

- EMOTIONAL DISORDERS IN ADULTS -

ANXIETY DISORDERS	
<p style="text-align: center;"><u>Definition</u></p> <ul style="list-style-type: none"> Experiencing occasional anxiety is a normal part of life. However, people with anxiety disorders frequently have intense, excessive, and persistent worry and fear about everyday situations (Mayo Clinic, 2018). Often involve repeated episodes of sudden feelings of intense anxiety and fear or terror that reach a peak within minutes (panic attacks). 	<p style="text-align: center;"><u>Etiology</u></p> <p>Appears to be caused by an interaction of biopsychosocial factors. Genetic vulnerability interacts with situations that are stressful or traumatic to produce clinically significant syndromes (Chand & Marwaha, 2023).</p> <p>Anxiety can be caused by the following conditions:</p> <ul style="list-style-type: none"> Medications Herbal medications Substance abuse Trauma Childhood experiences Panic disorders
<p style="text-align: center;"><u>Prevalence</u></p> <p><u>Locally:</u></p> <ul style="list-style-type: none"> Prior to COVID-19, the Philippines was already facing one of the highest rates of mental disorders in the Western Pacific, with an estimated 15.4 million Filipinos experiencing depression (World Health Organization, 2021). <p><u>Internationally:</u></p> <ul style="list-style-type: none"> High-income countries such as the United States, Brazil, and European nations, with some regions showing prevalence rates exceeding 8,000 cases per 100,000 population (Abbas et al., 2023; National Institute of Mental Health, 2021). Women are more likely to be affected than men, and the age of onset typically begins in early adolescence, peaking between ages 10-14 and 35-39 (Abbas et al., 2023; National Institute of Mental Health, 2021). The 12-month prevalence of separation anxiety disorder among adults in the United States is 0.9%-1.9%. In children, 6- to 12-month prevalence is estimated to be approximately 4%. In adolescents in the United States, the 12-month prevalence is 1.6% (American Psychiatric Association, 2013). 	<p style="text-align: center;"><u>Incidence</u></p> <p><u>Locally:</u></p> <ul style="list-style-type: none"> The Philippines has seen significant changes, particularly during the COVID-19 pandemic. Although specific yearly incidence rates are not well-documented, there has been an observed increase in anxiety cases, particularly during and following the pandemic (Domingo, 2021; Lickiewicz et al., 2021). <p><u>Internationally:</u></p> <ul style="list-style-type: none"> Studies have shown that there was an increase of approximately 25% in the global prevalence of anxiety disorders in 2020 alone (World Health Organization, 2023).
<p style="text-align: center;"><u>Manifestations of the Disease that the Physician/Allied Health Medical Professional Perceives</u></p> <ul style="list-style-type: none"> Restlessness Muscle tension Cold or sweaty hands Dry mouth 	<p style="text-align: center;"><u>Manifestations the Patient Experiences</u></p> <ul style="list-style-type: none"> Excessive fear or worry about specific situations or a wide range of everyday situations A sense of impending danger, panic, or doom Feeling panic, fear, dread, and uneasiness Feeling on edge or irritable

<ul style="list-style-type: none"> • Numbness or tingling in hands or feet • Difficulty concentrating or making decisions • Heart palpitations • Sweating, trembling, or shaking • Increased heart rate • Rapid breathing (hyperventilation) • Gastrointestinal (GI) problems • Sleep disturbances (e.g., insomnia) • Avoidance of situations that cause anxiety • Lightheadedness or dizziness • Abdominal pain • Indigestion • Chest pain • Fatigue • Headache 	<ul style="list-style-type: none"> • Uncontrollable, obsessive thoughts • Difficulty concentrating • Irritability, tension, or restlessness • Nausea or abdominal discomfort • Shortness of breath • Feeling nervous, restless, or tense • Feeling weak or tired • Trouble concentrating or thinking about anything other than the present worry • Difficulty falling asleep or staying asleep (insomnia) • Increased risk of depression, substance use disorders, and suicidal thoughts or behaviors • Having difficulty controlling worry • Having the urge to avoid things that trigger anxiety
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Structural and Anatomical Changes Related to the Condition

- **Neurotransmitters:** Imbalances in norepinephrine, serotonin, dopamine, and gamma-aminobutyric acid (GABA) are linked to anxiety disorders (Chand & Marwaha, 2023).
- **Amygdala Activity:** Increased activity in the amygdala, which is involved in fear and anxiety regulation, is observed in individuals with anxiety disorders (Chand & Marwaha, 2023).
- **Central Nervous System Effects:** Long-term anxiety can lead to frequent headaches, dizziness, and depression. Your brain releases stress hormones like adrenaline and cortisol to handle stress, but continuous exposure can harm your health, such as contributing to weight gain. (Cherney, 2023)
- **Cardiovascular System Effects:** Anxiety can cause a rapid heart rate, palpitations, and chest pain. It can also increase the risk of high blood pressure and heart disease, especially if you already have heart issues. (Cherney, 2023)
- **Excretory and Digestive Systems Effects:** Anxiety can lead to stomach aches, nausea, diarrhea, and loss of appetite. It may also be linked to irritable bowel syndrome (IBS), which can cause vomiting, diarrhea, or constipation. (Cherney, 2023)
- **Immune System Effects:** Short-term anxiety boosts your immune system temporarily, but chronic anxiety can weaken it, making you more prone to infections and less responsive to vaccines. (Cherney, 2023)
- **Respiratory System Effects:** Anxiety can cause rapid, shallow breathing. If you have conditions like COPD, it can increase your risk of complications and worsen asthma symptoms. (Cherney, 2023)

Possible SLP Areas Affected and Their Characteristics

Fluency	<ul style="list-style-type: none"> • Stuttering, particularly in social situations or under stress (ASHA, 2023). • Increased speech disfluencies, such as repetitions, prolongations, and blocks. • Individuals may speak too quickly or slowly, which can affect overall fluency and the listener's ability to understand them.
Voice	<ul style="list-style-type: none"> • Can cause muscle tension dysphonia, leading to a strained or hoarse voice (ASHA, 2023). Vocal tremors or pitch breaks may also occur due to heightened tension. • Prolonged periods of speaking, especially under stress, can lead to vocal fatigue, affecting the sustainability of voice production.
Pragmatics	<ul style="list-style-type: none"> • Difficulty initiating and maintaining conversations, making appropriate eye contact, and interpreting social cues (ASHA, 2023). • Selective mutism • Socialization becomes challenging, as individuals may struggle with understanding or responding to social cues, leading to isolation or

	withdrawal from social interactions.
Articulation	<ul style="list-style-type: none"> Physical tension in the speech muscles, leading to unclear articulation or difficulty in producing certain speech sounds, especially in stressful situations (ASHA, 2023).
Cognitive	<ul style="list-style-type: none"> Difficulty following conversations, recalling information, or organizing thoughts coherently (ASHA, 2023).

