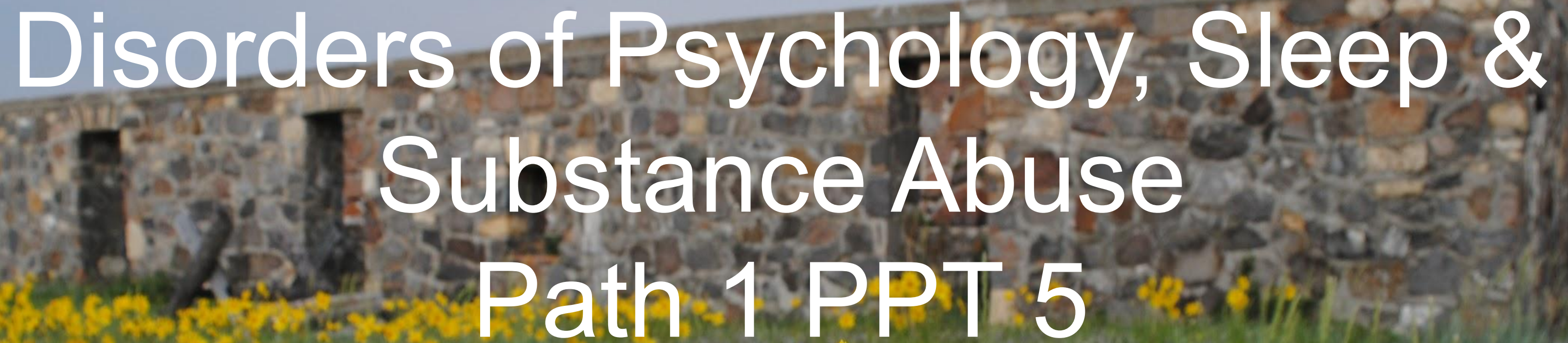
Disorders of Psychology, Sleep & Substance Abuse
Path 1 PPT 5



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Lesson 15.1: Mental Disorders

Objectives

- Define mental health, mental disorders, and stress, and then describe appropriate massage considerations.
- Identify sleep disorders and discuss appropriate massage modifications.
- Explain generalized anxiety disorders, panic attacks and panic disorders, specific phobias, and obsessive-compulsive disorders and describe appropriate massage considerations.
- Describe acute stress and posttraumatic stress disorders, discuss appropriate massage considerations, and suicide prevention using the QPR model.
- Discuss mood disorders and describe their appropriate massage considerations.
- Summarize eating and substance use disorders and describe appropriate massage modifications.

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Introduction

- **Health**: state of physical, mental and social well-being (remember the WHO definition)
- **Mental health**: state of well-being allowing individuals to recognize their potential, cope with normal ongoing stress of everyday life, work productively and fruitfully, and contribute to the community
  - Includes recognizing, expressing, and modulating emotions and dealing with conflicting emotions

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Factors Influencing Mental Health

- Brain chemistry
- Inherited factors: genetics and family history
- Developmental events and experiences
- Relationships with family, friends, and members of the community
- **Health practices: diet and exercise**

Massage therapy influences mental health! See textbook page 428-429 for many positive study results

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Stress

- Response of the body to demands placed on it by stressors
- **Stressor**: anything that triggers the stress response
  - Includes environmental, societal, situational, or chemical factors
  - When exposed to stressors, the body will respond by going into sympathetic mode - increased heart rate, breathing etc.

Eustress: stress perceived as positive and within our ability to meet demands of the situation; associated with self-efficacy

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Stress: Types

- **Distress**: stress perceived as negative and beyond our capacity to cope
  - Decreases performance
  - Associated with many mental health conditions including anxiety and depression
- Recall PPT 1 in which we learned about Hans Selye and the HPA axis in response to stressors
- https://youtu.be/QAeBKRaNri0

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Mental Disorders/Illness

- Disturbances in cognition, emotional regulation, or behavior that reflect dysfunctional psychology, biologic, or developmental processes
  - 1 in 4 American adults experience mental illness in a given year
  - 1 in 25 American adults experience serious mental illness in a given year that substantially interferes with or limits one or more major life activities
  - Serious mental illness costs Americans $193.2 billion in lost earnings per year

