

Frequently asked questions...

If you feel depressed, anxious, if you feel as though you are losing your mind, there is no reason to be ashamed and embarrassed by it. It doesn't mean that you are insane. It doesn't mean that you are a weak person. You should not blame yourself for feeling that way and not being able to pull yourself up by the boot straps. It may be that some chemicals in your brain need to be re-adjusted, similar to the situation when you have a high blood sugar and need medications to normalize it.

Who is a psychiatrist and what is the difference between a psychiatrist and a psychologist or a therapist?

A psychiatrist is a physician who specializes in the prevention, diagnosis, and treatment of mental and emotional disorders, such as anxiety, depression, memory problems, sleep disturbance, sexual dysfunction. Psychiatrists are trained in the medical, psychological, and social components of mental, emotional, and behavioral disorders. They order diagnostic tests, prescribe medications, practice psychotherapy, and help patients and their families cope with stress and crises. Psychiatrists often consult with primary care physicians and psychotherapists, such as psychologists and social workers. A psychiatrist must have an M.D. or D.O. degree and must complete at least 4 years of residency training after graduating from medical school.

On the other hand, **psychologists** practicing in the field of mental health usually have a doctorate degree (PhD or PsyD) and help patients by providing talk therapy (psychotherapy).

There are other kinds of **psychotherapists**, for example social workers (LCSW) or mental health counselors (LMHC) or licensed family and marital therapists (LMFT). Those specialists usually have master's degree in their respective fields.

Since psychologists and other therapists are not physicians, they cannot do medical assessments of patients and cannot provide treatments other than psychotherapy; for instance, they cannot treat their clients with medications. While psychiatrists have been trained to provide psychotherapy along with other treatments and often do it, sometimes psychiatrists chose to delegate the provision of psychotherapeutic services to non-MD therapists, focusing on psychopharmacological treatment of their patients. In those cases, psychiatrists are working in collaboration with those non-physician mental health care professionals.

What is Board certification?

After completing their residency training and meeting examination requirements, psychiatrists may seek certification from the **American Board of Psychiatry and Neurology** (ABPN). The ABPN is a member of the American Board of Medical Specialties (ABMS). Board certified psychiatrists have achieved the highest level of education and training possible in the field of psychiatry. Psychiatrists seeking board certification must have an unrestricted license to practice medicine in the United States, must have completed residency, must maintain a high standard of personal and professional conduct, and must meet standards set by the ABPN. They also must pass both a written and oral exam administered by the American Board of Psychiatry and Neurology. Psychiatrists must be re-certified every 10

years. Dr. Remenson became Board-Certified in 1998. In 2008, he passed a re-certification examination, and his Board certification was extended for another ten years.

What are common symptoms of psychiatric disorders?

Most common mental health problems are **anxiety disorders** and **depression**.

People with anxiety often would feel nervous, "on edge", unable to relax, they would have trouble sleeping, would worry excessively, sometimes would have panic attacks with shortness of breath, palpitations, intense unexplained fear, feeling jumpy and irritable.

Depression commonly presents as feeling "blah", sad, unhappy; patients with depression would often report decreased interest in doing things, low energy, poor concentration, sometimes hopelessness and thoughts of death. Many people afflicted with those conditions do not know or believe that they are treatable. In reality, most patients with anxiety and depression can get better if proper treatment is administered. Sometimes it can be psychotherapy, sometimes medications, or it can be a combination treatment: medications and therapy.

How common are psychiatric problems?

Anxiety is the most common psychiatric problem. The lifetime prevalence of anxiety disorders is almost 30 percent. At any given year, 18 percent of the US population suffers from at least one anxiety disorder. The most common anxiety disorder is specific phobia. Other common anxiety disorders are panic disorder, agoraphobia, generalized anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder.

Depression also is ubiquitous. In this country, it afflicts every sixth person throughout his or her lifetime. It is twice as prevalent in women as in men. At any given year, about 6% of the US population suffers from depression.

Attention-Deficit/Hyperactivity Disorder affects up to 10% of the population, with 5% or more school-age children. Although some of the symptoms of ADHD diminish with age, many persist well into adulthood and affect a person's life for years to come.

Dementia becomes common as a person ages. It affects 5-8% of all people between ages 65 and 74, and up to 20% of those between 75 and 84. The most common dementia is Alzheimer's dementia. 30 to 47% or more of people 85 years old and over have dementia. Significant proportion of people suffering from dementia also has various mood disturbances and behavioral problems, as well as psychotic symptoms such as delusional ideas and hallucinations.

What can I expect from the first visit to the doctor?

