem when:

- it goes on for too long
- you cannot figure out the cause
- it interferes with your day-to-day activities

Causes of tiredness

Many things can cause people to feel tired. A common cause of fatigue is not sleeping for long enough or not having a restful sleep. Physical illnesses like hypertension, diabetes and anemia or emotional disorders, e.g., feeling depressed, stressed or anxious are also common causes of tiredness. Finally, tiredness can be caused by a range of lifestyle factors, such as doing too little, doing too much, not having enough exercise and being overweight.

Effects of fatigue

If you have been feeling tired for some time it is likely that you are experiencing mental and physical problems as a result

Some of the effects of fatigue can include:

- | | |
|--------------------------------|--|
| ➤ sleeping frequently | ➤ frustration |
| ➤ lack of energy | ➤ depression |
| ➤ poor concentration | ➤ anxiety |
| ➤ problems in making decisions | ➤ increased risk of accidents and Injury |
| ➤ irritability | |

About medication

It is important to note that there is no specific medication that by itself will cure fatigue. If the fatigue results *from* a physical or mental problem, medication for these problems may reduce some of the underlying fatigue. Sometimes certain antidepressants are useful for some people.

Medications that claim to make you less tired can lead to addiction. That means, you have to use more and more of the drug for it to help you and when you stop using it your symptoms become much worse. These medications are also harmful if taken during pregnancy or if used with alcohol and other drugs.

You must keep in mind that some of the medications people use to make them feel less tired:

- ➡ can be addictive
- ➡ can be harmful to your baby if you are pregnant
- ➡ can interact in a fatal way with alcohol and other drugs

How to overcome chronic tiredness

Identify possible causes

It is important to identify the possible reasons why you feel tired. The following sections will help *you to* work out whether your feelings of tiredness are caused by:

- poor sleep or sleep disorder
- physical disorders
- emotional disorders
- lifestyle factor

Once the problem is identified it will be possible to work out a solution to help you overcome feelings of being tired.

Poor sleep

Not getting enough sleep can make you feel tired. Have a look at the list below, and mark the items that are relevant to you. If there are others, write them in the space below.

I have problems going to sleep

☐

I do not feel refreshed when I wakeup

☐

I frequently wake up during the night

☐

I wake up early in the morning and can't go back to sleep

☐

Other comments on sleep

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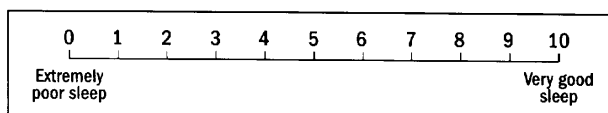
.....

.....

To see how well you are sleeping, you can use the form to record your sleep over three seven day periods. Filling out this form can help you work out how well you sleep. For the next seven days, write down the date, the time you go to bed (*Bed time*) and the time that you wake up (*Wake Time*). Also mark from the scale below how well you slept each night.

Sleep record form

	<i>Week 1</i>			<i>Week 2</i>			<i>Week 2</i>		
	<i>Bed time</i>	<i>Wake time</i>	<i>Quality of sleep (0-10)</i>	<i>Bed time</i>	<i>Wake time</i>	<i>Quality of sleep (0-10)</i>	<i>Bed time</i>	<i>Wake time</i>	<i>Quality of sleep (0-10)</i>
Monday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Saturday	_____	_____	_____	_____	_____	_____	_____	_____	_____
Sunday	_____	_____	_____	_____	_____	_____	_____	_____	_____



Sleep disorders

It is important to determine whether you are suffering from a specific sleep disorder. Think about the following questions.

- ➡ Has anyone told you that your snoring is loud or disruptive?
if so, you may be suffering from sleep apnea. This is a dangerous condition in which you stop breathing during sleep. There are effective medical treatments for this condition.
- ➡ Have you ever experienced sudden attacks of sleepiness during the day in which you cannot stay awake?
if so, you may be suffering from narcolepsy In which people feel forced to sleep for a period ranging from a few seconds to half an hour. This can be dangerous, particularly when driving or operating machinery. However, this condition responds to medication.
- ➡ Do you experience uncomfortable feelings in your legs or feet before falling asleep?
Does strong movement ease the discomfort? Has anyone told you that your muscles twitch or jerk? If the answer is yes to either of question, you may have a disorder involve which numerous episodes of twitching during the night. This condition can be corrected with vitamin E, iron, calcium or medications.

Make sure that you contact your doctor if you have answered 'yes' to any of the above.

Emotional causes

It is common to feel tired when feeling stressed, depressed, anxious or angry. Think about your situation, read through the list and mark those items that apply. If you have other emotional problems that are not listed, write them in the space provided.

Possible emotional causes

Feeling stressed

☐

Worrying a lot

☐

Feeling sad or depressed

☐

Anger

☐

Other

.....

.....

.....

Lifestyle causes

You have already examined how you are sleeping and whether poor sleep could be causing your fatigue. There are other common lifestyle causes of fatigue. Read the list and mark the items that apply to you. If there are other possible lifestyle causes write them in the space below.

Possible lifestyle causes

Not enough to do during the day/night

☐

Getting bored with what you are doing

☐

Too much to do during the day/night

☐

Drinking alcohol every day

☐

No regular exercise routine

☐

No regular meals

☐

Eating too much

☐

Overweight

☐

Other lifestyle causes

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Overcoming fatigue

After reading through the list you may have become aware of a possible cause of your fatigue. If you are still not sure, you should consult your physician.

Once you have identified a 'cause' you can start to plan ways to overcome your fatigue.

If you are not sleeping well then you should discuss this with your doctor.

If you have identified a physical cause then you should discuss ways of managing the problem with your doctor. Although there may be no immediate cure for a chronic illness, there might be better ways to manage the symptoms so it is less likely to make you tired.

If you have identified an emotional cause for feeling tired then you should discuss it with your doctor or counsellor. You might also want to try the 'slow breathing relaxation' exercise.

If you have identified a lifestyle cause then you should consider some of the following strategies.

Dealing with lifestyle causes

It is important to change lifestyle causes of your tiredness. Here are some examples of what you can do. Read the strategies below and mark those that would be useful to you.

- we recommend (if practical) that you take a short holiday, where you can relax and also work out some of the changes that you will make in your lifestyle
 - we also recommend that you carry out the slow breathing for relaxation exercise, described below
- ➡ **If you are doing too much**, you can look at ways of reducing your workload,
e.g. asking others to help around the house, asking your employer for an assistant, reducing the times you socialize.
- ➡ **If you are doing too little**, you can look for activities that you enjoy and that will keep you busy, e.g., join a social club, look for volunteer work, adopt new hobbies.
- ➡ **If you are overweight**, we recommend that you reduce the amount of food that you eat and limit your fat and sugar intake. It would be useful to discuss a diet plan with your physician.
- ➡ **If you are bored**, it will important to find and build into your day some activities that you enjoy and find stimulating
- ➡ **If you do not exercise**, we recommend that you slowly build up to a regular exercise routine
(if you are over 65 or have a medical condition discuss this with your physician)

Slow breathing for relaxation (a special technique)

Feeling physically or mentally tense can interfere with sleep. Learning ways to relax can help sleep problems. There are many types of relaxation techniques. We will describe a breathing method below.