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Sleep Disorders

- Recurring state of relaxation characterized by altered state of consciousness, inhibited sensory activity, muscular inhibition, and reduced interactions
- Average adult requires 7 - 9 hours, children require more

Sleep problems and mental health are a **two-way street**: Lack of sleep promotes anxiety and depression, even in otherwise healthy people, and many mental health conditions have disorders of sleep among their symptoms

- 50 to 70 million adults in the United States have a sleep disorder with insomnia the most common, followed by hypersomnia

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Sleep Disorders

- Disturbances in quality, timing, and amount of sleep, which cause problems with functioning and distress during hours awake

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Sleep Disorders: Types

- **Insomnia**: difficulty falling and/or staying asleep
  - Most common sleep disorder
- *Sleep-onset insomnia*: trouble winding down/falling asleep. Often associated with stress or caffeine use too close to bedtime.
- *Sleep maintenance insomnia*: waking frequently, trouble getting back to sleep, waking too early in the morning. Often associated with hormonal changes of mid-age, shift work, sleep apnea, & alcohol or cannabis use.
- Chronic - when insomnia occurs at least 3x/week for 3 months or more

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INSOMNIA: PREVALENCE

1 in 3 people have brief insomnia symptoms

75% of adults ages 65 and older have insomnia symptoms

20% of preteens have insomnia symptoms

1 in 10 people have chronic insomnia symptoms

healthline

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Insomnia Causes

Table 1

Causes of Insomnia

Medical and Psychiatric	Iatrogenic	Psychosocial
Anxiety disorders	Alcohol	Bereavement
Asthma/COPD	Beta-blockers (nightmares)	Financial stress
Bipolar disorder	Caffeine	Jet lag
CHF	Diuretics (nocturia)	Marital difficulties
Chronic pain syndromes	Drug (cocaine) abuse	Personal conflicts
Dementia	Nicotine	Poor sleep hygiene
Depression	Sedative/alcohol withdrawal	Swing/night shift
GERD	SSRIs (fluoxetine)	Work-related stress
Menopause	Steroids	
Nocturia (prostatitis, diabetes)	Stimulants	
RLS	Sympathomimetics	
Sleep apnea (and other PSDs)		
Thyroid disease		

CHF: congestive heart failure; COPD: chronic obstructive pulmonary disease; GERD: gastroesophageal reflux disease; PSD: primary sleep disorder; RLS: restless legs syndrome; SSRI: selective serotonin reuptake inhibitor.
Source: References 2-5.

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Sleep Disorders: Types

- **Hypersomnia**: prolonged nighttime sleep or excessive daytime drowsiness, even after long periods of sleep
- **Narcolepsy**: irresistible daytime drowsiness with sudden sleeping episodes lasting from a few seconds to half an hour
- **Parasomnia**: abnormal movements, behaviors, emotions, perceptions, and dreams that occur while falling asleep, during sleep, or waking up
  - Includes sleepwalking, night terrors, and nightmares

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Sleep Disorders: Types

- **Sleep apnea**: temporary absence of normal breathing called apnea
  - Obstructive sleep apnea caused by a blocked upper airway is most common type
  - Will discuss further in Path 2
- **Restless leg syndrome**: uncontrollable urge to move the legs due to sensations such as itching, crawling, twitching, throbbing, burning, or aching
  - may be related to changes in dopamine levels
  - other causes may be magnesium or iron deficiency, peripheral neuropathy (can be B12 deficiency or nerve damage from diabetes), spinal cord lesions/nerve block

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Anxiety Disorders

- Significant or persistent anxiety and fear, or when these feeling are experienced regularly or during inappropriate situations
- Anxiety and fear are normal feelings expressed as part of the stress response but can lead to anxiety disorders
  - Anxiety is a worry about future events
  - Fear is a reaction to current events

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Anxiety Disorders: Types

- Generalized anxiety disorders
- Panic attacks and panic disorders
- Specific phobias
- Obsessive–compulsive disorders
- Acute stress disorders
- Posttraumatic stress disorders (PTSD)
  - These are somewhat different in behavioral manifestations, but all behaviors strongly influenced by anxiety and fear

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Generalized Anxiety Disorder

- Frequent, persistent, unrealistic worry about everyday things leading to feelings of anxiety
  - Anxiety persists for at least 6 months
- **Etiology:** Affects about 6% of the population
  - 2x more women than men
  - Median age of onset is 30