Types of Anxiety Disorders

Separation Anxiety	<ul style="list-style-type: none"> Displays anxiety and fear atypical for his/her age and development level of separation from attachment figures. There is persistent and excessive fear or anxiety about harm to, loss of, or separation from attachment figures (American Psychiatric Association, 2013).
Social Anxiety	<ul style="list-style-type: none"> Characterized by marked or intense fear or anxiety of social situations in which one could be the subject of scrutiny. <ul style="list-style-type: none"> an individual fears that he/she will be negatively evaluated in such circumstances. he/she also fears being embarrassed, rejected, humiliated, or offending others (National Institute of Mental Health, 2021).
Specific Phobia	<ul style="list-style-type: none"> Excessive and persistent fear of a specific object, situation, or activity that is generally not harmful. Patients know their fear is excessive, but they can't overcome it (National Institute of Mental Health, 2021).
Panic Disorder	<ul style="list-style-type: none"> Individuals with this disorder experience recurrent, unexpected panic attacks and experience persistent concern and worry about having another panic attack. They also have changes in their behavior linked to panic attacks which are maladaptive, such as avoidance of activities and situations to prevent the occurrence of panic attacks (National Institute of Mental Health, 2021).
Agoraphobia	<ul style="list-style-type: none"> Individuals with this disorder are fearful and anxious in two or more of the following circumstances: using public transportation, being in open spaces, being in enclosed spaces like shops and theaters, standing in line or being in a crowd, or being outside of the home alone. The individual fears and avoids these situations because he/she is concerned that escape may be difficult or help may not be available in the event of panic-like symptoms, or other incapacitating or embarrassing symptoms (e.g., falling or incontinence) (American Psychiatric Association, 2013).
Generalized Anxiety Disorder	<ul style="list-style-type: none"> The key feature of this disorder is persistent and excessive worry about various domains, including work and school performance, that the individual finds hard to control (National Institute of Mental Health, 2021). The person also may experience: <ul style="list-style-type: none"> feeling restless, keyed up, or on edge being easily fatigued difficulty concentrating or mind going blank irritability muscle tension sleep disturbance

Substance/Anxiety-Induced Disorder	<ul style="list-style-type: none"> Involves anxiety symptoms due to substance intoxication or withdrawal or to medical treatment (Yale Medicine, n.d.).
<p><u>Progression of the Condition</u></p> <p>Typically progresses with increasing frequency and severity of symptoms, such as excessive worry, panic attacks, and physical symptoms like heart palpitations (Chand & Marwaha, 2023).</p> <p>Levels of Anxiety (Hull, 2022):</p> <p>a. Mild</p> <ul style="list-style-type: none"> symptoms may present as social anxiety or shyness and can be experienced in early childhood through to adulthood <p>b. Moderate</p> <ul style="list-style-type: none"> have more frequent or persistent symptoms than those with mild anxiety may report experiencing symptoms such as feeling on edge, being unable to control their worrying, or being unable to relax several days or the majority of days in a week, but not every day <p>c. Severe</p> <ul style="list-style-type: none"> frequently co-occurs with major depression symptoms are frequent and persistent and may include increased heart rate, feelings of panic, and social withdrawal can lead to loss of work, increased health costs, and reliance on alcohol or drugs to cope 	<p><u>Outcome if Left Treated and/or Untreated</u></p> <ul style="list-style-type: none"> If <u>treated</u> with therapy, medication, and lifestyle changes, symptoms can be managed effectively. If left <u>untreated</u>, it can lead to chronic stress, and worsened mental and physical health, and may result in impaired daily functioning, including difficulty maintaining relationships and employment (National Institute of Mental Health, 2021).
<p><u>Medical/Surgical Management</u></p> <p><u>Psychological Interventions</u></p> <ul style="list-style-type: none"> <u>Psychotherapy (Talk Therapy)</u> <ul style="list-style-type: none"> Involves working with a therapist or supervised lay therapist to reduce anxiety symptoms. Cognitive Behavioral Therapy (CBT): The most effective form for treating generalized anxiety disorder. <u>Stress Management Skills</u> <ul style="list-style-type: none"> Relaxation Techniques: Helps reduce physical symptoms of anxiety. Mindfulness: Improves awareness and control over anxiety-inducing thoughts and feelings. <p><u>Medication</u></p> <ul style="list-style-type: none"> <u>Antidepressants</u> <ul style="list-style-type: none"> Selective Serotonin Reuptake Inhibitors (SSRIs) <ul style="list-style-type: none"> First-line treatment for anxiety disorders (Mayo Clinic, 2018). SSRIs can cause side effects like upset stomach, sleep issues, and sexual problems. Other effects may include sweating, headaches, and changes in appetite. Some people also experience nervousness, shakiness, or dry mouth. (<i>Selective Serotonin Reuptake Inhibitors (SSRIs)</i>, 2024) SSRIs block the reuptake of serotonin, a neurotransmitter, increasing its availability in the brain. This process helps improve communication between brain cells. SSRIs 	

primarily affect serotonin, not other neurotransmitters. (*Selective Serotonin Reuptake Inhibitors (SSRIs)*, 2024)

- **Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)**

- Also used as a first-line treatment.
- SNRIs help alleviate anxiety by blocking the reabsorption of serotonin and norepinephrine, neurotransmitters involved in regulating mood and stress responses. By increasing their levels in the brain, SNRIs improve communication between brain cells and stabilize mood. This can reduce symptoms of anxiety. (*Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)*, 2019)
- Common side effects of SNRIs include nausea, dry mouth, dizziness, headaches, and excessive sweating. (*Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)*, 2019)

- **Buspirone**

- An anti-anxiety medication used for ongoing management of anxiety symptoms (Yale Medicine, n.d.).
- Buspirone is an anxiolytic medication used for treating anxiety disorders or short-term symptoms of anxiety. It works by altering certain natural substances in the brain to help manage anxiety. (*Buspirone: MedlinePlus Drug Information*, n.d.)
- Common side effects of buspirone include dizziness, nausea, diarrhea, headache, excitement, confusion, fatigue, nervousness, sleep disturbances, anger or hostility, lightheadedness, weakness, numbness, and increased sweating. (*Buspirone: MedlinePlus Drug Information*, n.d.)

- **Benzodiazepines**

- Prescribed for short-term relief of acute anxiety.
- Due to the risk of dependency, they are not recommended for individuals with a history of alcohol or drug abuse (American Psychiatric Association, 2013).
- Benzodiazepines enhance the release of the neurotransmitter GABA, which reduces nervous system activity. This leads to effects such as amnesia (difficulty forming new memories), anxiolytic (reduction of anxiety), hypnotic (induction of sleepiness), and sedative (calming effect). (Professional, 2024c)
- Benzodiazepines can be habit-forming and have a risk of misuse, overdose, and dangerous interactions with alcohol or certain drugs. They may also impair driving and other tasks due to slowed nerve signals and have potential for misuse in sexual assault. (Professional, 2024c)

SLP Therapy

Areas for Evaluation	Evaluation Materials	Treatment Strategies
Executive Functioning: <ul style="list-style-type: none"> • Anxiety can impair executive functioning by affecting an individual's ability to plan, organize, and execute tasks. Individuals might experience challenges in organizing their thoughts, managing time effectively, and solving problems due to overwhelming worry and stress. Language Processing: <ul style="list-style-type: none"> • Individuals with anxiety may have difficulty with language comprehension and production because 	Executive Functioning: <ul style="list-style-type: none"> • BRIEF (Behavior Rating Inventory of Executive Function): Measures executive functioning in various domains such as organization and planning. • Wisconsin Card Sorting Test (WCST): Assesses cognitive flexibility and problem-solving skills. • Tower of London Test: Evaluates planning and problem-solving abilities. Language Processing: <ul style="list-style-type: none"> • CELF-5 (Clinical Evaluation of Language Fundamentals - Fifth 	Executive Functioning: <ul style="list-style-type: none"> • Organizational Skills Training: Implement strategies to help clients improve organization and planning, which can alleviate anxiety related to managing tasks and responsibilities. Techniques like creating structured schedules and breaking tasks into manageable steps can be useful. • Problem-Solving Skills: Teach clients effective problem-solving techniques to address challenges and reduce anxiety. This

anxiety can cause cognitive distractions and affect attention. This can result in problems understanding spoken or written language and difficulty expressing thoughts clearly. Racing thoughts and heightened stress levels can interfere with effective communication, leading to issues such as difficulty finding words, slurred speech, or disorganized responses.

