THE CATALYST

How COVID-19 can help us understand psychiatric illnesses

This morning I woke up to find that my nose was running, and I had a cough. Is it the dreaded COVID-19? The common cold? This year's strain of influenza? Allergies?

By: Jessica Ward-King | Posted: May 19, 2022

Estimated reading time: 4 minutes

This morning I woke up to find that my nose was running, and I had a cough. Is it the dreaded COVID-19? The common cold? This year's strain of influenza? Allergies?

So, I took an over-the-counter cough and cold medication (and maybe an allergy pill, just to be safe) to deal with the symptoms.

Luckily my COVID-19 rapid test was negative, so I may never know the real cause of this illness. All I can do is treat the symptoms and take care of myself the best I can. I get lots of rest and drink lots of fluids. I eat some chicken soup, drink lemon tea, and use a chest rub and lozenges. I will self-isolate and wait it out.

If my symptoms worsen or new ones emerge – trouble breathing or a high fever, for example – I might have to seek medical help. My doctor might prescribe treatments for these symptoms – acetaminophen to lower the temperature, a puffer to open the airways – and if it gets worse (God forbid!) I may end up in hospital on a ventilator. The doctors may do some tests to identify the cause of the symptoms. Is it viral, such as COVID-19 or influenza or bacterial? Asthma or allergies? If they can determine the cause, they can actually treat the disease rather than just treating my symptoms.

The difference here – between treating the symptoms and treating the actual illness – is not one of semantics. It is the difference between the *syndrome* and the *disease*.

A *syndrome* is a collection of symptoms that "run together" (from the Greek: *syn*=together and *drome*=run) without any identifiable cause.

A *disease* has an identifiable cause that results in the signs and symptoms that present clinically, such as COVID-19, or a dust allergy.

Most mental illnesses are syndromes – collections of symptoms that tend to "run together". The *Diagnostic and Statistical Manual of Mental Disorders (DSM–5),* the authoritative guide to the diagnosis of mental disorders, helps the clinician to diagnose based on these syndromes. My Bipolar 2 disorder diagnosis is based on a set of symptoms that I live with and, like my runny nose and cough, could really be *caused* by any number of different diseases. Psychiatric treatments, then, like my medication and talk therapy, are prescribed to treat the signs and

symptoms that I present with, based on the DSM-5 and my doctor's clinical experience with syndromes similar to mine in other patients.

I believe this may help to explain why our psychiatric treatments are so often ineffective. In the case of depression, for example, only one third of patients receive sufficient benefit from their first treatment. I have been struggling with a depressive episode of my Bipolar 2 disorder for nearly two years now and have tried multiple treatments and combinations of treatments with no relief of my symptoms. Just as an antibiotic won't help my runny nose and cough if the disease is actually viral, the various treatments I am trying for my bipolar depression may not actually be addressing the disease underlying my illness.

That isn't to say that there are no objective disease states that underlie psychiatric syndromes – I think that there are. Before we had microscopes to observe viruses and bacteria, every cough and sneeze was the same as any other. I believe it will take significant medical and scientific advances to identify the disease states underlying psychiatric syndromes, but we aren't starting from scratch. For example, research has identified the bacterium that causes neurosyphilis and the misfolding proteins in the brains of those with Alzheimer's disease. Brain-scanning technologies and even blood tests are currently being developed. We are closer now than we have ever been to understanding the diseases related to psychiatric syndromes.

Until then, though, the best we can do when experiencing the unpleasant symptoms of mental illness is to take care of ourselves the best we can, get lots of rest, and seek medical help when symptoms worsen, or new ones emerge. We need to continue to do good science and not lose hope. It is possible – even probable – that medical science is uncovering another psychiatric disease and transforming our understanding of the causes and treatments of the psychiatric syndromes that cause so much suffering.

In the meantime, though, my chicken soup and lemon tea are getting cold, and my pillow is calling. Any suggestions for shows I can binge?

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BSc, PhD, *aka the StigmaCrusher*, is a mental health advocate and keynote speaker with a rare blend of academic expertise and lived experience. Equipped with a doctorate in experimental psychology and firsthand knowledge of bipolar disorder, she's both heavily educated and, as she likes to say, heavily medicated. Crazy smart, she's been crushing mental health stigma since 2010.

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