Social Security Administration Proposes
Easing Disability Criteria for Mentally Ill

WASHINGTON — The Social Security Administration has proposed to broaden eligibility criteria for disability benefits for people with mental disorders.

The proposed amendments would cover people with organic, schizophrenic, affective, anxiety-related, somatoform, and personality disorders, as well as substance addiction and mental retardation.

Specific language has been proposed to cover agoraphobia as well as chronic schizophrenia, which prevents the patient from working even though his or her symptoms have been treated with medication or supportive therapy.

The new amendments recognize that many individuals who have a history of schizophrenia may not experience symptoms, dazed either by treatment or by living in a supportive environment. However, these same individuals may remain disabled because they experience a return of symptoms when they encounter stressful circumstances or when they leave the supportive environment, the SSA says.

In providing compensation for people with agoraphobia, the SSA recognizes that the condition constitutes a severe anxiety disorder.

The new amendments are the result of a congressional request for rules changes after a long fight over Reagan administration crackdowns in the disability program. In drawing up the revisions, the SSA consulted with American Psychiatric Association and other organizations and entered into a contract with the APA to provide for an ongoing review of disability evaluation criteria relating to mental disorders.

The proposals were presented to the Feb. 4, 1985, edition of the Federal Register, and the SSA will accept comments from the public until March 21.
Proven antidepressant effectiveness

Desyrel® (trazodone HCl) produces a significant overall response within the first week of therapy for many patients. It relieves depression and its presenting symptoms, including depression-associated anxiety, insomnia, and vague somatic complaints—all with an efficacy equal to imipramine and amitriptyline.1

A unique antidepressant with a low incidence of disruptive side effects

Desyrel is not a tricyclic nor does it produce the incidence of side effects often seen with amitriptyline or imipramine. Anticholinergic effects are comparable to placebo.1 Cardiotoxicity is rare in patients free of cardiac disease* and there is no amphetamine-like CNS stimulation.

*Patients with cardiovascular disease should be closely monitored for possible development of arrhythmia.