BETTER LIVING THROUGH CHEMISTRY

Medications that help emotional problems were discovered in the 1950s. For many years, they were only used to help symptoms of disturbed mood, anxiety and thought. In the 1990s, some doctors started using them to help dysfunctional personality traits. To understand this change, it helps to know how these drugs affect the major players in biopsychology—secretions of glands (hormones) and neurons (neurotransmitters):

- Adrenaline—prepares for action by increasing blood flow and muscle tension.
- Gamma-aminobutyric acid (GABA)—inhibits the action of adrenaline.
- Norepinephrine—enables the nervous system to respond to incoming stimuli.
- Serotonin—balances the action of Dopamine and Norepinephrine.
- MAO (monoamine oxidase) is an enzyme that breaks down adrenaline and serotonin.
- Endorphins—bind to opiate receptors in the brain and cause suppression of pain.
- Dopamine—enhances pleasure and stimulation. Too much produces racing (distorted) thoughts. Too little causes problems focusing and inhibiting movement.

Psychotropic Medications	Effects
DB—Dopamine blockers (some also block serotonin): Thorazine, Stelazine, Prolixin, Haldol, Clozaril, Risperdal, Zyprexa, Serlect	Reduce racing thoughts and distorted thinking and perceptions. Improve thought organization.
MS—Mood Stabilizers and Anticonvulsants reduce brain excitability: Lithium, Depakote, Depakene, Tegretol, Neurontin	Reduce racing thoughts, impulsivity, agitation, and anger. Lithium can boost serotonin and enhance mood while preventing mania.
Stm.— Stimulants boost activity of dopamine and norepinephrine: Ritalin, Dexedrin, Adderal, Cylert.	Increase activity in the brain cortex improving the ability to inhibit movement, screen out irrelevant stimuli, and stay on task.
BZ— Benzodiazepines stimulate the activity of GABA which counter-acts adrenaline reactions: Xanax, Klonopin, Tranxene, Valium, Ativan	Reduce anxiety. It is best to use them briefly or as needed as they can be addicting or lose effectiveness over time.
OB—Opioid Blockers inhibit the effects of opioids: Revia. Kudzu, an herb, may affect the breakdown of alcohol and boost endorphins.	Reduce pleasure from alcohol use and craving and may also reduce self-mutilation, which can stimulate release of endorphins.
(MAOIs)— MAO inhibitors increase levels of adrenaline and serotonin by stopping their breakdown by MAO: Nardil, Parnate	Help atypical depression with low energy, anxiety, over eating, and poor sleep without low mood. They were first used for TB
TCAs—Tricyclic antidepressants increase the flow of norepinephrine and serotonin: Elavil, Sinequan, Tofranil, Anafranil, Pamelor and more	Enhance mood, interest, and motivation. Many can safely treat insomnia.
SSRIs—Selective Serotonin Re-uptake Inhibitors increase serotonin flow: Prozac, Paxil,* Zoloft, Luvox, Celexia	Enhance mood, interest, and motivation and decrease obsessions, compulsions, anger, irritability, bingeing and anxiety.
DM—Designer medications target specific neurotransmitters: Desyrel, Asendin, Serzone* Effexor, Wellbutrin, Remeron*	Enhance mood. Wellbutrin may reduce hyperactivity and smoking and improve attention. Desyrel helps sleep more than mood.

* Items also help anxiety

TREATMENT FOR TRAITS

The use of medication to modify personality makes sense if traits are thought of as symptoms of reduced intensity that become habits over time. Characteristics of various personalities are reworded below to suggest underlying symptoms or biochemistry. Often doses to modify traits are less than amounts needed to relieve symptoms. Drugs won't cure self-defeating habits, but they can alter temperament in a way that gives change a chance. See the previous chart to identify classes of medication used to treat symptoms:

Personality Types and Traits	Symptoms Treaated
Dependent and Erratic Personalities	
Fear of rejection or helplessness	Anxiety (BZ)
Obsessions or depression about perceived rejection	Depression (SSRI, TCA)
Depressed self-confidence	Depression (SSRI)
Mood swings and difficulty regulating mood	Mood cycling (MS)
Anger, irritability, hostility	Irritability (SSRI)
Impulsivity, hyper-reactivity	Impulsivity (MS, Stm.)
Compulsions to self mutilate, substance abuse	Cravings (OB and SSRIs)
Suspicions, thought disorganization, irrational thinking	Disturbed thoughts (DB)
Dramatic and Inflated Personalities	
Rejection sensitivity	Improved mood (SSRI)
Obsessive attention to physical appearance	Obsessions (SSRI)
Hyper type reactivity	Impulsivity (DM, Stm.).
Sexually seductive/provocative, inappropriately intimate	Impulse control (MS)
Emotional reactivity, mood swings	Excitability (MS)
Exaggerated self-importance, fantasies of success	Excitability (MS)
Pressured, unusual speech	Excitability (MS)
Distorted perceptions of envy	Disturbed thoughts (DB)
Compulsive and Guarded Personalities	
Obsessed with details, rules, morality, saving, loyalty, trust	Obsessions (SSRI)
Excessive obsessions with above	Excitability (MS)
Compulsive striving for perfection, devotion to work	Compulsions (SSRI)
Insomnia	Sleep (TCA, BZ)
Excessive suspicion, jealously	Disturbed thoughts (DB)
Irritability, anger	Irritability (SSRI)
Difficulty experiencing pleasure	Depression (SSRI, TCA)
Anxiety, vigilance	Anxiety (BZ) as needed
Avoidant, Isolated, Eccentric Personalities	
Social avoidance and obsessive rejection sensitivity	Motivation (SSRI, MAOIs)
Performance anxiety	Anxiety (BZ, beta blockers)
Difficulty experiencing pleasure or interest in sex	Motivation (DM—Wellbutrin)
Suspicions and personalizing comments	Disturbed thoughts (DB)
Distorted, vague, symbolic, elaborate speech	Disorganized thoughts (DB)
Superstitious type obsessions	Obsessions (SSRI)
Defiant Personalities	
Hyper type impulsivity	Impulsivity–Cylert, Wellbutrin
Irresponsibility due to difficulty staying on task	Inattention—Cylert, Wellbutrin
Irritability, aggressiveness, anger	Irritability (MS, SSRI)
Substance abuse	Cravings—Opioid blockers