- ➡ breathe in the count of 3 seconds.
- ➡ when you get to 3, slowly breathe out to the count of 3
- ➡ repeat this exercise for 5 minutes.
- ➡ when you are doing it last time say the word 'relax' to yourself as you breathe out
 - breathe in using your abdomen (not your chest) and through your nose
 - practise 10-15 min., at night in a comfortable chair
 - keep in mind that the benefits of relaxation will not occur unless you practise

Identify pleasant activities

Think about those activities that you enjoy and those that you would like to have done (but never have). Write them below and carry out at least one of these activities each day

<i>Pleasant activity</i>	<i>Activity I have always want to do</i>
.....
.....
.....

Establish a regular exercise routine

Look at the list below.

A little activity: taking leisurely walks, once or twice a week

Same activity: daily activities of regular housework, shopping, taking frequent walks

Active: routine exercise, aerobics, playing tennis, etc.

- ➡ start slowly
- ➡ gradually increase your level of activity
- ➡ choose activities that you enjoy
- ➡ choose convenient activities (those that fit into your daily routine)

Filling out the following forms will help you keep track of your progress. Each day write down the date, and what you did during the day. Mark how tired you were, using the scale as a guide. Give yourself an overall rating of how fatigued you were over the week and mark this each week on the graph provided below.

0 1 2 3 4 5 6 7 8 9 10

Extremely fatigued Somewhat fatigued Not at all fatigued

Level of fatigue

Severe

Sunday

The graph displays the severity of fatigue on a scale of 0 to 10 over a 5-week period. The Y-axis represents the 'Severity score' from 0 to 10. The X-axis shows the days of the week (Mo, Tu, We, Th, Fr, Sa, Su) for each week. A legend at the bottom indicates that 0 is 'Extremely fatigued', 5 is 'Somewhat fatigued', and 10 is 'Not at all fatigued'. The graph shows a general upward trend in severity score over time, with scores starting around 1-2 in Week 1 and reaching 8-10 by Week 5.

This page will be filled by local centers or attending Primary Care Providers

Notes

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Medication information

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Self-help groups

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Counselors

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Doctors

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Help lines

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Suggested reading

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Other materials

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ICD-10 PC: Questionnaire for

Chronic Tiredness

During the *last month* have you had any of the following most of the time. If yes, please check or mark the relevant box.

I. Do you feel tired most of the time? ☐

If YES to the above, continue below

1. Are you tired all the time? ☐
2. Do you get easily tired while performing every day tasks? ☐
3. Is it difficult to recover from the tiredness, despite rest? ☐
4. Do you have any medical problems or physical pains? ☐
5. Are you taking any medication? ☐
6. Have you been feeling sad, down or depressed or have you lost interest
or pleasure in activities you normally enjoyed? ☐
7. Have you been feeling worried, anxious or tense? ☐
8. How much alcohol do you drink In a typical week? ☐
9. Are you doing too much at home or work? ☐
10. Do you seldom set time aside for leisure activities? ☐
11. Have you been having problems with sleep? ☐

I. During the *last month* have you been limited in one or more of the following areas most of the time:

- Self care: bathing, dressing, eating? ☐
- Family relations: spouse, children, relatives? ☐
- Going to work or school? ☐
- Doing housework or household tasks? ☐
- Social activities, seeing friends, hobbies? ☐
- Remembering things? ☐

II. Because of these problems doing the *last month*:

How many days were you unable to fully carry out your usual daily activities? _____

How many days did you spend in bed in order to rest? _____

Mental Disorders in Primary Care

Unexplained Somatic Complaints

Common unexplained physical problems

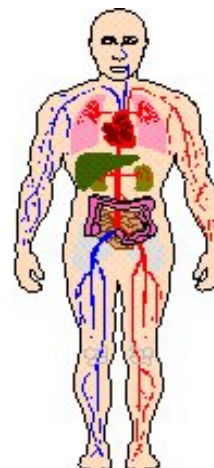
- Headaches
- Chest pains
- Difficulty in breathing
- Difficulty in swallowing
- Nausea
- Vomiting
- Abdominal pain
- Lower back pain
- Skin rashes
- Frequent urination
- Diarrhoea
- Skin and muscle discomfort

Associated worries and concerns

- Associated symptoms and problems
- Beliefs (what is causing the symptoms)
- Fears (what might happen)

Physical symptoms are real

- Emotional stress can cause physical symptoms
- Physical symptoms can lead to more emotional stress
- Emotional stress can make physical symptoms worse



Headaches
Difficulty in swallowing
Chest pain / difficulty in breathing
Abdominal pain/nausea/vomiting
Frequent urination diarrhoea /
impotence
Skin rashes

Stress, Anxiety, Worry
Anger, Depression

What treatments can help?

➤ **Supportive treatment most often needed**

- Effective reassurance, after history and detailed physical examination
- Management of stress / life problems
- Treatment of associated depression, anxiety alcohol problems
- Learning to relax
- Avoiding patterns of negative thinking
- Increasing levels of physical activity
- Increasing positive/pleasurable activities

Useful strategies

Reassurance:

- This does not mean that there is nothing wrong
- You are not going to develop a serious illness
- There is something wrong, but it is not caused by physical disease

Slow breathing to reduce common physical symptoms:

e.g. Muscle tension hot and cold flushes, headaches, chest tightness:

- Breath in for 3 seconds and out for 3 seconds and pause for 3 seconds before breathing in again
- Practice 10 minutes morning or night (5 minutes is better than nothing)
- Use before and during situations that make you anxious
- Regularly check and slow down breathing throughout the day

Changing attitudes and ways of thinking:

"I can't understand why the tests are negative. I feel the pain; it is probably something really unusual that I have."

Replace with

"The pain is real, but I've been checked out physically and I have had all the relevant tests. Many other things such as worry and stress can cause these pains"

"Maybe my doctor has missed something. I should try another doctor or better still a specialist instead"

Replace with

"It is very unlikely that these doctors have missed something. It is unlikely that a specialist would say anything different. Maybe I should examine whether stress, tension, or my lifestyle is contributing to the pain"

"Why won't this pain go away? I'm not feeling well; I've probably got cancer."

Replace with

"This is not the first time that I've thought that there was *something* terribly *wrong* and *in fact* nothing serious developed. I should learn to relax and focus my thoughts on other things to distract myself from the pains."

