



CONVENTIONAL AND INTEGRATIVE APPROACHES TO MENTAL HEALTH

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TO RECAP...

- **Effect of dietary patterns on mental health + science behind nutrition**
- **The evidence behind broad spectrum micronutrient treatment**



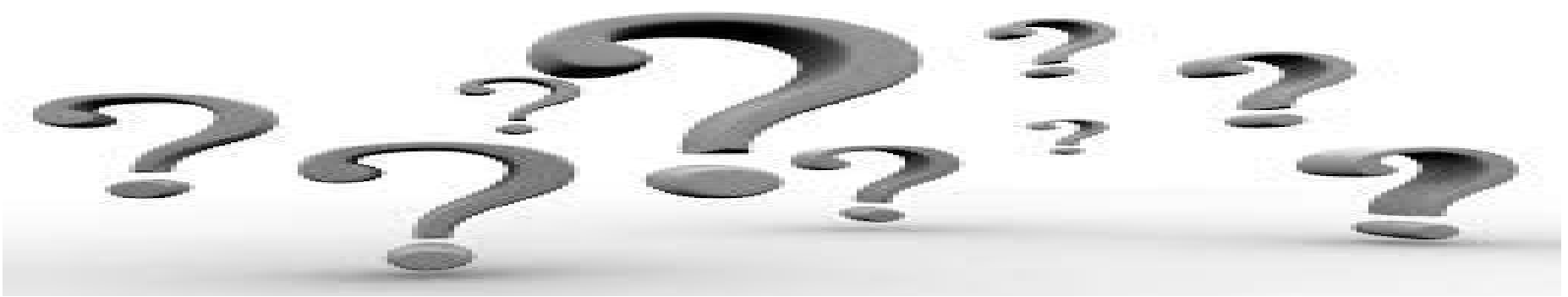


WHERE TO NOW?

MY CONTRIBUTION...

- **Focus on the practical**
- **Two goals: 1. Insider information**
2. Share another model





“Hey, doc, what do you think?!?”



GOOD LUCK!



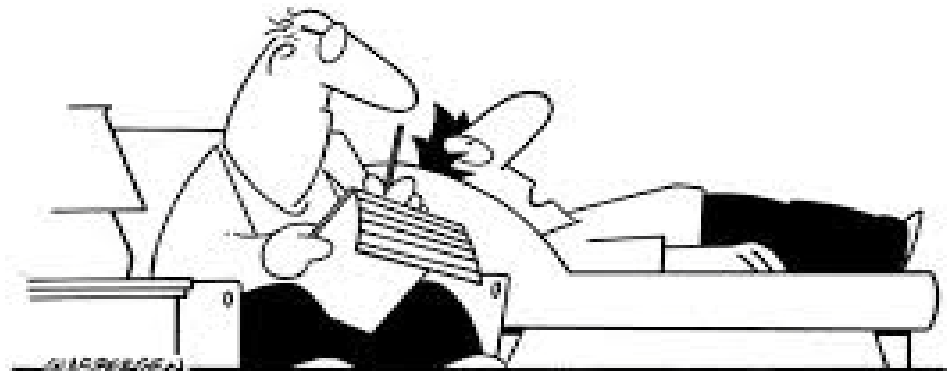
INSIDER INFORMATION...

- **Little formalized training on nutrition**
- **Strong (professional) opinions**
- **Hard to say, “I don’t know.”**
- **Look for ‘gold standard’ of evidence**

INSIDER INFORMATION AS APPLIED TO CONVENTIONAL PSYCHIATRY...

2 roles:

1. **Render a diagnostic opinion**
2. **Recommend and prescribe medication(s)**



"Life gave me lemons, so I made lemonade.
Unfortunately, Vitamin C doesn't cure depression."

