



Why should I seek help from Behavioral Medicine?

Our thoughts and feelings are a part of us and are closely connected with our physical health. Many physical illnesses can be either caused or made worse by depression, anxiety, anger or unrecognized emotional pain. Just treating these problems with prescription medication from your doctor without looking at what else might be contributing to the problem that is bringing you here today will not help you become as healthy as you could be.

Question 1: What symptoms might I have that could seem like a physical problem but also be linked to a behavioral medicine problem?

Muscle tension	Difficulty sleeping	Palpitations	Sweating
Racing thoughts	Obsessive thoughts	Hyper-vigilance	Trembling
Restlessness	Angry outbursts	Irritability	Shortness of breath
Difficulty sleeping	Upset stomach	Dizziness	Chills & hot flashes
Fatigue	Headaches	General aches/pain	No appetite
Eating too much	Easy to tears	Worry	Diarrhea/Constipation
Reliving past events		Avoiding situations	

Question 2: Why are the symptoms so similar to a physical health problem?

The symptoms are similar because they are often caused by similar hormones or related body processes. For example hypoglycemia (low blood sugar) and anxiety or anger often look alike because they are linked to the fight-or-flight hormone called adrenaline. When we are worried or upset, the body releases adrenaline to help us respond to the problem. But if our blood sugar (glucose) becomes low, our brains also tell the body to release adrenaline in order to increase blood glucose, which is the fuel our brain needs.

Your doctor or the Behavioral Medicine Consultant can talk with you more about your particular physical symptoms and how they overlap.

Question 3: I have a medical diagnosis that my doctor is treating. Why would I also benefit from Behavioral Medicine?

Here are some quick facts about the links between physical illnesses and mental health.

Hypertension (high blood pressure) – One out of every six Americans has or will develop hypertension. While not the only possible cause, depression and stress have been found to increase the risk of hypertension in men by 50%. For Caucasian (white) women, depression and anxiety increase the risk by 70%. For women of color, the risk is increased by up to 200%! Learning to manage your depression and stress can reduce your risk of developing hypertension or it can teach you ways to manage or eliminate it.

Diabetes – Up to 40% of patients with diabetes also have depression. Controlling blood sugar is much harder when you are depressed, anxious or excessively stressed. You are also more likely to develop other diabetic-related problems such as poor circulation or mini-strokes when you don't learn to manage stress, anxiety or depression.

Asthma – Adults who report higher levels of stress and depression are more than twice as likely to develop asthma. If you have asthma, learning to control your stress can reduce the number of asthma attacks you have.

Headache – Nearly half of the people with chronic tension headaches also have anxiety or depression. Many headache patients do not show obvious signs of these mental health problems because they have learned to “be tough” or deny that they are sad or worried. Their headaches do not resolve without addressing the cause of the depression or anxiety.

Osteoporosis – People with depression lose more bone density over the same amount of time than people without depression. We don't know exactly why, but we do know that treating the depression with exercise, a healthy diet and talk therapy improves bone health.

Memory and Learning Problems – The hippocampus, which is the part of the brain involved in memory and learning, can experience permanent changes because of depression. People with a history of chronic depression have been found to have up to a 12% smaller hippocampus than people without a history of depression. The smaller hippocampus makes it much harder to learn new things and remember what was heard.

Cancer – People who have had depression or anxiety for more than six years have twice the risk of contracting cancer compared to their mentally healthy peers. Because depression and anxiety weaken the immune system, it is also harder for people who do not have positive mental health to respond well to their cancer treatment and recover as fully.

Infertility and/or Sexual Problems – Men with depression have significantly lower levels of testosterone than men without depression. This can lead to chronic sexual performance problems which often increases the depression and anxiety. Women with depression may have up to a 30% harder time getting pregnant than do women with a positive and healthy outlook on life.

Addictions – People with depression and anxiety are three times more likely to have a nicotine addiction. They are three to four times more likely to relapse into alcohol use after treatment if they have major depression. They have significantly more difficulty breaking an addiction to narcotics or street drugs. Even when they recognize how the nicotine, alcohol or drugs are negatively impacting their health, people with depression and anxiety have a much harder time breaking the addiction.

Eating Problems -- Many people use food to fill the emotional hole caused by depression or to calm themselves when they are anxious.

Insomnia – Emotional concerns such as anxiety or depression increase the likelihood of having difficulty falling asleep, waking up frequently or waking up and not being able to go back to sleep at all. This leads to chronic sleep deprivation and after 3-4 days without enough sleep you are as impaired in your driving and decision making capabilities similar to someone who is drunk! Chronic sleep deprivation also weakens your immune system so you catch things more easily and don't recover as quickly.

Chronic Pain – People who are tense, anxious, depressed, feel helpless or have other emotional or family problems report experiencing higher levels of chronic pain and are more likely to find their pain disabling than people with a positive and relaxed outlook on life. People who actively and regularly use stress management, relaxation and mindfulness techniques need less medication to manage their chronic pain and report greater satisfaction with their lives.

Parenting Issues – Depressed mothers are more likely to have children who are less cooperative and have more problem behaviors than do moms without depression. In addition, the children of depressed and anxious moms are more likely to have weak verbal skills, problems with concentration, and more fears and anxieties of their own. Children whose mothers are physically abused have a 70% likelihood of also being physically abused.

Question 4: If I have depression, anxiety, chronic pain or another problem that could be treated by Behavioral Medicine, couldn't I also just take a pill from my doctor and make the problem go away?

The medicine your doctor could prescribe might cover up the symptoms or take them away for a while but the prescription does not resolve the underlying problem. Your doctor wants you to be as healthy as possible. This means that the underlying problem needs to be addressed – sort of like repairing the roof on a leaky house rather than just putting a bucket under the drip!

ALSO, many medications (such as pain pills or anti-anxiety pills) have side effects that can create additional problems for you if you take them for a long time. Your doctor may be concerned that the side effects of the medication could create even more problems for you.

If you are interested in seeing a Behavioral Medicine Consultant for any of the above mentioned or other issues you must request a referral from your Primary Care Provider to schedule an appointment.