Increasing level of physical activity:

A little activity
1 or 2 times a week
e.g. walking



Inactive

Daily activities -
not much effort,
e.g., fast walking,
shopping, cleaning



Some activity

Activity that makes
you out of breath for
20 minutes or more,
3-5 times a week
e.g. jogging



Active



Unexplained Somatic complaints

**Unexplained somatic complaints
can be overcome**

Unexplained Somatic complaints

Unexplained somatic complaints can be overcome

An important message

You have been worried about your health because of symptoms which you have been experiencing for which no physical cause can be found. **First of all:** It is important for you to know that this does not mean that you are really not experiencing these symptoms. It simply means that something is wrong, but it is not caused by physical problems and you are not suffering from a serious medical illness. *You know* that you are not imagining your symptoms or lying about them. You need to know that other people who are trying *to* help you understand that too. We will give you information to help you to consider other ways of looking at what might be causing the symptoms and to help you to manage the symptoms.

How stress and tension can lead to physical symptoms

First - Worry and tension can cause you to tighten up your muscles. When this lasts for some time these muscles can become painful. For example, when this happens to the muscles at the back of the neck it leads to a headache. When muscles around the bowel contract it leads to stomach pains.

Second - When you get tense and anxious this causes a substance called adrenaline to be released into your body. This can be very helpful in making you more alert and prepared to deal with problems. At the same time, this substance can cause many unpleasant physical symptoms in all parts of your body, such as pounding heart, chest pains, etc.

Third - Breathing too quickly or deeply (also known as hyperventilation) decreases levels of carbon dioxide and the acid content of the blood. This leads to less oxygen getting to your brain and your body, which in turn leads to physical symptoms of anxiety. These symptoms include dizziness, light-headedness, breathlessness, smothering feelings, feelings of unreality, pounding heart, tingling sensation and so on.

Fourth - If you are feeling down or fed up with things you are much more likely to focus on your bodily sensations and more likely to worry about them than when you are feeling cheerful.

Fifth - Physical symptoms tend to have a pattern. They may come at times when you are under stress or at times when you do not have enough to keep you occupied. Try to keep a diary sheet, to work out when your symptoms occur. Each day of the week write what your symptoms you experienced, how severe they were (you can rate them from 1 to 10), what you were doing and how you were feeling.

Finally – You may concentrate on some symptoms more than others. If a member of your family or a close friend has had a life-threatening illness which began with the symptoms that you are experiencing now, you will tend to worry more about this and think about it more than you might have done for some other symptom.

It may have been also suggested to you that other types of emotional problems such as depression and/or anxiety may be playing a part in how badly you have been feeling. Depression and anxiety can cause symptoms.

People who have physical symptoms can get depressed and anxious about them.

What is depression?

Many people use the word 'depression' to describe feelings of sadness or loss. These feelings often pass within a few hours or a few days. During this time people are unable to carry out their normal activity. The clinical disorder called depression is different from the feelings of sadness. When depressed, sad feelings are felt much more intensely and for longer periods. It is common to lose interest in activities previously enjoyed. Even carrying out day-to-day activities can become very difficult. Depression can disrupt important areas of your life, including your work, social and family life. It can get so bad that the person suffering from depression may think of suicide. Depression can also affect people in many other ways:

- disturbed sleep
- feelings of guilt
- changes in appetite
- physical aches and pains
- lack of energy and motivation

What is anxiety?

The word 'anxiety' is used to describe the mental and physical response to fearful or threatening situations. This reaction may include: trembling, feelings of choking, increased heart beat, sweating and feelings of unreality and so on. Anxiety is a normal response experienced by everyone at times. Nearly being hit by a car, sitting for an exam or giving a public talk are all examples of situations in which most people will experience anxiety. However, anxiety becomes a problem when it starts to interfere with your life in an ongoing and persistent way. You are likely to be suffering from an anxiety disorder if you have any of the following:

- the anxiety reaction occurs frequently
- it interferes with your work, family and social life
- your fears are out of proportion to the situation
- you start to avoid feared situations

A few words about alcohol

Some people find that alcohol can make physical symptoms worse and in the long run can make the existing problem worse. Guidelines for what is 'low risk' drinking are presented below. Individuals will differ in terms of what level will cause harm. ***Keep in mind that the less you drink the better it is for you.***

- **For men**
up to 3 standard drinks per day, no alcoholic drinking for two days a week, a maximum of 15 standard drinks per week
- **For women**
up to 2 standard drinks per day, no alcoholic drinking for two days a week, a maximum of 10 standard drinks per week

A standard drink refers to:



1 standart
bottle of
regular beer
(285 ml)



1 single
measure of
spritis
(30 ml)



1-8 oz. Glass
of wine
(120 ml)



1 measure of
aperitif
(60 ml)

In a typical day, how many standard drinks do you have?
On how many days in a typical week do you drink?
Is this above the safe limit for your gender?

How to treat depression and anxiety

If you have symptoms of depression and anxiety in addition to the physical symptoms that worry you, you may want to know about the treatments that are available.

Treating depression

Depression can be treated in different ways. The most common ways are to use medication and counselling. Counselling is always useful but for some depressions, it is not enough and it should be accompanied with medication.

Medication is recommended when

- depression is moderate or severe or prevents you from doing your day-to-day tasks
- thoughts of hurting yourself are present
- close relatives have depression or have suffered from depression
- you have had previous episodes of depression
- you have responded well to medication in the past
- it is your own preference for treatment

Treating anxiety

The best way to treat ongoing anxiety is through counselling. Effective methods of counselling are available to:

- control and stop panic attacks
- confront feared situations previously avoided
- change negative and unrealistic thinking and reduce worry

Medication can reduce anxiety, but it is only useful in the short term. Long term use can lead to addiction. This means you have to use more and more of medication to help you and when you stop taking it, your symptoms can be much worse.

Short term use of medication is recommended only when

- it is used for brief anxiety reactions
- the anxiety experienced is very severe and counselling is also being used

How to overcome unexplained physical problems

We hope that the above information gives you a better understanding of what causes unexplained physical symptoms and how they can be linked to your emotions, worries and problems.

We will now describe some strategies to help you overcome your symptoms. You might find some strategies are more helpful than others.

Remember, you need support from your family and friends

1 Record symptoms

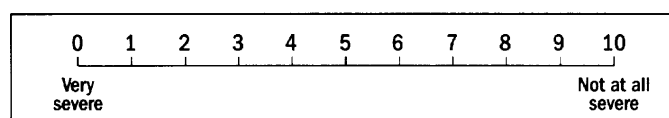
If you want to see the link between your feelings, day-to-day problems and your physical symptoms, try keeping a diary sheet for each day over the next week.