DSM DIAGNOSIS

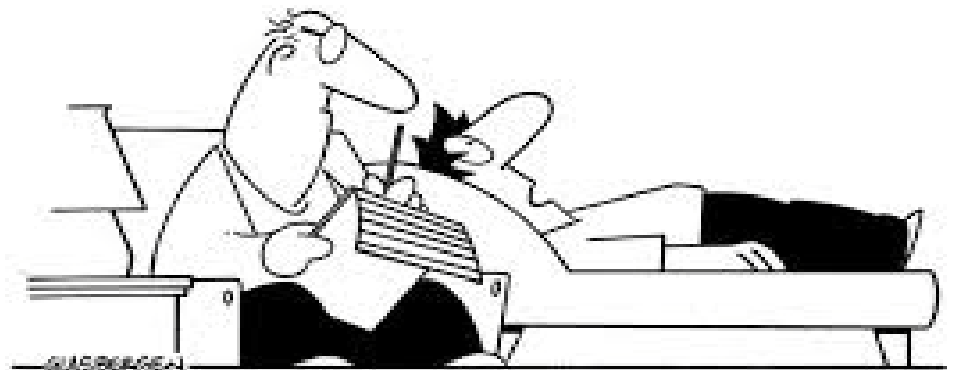
- **A mental health diagnosis is based on DSM criteria.**
- **The DSM system is NOT empirically-based.**
- **Criteria are established by committee.**
- **~70% of members have 'some' ties to the pharmaceutical industry.**
- **New guidelines (to limit 'big pharma's' influence) have huge loopholes.**
- **Take home message: a psychiatric diagnosis is relatively subjective.**
- **So much for 'evidence-based' medicine!**

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THE RPCDBT...IN THEORY

- **Subjects randomized to drug or placebo**
- **Placebo indistinguishable from drug except for therapeutic properties**
- **Truly double-blind**
- **All results included in transparent process**
- **Emphasis on clinical, not just statistical, significance**
- **Both positive and negative studies published**

THE RPCDBT...IN ACTUALITY

- **Placebo “wash out” (& sometimes 2nd step) before assignment to drug or placebo group**
- **Placebos poor facsimiles and inactive**
- **Neither investigators nor subjects very ‘blind’**
- **Studies are short-term**
- **Results often not clinically significant**
- **Generally only positive studies are published**

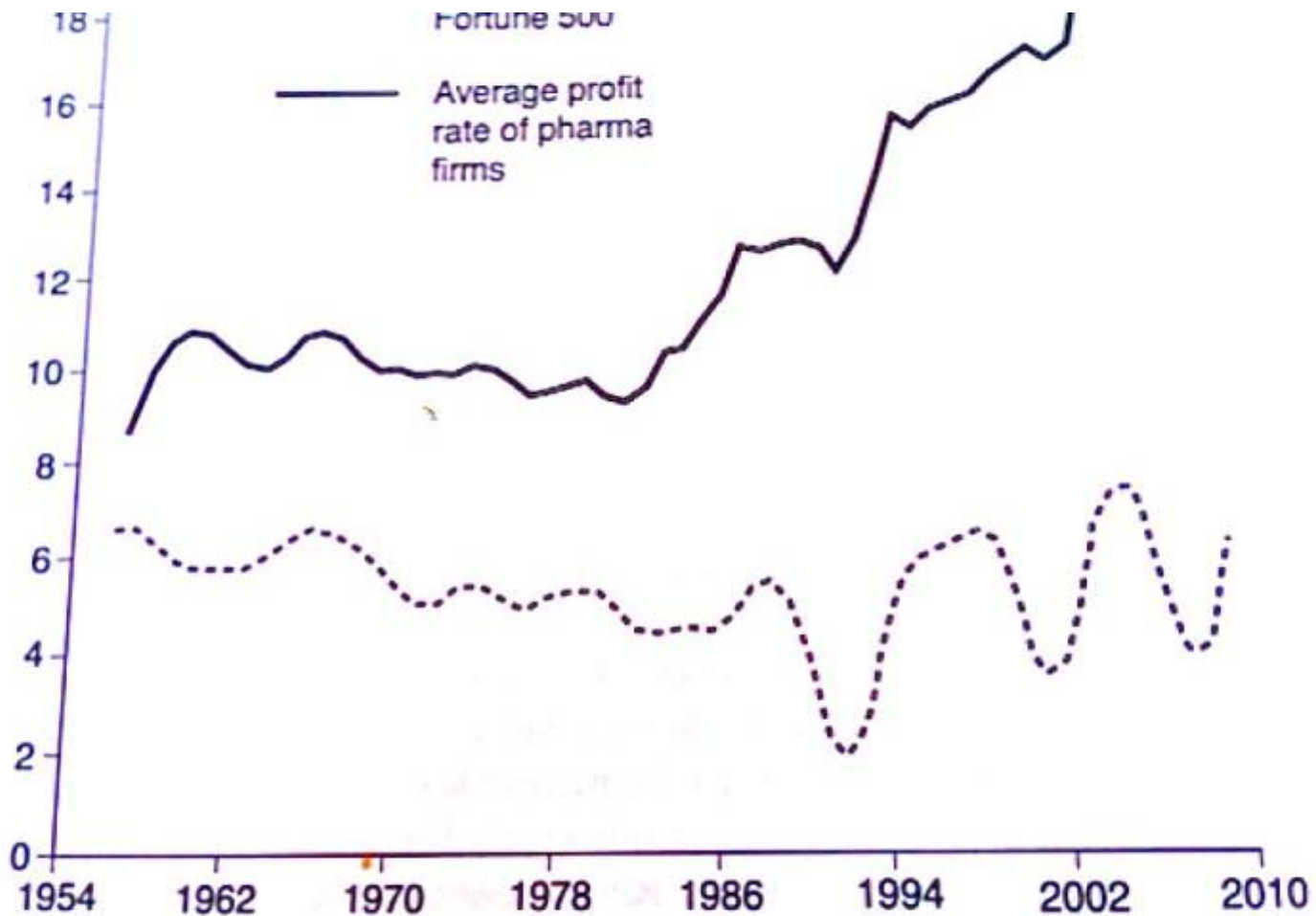
“I have spent most of my professional life evaluating the quality of clinical research, and I believe it is especially poor in psychiatry. The industry-sponsored studies...are selectively published, tend to be short-term, designed to favor the drug, and show benefits so small that they are unlikely to outweigh the long-term harms.”

