



Family History of Mental Illness^{©2004}

A mental illness is a disease that causes mild to severe disturbances in thought and/or behavior, resulting in an inability to cope with the ordinary demands and routines of life. There are more than 200 classified forms of mental illness. Some of the more common disorders are depression, bipolar disorder, dementia, schizophrenia and anxiety disorders. Symptoms may include changes in mood, personality, personal habits and/or social withdrawal. With proper care and treatment many individuals learn to cope or recover from a mental illness or emotional disorder.

Mental illness is inherited in a multifactorial pattern (caused by the interaction of various genetic and environmental factors). Causes may include a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these. Because genetic factors are involved, when one family member is affected, other close relatives may be at increased risk.

Unipolar disorder and Bipolar disorder

In any given 1-year period, 9.5 percent of the population, or about 18.8 million American adults, suffer from a depressive illness. This includes major depressive disorder, manic depression and dysthymia, a milder, longer-lasting form of depression.

More than 2 million American adults, or about 1 percent of the population age 18 and older in any given year, have bipolar disorder. Bipolar disorder, also known as manic depression, is an illness involving one or more episodes of serious mania and depression. The illness causes a person's mood to swing from excessively "high" to irritable, sad and/or hopeless, with periods of a normal mood in between.

With any type of mood disorder in a family, there can be up to a 20-25% recurrence risk for first degree relatives of affected individuals. Specifically, recurrence risks for first degree relatives (children, parents, siblings) are 10-20% for individuals with unipolar depression (2-4 times the population risk) and 5-10% for first degree relatives of individuals with bipolar disorder (up to 10 times the population risk for manic depression, some sources state a risk as high as 25%). Relatives of individuals who were diagnosed with depression earlier in life are at a greater risk than relatives of individuals who were diagnosed later in life. In families with both unipolar depression and bipolar disorder, the genetic risks are increased.

Schizophrenia

Schizophrenia is a serious disorder which affects how a person thinks, feels and acts. Someone with schizophrenia may have difficulty distinguishing between what is real and what is imaginary; may be unresponsive or withdrawn; and may have difficulty expressing normal emotions in social situations. Contrary to public perception, schizophrenia is not split personality or multiple personality. The vast majority of people with schizophrenia are not violent and do not pose a danger to others. Schizophrenia is not caused by childhood experiences, poor parenting or lack of willpower, nor are the symptoms identical for each person.

There are several types of schizophrenia including paranoid schizophrenia (a person feels extremely suspicious, persecuted, or grandiose, or experiences a combination of these emotions), disorganized schizophrenia (a person is often incoherent in speech and thought, but may not have delusions), catatonic schizophrenia (a person is withdrawn, mute, negative and often assumes very unusual body positions), residual schizophrenia (a person is no longer experiencing delusions or

hallucinations, but has no motivation or interest in life) and schizo-affective disorder (a person has symptoms of both schizophrenia and a major mood disorder such as depression).

Schizophrenia affects 1% of the general population. The risks to first degree relatives (parents, offspring and siblings) range from 9-15%. The risk to second degree relatives (grandchildren, aunts, uncles) is approximately 3% and the risk to third degree relatives (first cousins) is 1-2%. Quoted risks may be higher depending upon the number of affected relatives. In some families the risk may be as high as 50%.

Attention deficit disorder/ Attention deficit hyperactivity disorder

Young people with attention-deficit/hyperactivity disorder typically are overactive, unable to pay attention, and impulsive. They also tend to be accident prone. Children or adolescents with attention-deficit/hyperactivity disorder may not do well in school or even fail, despite normal or above-normal intelligence. Attention-deficit/hyperactivity disorder is sometimes referred to as ADHD.

First degree relatives of affected individuals have a 5-6 fold increased risk over the general population to develop the condition. The risk for second degree relatives is approximately 1-2%. Family members of affected individuals are also at an increased risk for personality disorders, substance abuse, depression, anxiety and learning disabilities.

Substance Abuse

There have been many studies which indicate an increased risk for substance abuse and/or dependence among close relatives of substance abusers. Alcohol, marijuana, cocaine, tranquilizer and sedative use as well as other drugs have been studied, and an inherited predisposition for abuse has been demonstrated. For instance, the risk for first-degree relatives of individuals with alcoholism is three times the population risk to develop alcoholism and two times the population risk to develop abusive behavior of other drugs. In family histories with multiple affected family members the risk may be higher.

Resources

Further information regarding these and other forms of mental illness is available through the following organizations.

National Institute of Mental Health
www.nimh.nih.gov
800-421-4211

National Mental Health Association
www.nmha.org
800-969-6642