The first visit typically lasts 45 minutes to 1 hour. The doctor personally meets with a patient in his office and collects the information about patient's complaints, asking questions about his or her problems, gathering recent and previous history of psychiatric, medical and surgical ailments and treatments. The doctor reviews current medications, obtains the information on person's background and life circumstances. If necessary, the doctor evaluates cognitive functioning assessing patient's concentration, attention, memory and intellectual functioning. This comprehensive bio-psycho-social assessment leads to the formulation of diagnostic impression and treatment plan that the doctor discusses with the patient and/or their family members, addressing treatment options and their potential risks and benefits. At the end of the visit, the patient has the opportunity to ask questions and share their concerns with the doctor. If treatment is started, usually the doctor schedules a follow-up visit within a week or two depending on the severity of patient's condition and treatment involved. If treatment includes using medications, the doctor writes a

prescription. Referrals for physical or neurological examinations, laboratory tests or imaging studies such as CT or MRI as made if necessary. Some of those tests can be done at Dr. Remenson's office.

What are follow-up visits like?

After the first visit, if treatment is initiated, usually a patient presents to the office for a follow-up appointment. Initially the frequency of office visits is every few weeks. Subsequently, once the condition is stabilized, the doctor may not need to see you for a month or several months. However, as long as you stay in treatment, the doctor needs to meet with you periodically, albeit infrequently, to monitor your progress and make sure that your condition is still stable. Some conditions require only a relatively short course of treatment. Once it is completed, the patient is discharged.

Does Dr. Remenson treat children?

Dr. Remenson has been trained as a General Psychiatrist. He accepts new adolescent patients but he does not treat children younger than 15 years of age.

What is psychopharmacology?

Psychopharmacology in the broad sense is the study of substances with psychotropic properties (psychoactive substances). In a more common definition, it is clinical science and practice studying and applying medications that penetrate blood-brain barrier and affect neurochemical processes in the brain, resulting in the changes of the emotions, perceptions, thinking or behavior. In the field of psychiatric practice psychopharmacology has a crucial role since psychiatric disorders and conditions invariably are associated with the disturbance in the chemical brain processes. Even if a mental health problem is primarily caused by external stress, it is still as much a neurochemical as well as a psychological disorder. Our brain operates as very complex machinery where neurotransmitters and other chemicals have to be in a certain order and balance. When this balance is disrupted, symptoms of psychiatric disorders emerge. The disruption in the neurochemical or neuroanatomical balance can be caused by many causes. Some of them include genetic predisposition, physical and neurological illnesses, brain injuries, toxic substances, alcohol and drugs, and/or adverse events in one's life such as losses, worries, major changes and disruptions.

Because the majority of mental disorders have both psychological and neurochemical underpinning, psychiatric treatment can be effective in addressing either of those realms. **Psychotherapy** helps people gain insight into their lives, learn how to handle stress, acquire healthier thought patterns and behaviors. That leads to normalization of psychological functioning, and also the restoration of neurochemical balance in the brain. **Psychopharmacology** directly addresses neurochemical processes and restores healthy chemical condition in the brain. That, in turn, leads to the normalization of psychological processes such as thought patterns, emotions and behaviors. As one can see, combining those two approaches can be most effective. This, indeed, has been confirmed by many clinical trials.

If I start a medication to treat my problem, how long should I take it?

Some psychotropic medications can only be used "as needed" to control symptoms that come on and off. However, most psychiatric medications don't work right away. It may take a few weeks to respond to the medicine. If it works, depending on the condition, the doctor may recommend staying on it for a few months and then stopping it or wean off of it. Sometimes people struggle with chronic mental health problems that linger for years or decades; those conditions often require continuous use of psychiatric medications to keep them under control. It is similar to having

other chronic conditions such as high blood pressure or high cholesterol or diabetes – those usually require ongoing treatment, because if the medication is discontinued, the problem will re-appear.

Can you recommend online sources of information on the topics of mental health?

There is a lot of misleading information circulating on the Internet on the issues of mental health and psychiatric treatments. One has to surf the Net with caution and critical eye. Below is the list of recommended sites:

[WebMD](http://www.webmd.com) - www.webmd.com

[MayoClinic.com](http://www.mayoclinic.org) - www.mayoclinic.org

[National Institute of Mental Health](https://www.nimh.nih.gov/health/topics/index.shtml) - <https://www.nimh.nih.gov/health/topics/index.shtml>

[CHADD \(Children and Adults with Attention Deficit/Hyperactivity Disorder\)](http://www.chadd.org) - www.chadd.org

[NAMI \(National Alliance on Mental Illness\)](http://www.nami.org) - www.nami.org

[American Psychiatric Association](http://www.psychiatry.org) - www.psychiatry.org