Marcia Angell, former editor, NEJM

THE PHARMACEUTICAL INDUSTRY IS POWERFUL



Fortune 500 companies



BIG PHARMA \$ TALKS AT VARIOUS LEVELS...

- **Physicians**
- **“Thought Leaders” (keynotes, media quotes, publications, text books)**
- **Professional organizations**
- **Professional journals**
- **“Grass roots” organizations**

MEDICATION – THE MAINSTAY

- ARE THEY EFFECTIVE?
- ARE THEY SAFE?





Are they effective?

ANTI-PSYCHOTIC MEDICATION THE SGA'S

INDICATIONS FOR SGAs

- **APPROVED USE** – Schizophrenia and Bipolar I
- **OFF LABEL USE WITH SOME EVIDENCE**
 - Aggression in low functioning youth
 - Irritability in Autism
 - Tic Disorders
- **OFF LABEL USE WITHOUT ANY EVIDENCE**
 - “Chemical restraint” in youth and elderly
 - Sedation
 - Treatment-resistant Major Depression

SGAs AND SCHIZOPHRENIA

- **Harrow, M et al. Psychological Medicine. March 2014**
- **Does multi-year treatment with antipsychotic medication (SGAs) reduce or eliminate psychosis in schizophrenia (20 year longitudinal data)?**
- **All confirmed SZ and all same severity**

