



PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

Tel: +27 11 262 6396 Fax: +27 11 262 6350 E-mail: zane1@hargray.com website: www.sadag.co.za

SADAG supporting and guiding your patients when you can't

- Janine Shamos

When Monday comes into sight and the dread of the week starts to sink in, in donated offices in Sandton, the phone rings: "The South African Depression and Anxiety Group, how can I help you?"

Since 1994, SADAG has been guiding, supporting and referring mental health patients across the country, and intervening in crises along the way. With an average of up to 400 calls coming into the center daily, Doctors, Psychiatrists and Psychologists can be confident that SADAG's Counsellors are there even when they can't be available to their patients. "What is most valuable to South Africa is the empathic responses from Counsellors and the quality of them at their disposal, but most important is putting them in the right space and frame of mind to seek the help they need", says SADAG Volunteer Lorena Castelle.

South Africans are faced with a magnitude of problems and often people don't know where and when to get help. "knowing that they are not alone when faced with life changing situation, and knowing there is help available to each and every individual who is faced with issues is a critical part of what SADAG does through the press and media", says Castelle. The reality is that specialists can't be available all the time, and mental illness doesn't keep office hours. For many patients and family members, questions, crises, and down-days happen when doctors are always, practices are closed and hospitals filled to capacity. "When a caller phones our helplines they are generally in a state of despair", says Lorena Castelle. "As trained counsellors we are taught to be willing to listen and never judge, to be empathetic, and treat every call with the respect and dignity they are looking for". SADAG is open from 8am to 8pm, 7 days a week, 365 days a year and with toll-free lines and an SMS service, patients can be assured of free contact: call 0800 21 22 23 or 0800 20 50 26, SADAG's landline office number is 011 262 6396, SMS 31393, or visit SADAG's website to join the mailing list and up to date with the latest in Mental Health Care- www.sadag.org

SADAG's Counsellors are expertly trained and there is constant supervision and training given to Counsellors. Volunteer, Janeshree Naidoo, remembers one case vividly. "A gentleman called, in a bad emotional state after his wife discovered her breast cancer had returned soon after her mastectomy. She was understandably depressed and angry and scared. He told me that she said that she didn't want to experience that again and planned on ending her life." A very tough call for any counsellor needing to ultimately support two people; loved ones and the caller. "No matter how long you have been counselling for, no matter how much you have heard and dealt with, there is always a case you need help on", says Senior Counsellor Shanne Altshuler. SADAG has monthly counsellor meetings and follow-up training and debriefing from Senior Counsellors, Psychologists and Psychiatrists is always available should the Volunteers need it- either personally or professionally.

For callers who are already under treatment or who are seeing a specialist they trust, being out of touch and in need is very scary- and this is where SADAG plays a crucial role. SADAG is at the end of the line, providing guidance, care and support that you would even when you can't do it yourself. "My Psychiatrist was away on a family emergency and I hit a sever downer", says a 42 year-old Bipolar patient who wishes to remain anonymous. "I was desperate and didn't want to see my Psychiatrists Locum. Somehow I found the courage to call SADAG- I think the fact that they are telephonic helped me; I don't feel judged or scrutinized. They kept me alive- and never gave up on me!" for patients and loved ones, life can get overwhelming fairly quickly and it can be very difficult to see a way forward. "Just because you are receiving treatment, it doesn't mean you will immediately feel better", says SADAG's Call Centre Manager Dessy Tzoneva. "It's a relief to know that you're not the only one living with Mental Illness."

It's not just in times of crisis that people call SADAG. Many people in treatment or their family members call in to share their stories, to seek out further information about illnesses and to find out what else they can do to help loved ones. "Many patients and loved ones, call to say Thank You!" SADAG Volunteers are able to offer an ear to those that cannot always afford private services and to those that are awaiting treatment from public services.

Having SADAG as a resource is invaluable- for patients, providers and loved ones- and SADAG is very helpful and relevant in a South African context. "With the resources we have, even though limited, we are able to stretch ourselves to reach out to many individuals, communities, and even our neighboring countries", says Lorena Castelle. Janeshree knows that SADAG is valuable, as callers are often thankful that there was someone on the other line listening to them and offering assistance. As Dessy Tzoneva puts it; "By calling SADAG, you get to speak to someone who cares and have volunteered their time because they want to help you find a way to get better and build the life you want."

For more information, please contact Meryl 011 262 6396 or Janine Shamos on 0823389666

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Miserable, Manic or Misdiagnosed?

- Robin Bleekers

Going to a medical practitioner can sometimes be quite a daunting process, especially when you are not sure exactly what the problem is. The medical practitioner needs to know as much as possible about what you are experiencing to ensure that they are able to best determine exactly what is wrong with you. In some cases the doctor can make the mistake of misdiagnosing what is wrong with you. In relation to mental health disorders a very common misdiagnosis relates to Temporal Lobe Epilepsy (TLE).