Social Communication:

- Anxiety often affects social communication by causing discomfort in social interactions and difficulty interpreting social cues. Anxiety can also result in increased self-consciousness, leading to difficulties in initiating or sustaining social interactions.

Voice Quality:

- Anxiety can impact voice quality by causing physical symptoms such as vocal tension, trembling, or changes in pitch. Increased stress and muscle tension from anxiety can lead to hoarseness, strained vocal quality, or even a sensation of the voice "giving out." Anxiety can also contribute to rapid speech or breathlessness, further affecting the clarity and effectiveness of verbal communication.

Edition): Assesses language skills, including comprehension and production.

- **PPVT-5 (Peabody Picture Vocabulary Test - Fifth Edition):** Measures receptive vocabulary.
- **EVT-3 (Expressive Vocabulary Test - Third Edition):** Assesses expressive vocabulary.
- **OWLS-II (Oral and Written Language Scales - Second Edition):** Evaluates both oral and written language skills.
- **CTOPP-2 (Comprehensive Test of Phonological Processing - Second Edition):** Measures phonological processing abilities.

Social Communication:

- **SRS (Social Responsiveness Scale):** Assesses social behavior and communication skills.
- **CCC-2 (Children's Communication Checklist-2):** Evaluates communication skills and social functioning.
- **CLQT+ (Cognitive Linguistic Quick Test-Plus):** Measures cognitive-communication abilities.

Voice Quality:

- **VHI (Voice Handicap Index):** Assesses the impact of voice disorders on daily functioning.
- **Acoustic Voice Analysis Tools:** Software like Praat or MDVP to measure voice parameters.

includes brainstorming solutions and evaluating potential outcomes.

Language Processing:

- **Communication Strategies:** Develop and practice clear communication techniques to help clients express their needs and manage anxiety in social interactions. This might involve role-playing or script training for specific situations that cause anxiety.
- **Cognitive Restructuring:** Work on modifying negative or irrational thoughts that impact language processing. Helping clients reframe negative self-talk and promote more balanced thinking can reduce anxiety.

Social Communication:

- **Social Skills Training:** Provide targeted social skills training to improve interaction skills, build confidence in social settings, and reduce social anxiety. This includes practicing appropriate conversational techniques and understanding social cues.
- **Exposure to Social Situations:** Gradually expose clients to social scenarios they find anxiety-provoking, starting with less challenging situations and working up to more complex ones to build comfort and competence.

Voice Quality:

- **Voice Therapy:** Use voice therapy techniques to address any anxiety-related voice changes, such as tremors or a shaky voice. Techniques might include relaxation exercises for the vocal folds and strategies to

promote a steady and confident voice.

- **Breathing Exercises:** Incorporate breathing exercises to support voice control and manage anxiety-induced changes in voice quality. Proper breath support can help stabilize voice production and reduce tension.

Educational Management

- **Stress Management:** Reduce stress through techniques like meditation, breathing exercises, mindfulness, and regular physical activity.
- **Education:** Learn about anxiety disorders and educate loved ones to improve understanding and support.
- **Referral to Specialists:** Refer clients to mental health professionals such as psychologists, psychiatrists, or counselors.
- **Regular Assessments:** Schedule regular follow-up appointments to monitor progress and adjust treatment plans as needed.
- **Support Groups:** Connect clients with support groups or community resources for additional support.
- **Crisis Resources:** Ensure clients are aware of and have access to crisis intervention services if needed.

Critical Members of the Management Team

Primary Care Physician	Serves as the first point of contact, diagnosing the anxiety disorder, providing initial treatment, and referring the patient to specialists if needed.
Psychiatrist	Specializes in the diagnosis and treatment of mental health disorders. They can prescribe medication, such as antidepressants or anxiolytics, and provide psychotherapy.
Psychologist	Offer psychotherapy, including cognitive-behavioral therapy (CBT), which is highly effective for treating anxiety disorders. They conduct assessments and help patients develop coping strategies.
Occupational Therapist (OT)	OTs can help individuals with anxiety disorders develop skills to manage daily activities and reduce stress. They often focus on improving functional abilities and quality of life.
Speech-Language Pathologist (SLP)	In cases where anxiety affects communication, an SLP may be involved to address issues such as speech fluency, social communication, and cognitive communication skills.
Pharmacist	Pharmacists play a critical role in managing medication, providing education about side effects, and ensuring that medications are taken correctly.
Dietitian/Nutritionist	Help patients manage anxiety through diet, as certain nutrients can impact mood and anxiety levels.

Medical Precautions Regarding Speech-Language Therapy

Before	During	After
<ul style="list-style-type: none"> • Medication Awareness: Ensure awareness of any medications the patient is taking for anxiety (e.g., SSRIs, benzodiazepines). • Timing of Medication Intake: Coordinate therapy sessions with optimal medication effect (e.g., avoid therapy during peak sedation times). • Side Effects: Monitor common side effects such as drowsiness, dizziness, or dry mouth, which may impact therapy participation. • Consult Physician: Discuss with the prescribing doctor to ensure the patient is stable and fit for therapy. • Patient Preparedness: Educate the patient on the therapeutic process to reduce anticipatory anxiety. 	<ul style="list-style-type: none"> • Monitor Physical Symptoms: Watch for signs of anxiety (e.g., shallow breathing, trembling) that may affect therapy outcomes. • Adjust Pacing: Modify the pace of the session if the patient shows signs of distress. • Relaxation Techniques: Incorporate relaxation exercises (e.g., deep breathing) to help the patient stay calm during the session. • Supportive Environment: Create a low-pressure environment to avoid triggering anxiety during tasks. • Communicate Openly: Maintain ongoing dialogue about the patient's comfort and stress levels. 	<ul style="list-style-type: none"> • Post-Session Feedback: Ask the patient for feedback on their experience and how they feel afterward. • Monitor for Delayed Reactions: Check for any delayed emotional or physical reactions (e.g., increased anxiety or fatigue). • Review Medication Impact: Note if any changes in anxiety symptoms may relate to therapy or medication timing, and adjust future sessions if needed. • Follow-Up with Physician: Communicate with the prescribing doctor if therapy appears to exacerbate anxiety. • Recommend Relaxation Post-Therapy: Encourage relaxation or self-care activities after sessions to help the patient wind down.

[END - ANXIETY DISORDERS]

