

# Assessing Drug Diagnosis in Treating Bipolar, Depression and Generalized Anxiety

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## Abstract

Based on the authors mental health problems from the years 2006-2019 (including bipolar, depression and generalized anxiety), this article can be used as a case study for medical professionals in assisting with medication and dosage for individual patients.

**Keywords:** bipolar, depression, generalized anxiety

## Highlights

- A case study of the author's experiences to assist medical professionals to diagnose and treat bipolar, depression and generalized anxiety
- Spiritual advancement could possibly be the only way to resolve generalized anxiety

## 1. Introduction

Given the range of drugs now available for mental health disorders, psychiatrists and medical professional abroad have a difficult job in determined the correct drugs and dosage amount for individual patients. The author has experienced constant headaches, psychosis, panic attacks, generalized anxiety disorder, depression as well as being suicidal in the years 2006-2019 as a result of workplace disputes and bullying. Further, the author had bipolar from high school days going back to 1994. This article will detail the medication that was undertaken, the mental health problems and the events that took place throughout the years 2006-2019. This information should assist medical professionals in diagnosing patients and the right medication with dosage that is required. Through spiritual advancements, the author became free of depression and generalized anxiety disorder on the 26<sup>th</sup> June 2019 which is documented in 'The Book of Tristan'.

## 2. Headaches

The author was working for a company Sportsbet21 in the years 2003-2007, a Swinburne University start-up company which provides to Ladbrokes (betting company) computer-generated odds driven by statistical models for live betting on cricket and tennis within a sporting contest. The author was undertaking a PhD in tennis statistics at Swinburne University and employed by Sportsbet21 for live tennis predictions. During this time there

were late payments and the author constantly kept reminding the chairman of the company to be paid. At some stage within 2006 headaches started to appear in the mornings and they would occur on a daily basis and the author would take one Nurofen tablet daily to stop the headaches. The company in 2007 lost its license with Ladbrokes for tennis and the author decided to resign from the job as a result of becoming depressed for not being paid. The work agreement stated that the author was an employee and that "On appointment your remuneration will be \$500.00 per week which will be paid fortnightly". The author was claiming that he was owed money for holiday pay, late payments, superannuation and being out of work to the total of \$13,000. When these issues were raised with the chairman of the company it was stated that the author was a contractor. The author went through various legal processes to recover the money but it all became too stressful. In 2008 the author received a 6 month contract project with Centrebet (betting company) in sports prediction modelling and eventually the headaches disappeared. Centrebet were highly reputable and always paid the money on time.

### **3. Bipolar and depression**

From the start of high school in 1989 at the age of 12, it was evident that the author had a bipolar disorder by being on an overall high. However, during high school years this condition was never diagnosed from medical experts, and in fact the author never approached medical experts for a diagnosis. The bipolar was eventually identified in early 2013 after being recommended to see a psychiatrist at the Ryde Community Health Centre after being recommended by a counsellor at Macquarie university based on having a generalized anxiety disorder. The author was put on 10mg of Olanzapine as a mood stabilizing drug and to take one tablet before bed. The bipolar reached an overall low in late 2013 with extreme depression as was hospitalized for four days at Royal North Shore Hospital mental health unit. In addition to the Olanzapine, the author was then put on 20mg of Escitalopram as an antidepressant and to take one tablet daily in the morning.

### **4. Psychosis**

Tracing the exact timing on when symptoms of psychosis began for the author is difficult. But the symptoms appeared to occur after the completion of the author's PhD in 2006. The symptoms involved shouting out loud and getting angry whilst walking and would typically last for about 30 secs. The psychotic episodes would occur about twice a day. The anger appears to be related to adding additional author's names on publications that did not do any work. The author in particular added a PhD student at Swinburne university as a first author on a number of publications and this student did no work and the author was not a supervisor. The coordinating supervisor of this PhD student constantly bullied the author from the years 2007 -2008 and thought the author was undermining her. Note that the author was an adjunct at Swinburne university during the time of the student's PhD and the PhD candidate was recommended to Swinburne as a result of the author's research (both the author and the PhD candidate were undertaking research in tennis statistics). The author got Swinburne University into trouble by contacting the police over an incident where someone was

interested in the author working for them in sports prediction modelling. This person was into illegal gambling and threatened legal action after the author sent an invoice for payment. This incident do not involve the coordinating supervisor of the PhD student and through a breach of confidentiality, the author was bullied by the coordinating supervisor and hence resigned from the university. The author never spoke to a medical specialist about the psychosis and so was not administered with any drug treatment. However, the psychosis did go away in 2007 after the generalized anxiety disorder occurred.