SGAs and SZ

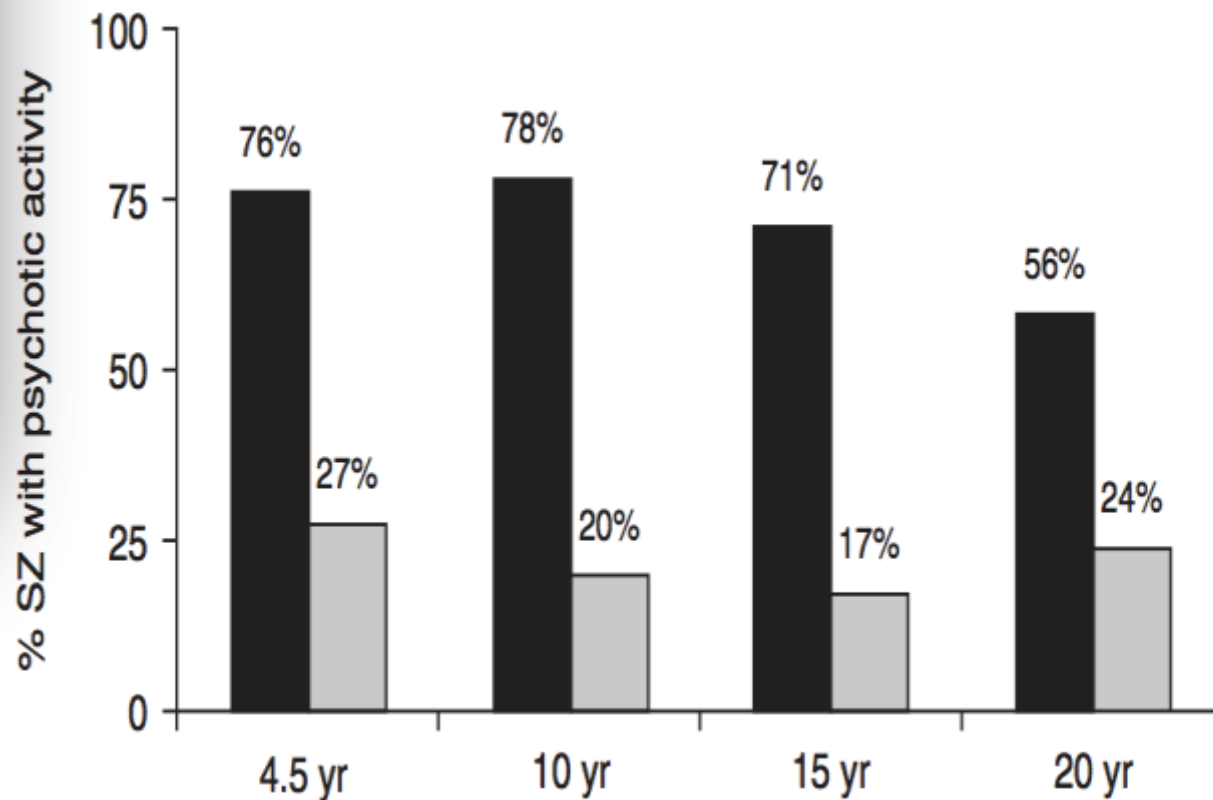


Fig. 1. Longitudinal comparisons of psychosis in medicated (■) and unmedicated (□) schizophrenia patients (SZ).