DEPRESSIVE DISORDERS	
<p><u>Definition</u></p> <ul style="list-style-type: none"> Also known as depression. A common and serious mental disorder that negatively affects how you feel, think, act, and perceive the world (Onyemaechi, 2024). It involves a depressed mood or loss of pleasure or interest in activities for long periods of time (Mayo Clinic, 2020). Depression is different from regular mood changes and feelings about everyday life (World Health Organization, 2023). <ul style="list-style-type: none"> It can affect all aspects of life, including relationships with family, friends and community. It can result from or lead to problems at school and at work. 	<p><u>Etiology</u></p> <ul style="list-style-type: none"> Is believed to be multifactorial, including: <ul style="list-style-type: none"> biological, genetic, environmental, and psychosocial factors (Bains & Abdijadid, 2023) Considered to be mainly due to abnormalities in neurotransmitters, especially serotonin, norepinephrine, and dopamine. <ul style="list-style-type: none"> People with suicidal ideations have been found to have low levels of serotonin metabolites. Depressed patients have been found to have lower plasma, CSF, and brain GABA levels. <ul style="list-style-type: none"> <u>Cerebrospinal Fluid (CSF)</u> is the fluid that flows in and around the hollow spaces of the brain and spinal cord, and between two of the meninges (the thin layers of tissue that cover and protect the brain and spinal cord). <u>Gamma-aminobutyric Acid (GABA)</u> is an amino acid that functions as the primary inhibitory neurotransmitter for the central nervous system (CNS).
<p><u>Prevalence</u></p> <p><u>Locally:</u></p> <ul style="list-style-type: none"> As of 2021, the World Health Organization (WHO) reported that mental health issues, particularly depressive disorders, are a significant public health concern in the Philippines. However, the exact prevalence rates were not explicitly highlighted. <p><u>Internationally:</u></p> <ul style="list-style-type: none"> Major depressive disorder (MDD) was significantly impacted by the COVID-19 pandemic (WHO, 2021). In 2020, it was estimated that there were an additional 54.1 million cases of MDD, a 28.1% increase, bringing the global prevalence to approximately 3,164.5 cases per 100,000 people. This increase pushed MDD from being the fifth to the second leading cause of years lived with disability (YLDs), contributing to 5.6% of all YLDs worldwide. 	<p><u>Incidence</u></p> <p><u>Locally:</u></p> <ul style="list-style-type: none"> Data specific to the Philippines on the incidence of depressive disorders is limited. However, it is estimated that the incidence rate has been rising, particularly during the COVID-19 pandemic. <p><u>Internationally:</u></p> <ul style="list-style-type: none"> In 2019, the global incidence rate of depressive disorders was estimated at approximately 3,588 per 100,000 population. This reflects a global rise of 59.3% in the number of depressive disorder cases since 1990 (Georgieva et al., 2021).
<p><u>Manifestations of the Disease that the Physician/Allied Health Medical Professional Perceives</u></p> <ul style="list-style-type: none"> Moving or speaking more slowly than usual Changes in appetite or weight (usually decreased, but sometimes increased) 	<p><u>Manifestations the Patient Experiences</u></p> <ul style="list-style-type: none"> Continuous low mood or sadness Feeling hopeless and helpless Having low self-esteem Feeling tearful Feeling guilt-ridden

<ul style="list-style-type: none"> • Constipation • Unexplained aches and pains <p>In children:</p> <ul style="list-style-type: none"> • Lower energy level • Trouble sleeping • Sleeping too much • Change in appetite • Increase in risky behavior <p>In adults:</p> <ul style="list-style-type: none"> • Aggressive behavior • Substance use • Risk-taking activities • Withdrawal from friends and social events • Disturbed sleep (e.g., finding it difficult to fall asleep or waking up very early) 	<ul style="list-style-type: none"> • Feeling irritable and intolerant of others • Having no motivation or interest in things • Finding it difficult to make decisions • Not getting any enjoyment out of life • Feeling anxious or worried • Having suicidal thoughts or thoughts of harming yourself • Lack of energy • Low sex drive (loss of libido) • Avoiding contact with friends and taking part in fewer social activities • Neglecting hobbies and interests • Having difficulties in home, work, or family life
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Structural and Anatomical Changes Related to the Condition

- **Neurotransmitter Imbalances:** Changes in serotonin and dopamine levels contribute to the development of depression
- **Fatigue:** Low energy, weakness, and lack of motivation. Common in depression and can be worsened by antidepressant medications. It can also make it hard to concentrate and lead to feeling overwhelmed. (Mph, 2023)
- **Trouble Sleeping:** Difficulty falling or staying asleep, waking up often during the night or very early in the morning. Common in depression and can make fatigue and pain worse. (Mph, 2023)
- **Muscle aches, headaches, backaches, and joint pain:** Depression affects the same brain pathways that control pain. People with depression may also have lower pain tolerance. (Mph, 2023)
- **Movements and speech:** may be slower, with a monotone voice. Fine motor tasks like writing can be harder. Depression affects brain and body coordination, leading to a feeling of being "weighed down." (Mph, 2023)
- **Change in Appetite:** Significant weight gain or loss. Depression can affect appetite and energy levels, making cooking and eating difficult, or leading to cravings for high-calorie foods due to changes in stress hormone levels. (Mph, 2023)

Possible SLP Areas Affected and Their Characteristics

Fluency	<ul style="list-style-type: none"> • Disfluencies in speech, such as increased pauses, hesitations, and stuttering-like behaviors. • Exhibit a monotone speech pattern or reduced prosody.
Voice	<ul style="list-style-type: none"> • Reduced vocal intensity, pitch variations, or a breathy, weak voice.
Pragmatics	<ul style="list-style-type: none"> • Difficulty understanding and using humor, sarcasm, or indirect requests. • Feeling less motivated or confident to engage in conversations, leading to withdrawal from social situations.
Language Processing	<ul style="list-style-type: none"> • Difficulties in processing language, including slower speech production and reduced verbal output. • Struggle with word finding, sentence construction, and overall language organization.
Cognitive	<ul style="list-style-type: none"> • Difficulty following conversations, recalling information, or organizing thoughts coherently.

Types of Depressive Disorders

Major Depressive Disorder	<ul style="list-style-type: none"> • People who have major depressive disorder have had at least one major depressive episode (five or more symptoms for at least a two-week period). • For some people, this disorder is recurrent, which means they may experience episodes once a month, once a year, or several times throughout their lives.
Persistent Depressive Disorder	<ul style="list-style-type: none"> • Formerly Dysthymia. • A continuous long-term, chronic state of low-level depressed mood.
Premenstrual Dysphoric Disorder (PMDD)	<ul style="list-style-type: none"> • Similar to premenstrual syndrome (PMS) but is more serious. • Causes severe irritability, depression, or anxiety in a week or two before the menstrual cycle starts.
Substance/Medication-Induced Depressive Disorder	<ul style="list-style-type: none"> • Significant and persistent disturbances in mood, emotions, or behavior such as those seen in depression and bipolar disorders resulting from the use, abuse, or withdrawal of substances or medications (Mayo Clinic, 2020). • Substances can include alcohol, drugs, prescription medications, and toxins that directly affect the brain's neurotransmitters and lead to mood alterations (Yale Medicine, n.d.).

Progression of the Condition

Often worsens over time without intervention, leading to prolonged periods of sadness, hopelessness, and lack of interest in daily activities.

Outcome if Left Treated and/or Untreated

- Treatment, including psychotherapy and medication, can significantly improve symptoms.
- Untreated depression can result in severe outcomes, such as social withdrawal, chronic health issues, and an increased risk of suicide.

Medical/Surgical Management

Psychological Interventions

Psychological Interventions

- **First-Line Treatments:**
 - Psychological interventions are the primary approach for treating depression, particularly effective when combined with medication in moderate to severe cases.
 - Not Typically Required for Mild Depression: Antidepressants are generally not needed for mild depression.
- **Effective Psychological Therapies:**
 - Behavioral Activation: Focuses on increasing engagement in positively reinforcing activities.
 - Cognitive Behavioral Therapy (CBT): Helps patients identify and change negative thought patterns.
 - Interpersonal Psychotherapy: Addresses interpersonal issues that contribute to depression.
 - Problem-Solving Therapy: Aims to improve problem-solving skills to reduce depressive symptoms.

Medication

Medication

- **Selective Serotonin Reuptake Inhibitors (SSRIs):**
 - Often the first medication prescribed due to their safety profile and relatively fewer side effects.
 - SSRIs increase serotonin levels in the brain by blocking its reuptake, which helps improve

mood and reduce depression symptoms. Common side effects include upset stomach, headaches, sleep issues, dry mouth, nervousness, shakiness, sexual problems, and changes in appetite.

- Examples:

- a. Citalopram (Celexa) - An SSRI that increases serotonin levels in the brain to help maintain mental balance. (*Citalopram: MedlinePlus Drug Information*, n.d.)
- b. Escitalopram (Lexapro) - An SSRI used to treat depression in adults and children 12 years or older by increasing serotonin levels in the brain. (*Escitalopram: MedlinePlus Drug Information*, n.d.)
- c. Fluoxetine (Prozac) - An SSRI used for depression, including in bipolar I disorder, by increasing serotonin levels to stabilize mood. (*Fluoxetine: MedlinePlus Drug Information*, n.d.)
- d. Others: Paroxetine (Paxil, Pexeva), Sertraline (Zoloft), Vilazodone (Viibryd).