Treatment: exercise, yoga, massage therapy, acupuncture, mindfulness meditation (MBSR)

- Psychotherapy
- SSRIs & SNRIs such as Prozac, Citalopram, Sertraline
- Benzodiazepines such as Valium, Xanax, Lorazepam (Ativan)

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GAD Diagnosis

DSM-5 Criteria for Generalized Anxiety Disorder

- **Excessive anxiety and worry** (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance)
- Individual finds it **difficult to control** the worry
- The anxiety and worry are associated with **3 or more of the following symptoms**
- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension
- Sleep disturbance

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Panic Attack

- Sudden brief episode of intense overwhelming fear and anxiety when there is no real danger or apparent cause
- Often begins without warning
- S/S
  - Racing heartbeat
  - Shortness of breath
  - Nausea

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Panic Disorders

- Recurrent unexpected panic attacks
- Types include
  - **Agoraphobia**: individual become fearful of being in an open or enclosed space, in crowds, being away from home, or situations which escape might be difficult
  - **Social anxiety disorder**: fear of situations involving interactions with other people because the person might embarrass themselves, offend others, or be scrutinized, judged, or rejected

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Panic Attacks During Massage

- Assist client into a sitting position
- Redirect client's focus
  - Encourage slow, deep breaths and focus on the process of breathing
  - Ask questions requiring simple answers & grounding in the present - what color is the chair? Name 3 things that are green in the room. Is it windy outside?
- When the attack resolves, ask if massage should continue or end for that day without judgement - allow client to lead the response

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Panic Attack, Hypoglycemic Event, and Heart Attack: How to Differentiate

- Panic attacks: intensity *decreases* once the person is distracted
- Hypoglycemia: resolves quickly after ingesting a sugar source such as juice
- Heart attack: S/S *increase* after measures are taken to resolve hypoglycemia or a panic attack
  - If the client is having a heart attack, call 911

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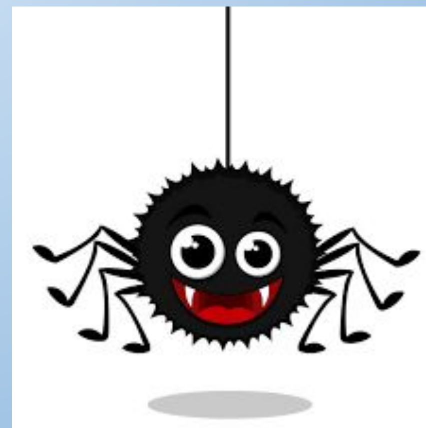
Specific Phobias

- Overwhelming and irrational fear of an object or situation that poses no real danger, but produces fear, anxiety, and avoidance behaviors
  - Examples are fear of spiders, snakes, needles, heights, flying, or public speaking



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Massage and Specific Phobias

- Use recommendations for GAD
- Claustrophobic client?
  - Move to a supine position if prone
  - Uncover arms

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Obsessive–Compulsive Disorder

- Persistent upsetting or irrational thoughts called *obsessions* and uncontrollable urges or repetitive behaviors called *compulsions* used to relieve the anxiety these thoughts produce

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Massage and Obsessive–Compulsive Disorder

- Use recommendations for GAD
- Be consistent with appointments and massage sequence
  - Changes may promote anxiety
- Have sanitizing agents handy or easy access to sink and soap
  - Clients may be reluctant to touch items and surfaces in the office and want to sanitize hands often

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Acute Stress Disorder

- Severe anxiety, intense fear, helplessness, or horror felt immediately after or within 1 month of experiencing or witnessing a terrifying or traumatic event

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Posttraumatic Stress Disorder

- Later-stage disorder characterized by distress and difficulty coping with the aftermath of trauma
  - Person may experience flash-backs and dissociations
  - Often accompanied by depression and substance use

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Flash-backs and Dissociation

- **Flash-backs**: sudden and disturbing vivid memories of past events that produces extreme anxiety or panic attacks
- **Dissociation**: coping strategy which allows a person to deal with psychological stress and continue to function after the traumatic event
  - Types are depersonalization, derealization and compartmentalization