SGAs and SZ

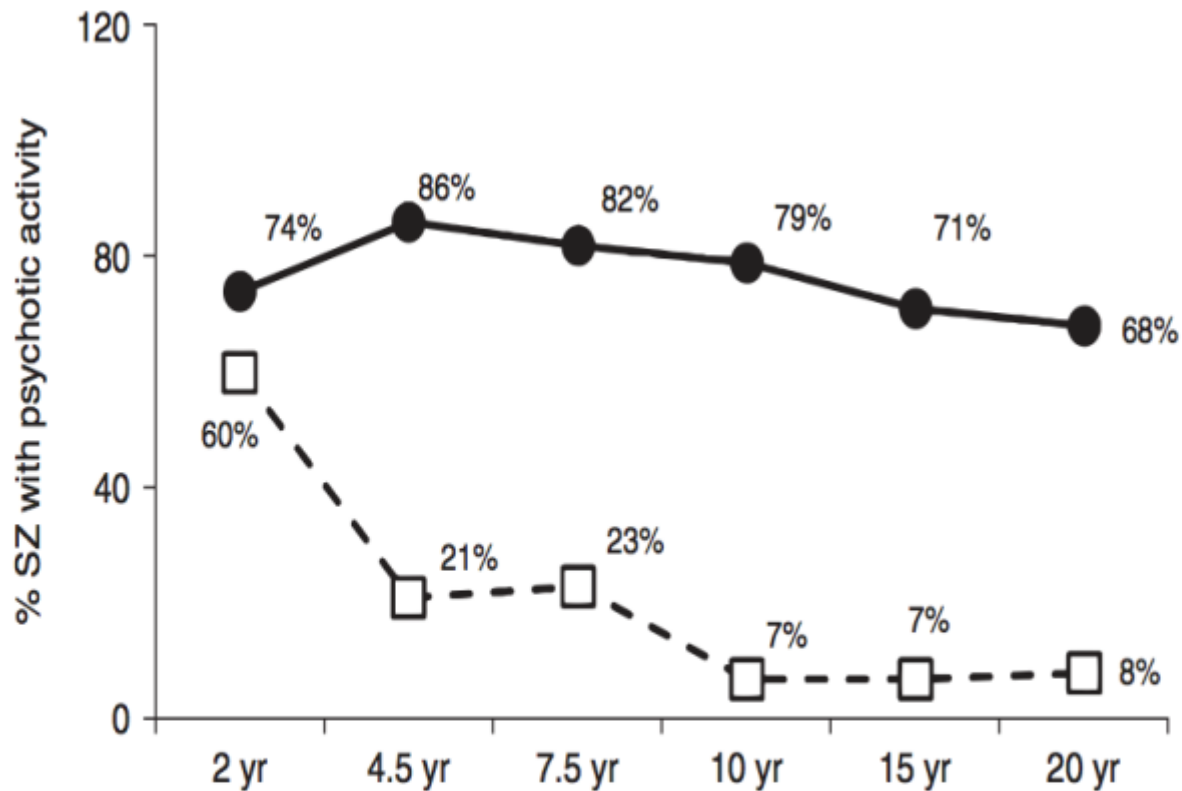


Fig. 2. Twenty-year longitudinal assessment of psychosis in schizophrenia patients (SZ): ●, always prescribed antipsychotic medications; □, not prescribed psychiatric medications at any assessment.