Zane Wilson, founder of the South African Depression and Anxiety Group (SADAG) says that "Misdiagnosis happens a lot and particularly at clinics." Statistics show that the worldwide overall misdiagnosis rate for epilepsy is 26.1%, although this is the global statistic, there is no reason to believe that the misdiagnosis rate would be different in South Africa

*Mike is chatting to a friend of his in a Johannesburg coffee shop and is having a great time. His friend begins to tell a story but notices Mike staring wide eyed into the distance, not hearing a word. The friend, after a few seconds decides to ask Mike a question. Mike snaps back into reality and replies "Sorry what were you saying?" Mike was not being rude, far from it but instead, he was experiencing a temporal lobe seizure which caused him to stare, not respond to questions and to appear removed. Mike explains that "They (a seizure) usually last for just a few seconds, sometimes they continue for a minute or two but I usually cannot remember the seizure and will feel confused afterwards. My friends or family will often have to tell me what happened."

Mike's story demonstrates the subtlety of some of the symptoms of TLE. The symptoms of TLE are in some cases very similar to many other mental health disorders and this can often cause confusion not only for the patient but also for the medical practitioner attempting to help them. Philip Smith, a professor of neurology at the University hospital of Wales, explains that "there is a real problem attempting to distinguish epileptic seizures from mental health problems (psychogenic attacks), such as panic or anxiety attacks, migraines and some sleep disorders." The box below outlines the different symptoms of TLE:

The wide range of symptoms presented by TLE can lead to a possible misdiagnosis of TLE as one of the following:

- ADD
- ADHD
- Borderline Personality Disorder
- Obsessive- Compulsive Disorder
- Schizophrenia
- Personality Disorders
- Anxiety
- Panic
- Depression

Mike explains that "due to the fact that there is often confusion and/or amnesia after an attack, it can be quite difficult for the sufferers to be aware that they are behaving abnormally. I found that I would very rarely realise what actually happened and one of the ways that assisted me in the treatment of my TLE was to seek counselling so that I become more aware of my emotions and therefore avoid situations that might trigger an attack such as large crowds, flashing lights or over stimulation, furthermore the counselling assisted me in being able to better assess situations to ensure that my reactions were not inappropriate or that I misinterpret a situation because of my inability to accurately understand what is going on. An example of this is when I zone out I will often snap back to where I am and this can result in unprovoked anger and annoyance with the people around me."

An incorrect diagnosis can occur in either direction, which means that one could be diagnosed with TLE when in fact they have one of the abovementioned mental health disorders or the reverse where they are diagnosed with one of the above disorders and in fact they actually have TLE.

If you think that either you or your loved one might be suffering from TLE or you believe that there might have been a misdiagnosis. Please call SADAG to get help on 0800 567 567 or 0800 20 50 26 or 0800 70 80 90 or SMS 31393.



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Symptoms of TLE	
Specific to TLE	Can be confused with other Mental Health Disorders
Sensory illusions or hallucinations	Fear or Anxiety
Distortions of shape, size or distance	Changes in Heart Rate
Vertigo	Sweating
Feelings of Déjà Vu or Jamais Vu	Nausea
Describe seeing body from the outside	Wide-eyed, motionless stare, dilated pupils and behavioural arrest
Repetitive automatic movements	Anger or elation
Confusion and Amnesia	

Very serious consequences can occur by misdiagnosing patients as it can often lead to the incorrect medication being prescribed, which in some cases can worsen the seizures or not correct the real problem such as the depression or panic. Many patients who have been misdiagnosed with TLE have had allergic reactions to the medication, which in some cases have been severe. There are also serious social implications with regards to the stigma surrounding epilepsy as a disorder.

Temporal Lobe Epilepsy is a disorder that, when correctly diagnosed, is treatable and manageable for the patient. It is very important that the patient consistently takes their medication and follows the specific lifestyle changes that are outlined by the medical practitioner who the patient consults. Epilepsy in all its forms is considered a chronic illness and so treatment for the condition will be covered by medical aids according to the prescribed minimum benefits. This ensures that there assistance available and with the correct treatment and family understanding, support and involvement the patient can live a normal life and prosper.

IMPORTANT NUMBERS TO REMEMBER

Suicide Crisis Line: 0800 567 567 or SMS 31393

Pharmadynamics Police and Trauma Line: 0800 20 50 26

AstraZeneca Bipolar Line: 0800 70 80 90

Sanofi Aventis Sleep Line: 0800-SLEEPY (0800 753 379)

Dept. of Social Development Substance Abuse Line: 0800 12 13 14 or SMS 32312

Dr Reddy's Helpline: 0800 21 22 23

Office Lines: 011 262 6396

Website: www.sadag.co.za