## **5. Panic attacks**

The panic accounts first occurred in Sept 2012 whilst living at the post graduate Kathleen Lumley College in Adelaide in conjunction with the author's adjunct appointment with the University of South Australia. The first panic attack occurred as a result of receiving a termination letter from the Vice Chancellor Elizabeth Harman whilst having an adjunct appointment with Victoria University, Melbourne 2009-2010. The author was constantly bullied by a staff member at Victoria university, who contacted my direct parents over an email that I sent. The author also did work for the Western Bulldogs AFL club (partners of Victoria University) but was somewhat bullied into doing this work but more importantly was never paid for the work (which is in fact illegal). When the panic attack occurred, the author walked to the nearest hospital but was told it was only a maternity hospital for women, but they did recommend a general hospital about a 20-minute walk away. The author proceeded to this hospital and was in transit for about 30 minutes before being seen by a doctor. The author was given sleeping tablets for the next two nights. The second panic attack occurred after the author had a phone call with an aunt and she may some highly abuse remarks. The author never proceeded to go to a hospital. The third panic occurred after ongoing pursuing by a staff member at the University of South Australia. This panic attack led to a generalized anxiety disorder, but no panic attacks occurred after this incident.

## **6. Generalized anxiety**

Once the generalized anxiety occurred the author saw a GP and was recommended to see a counsellor. These counselling sessions were fortnightly but of course counsellors are unable to prescribe medication. The GP also did not prescribe any medication. In 2013 the author moved back to Sydney (original home and did a BSc degree at Macquarie university graduating in 1999). The author stayed at Macquarie University Village in 2013 but as requirement to stay in the Village you have to enrol as a student. So the author enrolled in a Bachelor of Social Science degree. During 2013 the author had several appointments with the counselling service at Macquarie University and eventually was recommended to Ryde Community Health Centre to speak with a psychiatrist. The author left the village at the end of 2013 primarily as a student was smoking outside the villa the author was staying at and the smoke would diffuse throughout the villa. The author bought an apartment at Macquarie Park (close to the university). Since the psychiatrists at Ryde Community Health Centre rotate on a regular basis, it was recommended by a GP at Macquarie University Health Clinic to go a private psychiatrist – in particular the Gordon Lawson Clinic. As well as taking the Olanzapine

and Escitalopram, the psychiatrist also prescribed 2mg of Clonazepam to treat the anxiety and to take half a tablet twice a day in the morning and the afternoon. The author initially would visit the psychiatrist monthly. Over time the Olanzapine was eliminated altogether as after the episode of being hospitalized with depression, the psychiatrist identified that the bipolar was a one-off episode and would not return again. At some point in time the psychiatrist decided to replace the Escitalopram with 20mg of Paxtine to be taken one tablet daily (to assist with the anxiety) but later this was replaced back to the Escitalopram. At a later stage the psychiatrist introduced Quetiapine with the aim of coming off the (known to be highly addictive) Clonazepam. This consisted of taking 25mg tablets one in the morning and one in the afternoon, and a 100mg tablet in the evening.

Also, the author spoke with another psychiatrist and was diagnosed with schizophrenia and given appropriate medication consisting of 5mg of Artane to be taken one tablet in the morning and 1mg of Rexulti to be taken four tablets daily. The author never took this medication and was confirmed by the psychiatrist at the Gordon Lawson Clinic that the author does not have schizophrenia. Therefore, the author was unable to get the National Disability Insurance Scheme (NDIS) despite being unemployed for the past 7 years and currently does not have a paid job. NDIS do not give subsidies for depression or generalized anxiety disorder.

## **7. Recovery**

The first real sign of the author's improvement in health occurred on the 11th Feb 2013, which was the day before enrolment for a course in a Bachelor of Social Science degree at Macquarie University. At this point in time the author was also undertaking regular Hatha yoga sessions at Macquarie Gym. The author's health continued to improve throughout 2013. This was assisted by weekly attendance at the Macquarie University Bhakti Yoga club, weekly visits to the Hare Krishna temple, Sydney and reading books of spiritual knowledge available at the Hare Krishna Temple. Throughout 2013 the author also had regular chiropractic and remedial massage treatments. However, the most effective method for resolving mental health came from regular visits to the Hare Krishna temple and daily chanting of the Hare Krsna Mantra: Hare Krsna, Hare Krsna, Krsna Krsna, Hare Hare / Hare Rama, Hare Rama, Rama Rama, Hare Hare. The author would continue the chanting of mantras by weekly visits to Govindas, Sydney in 2014. The author's health significantly improved after reading the Bhagavad Gita As It Is for the 3rd time in May 2019, where the depression disappeared completely, the anxiety significantly eased off; and thus the author successfully came off anti-depressant drugs. From the 26th May 2019, the author became strictly vegetarian and no consumption of alcohol but still enjoys one cappuccino a day. Further on the 26th June 2019 which coincided with the author's birthday, the generalized anxiety disorder disappeared completely and the anti-anxiety medication was reduced to very low doses.

## **8. Conclusions**

This article has provided a detailed description on the author's mental health problems from 2006-2019 which can be used by medical professionals in assisting with medication and

dosage for particular patients. In particular, in assessing drug diagnosis in treating bipolar, depression and generalized anxiety. Based on the author's recovery through spiritual advancement, there is evidence to show that generalized anxiety cannot be cured through medication.

## **References**

The Book of Tristan

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