- write each physical symptom that you have
- write how severe each symptom is between 0 and 10 (0 - very severe, 10 - not severe)
- write what you were doing and how you were feeling when you had your symptoms

Diary sheet				
Week ____	Symptom	Severity	What I was doing?	How I was feeling?
<i>e.g.</i>	<i>Stomach pain</i>	<i>7</i>	<i>Meeting a deadline</i>	<i>Low mood</i>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Diary sheet				
Week _____	Symptom	Severity	What I was doing?	How I was feeling?
e.g.	<i>Severe headache</i>	<i>0</i>	<i>Preparing a dinner party</i>	<i>Anxious</i>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Diary sheet				
Week _____	<i>Symptom</i>	<i>Severity</i>	<i>What I was doing?</i>	<i>How I was feeling?</i>
<i>e.g.</i>	<i>Back pain</i>	<i>4</i>	<i>Spring cleaning</i>	<i>Tired</i>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____



2 Learn slow breathing

Slow breathing will help to reduce common physical such as muscle tension, hot and cold flushes, headaches, and chest tightness. When you get certain physical symptoms, for example, breathlessness, it feels like you are not breathing enough. The natural response is to breathe in more. However, if you do try to get more air in by breathing in more, this will make the problem worse. The best solution is to slow down your breathing *even* though you may feel that you should speed it up. Now we will show you a slow breathing technique which can help to reduce many different physical symptoms. Remember to breathe in using your abdomen (not your chest) and through your nose.

- ➡ breathe in slowly to the count of 3 seconds.
- ➡ when you get to 3, slowly breathe out to the count of 3 pause for 3 seconds. before breathing in again
- ➡ after 5 minutes. or so, say the word 'relax' to yourself as you breathe out
 - practise twice a day for 10 min. (5 min. is better than nothing)
 - regularly check and slow down your breathing during the day
 - use slow breathing whenever you get tense and worried about your symptoms
 - use this technique before and during situations that make your symptoms worse

3 Identify problems in your life

We all experience problems in life and sometimes they can trigger physical symptoms as well as depression or anxiety. Was there anything that bothered you before your symptoms began? If so please write them down:

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4 Working out a strategy to deal with problems

Often problems that never get solved can trigger off symptoms in our bodies. Think about the problems that you have listed. You can work through each of them using the following strategy.

Discuss the problem with a trusted person

Then write down what you believe to be the major difficulties

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Distance yourself to look at the problem

Write down what an observer would think of the problem

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Work out options for dealing with the problem

What options do you have? What do other people think?

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Examine the pros and cons of each option

Sometimes there is no easy answer and all options seem unpleasant. Try to evaluate the pros and cons of each option.

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Set a time frame to solve problems

Deadlines are useful because they spur us into action. Try to set realistic deadlines.

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Decide on a step-by- step action plan

Working through the problems can seem overwhelming. Plan the steps that you need to take to solve the problem.

Action

Date

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5 Identify negative thinking and attitudes

When people start to feel unwell they often tend to think negatively their symptoms. Negative thinking can also trigger depression and can slow down recovery. There are differences in the way people think. *Some* people think in mostly positive terms while others think in negative terms. Can you relate to the examples below?

You have had investigations and the tests are negative

Person A

I can't understand why
I must have something really serious
They will never find it

Increased pain

Person B

OK' I still have the pain
At least it is nothing serious
If I worry about it I will feel worse

Pain gets better

If you tend to think or react like person A, it is likely that you have a negative way of thinking. Here are some more examples of other negative thoughts or beliefs.

Mark the statements that apply to you.

Pain is always a sign of really serious illness
Physical symptoms are always a sign that there is something wrong with your body
It is impossible to know with absolute certainty that I am not ill
If I do not feel well I have to find out exactly what is wrong
Doctors never tell you the truth
You can't trust anyone to get it right when you are sick

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6 How do you change the way you think

It is likely that you have been thinking in a negative way for some time. It will take time and a lot of practice to change these ways.

Here are some tips:

First, ask yourself is this belief that I have true?

- Consult someone outside the situation for their opinion
- Ask yourself if everyone would have the same belief in this situation
- Examine other possible explanations for the occurrence of the symptoms

Second, counter each negative/unreasonable thought with more realistic ones.

- These should be opposite to the unreasonable belief
- They should be realistic statements
- There should be as many counters as possible

The following example shows how negative and positive thoughts can lead to different reactions to the same situation.

SITUATION: Developed a new rash on one leg which the doctor said you should not worry about

Unreasonable/negative thoughts:

- My sister had a rash like that and she developed arthritis
- My doctor is not telling me the truth
- I should see a specialist
- This could spread much further

Resulting feelings: Worry and more physical symptoms brought on by anxiety

Reasonable/positive thoughts:

- My doctor says there is nothing wrong but he will continue to monitor it
- There is no reason why he should not tell me the truth
- Many people get rashes and don't develop arthritis
- There is nothing else I can do about it just now
- Apart from this I feel well

Resulting feelings: Acceptance; able to stop worrying

Now you can work through your own examples. Write down situations that have made you unhappy and any negative thoughts that you may have had and the resulting feelings.

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Remember: It will take time to change the way you think and feel.

7 Plan and increase your level of activity

When you are not getting very much exercise, you can start to feel weaker and notice even more symptoms. This is because when we do not exercise our muscles begin to waste away and we feel less fit.

Set goals for increasing your level of activity over the next four weeks.

If you are over 65 years of age or have signs of heart disease you should consult your doctor before starting an exercise routine. Remember to build up your level of activity gradually.

My goals are

Week 1

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Week 2

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Week 3

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Week 4

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Week 5

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8 Keeping a record

Start off by writing down exactly what your main symptoms are at this moment. This will help you to begin to monitor your progress. Mark on the lines how severe the symptoms actually are. Also give yourself an overall rating of how you feel from the scale provided. Each week mark the overall severity of your symptoms on the graph provided.

Example of symptom record form

Date February 27

1) Symptom: Disturbed sleep

Very severe ☐ Severe ☐ Not at all severe ☐

2) Symptom:

Very severe ☐ Severe ☐ Not at all severe ☐

Example of symptom record form

Date _____

1) **Symptom:** _____

Very severe ☐ Severe ☐ Not at all severe ☐

2) **Symptom:** _____

Very severe ☐ Severe ☐ Not at all severe ☐

3) **Symptom:** _____

Very severe ☐ Severe ☐ Not at all severe ☐

Example of symptom record form

Date _____

1) **Symptom:** _____

Very severe ☐ Severe ☐ Not at all severe ☐

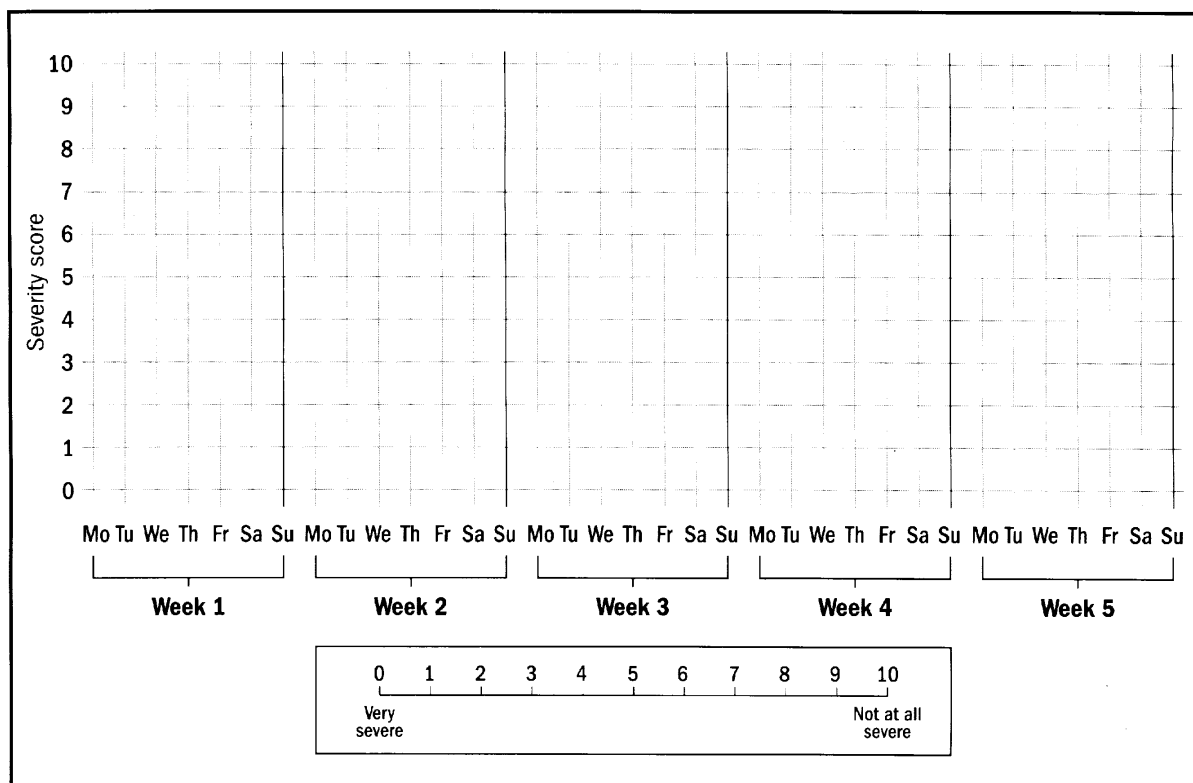
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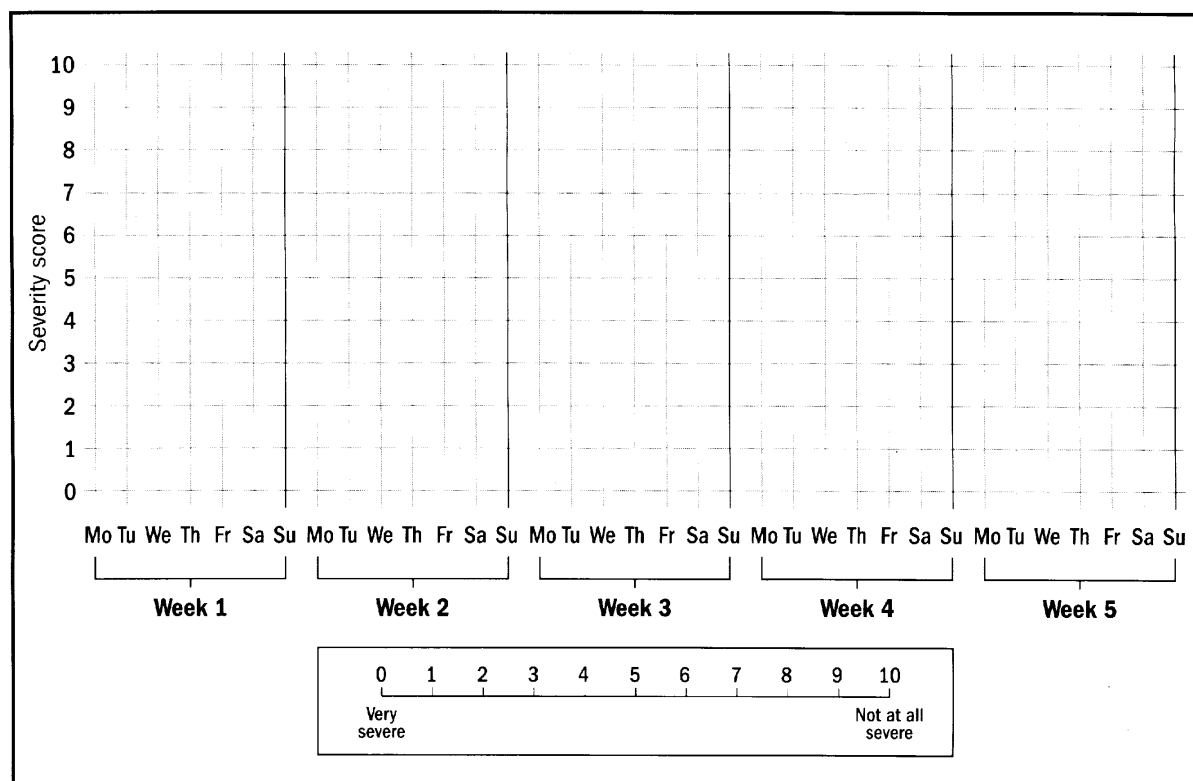
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Personal progress chart



Personal progress chart



Notes

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Medication information

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Self-help groups

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Suggested reading

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Other materials

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ICD-10 PC: Questionnaire for

Unexplained Somatic Complaints

During the *last month* have you had any of the following most of the time? If yes, please check or mark the relevant box.

- I. Have you been bothered by continuing aches or pains or other physical complaints for which a physical has not been found (e.g. nausea/vomiting, diarrhoea, shortness of breath, chest pain, headaches, abdominal pain)? ☐

If YES to the above, continue below

- | | |
|--|--------------------------|
| 1. Have you seen more than one doctor for these problems? | <input type="checkbox"/> |
| 2. Have you seen specialists about these problems? | <input type="checkbox"/> |
| 3. Have you experienced these pains or different physical problems for longer than 6 months? | <input type="checkbox"/> |
| 4. Have you been feeling sad? | <input type="checkbox"/> |
| 5. Have you lost interest in things that you enjoyed previously | <input type="checkbox"/> |
| 6. Are you often worried, anxious or tense? | <input type="checkbox"/> |
| 7. How much alcohol do you drink in a typical week? | |

I. During the last month have you been limited in one or more of the following areas most of the time:

- | | |
|--|--------------------------|
| • Self care: bathing, dressing, eating? | <input type="checkbox"/> |
| • Family relations: spouse, children, relatives? | <input type="checkbox"/> |
| • Going to work or school? | <input type="checkbox"/> |
| • Doing housework or household tasks? | <input type="checkbox"/> |
| • Social activities, seeing friends, hobbies? | <input type="checkbox"/> |
| • Remembering things? | <input type="checkbox"/> |

II. Because of these problems during the last month:

How many days were you unable to fully carry out your usual daily activities?	_____
How many days did you spend in bed in order to rest?	_____

Mental Disorders in Primary Care

Unexplained Somatic Complaints

Common unexplained physical problems

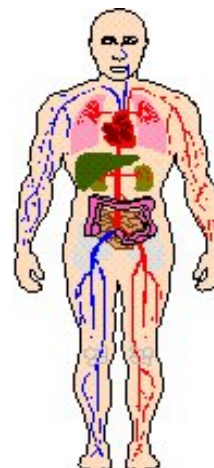
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Abdominal pain/nausea/vomiting
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"Maybe my doctor has missed something. I should try another doctor or better still a specialist instead"

Replace with

"It is very unlikely that these doctors have missed something. It is unlikely that a specialist would say anything different. Maybe I should examine whether stress, tension, or my lifestyle is contributing to the pain"

"Why won't this pain go away? I'm not feeling well; I've probably got cancer."