- **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs):**

- Medications that are FDA-approved to treat depression symptoms, as well as other conditions like fibromyalgia and generalized anxiety disorder. They work by keeping certain chemical messengers active in your brain.
- SNRIs alleviate depression by blocking the reuptake of serotonin and norepinephrine, improving mood and communication between brain cells. Common side effects include nausea, dry mouth, dizziness, headache, and excessive sweating.

- Examples:

- a. Duloxetine (Cymbalta) - An SNRI used to treat depression by increasing serotonin and norepinephrine levels in the brain, which helps maintain mental balance and reduce pain signals. (*Duloxetine: MedlinePlus Drug Information*, n.d.)
- b. Venlafaxine (Effexor XR) - An SNRI used to treat depression by boosting serotonin and norepinephrine levels in the brain to help stabilize mood. (*Venlafaxine: MedlinePlus Drug Information*, n.d.)
- c. Desvenlafaxine (Pristiq, Khedezla) - An SNRI used for depression that increases serotonin and norepinephrine levels to support mental balance. (*Duloxetine: MedlinePlus Drug Information*, n.d.)
- d. Others: Levomilnacipran (Fetzima).

- **Atypical Antidepressants:**

- These do not fit into the traditional categories but are effective for some individuals.

- Examples:

- a. Bupropion (Wellbutrin XL, SR) - An antidepressant that works by increasing certain types of brain activity to help treat depression. (*Bupropion: MedlinePlus Drug Information*, n.d.)
- b. Mirtazapine (Remeron) - An antidepressant that boosts specific brain activities to help maintain mental balance and treat depression. (*Mirtazapine: MedlinePlus Drug Information*, n.d.)
- c. Nefazodone - A serotonin modulator that increases certain natural substances in the brain to help maintain mental balance and treat depression. (*Nefazodone: MedlinePlus Drug Information*, n.d.)
- d. Others: Trazodone, Vortioxetine (Trintellix).

- **Additional Medications:**

- Combination Therapy: Sometimes two antidepressants are combined to enhance effects.
- Adjunctive Medications: Mood stabilizers, antipsychotics, anti-anxiety medications, or stimulants may be added for specific symptoms or short-term use.

SLP Therapy

Areas for Evaluation	Evaluation Materials	Treatment Strategies
Executive Functioning: <ul style="list-style-type: none"> • Understand how depression 	Executive Functioning: <ul style="list-style-type: none"> • BCSE (Brief Cognitive 	Executive Functioning: <ul style="list-style-type: none"> • Cognitive-Behavioral

impacts an individual's ability to plan, organize, and execute tasks. This assessment helps tailor interventions that address difficulties with concentration and decision-making.

Language Processing:

- Evaluating language processing is crucial because depression can affect how well individuals comprehend and produce language. This helps SLPs design strategies to improve communication effectiveness despite cognitive and emotional challenges.

Social Communication:

- SLPs assess social communication to identify how depression influences social interactions and understanding of social cues. This allows for targeted interventions to improve social skills and reduce isolation.

Voice Quality:

- Assessing voice quality is important because depression can lead to changes in voice, such as increased tension or monotone speech. This evaluation helps SLPs address any vocal issues that impact effective communication.

Status Exam): Assesses cognitive functions related to executive functioning, such as organization and problem-solving.

- **CLQT+ (Cognitive Linguistic Quick Test-Plus):** Evaluates cognitive skills including executive functioning.

Language Processing:

- **CASL-2 (Comprehensive Assessment of Spoken Language | Second Edition):** Measures various aspects of language processing, including comprehension and expression.
- **CELF-5 (Clinical Evaluation of Language Fundamentals | Fifth Edition):** Assesses language processing abilities, including understanding and using language.
- **OWLS-II (Oral and Written Language Scales | Second Edition):** Evaluates both oral and written language processing.

Social Communication:

- **CCC-2 (Children's Communication Checklist-2 | U.S. Edition):** Identifies social communication difficulties and their impact on social interactions.
- **PLS-5 (Preschool Language Scales | Fifth Edition):** Assesses social communication skills in young children.

Voice Quality:

- **GFTA-3 (Goldman-Fristoe Test of Articulation 3):** Evaluates articulation which can be affected by voice quality issues.
- **OWLS-II (Oral and**

Strategies: Implement cognitive-behavioral techniques to address issues with planning, organization, and task initiation. This includes using visual schedules, breaking tasks into smaller steps, and setting achievable goals to improve executive function.

- **Motivational Interviewing:** Use motivational interviewing techniques to enhance clients' motivation and commitment to addressing executive functioning challenges. This can help overcome inertia and apathy often associated with depression.

Language Processing:

- **Reframing Negative Thoughts:** Work on helping clients identify and reframe negative thought patterns that affect their language processing and communication. This involves challenging negative self-perceptions and promoting more positive and realistic self-talk.
- **Language Enrichment:** Engage in activities that stimulate and enrich language skills, such as discussing topics of interest or reading together, to combat the cognitive slowing and diminished interest often seen in depression.

Social Communication:

- **Social Skills Training:** Provide training to improve social

	<p>Written Language Scales Second Edition): Includes components that can reflect voice quality indirectly through spoken language assessments.</p>	<p>communication skills, which can be affected by depression. Focus on strategies for initiating and maintaining conversations, understanding social cues, and building interpersonal relationships.</p> <ul style="list-style-type: none"> • Role-Playing: Use role-playing exercises to practice social interactions in a supportive environment, helping clients gain confidence and reduce the social withdrawal that can accompany depression. <p>Voice Quality:</p> <ul style="list-style-type: none"> • Voice Therapy: Address any changes in voice quality due to depression, such as reduced vocal intensity or monotone speech. Techniques may include exercises to improve vocal variety and projection. • Emotional Expression through Voice: Work on helping clients express their emotions more effectively through their voice. This can involve practices to vary pitch, volume, and tone, enhancing the emotional expressiveness of their speech.
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<p align="center">Educational Management</p> <ul style="list-style-type: none"> • Exercise Regularly: Engage in physical activity to boost mood and energy levels (Mayo Clinic, 2020). • Eat a Balanced Diet: Focus on nutritious foods that support overall well-being. • Stay Connected: Spend time with loved ones to foster emotional support and connection. • Referral to Specialists: Refer clients to mental health professionals such as psychologists, psychiatrists, or counselors (World Health Organization, 2021). • Regular Assessments: Schedule regular follow-up appointments to monitor progress and adjust treatment plans as needed.
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- **Support Groups:** Connect clients with support groups or community resources for additional support.
- **Crisis Resources:** Ensure clients are aware of and have access to crisis intervention services if needed.

Critical Members of the Management Team

Primary Care Physician	Often the first healthcare provider to identify depressive symptoms, can diagnose depression, initiate treatment, prescribe antidepressants, and refer the patient to mental health specialists.
Psychiatrist	Specialize in diagnosing and treating mental health disorders, including depression. They can prescribe medication, provide psychotherapy, and manage more complex cases of depression, particularly those involving severe symptoms or co-occurring disorders.
Psychologist	Offer various forms of psychotherapy, such as cognitive-behavioral therapy (CBT), which is highly effective for treating depression. They conduct psychological assessments and help patients develop coping strategies.
Licensed Clinical Social Worker	Provide counseling and support to individuals with depression, using therapeutic approaches like psychotherapy. They also assist patients in accessing social services and community resources.
Occupational Therapist (OT)	OTs assist individuals with depression by helping them engage in daily activities, develop routines, and improve their ability to function in everyday life, which can enhance their overall well-being.
Speech-Language Pathologist (SLP)	In cases where depression affects communication (e.g., slowed speech, reduced verbal output), an SLP may be involved to address these issues and improve communication skills.
Pharmacist	Pharmacists play a crucial role in medication management, providing education on antidepressants, monitoring for side effects, and ensuring that medications are taken as prescribed.
Dietitian/Nutritionist	Nutritionists may help manage depression by advising on a diet that supports mental health, as certain nutrients can influence mood and energy levels.
Support Groups and Peer Counselors	Provide emotional support and a sense of community for individuals with depression, offering opportunities to share experiences and reduce feelings of isolation.