SGAs and SZ

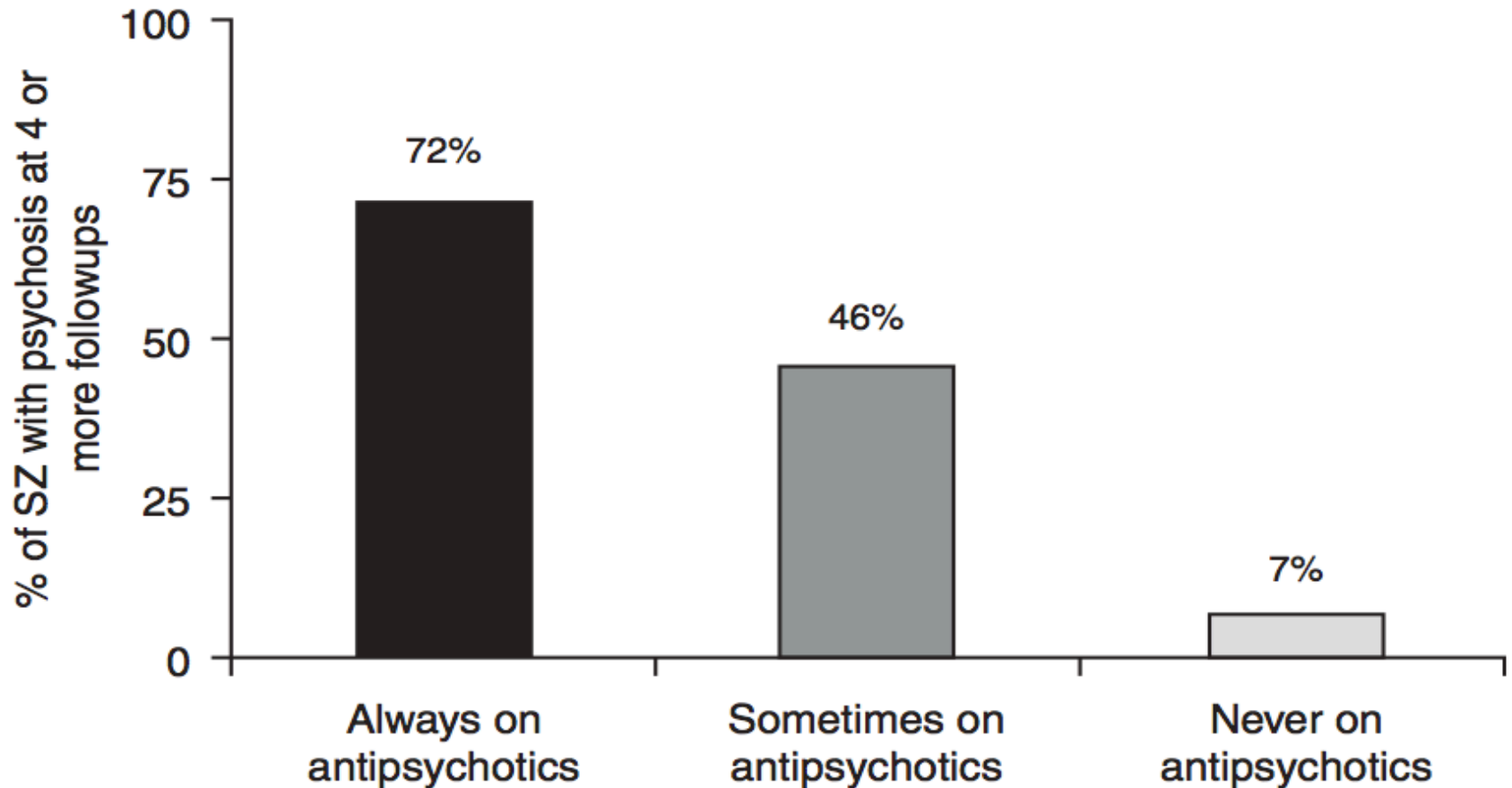


Fig. 3. Schizophrenia patients (SZ) with psychotic activity at ≥ 4 follow-ups.

SGAs and SZ

- **These results are entirely consistent with the international literature...there are better functional outcomes in 3rd world countries where patients do not have access to longer term drug therapy!**





Even if they are not very effective

ARE THE SGA'S SAFE?

SGAs AND SAFETY...

MOST concerning LONG-TERM SIDE EFFECTS

- Weight gain/obesity
- Increased blood sugar and 'bad' lipids
- Increased risk of insulin resistance, diabetes, stroke and heart disease
- Brain shrinkage (independent of the disease)
- Reduced life span (20-25 years!)



Efficacy and safety

WHAT ABOUT STIMULANTS

STIMULANTS...EFFICACY

- ROBUST efficacy for control of core ADHD symptoms (**inattention, impulsivity, hyperactivity**)
- Effect size = 1.0 (one of the best psychoactive meds!)
- All approved for use 6+ years
- Makes sense that if...then
- **SO WHAT IS THE PROBLEM?!?**

STIMULANTS – LONG TERM OUTCOMES

- **Not so helpful!**
- **No** clinically significant improvement in academic performance (2-3% increase in grades)
- **No** clinically significant protection against substance use at 20 years of age

STIMULANTS-LONG TERM OUTCOMES

- **Quebec Naturalistic Study**
(mandatory drug insurance since '97
with increase in Rx)
- **Medicated ADHD boys:** more likely
to drop out
- **Medicated ADHD girls:** more likely
to be 'depressed'

STIMULANTS...LONG TERM OUTCOMES

“Overall, we find considerable evidence of a decline in both behavioral and educational outcomes following the increase in prescription drug coverage and the corresponding increase in stimulant use.”

Currie et al, June 2013

STIMULANTS – LONG TERM OUTCOMES

- **NIMH-sponsored MMTS study** (P.Jensen et al)
- **1st 14 months – medication superior treatment**
- **36 months – medicated group showed *increased* core symptoms, *higher* delinquency scores and *greater* overall functional impairment**
- **JAACP 2007**

STIMULANTS – POTENTIAL HARM?

- **Might these medications set a template for arousal and dysphoria...rapid mood cycling?**
- **85% of youth dx with bipolar have hx of stimulant and/or ssri use**
- **? risk factor for adult obesity (Schwartz et al. Pediatrics March 2014)**
- **Animal studies: behavioral aberrations (lack of interest in new surroundings, ‘depression’, ‘anxiety’) persist into adulthood**



Efficacy and safety

WHAT ABOUT THE SSRI'S?