Replace with

"This is not the first time that I've thought that there was *something* terribly *wrong* and *in fact* nothing serious developed. I should learn to relax and focus my thoughts on other things to distract myself from the pains."

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Activity that makes
you out of breath for
20 minutes or more,
3-5 times a week
e.g. jogging



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can be overcome**

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Fourth - If you are feeling down or fed up with things you are much more likely to focus on your bodily sensations and more likely to worry about them than when you are feeling cheerful.

Fifth - Physical symptoms tend to have a pattern. They may come at times when you are under stress or at times when you do not have enough to keep you occupied. Try to keep a diary sheet, to work out when your symptoms occur. Each day of the week write what your symptoms you experienced, how severe they were (you can rate them from 1 to 10), what you were doing and how you were feeling.

Finally – You may concentrate on some symptoms more than others. If a member of your family or a close friend has had a life-threatening illness which began with the symptoms that you are experiencing now, you will tend to worry more about this and think about it more than you might have done for some other symptom.

It may have been also suggested to you that other types of emotional problems such as depression and/or anxiety may be playing a part in how badly you have been feeling. Depression and anxiety can cause symptoms.

People who have physical symptoms can get depressed and anxious about them.

What is depression?

Many people use the word 'depression' to describe feelings of sadness or loss. These feelings often pass within a few hours or a few days. During this time people are unable to carry out their normal activity. The clinical disorder called depression is different from the feelings of sadness. When depressed, sad feelings are felt much more intensely and for longer periods. It is common to lose interest in activities previously enjoyed. Even carrying out day-to-day activities can become very difficult. Depression can disrupt important areas of your life, including your work, social and family life. It can get so bad that the person suffering from depression may think of suicide. Depression can also affect people in many other ways:

- disturbed sleep
- feelings of guilt
- changes in appetite
- physical aches and pains
- lack of energy and motivation

What is anxiety?

The word 'anxiety' is used to describe the mental and physical response to fearful or threatening situations. This reaction may include: trembling, feelings of choking, increased heart beat, sweating and feelings of unreality and so on. Anxiety is a normal response experienced by everyone at times. Nearly being hit by a car, sitting for an exam or giving a public talk are all examples of situations in which most people will experience anxiety. However, anxiety becomes a problem when it starts to interfere with your life in an ongoing and persistent way. You are likely to be suffering from an anxiety disorder if you have any of the following:

- the anxiety reaction occurs frequently
- it interferes with your work, family and social life
- your fears are out of proportion to the situation
- you start to avoid feared situations

A few words about alcohol

Some people find that alcohol can make physical symptoms worse and in the long run can make the existing problem worse. Guidelines for what is 'low risk' drinking are presented below. Individuals will differ in terms of what level will cause harm. ***Keep in mind that the less you drink the better it is for you.***

- **For men**
up to 3 standard drinks per day, no alcoholic drinking for two days a week, a maximum of 15 standard drinks per week
- **For women**
up to 2 standard drinks per day, no alcoholic drinking for two days a week, a maximum of 10 standard drinks per week

A standard drink refers to:



1 standart
bottle of
regular beer
(285 ml)



1 single
measure of
spritis
(30 ml)



1-8 oz. Glass
of wine
(120 ml)



1 measure of
aperitif
(60 ml)

In a typical day, how many standard drinks do you have?
On how many days in a typical week do you drink?
Is this above the safe limit for your gender?

How to treat depression and anxiety

If you have symptoms of depression and anxiety in addition to the physical symptoms that worry you, you may want to know about the treatments that are available.

Treating depression

Depression can be treated in different ways. The most common ways are to use medication and counselling. Counselling is always useful but for some depressions, it is not enough and it should be accompanied with medication.

Medication is recommended when

- depression is moderate or severe or prevents you from doing your day-to-day tasks
- thoughts of hurting yourself are present
- close relatives have depression or have suffered from depression
- you have had previous episodes of depression
- you have responded well to medication in the past
- it is your own preference for treatment

Treating anxiety

The best way to treat ongoing anxiety is through counselling. Effective methods of counselling are available to:

- control and stop panic attacks
- confront feared situations previously avoided
- change negative and unrealistic thinking and reduce worry

Medication can reduce anxiety, but it is only useful in the short term. Long term use can lead to addiction. This means you have to use more and more of medication to help you and when you stop taking it, your symptoms can be much worse.

Short term use of medication is recommended only when

- it is used for brief anxiety reactions
- the anxiety experienced is very severe and counselling is also being used

How to overcome unexplained physical problems

We hope that the above information gives you a better understanding of what causes unexplained physical symptoms and how they can be linked to your emotions, worries and problems.

We will now describe some strategies to help you overcome your symptoms. You might find some strategies are more helpful than others.

Remember, you need support from your family and friends

1 Record symptoms

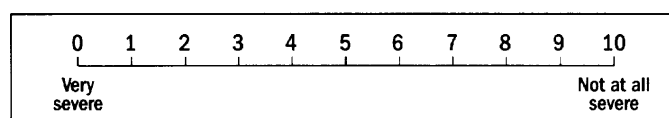
If you want to see the link between your feelings, day-to-day problems and your physical symptoms, try keeping a diary sheet for each day over the next week.

- write each physical symptom that you have
- write how severe each symptom is between 0 and 10 (0 - very severe, 10 - not severe)
- write what you were doing and how you were feeling when you had your symptoms

Diary sheet				
Week ____	Symptom	Severity	What I was doing?	How I was feeling?
e.g.	<i>Stomach pain</i>	<i>7</i>	<i>Meeting a deadline</i>	<i>Low mood</i>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Diary sheet				
Week _____	Symptom	Severity	What I was doing?	How I was feeling?
e.g.	<i>Severe headache</i>	<i>0</i>	<i>Preparing a dinner party</i>	<i>Anxious</i>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____

Diary sheet				
Week _____	<i>Symptom</i>	<i>Severity</i>	<i>What I was doing?</i>	<i>How I was feeling?</i>
<i>e.g.</i>	<i>Back pain</i>	<i>4</i>	<i>Spring cleaning</i>	<i>Tired</i>
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____
Saturday	_____	_____	_____	_____
Sunday	_____	_____	_____	_____



2 Learn slow breathing

Slow breathing will help to reduce common physical such as muscle tension, hot and cold flushes, headaches, and chest tightness. When you get certain physical symptoms, for example, breathlessness, it feels like you are not breathing enough. The natural response is to breathe in more. However, if you do try to get more air in by breathing in more, this will make the problem worse. The best solution is to slow down your breathing *even* though you may feel that you should speed it up. Now we will show you a slow breathing technique which can help to reduce many different physical symptoms. Remember to breathe in using your abdomen (not your chest) and through your nose.