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Dissociation: Types

- **Depersonalization**: disconnection from one's own body, thoughts, or emotions
  - May produce an out-of-body experience
- **Derealization**: disconnection from one's surroundings
  - World feels surreal, foggy, distorted, and the person may think the traumatic event was a dream
- **Compartmentalization**: suppression of memories because they produce anxiety from conflicting personal values and beliefs
  - Ex: act of shooting if they shot enemy soldier

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Massage and ASD/PTSD
(1 of 2)

- Use recommendations for GAD minus low lighting
- Client may want to see what you are doing, which may require raised lighting and avoiding the prone position or face rest to expand vision
- Let clients control the massage
  - Disrobing, client positioning, areas worked on or avoided, and depth of pressure

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Massage and ASD/PTSD
(2 of 2)

- Identify/avoid triggers that may cause hyperarousal
- Offer choice practitioner gender
- Consider using a technique that does not require disrobing
- If client does not want an area massaged, honor this even if prior consent was given
- Give option of having a trusted friend or family member in the treatment room, having the door ajar, or both

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Nine Principles of Sensitive Practice
(1 of 3)

1. **Respect**. Acknowledge inherent value of each individual with empathy and compassion while suspending judgement
2. **Take time**. Be fully present, unrushed, and less task-oriented
3. **Develop rapport**. Develop and maintain a demeanor that conveys genuine caring and balances professionalism with warmth and friendliness

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Nine Principles of Sensitive Practice (2 of 3)

4. **Share information**. Tell client what you are doing and why
5. **Share control**. Enable client to be active participant rather than passive recipient by sharing control
6. **Respect boundaries**. Have healthy boundaries to validate and reinforce the client's inherit worth and autonomy
   - Sexual abuse is blatant disregard of boundaries

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Nine Principles of Sensitive Practice
(3 of 3)

7. **Foster mutual learning**. Encourage clients to question and speak up when uncomfortable
8. **Understand nonlinear healing**. Check in with clients each session and with the session, making adjusts according to the client's comments
9. **Demonstrate awareness of interpersonal violence**. Have pamphlets available from local organizations

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Mood Disorders

- Emotional disturbances consisting of prolonged periods of excessive sadness and emptiness (depressed), excessive happiness and elation (mania), or both
- These significantly impair a person's capacity to function. Depression is the 2nd leading cause of disability (after heart disease)
  - Mood disorders include major depressive disorder, SAD, Bipolar I & II, & postpartum depression.
  - Mood disorders affect about 10% of the population in any given year.

https://youtu.be/ZwMIHkWKDwM

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Major Depressive Disorder

- Occurs when excessive sadness interferes with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities
- Affects more women than men but…

  Traditionally, men are more reluctant to seek treatment for mood disorders

  - MDD is also called *clinical depression* and *unipolar depression*

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MDD Diagnosis (FYI)

Table 1 DSM-5 Diagnostic Criteria for Major Depressive Disorder[12]
For a diagnosis of MDD, ≥ 5 of the following symptoms must occur nearly every day for ≥ 2 weeks: • Depressed mood AND/OR anhedonia; AND • Significant change in weight (> 5% of body weight in one month) • Decreased appetite • Insomnia or hypersomnia • Psychomotor agitation or retardation • Fatigue or loss of energy • Feelings of worthlessness or excessive/inappropriate guilt • Diminished concentration or indecisiveness • Recurrent thoughts of death or suicidal ideation with or without a plan
DSM-5 = Diagnostic and Statistical Manual, 5th edition; MDD = major depressive disorder

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Persistent Depressive Disorder

- Chronic form of MDD
- Continues for 2 years or longer
- Often less severe than MDD
- May begin in childhood or during adolescence
- Also called *dysthymia*

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MDD

Etiology: Can be complex and multifactorial

- May be idiopathic or linked to trauma or tough life circumstances
- Biological components - imbalance of neurotransmitters, genetic susceptibilities, hormonal changes, nutritional status
- Average age of onset is 32. Onset age may reflect different causes, as well as be predictive for a worse disease course.