SSRIs

- Indicated for Major Depression and Anxiety Disorders
- Note: **none** approved for use in youth < 18 years in Canada
- “Off-label”



SSRIs ...efficacy

- **Not very helpful with depression**
- **Effect size = 0.2**
- **NNT = 10+**
- **Drug in U.K. with opposite action equally “effective”**



SSRIs ...efficacy

“The authors of the + studies had exaggerated the benefits, downplayed the harms or both...evidence for efficacy is not convincing...recommending fluoxetine as a treatment option, let alone as a first line treatment, would be inappropriate.”

BMJ editorial 2004

SSRIs...SAFETY

- **SIDE EFFECTS:** stomach upset, headaches, dizziness, akathisia, irritability, insomnia/somnolence, sexual dysfunction, serotonin syndrome and flu-like sx's when d/c
- **SPECIAL RISKS:** suicide-related events (1-2%) and potentially fatal cardiac conduction abnormalities with citalopram (Celexa®)



SSRIs...LONGER TERM RISKS

- **Sexual dysfunction** (reduced libido, delayed/diminished orgasm, impotence) may persist in 25% after stopping medication
- **Apathy syndrome** ('flatness', lethargy, passivity)
- Possible **conversion to mania/bipolar disorder** in "vulnerable" youth

TO RECAP...

- Psychoactive medications may **not** be as **effective/safe** with **long-term use** as we have been led to believe
- The 'Gold Standard' – RPCDBT – is **tarnished**
- The diagnosis of mental illness is **not empirically based**

AND...

- **Not my intent to vilify conventional psychiatry**
- **Not my intent to blame parents**
- **Does raise questions about truly informed consent**
- **If there is any 'bad guy' here, it is 'big pharma'**

Don't throw out the baby with the bath water...

- Conventional medicine has many strengths**
- Psychoactive medications have been helpful for some people**
- Personal belief: over-used + years**
: but good for short term relief

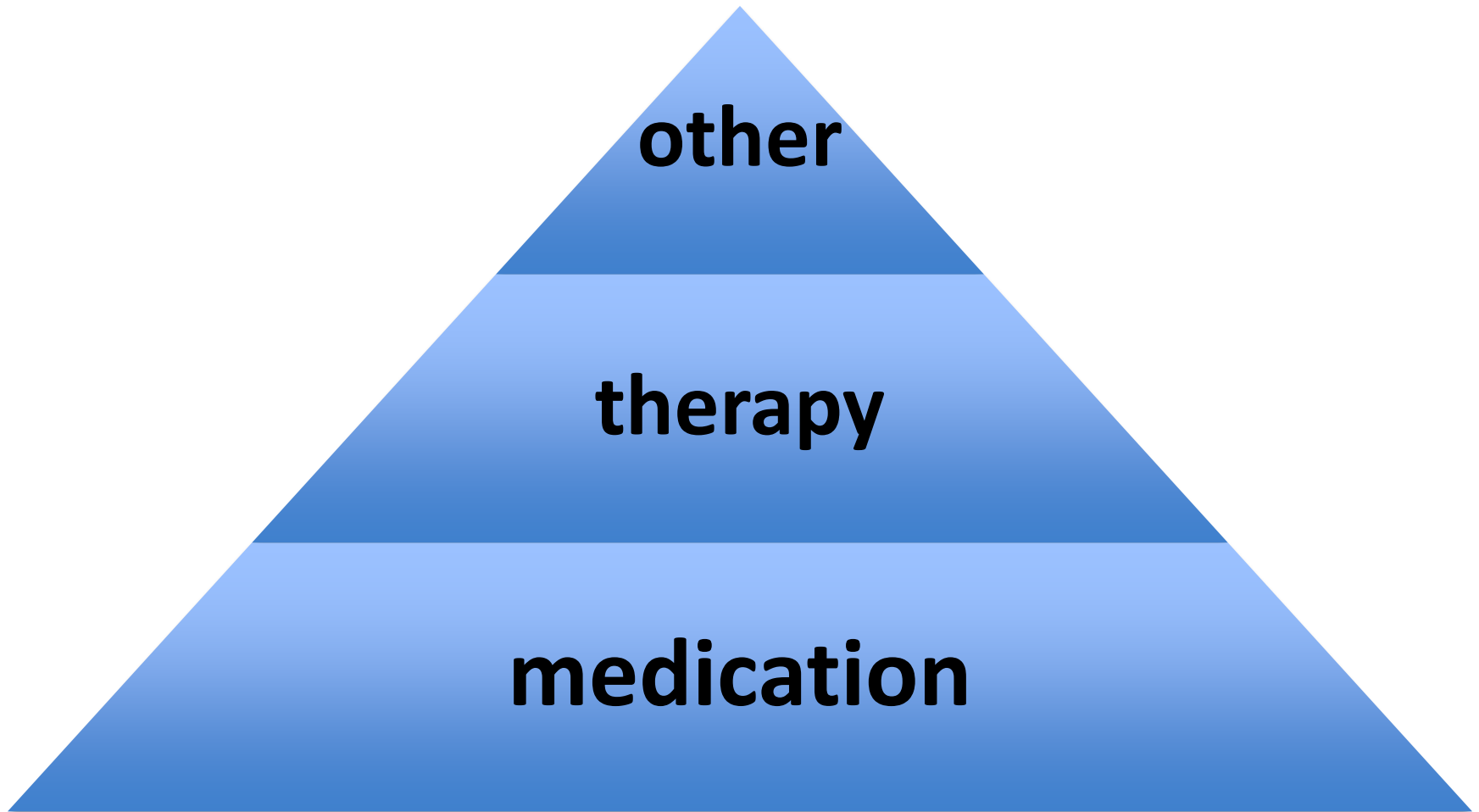
IS THERE ANOTHER APPROACH?