Medical Precautions Regarding Speech-Language Therapy

Before	During	After
<ul style="list-style-type: none"> • Medication Awareness: Review the patient's current medications (e.g., antidepressants like SSRIs, SNRIs, or mood stabilizers). • Timing of Medication Intake: Ensure therapy is 	<ul style="list-style-type: none"> • Monitor Mood and Engagement: Keep an eye on signs of low mood or disinterest during therapy, which may signal worsening depression. • Adapt Pacing: Slow down 	<ul style="list-style-type: none"> • Monitor Post-Therapy Mood: Check for signs of increased sadness, irritability, or withdrawal after sessions. • Track Fatigue Levels: Note if the patient reports

<p>scheduled during optimal medication effect periods to avoid sedation or fatigue.</p> <ul style="list-style-type: none">• Monitor Side Effects: Be mindful of side effects such as fatigue, cognitive slowing, or dizziness that may interfere with participation.• Energy Levels: Assess the patient's daily energy levels and plan therapy for times when the patient is most alert.• Mental Health Professional Referral: If not already under care, refer the patient to a psychiatrist or psychologist for mental health evaluation and medication management.• Therapeutic Expectations: Discuss therapy goals to prevent feelings of discouragement due to slow progress, which may worsen depressive symptoms.	<p>or take breaks if the patient appears overwhelmed or fatigued.</p> <ul style="list-style-type: none">• Encourage Positive Reinforcement: Use frequent positive feedback to boost motivation and self-esteem.• Incorporate Stress-Relief Techniques: Use grounding techniques (e.g., mindfulness, breathing exercises) to help reduce stress and maintain focus.• Check for Suicidal Ideation: If the patient shows signs of severe withdrawal or hopelessness, inquire gently and refer to mental health services immediately if needed.	<p>increased exhaustion or fatigue post-session, as this may impact therapy scheduling or require medication adjustment.</p> <ul style="list-style-type: none">• Referral for Counseling: If not already receiving counseling, refer the patient to a psychologist or therapist for Cognitive Behavioral Therapy (CBT) or other interventions.• Collaborate with Mental Health Providers: Maintain communication with the patient's psychiatrist, psychologist, or counselor to ensure that SLP therapy aligns with their broader mental health care plan.• Follow-Up with Patient: Regularly check in with the patient between sessions to ensure they are coping well with both therapy and daily stressors.
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[END - DEPRESSIVE DISORDERS]

BIPOLAR DISORDERS

Definition

- Formerly called manic depression.
- Is a mental health condition that causes extreme mood swings.
- These include emotional highs, also known as mania or hypomania, and lows, also known as depression.
 - Hypomania is less extreme than mania (American Psychiatric Association, 2013).

Etiology

While it's not known what causes bipolar disorder, these factors may be involved:

- **Biological differences.** People with bipolar disorder appear to have physical changes in their brains (American Psychiatric Association, 2013).
- **Genetics.** Bipolar disorder is more common in people who have a first-degree relative, such as a sibling or parent, with the condition (National Institute of Mental Health, 2021).

Prevalence

Locally:

- The Department of Health has highlighted that around 3.6 million Filipinos have been dealing with various mental health issues, including bipolar disorder, during the COVID-19 pandemic. However, detailed and specific prevalence data exclusively for bipolar disorder in the Philippines is limited (Department of Health, 2021).

Internationally:

- Approximately 40 million people live with bipolar disorder, accounting for about 0.53% of the world population which is roughly equal among men and women, although women are more frequently diagnosed (WHO, 2022).

Incidence

Locally:

- In a study on IT-BPO companies in the Philippines, roughly one-fourth of companies have employees diagnosed with mental health conditions, with 77.3% citing anxiety as the most common condition, followed by depression at 63.6% and bipolar disorder at 22.7% (Tumulak, 2023).

Internationally:

- In 2019, approximately 1 in 150 adults (40 million people, or 0.53% of the global population) were living with bipolar disorder (1). The condition is primarily observed among working-age people, but also in youth (WHO, 2022).

Manifestations of the Disease that the Physician/Allied Health Medical Professional Perceives

Signs of a Mania Episode:

- Abnormally high level of activity or energy.
- Inflated self-esteem, feeling invincible.
- Reduced need for sleep (e.g., feeling rested after only a few hours).
- Pressured speech (talking so much and fast that others can't interrupt).
- Racing thoughts and ideas.
- Distractibility (easily drawn to unimportant or irrelevant stimuli).
- Impulsive behaviors (e.g., reckless spending, unsafe sex).
- Grandiose plans and unrealistic optimism.
- Unusual confidence and self-importance.
- Psychosis (hallucinations and delusions in severe cases).

Signs of a Hypomania Episode:

- Elevated mood with increased activity and

Manifestations the Patient Experiences

Symptoms of a Manic Episode:

- Excessive happiness or excitement.
- Restlessness and irritability.
- Increased energy and activity level.
- Feelings of being unusually powerful or talented.
- Reckless decisions and risky behaviors.

Symptoms of a Hypomanic Episode:

- Milder version of manic symptoms.
- Symptoms last between four days and one week.
- No significant functional impairment, though noticeable to others.

Symptoms of Depressive Episodes in Bipolar Disorder:

- Overwhelming sadness and lack of motivation
- Loss of interest or pleasure in activities once enjoyed
- Difficulty concentrating and making decisions.

- energy.
- Reduced need for sleep.
- Increased talkativeness and rapid speech.
- Racing thoughts.
- Greater involvement in activities, often with increased productivity. Impulsivity or reckless behavior.

Signs of a Depressive Episode:

- Tiredness and fatigue.
- Changes in appetite (weight loss or gain).
- Feelings of worthlessness and hopelessness.
- Changes in sleep patterns (insomnia or increased need for sleep)

- Uncontrollable crying and irritability.
- Suicidal thoughts or ideation.

Structural and Anatomical Changes Related to the Condition

- **Structural Differences:** Subtle differences in brain structure or activation, such as variations in size or activity of certain brain areas, have been noted. However, brain scans alone cannot diagnose bipolar disorder.
- **Cardiovascular System:** Anxiety and bipolar disorder can lead to heart palpitations, a rapid heart rate, an increased pulse, and elevated blood pressure.
- **Endocrine System:** Bipolar disorder disrupts hormone signals, affecting libido—mania may increase it, while depression decreases it. It can also cause weight fluctuations, with either appetite loss or gain during depressive phases.
- **Skeletal and Muscular Systems:** Depressive episodes can lead to unexplained aches, fatigue, and difficulty exercising. You might also experience weakness and sleep disturbances.
- **Gastrointestinal System:** Anxiety with bipolar disorder can cause abdominal pain, diarrhea, nausea, and vomiting, often with feelings of panic and rapid breathing.
- **Other Effects:** Bipolar disorder can impact work and relationships, leading to heavy alcohol use, drug misuse, impulsive spending, and unrealistic self-beliefs. Untreated bipolar disorder can worsen and lead to suicidal thoughts or actions.