Treatments: Address comorbidities/life circumstances

Exercise, Mindfulness meditation, Massage therapy

- Psychotherapy/Counselling
- Medications, primarily SSRIs
- ECT (Shock treatments)

- **Exercise:** Search PubMed for research articles on Massage therapy & depression. Share your findings with the class (15 min)

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Massage and Crying

- Crying is a universal human experience and tool to communicate emotions
- People who are depressed are more prone to spontaneous and uncontrollable crying, and they may not know why they are crying
- Changes in hormones, stress, and sleep deprivation linked to increased crying spells
- Crying varies across genders and cultures

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Massage and Crying

- When the client begins to cry, pause the massage and do not break physical contact
- Could use statements such as, “Crying is normal,” “You are in a safe place,” “I am comfortable with your tears.”
  - It may be appropriate to rest a hand on the client’s shoulder as a gesture of empathy

Ask client if he or she wants to continue with massage, take a break from massage, or stop massage before scheduled time

- Regardless of which option is chosen, be calm and accepting, and avoid encouraging or discouraging a particular response

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Seasonal Affective Disorder

- Depressive mood disorder that occurs seasonally, usually fall and winter in geographic locations that have limited sunlight exposure
- **Affect**: personal reactions or emotional expressions
- **Etiology:** Thought to be related to hormone & neurotransmitter changes that occur with disruptions to the circadian rhythm.
  - Affects 4x as many women
  - Average age of onset is 23.

Treatment: Exposure to full-spectrum lighting, esp. in the morning, assess Vit D, other treatments for depression

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Bipolar Disorder

- Mood disorder in which person experiences episodes of both depression and mania. Formerly known as Manic Depression.
  - One phase usually predominates with the opposing phase beginning and ending abruptly
  - These can last a few days to several months
- **Mania**: Person exhibits symptoms of elation, excitement, and lack of inhibition. They may make reckless choices such as overspending, not sleeping or hypersexuality. Worst case scenario is hallucinations and/or psychosis.
- **Hypomania:** A milder version of mania.

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Bipolar Disorder: Types

- **Bipolar I**: manic episodes 7+ days, or manic symptoms so severe it triggers psychosis and requires hospitalization
- **Bipolar II**: patterned depressive and hypomanic episodes, but manic episodes less severe than bipolar I disorder
- **Cyclothymic disorder (cyclothymia)**: mild form with depressive and hypomania lasting at least 2 years in adults or 1 year in children/adolescents

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Bipolar Disorder

Etiology: Often runs in families, so there is a genetic component.
Often occurs with other mental health disorders like depression, anxiety, eating disorders, ADHD & substance abuse.
Can also be triggered by traumatic events, poor lifestyle choices (lack of sleep, poor nutrition)

Treatment: Mood stabilizers such as Lithium, Antidepressants, exercise, stability of schedule

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Prenatal and Postpartum Depression

- **Prenatal depression**: depressive mood disorder that occurs during pregnancy
- **Postpartum depression**: depressive mood disorder that begins within 6 weeks after childbirth and lasts beyond 2 weeks
  - Most cases are short lived, but they can last several months
- **Etiology:** Similar to other types of depression, but the main trigger is the pregnancy & all of the changes associated
- **Treatment:** Similar to MDD

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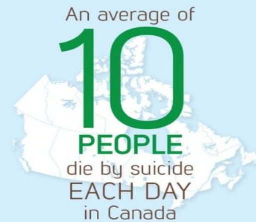
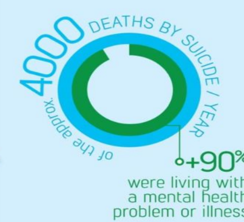
Trigger Warning: Consideration of Suicide

SUICIDE in Canada

CURRENT CONTEXT





ACROSS THE LIFE SPAN

CHILDREN AND YOUTH (10 to 19 years)

- Suicide 2nd leading cause of death
- Males account for 41% of 10–14 year old suicides, increasing to 70% of 15–19 year olds
- Self-harm hospitalizations 72% females

YOUNG ADULTS (20 to 29 years)

- Suicide 2nd leading cause of death
- Males account for 75% of suicides
- Self-harm hospitalizations 58% females

ADULTS (30 to 44 years)

- Suicide 3rd leading cause of death
- Males account for 75% of suicides
- Self-harm hospitalizations 56% females

ADULTS (45 to 64 years)

- Suicide 7th leading cause of death
- Males account for 73% of suicides
  - Highest suicide rate across lifespan observed among males 45 to 59 years
- Self-harm hospitalizations 56% females

SENIORS (65+ years)

- Suicide 12th leading cause of death
- Males account for 80% of suicides
  - Males aged 85+ experience the highest rate of suicides among seniors
- Self-harm hospitalizations 52% females