- ➡ breathe in slowly to the count of 3 seconds.
- ➡ when you get to 3, slowly breathe out to the count of 3 pause for 3 seconds. before breathing in again
- ➡ after 5 minutes. or so, say the word 'relax' to yourself as you breathe out
 - practise twice a day for 10 min. (5 min. is better than nothing)
 - regularly check and slow down your breathing during the day
 - use slow breathing whenever you get tense and worried about your symptoms
 - use this technique before and during situations that make your symptoms worse

3 Identify problems in your life

We all experience problems in life and sometimes they can trigger physical symptoms as well as depression or anxiety. Was there anything that bothered you before your symptoms began? If so please write them down:

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4 Working out a strategy to deal with problems

Often problems that never get solved can trigger off symptoms in our bodies. Think about the problems that you have listed. You can work through each of them using the following strategy.

Discuss the problem with a trusted person

Then write down what you believe to be the major difficulties

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Distance yourself to look at the problem

Write down what an observer would think of the problem

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Work out options for dealing with the problem

What options do you have? What do other people think?

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Examine the pros and cons of each option

Sometimes there is no easy answer and all options seem unpleasant. Try to evaluate the pros and cons of each option.

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Set a time frame to solve problems

Deadlines are useful because they spur us into action. Try to set realistic deadlines.

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Decide on a step-by- step action plan

Working through the problems can seem overwhelming. Plan the steps that you need to take to solve the problem.

Action

Date

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5 Identify negative thinking and attitudes

When people start to feel unwell they often tend to think negatively their symptoms. Negative thinking can also trigger depression and can slow down recovery. There are differences in the way people think. *Some* people think in mostly positive terms while others think in negative terms. Can you relate to the examples below?

You have had investigations and the tests are negative

Person A

I can't understand why
I must have something really serious
They will never find it

Increased pain

Person B

OK' I still have the pain
At least it is nothing serious
If I worry about it I will feel worse

Pain gets better

If you tend to think or react like person A, it is likely that you have a negative way of thinking. Here are some more examples of other negative thoughts or beliefs.

Mark the statements that apply to you.

Pain is always a sign of really serious illness
Physical symptoms are always a sign that there is something wrong with your body
It is impossible to know with absolute certainty that I am not ill
If I do not feel well I have to find out exactly what is wrong
Doctors never tell you the truth
You can't trust anyone to get it right when you are sick

☐

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6 How do you change the way you think

It is likely that you have been thinking in a negative way for some time. It will take time and a lot of practice to change these ways.

Here are some tips:

First, ask yourself is this belief that I have true?

- Consult someone outside the situation for their opinion
- Ask yourself if everyone would have the same belief in this situation
- Examine other possible explanations for the occurrence of the symptoms

Second, counter each negative/unreasonable thought with more realistic ones.

- These should be opposite to the unreasonable belief
- They should be realistic statements
- There should be as many counters as possible

The following example shows how negative and positive thoughts can lead to different reactions to the same situation.

SITUATION: Developed a new rash on one leg which the doctor said you should not worry about

Unreasonable/negative thoughts:

- My sister had a rash like that and she developed arthritis
- My doctor is not telling me the truth
- I should see a specialist
- This could spread much further

Resulting feelings: Worry and more physical symptoms brought on by anxiety

Reasonable/positive thoughts:

- My doctor says there is nothing wrong but he will continue to monitor it
- There is no reason why he should not tell me the truth
- Many people get rashes and don't develop arthritis
- There is nothing else I can do about it just now
- Apart from this I feel well

Resulting feelings: Acceptance; able to stop worrying

Now you can work through your own examples. Write down situations that have made you unhappy and any negative thoughts that you may have had and the resulting feelings.

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Remember: It will take time to change the way you think and feel.

7 Plan and increase your level of activity

When you are not getting very much exercise, you can start to feel weaker and notice even more symptoms. This is because when we do not exercise our muscles begin to waste away and we feel less fit.

Set goals for increasing your level of activity over the next four weeks.

If you are over 65 years of age or have signs of heart disease you should consult your doctor before starting an exercise routine. Remember to build up your level of activity gradually.

My goals are

Week 1

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Week 2

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Week 3

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Week 4

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Week 5

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8 Keeping a record

Start off by writing down exactly what your main symptoms are at this moment. This will help you to begin to monitor your progress. Mark on the lines how severe the symptoms actually are. Also give yourself an overall rating of how you feel from the scale provided. Each week mark the overall severity of your symptoms on the graph provided.

Example of symptom record form

Date February 27

1) Symptom: Disturbed sleep

Very severe ☐ Severe ☐ Not at all severe ☐

2) Symptom:

Very severe ☐ Severe ☐ Not at all severe ☐

Example of symptom record form

Date _____

1) Symptom: _____

Very severe ☐ Severe ☐ Not at all severe ☐

2) Symptom: _____

Very severe ☐ Severe ☐ Not at all severe ☐

3) Symptom: _____

Very severe ☐ Severe ☐ Not at all severe ☐

Example of symptom record form

Date _____

1) Symptom: _____

Very severe ☐ Severe ☐ Not at all severe ☐

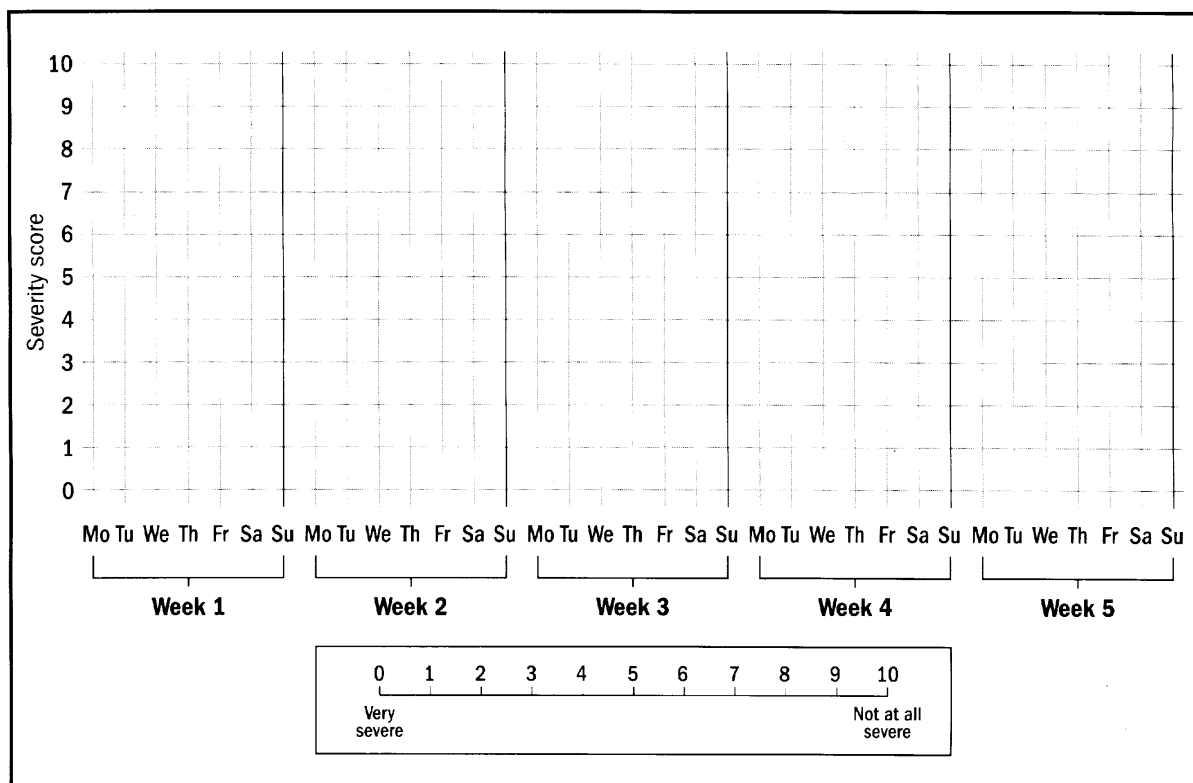
2) Symptom: _____

Very severe ☐ Severe ☐ Not at all severe ☐

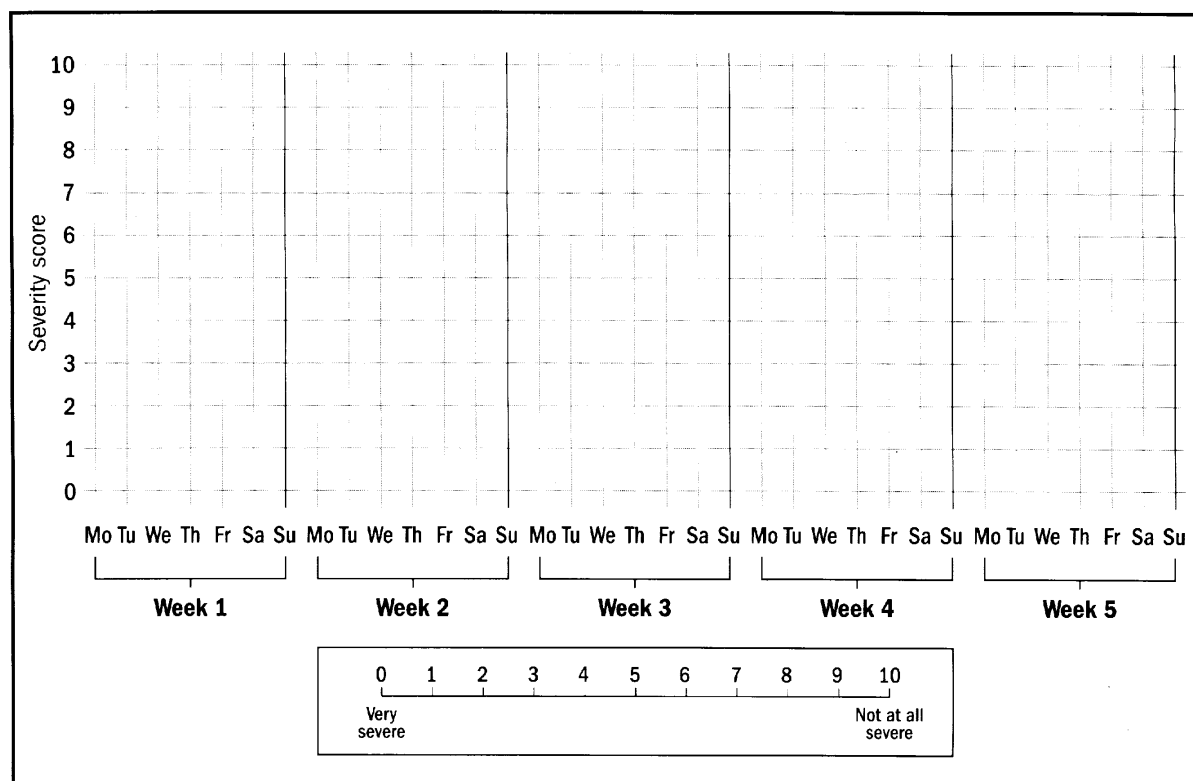
3) Symptom: _____

Very severe ☐ Severe ☐ Not at all severe ☐

Personal progress chart



Personal progress chart



Notes

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Medication information

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Self-help groups

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Counselors

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Doctors

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Help lines

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Suggested reading

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Other materials

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ICD-10 PC: Questionnaire for

Unexplained Somatic Complaints

During the *last month* have you had any of the following most of the time? If yes, please check or mark the relevant box.

- I. Have you been bothered by continuing aches or pains or other physical complaints for which a physical has not been found (e.g. nausea/vomiting, diarrhoea, shortness of breath, chest pain, headaches, abdominal pain)? ☐

If YES to the above, continue below

- | | |
|--|--------------------------|
| 1. Have you seen more than one doctor for these problems? | <input type="checkbox"/> |
| 2. Have you seen specialists about these problems? | <input type="checkbox"/> |
| 3. Have you experienced these pains or different physical problems for longer than 6 months? | <input type="checkbox"/> |
| 4. Have you been feeling sad? | <input type="checkbox"/> |
| 5. Have you lost interest in things that you enjoyed previously | <input type="checkbox"/> |
| 6. Are you often worried, anxious or tense? | <input type="checkbox"/> |
| 7. How much alcohol do you drink in a typical week? | |

I. During the last month have you been limited in one or more of the following areas most of the time:

- | | |
|--|--------------------------|
| • Self care: bathing, dressing, eating? | <input type="checkbox"/> |
| • Family relations: spouse, children, relatives? | <input type="checkbox"/> |
| • Going to work or school? | <input type="checkbox"/> |
| • Doing housework or household tasks? | <input type="checkbox"/> |
| • Social activities, seeing friends, hobbies? | <input type="checkbox"/> |
| • Remembering things? | <input type="checkbox"/> |

II. Because of these problems during the last month:

How many days were you unable to fully carry out your usual daily activities?	_____
How many days did you spend in bed in order to rest?	_____