Possible SLP Areas Affected and Their Characteristics

Fluency	<ul style="list-style-type: none"> • During manic episodes, individuals with bipolar disorder may exhibit pressured speech, which is rapid, intense, and difficult to interrupt.
Voice	<ul style="list-style-type: none"> • Loud, high-pitched, or strained vocal quality.
Pragmatics	<ul style="list-style-type: none"> • Challenges in social communication, particularly during manic episodes where they may be overly talkative or exhibit inappropriate social behavior. • Struggle with turn-taking, interrupting others, or dominating conversations.
Articulation	<ul style="list-style-type: none"> • Physical tension in the speech muscles, leading to unclear articulation or difficulty in producing certain speech sounds, especially in stressful situations.
Cognitive	<ul style="list-style-type: none"> • Difficulties in organizing thoughts, maintaining focus during conversations, and processing information quickly.

Types of Bipolar Disorders

Bipolar I Disorder	<ul style="list-style-type: none"> • When a person experiences a manic episode. • During a manic episode, people with bipolar I disorder experience an extreme increase in energy and mood changes, including feeling extremely happy or uncomfortably irritable.
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Bipolar II Disorder	<ul style="list-style-type: none"> • An individual must have at least one major depressive episode and at least one hypomanic episode. • It is common that people return to their usual functioning between episodes. <ul style="list-style-type: none"> ◦ They often first seek treatment as a result of their depressive episodes, since hypomanic episodes often feel pleasurable and can even increase performance at work or school.
Cyclothymia	<ul style="list-style-type: none"> • A milder form of bipolar disorder involving many "mood swings," with hypomania and depressive symptoms that occur frequently.

<p><u>Progression of the Condition</u></p> <p>Can progress with more extreme mood swings between manic and depressive episodes.</p>	<p><u>Outcome if Left Treated and/or Untreated</u></p> <ul style="list-style-type: none"> • With proper treatment, including mood stabilizers, therapy, and lifestyle adjustments, many individuals can manage their symptoms effectively. • Without treatment, it may lead to severe mood fluctuations, increased risk of substance abuse, financial and legal troubles, and potentially dangerous behaviors during manic episodes, as well as a higher risk of suicide during depressive phases.
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Medical/Surgical Management

Treatment Approach

- Care Team: Treatment is guided by a psychiatrist skilled in managing bipolar disorder, with support from a psychologist, social worker, or psychiatric nurse.

Treatment Components

- **Medications:**
 - Immediate medication is often necessary to stabilize mood.
 - Ongoing Treatment: Long-term medication is required to maintain mood stability and prevent relapse, even when symptoms improve.
- **Intensive Outpatient Programs:**
 - These programs provide several weeks of daily support and counseling to help manage symptoms.
- **Substance Misuse Treatment:**
 - If there are issues with alcohol or drugs, addressing these is crucial for managing bipolar disorder effectively.
- **Hospitalization:**
 - A hospital stay may be needed for severe episodes involving dangerous behavior, suicidal thoughts, or detachment from reality. This provides a safe environment to stabilize mood.

Main Treatments

- **Medications:**
 - Medications are tailored to individual symptoms, typically involving mood stabilizers or antipsychotics.
 - **Mood Stabilizers:**
 - Help control manic, hypomanic, and depressive episodes.
 - **Antipsychotics:**
 - Often used alone or with mood stabilizers to treat manic or hypomanic episodes.
 - **Antidepressants:**
 - Used cautiously, as they can trigger manic or hypomanic episodes, so they are typically combined with mood stabilizers or antipsychotics.
 - **Antidepressant-Antipsychotic Combination:**
 - **Symbyax (Fluoxetine + Olanzapine)**
 - This combination medication treats mental/mood disorders like depression associated with

bipolar disorder by restoring the balance of natural substances, such as serotonin, in the brain. (*Symbyax Oral: Uses, Side Effects, Interactions, Pictures, Warnings & Dosing - WebMD*, n.d.)

- **Antianxiety Medications:**

- **Benzodiazepines**

- May be used short-term to manage anxiety and improve sleep, but long-term use is discouraged due to the risk of misuse.
 - Benzodiazepines enhance the release of the neurotransmitter GABA, which reduces nervous system activity. This leads to effects such as amnesia (difficulty forming new memories), anxiolytic (reduction of anxiety), hypnotic (induction of sleepiness), and sedative (calming effect). (Professional, 2024c)
 - Benzodiazepines can be habit-forming and have a risk of misuse, overdose, and dangerous interactions with alcohol or certain drugs. They may also impair driving and other tasks due to slowed nerve signals and have potential for misuse in sexual assault. (Professional, 2024c)

Education and Support

- **Psychotherapy:**

- Also known as talk therapy, it is essential alongside medication to control symptoms and improve quality of life.

- **Support Groups:**

- Provide ongoing emotional and social support for individuals with bipolar disorders

SLP Therapy		
Areas for Evaluation	Evaluation Materials	Treatment Strategies
Executive Functioning: <ul style="list-style-type: none"> • Disruptions in this area can affect decision-making, problem-solving, and organization, which are critical for managing daily tasks and responsibilities. Difficulty with executive functions can also exacerbate symptoms and impact treatment adherence. Language Processing: <ul style="list-style-type: none"> • Bipolar disorder can impact the ability to process and produce coherent speech, which can affect communication efficiency and clarity. Problems with language processing may manifest in disorganized or pressured speech, particularly during manic episodes. Social Communication: <ul style="list-style-type: none"> • Bipolar disorder often influences interpersonal interactions, leading to difficulties in forming and maintaining relationships. 	Executive Functioning: <ul style="list-style-type: none"> • BCSE (Brief Cognitive Status Exam): Assesses various cognitive domains, including executive functions such as planning and organization. • CLQT+ (Cognitive Linguistic Quick Test-Plus): Provides insights into executive functions like problem-solving and cognitive flexibility. • CASL-2 (Comprehensive Assessment of Spoken Language Second Edition): Evaluates higher-level language skills that are related to executive functioning, such as organization and reasoning. Language Processing: <ul style="list-style-type: none"> • CELF-5 (Clinical Evaluation of Language Fundamentals Fifth Edition): Evaluates various aspects of language processing, including 	Executive Functioning: <ul style="list-style-type: none"> • Organization and Planning: Use strategies to improve organization and planning skills, such as creating structured schedules, using organizational tools (e.g., planners, apps), and setting step-by-step goals. This can help manage the erratic behavior and impulsivity often seen in bipolar disorder. • Cognitive Behavioral Techniques: Implement cognitive-behavioral techniques to address problems with decision-making and problem-solving. This includes helping clients recognize and modify dysfunctional thinking patterns that impact executive functioning. Language Processing: <ul style="list-style-type: none"> • Structured Communication Exercises: Provide

Social communication skills are crucial for effective social engagement and can be impaired by mood fluctuations and impulsivity.

Voice Quality:

- SLPs assess voice quality because changes in voice, such as rapid speech or a monotone voice, can indicate mood states in bipolar disorder. Variations in voice quality can affect the clarity and effectiveness of communication, impacting social interactions and professional performance.

understanding and use of language.

- **OWLS-II (Oral and Written Language Scales | Second Edition):**

Assesses both oral and written language processing skills.

- **CASL-2 (Comprehensive Assessment of Spoken Language | Second Edition):** Focuses on different facets of spoken language processing.

Social Communication:

- **CCC-2 (Children's Communication Checklist-2 | U.S. Edition):**

Primarily for children, but can be adapted to assess social communication skills in adults, focusing on pragmatic language use.

- **CASL-2 (Comprehensive Assessment of Spoken Language | Second Edition):** Assesses pragmatic language skills relevant to social communication.

- **Review360 for SLPs:** Includes assessments that can evaluate social communication skills and effectiveness in adult populations.