FOR EVERY 1 SUICIDE DEATH THERE ARE:

- **5** SELF-INFLICTED INJURY HOSPITALIZATIONS
- **25–30** ATTEMPTS
- **7–10** PEOPLE PROFOUNDLY AFFECTED BY SUICIDE LOSS

Public Health Agency of Canada analysis of Statistics Canada Vital Statistics Death Database and Canadian Institute for Health Information Hospital Morbidity Database. Published data underestimate the total number of deaths by suicide, due, in part, to the stigma of suicide and other factors that may lead family members, health professionals, coroners, and others to avoid labeling or reporting deaths as suicides.

THERE IS HOPE

Suicide can be prevented. Help is out there. You are not alone.

IF YOU ARE IN CRISIS

- Contact a call centre in Canada near you: www.suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre/
- Call Kids Help Phone **1-800-668-6868**
- Find someone you trust and let them know

Public Health Agency of Canada | Agence de la santé publique du Canada | Canada

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Terminology

- **Suicidal ideations**: thinking about, considering, or planning suicide
- **Suicide attempt**: nonfatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior that may or may not result in injury
- **Suicide**: death caused by self-directed injurious behavior with the intent to die as a result of that behavior

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Suicide

Protective and risk factors

9-8-8 **Suicide Crisis Helpline**

Individual

Protective factors
Coping and problem-solving skills; hope; good mental and physical health; resilience.

Risk factors
Previous suicide attempt; male gender; mental illness; depression; problems with impulsivity or aggression; substance use; serious illness; stressors such as job or relationship loss; financial stress; legal or criminal problems.

Relational

Protective factors
Protective childhood experiences; social support and connectedness with family and friends; family mental wellbeing.

Risk factors
Social isolation; adverse childhood experiences (e.g., abuse, neglect); bullying; family history of suicide or mental illness;

Community

Protective factors
Access to trauma informed care in health settings, schools and other institutions; spiritual and cultural beliefs that discourage suicide.

Risk factors
Suicide clusters in communities; barriers in accessing healthcare; spiritual or cultural beliefs that suicide is heroic

Social

Protective factors
Policy and programs that prevent suicide such as national suicide prevention strategies.

Risk factors
Easy social access to lethal means; unemployment and poverty; poor social determinants of health; stigma; unsafe

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Suicide is complex.

It involves a range of biological, psychological and social risk factors. Individuals considering death by suicide are in an intolerable amount of psychological pain as the result of not one single event or factor but of many intersecting factors. This leads to a level of hopelessness that makes ending their life an option.

Suicide is not about wanting to die. It is about struggling to live.

Risk Factors

Risk Factors

- Previous suicide attempt
- Mental illness (depression, bipolar depression, schizophrenia)
- Substance Abuse
- Family history of suicide
- Access to lethal means

Protective Factors

- Accessible and effective mental health care
- A sense of connectedness or belonging to something bigger than self
- Effective coping and problem solving skills
- Strong positive relationships that lead to feeling secure and supported

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Additional Suicide Risk Factors

- Serious or chronic physical disorder
- Family history of mental disorders, violence, or suicide
- Possessing a gun
- Previous self-harm
- Knowing, identifying, or being associated with someone who has committed suicide
- Lack of a partner
- New or changing medication for mood disorders

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QPR Model

- Respond immediately to suicidal ideations by using QPR model
  - Q: Question
  - P: Persuade
  - R: Refer
- Three-fourths of people die by suicide gave some warning of their intentions to someone they knew

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Q: Question

- If you have a client communicating suicidal ideations, ask if they are considering suicide or if they have a plan or particular method in mind
  - **Talking about thoughts of suicide does not increase the risk of suicide attempts or success**
- Use direct and indirect questions
  - “Do you have thoughts of suicide?”
  - If yes, “Do you have a suicide plan in mind? Can you tell me about your plan?”

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P: Persuade

- Persuade the person to **get professional help**
- **In Canada, call 9-8-8**
- Let them know you care
- Communicate that depression can be treated
- Do not succumb to temptation of offering reasons for living such as “You have so much to live for,” “You have come so far to throw your life away,” or “Your suicide will hurt your family, think about them.”