INTEGRATIVE MENTAL HEALTH

CONVENTIONAL PSYCHIATRY



INTEGRATIVE PSYCHIATRY



Lifestyle/supplements

**Stress
reduction/therapy**

med

Principles of integrative medicine

- **Integration of mind/body/spirit**
- **Belief in the innate healing power of the body and the influence of the mind**
- **Emphasis on nutrition and other lifestyle factors**
- **Draws from centuries of traditional practice**





Nutrition, sleep, exercise

TAKING CARE OF THE BODY

NUTRITION

- Whole foods
- Mediterranean pattern of eating
- Broad spectrum micronutrient (vitamins + minerals)
- Vit D3 – 2000-4000 IU/day
- Omega 3 PUFA's (1200 mg EPA DHA/+ 800 MG DHA/DAY)



SLEEP



- **Consequences of sleep loss...**
- **Kids sleeping ~1 hour less**
- **30% work force sleep deprived**
- **\$63 B in lost productivity (2011)**

SLEEP...

- **No magic 'bullet' – period!**
- **Good sleep hygiene**
- **Examples: LAN, no electronics or vigorous exercise within 2 hr window, regular bedtime and wake-up time**
- **+/- low dose (3 mg) melatonin (s.l.)**

EXERCISE

- Proven benefits for mental and physical health
- FIT= Frequency, Intensity, Time
- Maybe we make it too complicated
- The importance of 'doing with'...
- Motivational tip: DANCERS or DARN +CS





MIND/BODY INTERVENTIONS

MIND-BODY INTERVENTIONS

- **Increasingly robust evidence**
- **Certainly do no harm**
- **Most activate parasympathetic nervous system (put on the brakes)**



MIND-BODY INTERVENTIONS

- **The ancient wisdom of the breath...**
- **Mindful breathing...**
- **4-7-8 breathing...**



MIND-BODY INTERVENTIONS

- **Guided imagery/self hypnosis**
- **Progressive muscle relaxation**
- **Biofeedback (e.g. Heartmath®)**
- **Yoga/Tai chi/Qi gong**
- **Mindfulness**
- **Other meditative practices**





Living life in adherence to one's core values

NOURISHING THE SOUL

NOURISHING THE SOUL

Community
Contribution
Creativity
Connection



QUESTIONS TO PONDER...

Do you have healthy relationships, including a strong network of friends, family, loved ones and colleagues?



QUESTIONS...



Do you have a healthy, meaningful way to spend your days, whether you work outside of the home or in it?

QUESTIONS...

Do you have a healthy, fully expressed creative life that allows your soul to sing its song?



QUESTIONS...



Do you have a healthy connection with the sacred in life?

Integrative or Conventional...

- **Common goal: safe + effective treatment**
- **In alignment with client's beliefs**
- **Ample room for both**





THANK YOU!