

Name _____ DOB _____ Date _____

“WHY AM I SO TIRED ALL OF THE TIME?”

These two questions are common complaints. The answers are usually divided into three areas: 1. Metabolic - things such as anemia, diabetes, thyroid disorders, liver disorders, high calcium, etc. Lab tests will be done and treatment depending on results. 2. sleep disorders - sleep apnea where you snore and quit breathing or restless leg syndrome where you jerk and twitch. Videotape your sleep and if there is any suggestion to having problems, I will order a formal sleep study. Treatment is usually wearing a CPAP mask at night or medication. 3. Chemical receptor imbalance in the brain - usually an inherited disorder in serotonin, norepinephrine, or GABA functions in the brain. Unfortunately, there are no lab tests to determine this but only questionnaires and then a trial of medication.

“WHAT SYMPTOMS?”

Four or more yes answers suggest this is the problem. Please circle the number if you are having that problem.

1. Fatigue- waking up tired no matter how much you sleep. This is different from fatigue from metabolic causes where you get tired from activity. ___ Yes ___ No
2. Headaches- usually a tight band around the head associated with posterior neck tenderness. ___ Yes ___ No
3. Sleep problems-usually waking up several times and difficulty going back to sleep. ___ Yes ___ No
4. Dizziness-not spinning like vertigo but a passing lightheaded feeling. ___ Yes ___ No
5. Difficulty concentrating and mild forgetfulness. In the elderly, many think they are beginning to have dementia. ___ Yes ___ No
6. Digestive problems such as abdominal cramping and mild diarrhea. ___ Yes ___ No
7. Hot flushes that are not related to hormone issues. ___ Yes ___ No
8. “Blah”- don’t feel like doing anything and don’t want to be bothered by anyone. ___ Yes ___ No
9. Decreased interest in sex. ___ Yes ___ No
10. Irritability, anger, rapid mood swings. ___ Yes ___ No
11. Anxiousness, fear, rapid heartbeat, increased respiration, chest pain. ___ Yes ___ No
12. Prolonged sadness for no apparent reason. ___ Yes ___ No
13. Feelings of no worth to yourself or anybody. ___ Yes ___ No
14. Thoughts of hurting yourself. ___ Yes ___ No
15. Past history of postpartum depression, post-traumatic stress disorder (PTSD), long term pain such as shingles pain, neuropathy from back and neck disc diseases, and fibromyalgia. ___ Yes ___ No
16. Family history of anxiety, depression, or mood disorders. ___ Yes ___ No

“MY LIFE IS GREAT, WHY DO I FEEL THIS WAY”

This is not caused by grief of the loss of a loved one but is usually inherited. Although some of the symptoms are mental and emotional, this is a problem with physical symptoms.

I have seen this problem in patients as young as 10 years of age and as old as 80 years old.

Some studies have shown that this disorder may cause a loss of brain cells and may increase the risk of Alzheimer’s disease.

“HOW DO I TREAT THIS”

There are several things you can do to help:

1. Gradually reduce caffeine over several weeks down to one soft drink or one cup of coffee. Never drink energy drinks.
2. Limit alcohol to one drink a day
3. Regular exercise 30 minutes three times a week
4. Therapy helps, but often is not needed.

Before studies showing the brain’s deficiency in chemical messengers, older medicines such as amitriptyline, nortriptyline, diazepam, alprazolam were used mainly to sedate the patients. But they didn’t treat the underlying disorders, and in some cases made things worse. Medications affecting serotonin, norepinephrine, and GABA receptors are now the medications of choice. Most people do well with just one medication, but a few require more medications. *It usually takes 3-4 weeks before any improvement is noticed, and I will see you back in one month to re-evaluate.* Once we find the right medication or combination, I recommend you stay on for the rest of your life. We don’t treat hypertension, diabetes, heart disease, etc. for just 1 or 2 years and quit medications. However, if you don’t want to take forever, please take it for 2 years at least.

Anywhere between 15-30% of patients have an agitated component and will not respond to usual serotonin treatment but will require a small dose of a mood stabilizer in addition. Before starting any medication, I will have you do a mood questionnaire. I usually don’t start 2 meds at the same time. But I will add a mood stabilizer if there is no improvement.

“WHAT SIDE EFFECTS?”

Nausea is the most common side effect. I suggest taking the medication after breakfast with a tablespoon of peanut butter which helps to block nausea. The nausea will go away after 1-2 weeks.

Serotonin meds often make you alert, so take in the morning. If we add a mood stabilizer, it will make you sleepy. Take it in the evening.

A few people will have delayed orgasm during sexual activity. Many times, that is a benefit. But if it becomes a problem, I will prescribe Wellbutrin to block the side effects. Although Wellbutrin is listed as an antidepressant, I have not seen much success in treating anxiety/depression by itself.

The handout that comes with the prescription lists hundreds of possible side effects, most of them are caused by other things in your life. Remember the media loves controversy!

PATIENT SIGNATURE: _____

DATE: _____