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R: Refer

- Offer to help by making a referral or accompany the person to get help
- This can be client's
  - Primary healthcare provider
  - Mental health counselor
  - Minister, rabbi, counselor, priest, tribal leader
  - Call 1-844- HERE247 (1-844-437-3247) for assistance in finding local agencies or services in your area
  - **In an acute crisis, do not leave the client alone - stay with them and call 988 or 911**

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Eating Disorders

- Abnormal eating habits related thoughts and emotions that can affect health and wellbeing
- Types include
  - Anorexia nervosa
  - Bulimia nervosa
  - Binge eating disorder
- Affects about 2x more women than men
- More common in developed countries
- Etiology seems to be primarily psychosocial and cultural factors.
- About 40% of eating disorder patients also have OCD

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Anorexia Nervosa

- Abnormal low weight for the person's age and height
- Body Dysmorphia: person does not see an accurate representation of their body & spends an excessive amount of time worrying about their body

- Employ various methods to prevent weight gain
  - Self-starvation (primary method)
  - Exercise
  - Diet aids
  - Laxatives
  - Diuretics
  - Enemas

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Massage and Anorexia Nervosa

- Use recommendations for GAD
- Cold intolerance: use blanket, table warmer, raise room temp, or a combination
- Be prepared to work through clothing
- Abdominal massage may relieve constipation
- Orthostatic Hypotension: client should arise in 3 1-minute stages
    1. Sit up on table
    2. Sit on side of table with legs dangling
    3. Stand with care, holding onto edge of table or other non-movable object

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Bulimia Nervosa

- Binge eating—consuming large amounts of food—followed by unhealthy behaviors to rid body of calories and prevent weight gain
  - Self-induced vomiting called purging is primary method
- Can use other methods
  - Similar to AN

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Binge Eating Disorder

- Characterized by binge eating (usually large amounts of food in a short amount of time) followed by significant distress from bingeing
- Pattern similar to BN, but people with BED do not regularly engage in behaviors to prevent weight gain

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Substance Use Disorder

- Persistent use of one or more substances despite associated adverse consequences
  - Can cause physical and mental health problems, and failure to meet major responsibilities at work, school, or home
  - Also called drug addiction
- **Drug addiction**: uncontrollable craving for a drug (including alcohol) that leads to compulsive drug-seeking behaviors and uncontrollable drug use

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Substance Use Disorder: Types

- *Nicotine*
- *Alcohol*
- *Recreational/illegal drugs*
- *Prescription drugs*
  - Disorders related to tobacco, alcohol, or recreational drugs can start with experimental use in social settings
  - Disorders related to prescription drugs can start with use for physical or mental disorder, or from a friend/family member who was prescribed the drug

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Massage and Substance Use Disorders

- Use recommendations for GAD
- Massage can help clients cope with a substance use disorder and is recommended by the Addiction Help Center as part of the recovery process
- If your client reports use of substances during the intake or massage, consider asking if this has discussed with his or her primary healthcare provider
  - If no, encourage the client to have this discussion soon

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Schizophrenia

Etiology: Affects less than 1% of the population
- strong familial/genetic connection
- affects males & females equally, but affects males at a younger age - late teens to mid 20s
- excessive cannabis use linked to male development
- increased dopamine activity may be a factor

Signs & Symptoms: - disorganized thinking
- disorganized or abnormal motor behaviour
- *delusions:* false beliefs despite evidence to the contrary
- *hallucinations:* experience of seeing, hearing or feeling things that are not there

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Schizophrenia

Treatment:
Ist generation "typical" antipsychotics: Includes Haldol.
May cause side effects of muscle spasms and tardive dyskinesia.
Caution with deep work and stretching with these clients.
These meds may also interfere with body temperature control so caution with hydrotherapy.Systemic hydro is contraindicated.

2nd generation "atypical" antipsychotics: Includes Seroquel and Abilify.
May cause orthostatic hypotension, so caution with getting up from from massage

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Schizoaffective Disorder

Has symptoms of schizophrenia and bipolar disorder.

Affects only about 0.3% of the population. Most cases diagnosed between ages 25-35 & affects more women.

3 types: manic, depressive & mixed

Has a genetic predisposition. Childhood trauma and high stress levels can also be causative factors.

Treatments include antipsychotics, mood stabilizers & antidepressants.

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The End

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