Voice Quality:

- **Vocal Quality Analysis using CLQT+ (Cognitive Linguistic Quick Test-Plus):**

Assesses vocal characteristics and their relationship to cognitive function in adults.

- **Review360 for SLPs:** Includes measures related to voice quality and communication effectiveness for adults.

- **CASL-2 (Comprehensive Assessment of Spoken Language | Second Edition):** May include

structured exercises to enhance language processing skills, which can be affected by rapid or disorganized speech during manic episodes or slowed processing during depressive episodes. This may include activities to improve coherence, organization, and clarity of expression.

Social Communication:

- **Social Skills Training:**

Offer training to improve social skills and interpersonal communication, addressing difficulties with social interactions that may arise during mood swings. Focus on areas such as reading social cues, appropriate responses, and maintaining relationships.

- **Role-Playing and Simulation:**

Use role-playing to simulate social interactions and practice appropriate responses in various scenarios. This can help clients manage social challenges and improve their ability to navigate complex social situations.

Voice Quality:

- **Voice Modulation Exercises:**

Address voice quality issues by providing exercises to help clients modulate their pitch, volume, and intensity. This can be particularly useful if they experience rapid or pressured speech during manic episodes or reduced vocal expression during depressive episodes.

- **Breathing Techniques:**

Incorporate breathing exercises to support vocal control and stability. This can help manage the

	assessments related to speech characteristics, including voice quality.	physical aspects of voice quality affected by mood fluctuations and improve overall vocal expressiveness.
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Educational Management

- **Avoid Alcohol, Drugs, and Tobacco:** These substances can interfere with medications and trigger mood episodes, so quitting is crucial.
- **Keep a Mood Diary:** Track your daily thoughts, feelings, and behaviors to monitor treatment effectiveness and identify potential triggers.
- **Referral to Specialists:** Refer clients to mental health professionals such as psychologists, psychiatrists, or counselors.
- **Regular Assessments:** Schedule regular follow-up appointments to monitor progress and adjust treatment plans as needed.
- **Support Groups:** Connect clients with support groups or community resources for additional support.
- **Crisis Resources:** Ensure clients are aware of and have access to crisis intervention services if needed.

Critical Members of the Management Team

Primary Care Physician	Often the first to identify symptoms, the PCP can provide initial assessments, manage general health concerns, and refer patients to specialists for more specific treatment.
Psychiatrist	Diagnose the condition, prescribe mood stabilizers, antipsychotics, and other medications, and provide ongoing management of the disorder. Psychiatrists also monitor for side effects and adjust treatment plans as needed.
Psychologist	Provide psychotherapy, such as cognitive-behavioral therapy (CBT), which can help manage the emotional and behavioral aspects of bipolar disorder. They also assist patients in developing coping strategies and managing stress.
Occupational Therapist (OT)	OTs help patients with bipolar disorder manage daily activities, establish routines, and improve their ability to function in various settings, which can be disrupted by the disorder.
Speech-Language Pathologist (SLP)	May assist with communication issues that arise due to cognitive impairments or speech disturbances associated with bipolar disorder.
Pharmacist	Pharmacists play a crucial role in educating patients about their medications, managing potential side effects, and ensuring adherence to treatment plans.
Dietitian/Nutritionist	Dietitians may be involved in managing the dietary aspects of bipolar disorder, particularly if there are concerns about weight gain from medications or if certain dietary changes might help stabilize mood.

Medical Precautions Regarding Speech-Language Therapy

Before	During	After
<ul style="list-style-type: none"> • Medication Awareness: Review all medications the patient is taking (e.g., mood stabilizers like antipsychotics). • Monitor Mood Stability: Ensure the patient is in a stable phase (neither manic nor severely depressive) before starting or continuing therapy. • Timing of Medication Intake: Schedule therapy during periods of optimal medication effectiveness to avoid cognitive slowing or sedation. • Side Effects: Be aware of side effects such as tremors, cognitive blunting, or drowsiness, which may affect participation. • Mood Fluctuation History: Understand the patient's history of mood swings to anticipate potential fluctuations during therapy. • Referral to Psychiatrist: If the patient is not under psychiatric care, refer them to a psychiatrist for mood stabilization before therapy begins. 	<ul style="list-style-type: none"> • Monitor for Mood Shifts: Be vigilant for signs of manic (e.g., high energy, impulsivity) or depressive (e.g., low energy, withdrawal) symptoms during sessions. • Adapt Session Goals: Adjust the goals and structure based on the patient's current mood and energy levels. • Balance Stimulation: Avoid overstimulating the patient during manic phases; use calming techniques such as mindfulness or grounding exercises. • Offer Structure: Provide clear, structured tasks, especially during manic phases, to avoid distraction and impulsivity. • Monitor for Cognitive Symptoms: Be aware that both manic and depressive episodes can affect cognitive functions (e.g., memory, attention). 	<ul style="list-style-type: none"> • Post-Session Mood Check: Monitor the patient's mood and energy levels after therapy, noting any signs of irritability, fatigue, or mood swings. • Track Mood Patterns: Keep a log of the patient's mood patterns in relation to therapy sessions to help with future scheduling and interventions. • Referral for Psychotherapy: If the patient is not already in psychotherapy (e.g., Cognitive Behavioral Therapy or Interpersonal Therapy), refer them to a psychologist for long-term management. • Coordinate with Psychiatrist: Communicate with the patient's psychiatrist about therapy progress and any observed mood changes that may require medication adjustment. • Encourage Self-Care: Recommend relaxation or coping strategies post-therapy to manage stress and prevent mood destabilization.

[END - BIPOLAR DISORDERS]

SUPPORT SYSTEMS

Philippines	Internationally
<ol style="list-style-type: none"> National Center for Mental Health (NCMH): The primary government facility for mental health in the Philippines, offering specialized care for severe mental health conditions including anxiety, depression, and bipolar disorder. They provide both inpatient and outpatient services, as well as 24/7 crisis hotlines. Department of Health (DOH): Manages various mental health programs under the Philippine Mental Health Act, ensuring that services for anxiety, depression, and bipolar disorder are integrated into public health care. Through local government units (LGUs), they provide access to mental health services, including psychiatric care and medication.. Philippine Mental Health Association (PMHA): Offers a wide range of mental health services, including counseling, psychiatric consultations, and public education on mental health issues such as anxiety, depression, and bipolar disorder. They operate in several regions across the country. The Natasha Goulbourn Foundation (NGF): Focuses on mental health awareness and suicide prevention. They operate HOPELINE, a 24/7 hotline providing support to individuals struggling with anxiety, depression, and other mental health conditions. Ateneo Bulatao Center for Psychological Services: Offers affordable mental health services including psychotherapy and counseling for anxiety, depression, and bipolar disorder. They also provide psychological assessments and workshops. 	<ol style="list-style-type: none"> Anxiety and Depression Association of America (ADAA): Nonprofit organization dedicated to the prevention, treatment, and cure of anxiety, depression, and related disorders. They offer a wide array of resources, including educational content, support groups, webinars, and directories to find therapists. National Alliance on Mental Illness (NAMI): One of the largest grassroots mental health organizations in the U.S., offering extensive resources for people with anxiety, depression, and bipolar disorder. They provide education, advocacy, support groups, and a national helpline. International Bipolar Foundation (IBPF): Aims to improve the lives of those living with bipolar disorder through education, awareness, and support services. They offer webinars, online resources, and a community platform for people with bipolar disorder and their families. Beyond Blue (Australia): An Australian organization providing information and support to help everyone in Australia achieve their best possible mental health, with a particular focus on anxiety and depression. They offer 24/7 phone support, online chat, and forums. The Calm Center (Canada): Offers support for those struggling with anxiety through various services, including therapy, workshops, and online resources. They focus on mindfulness-based approaches and holistic mental health care.

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