NAMI EAST BAY NEWSLETTER

A local affiliate of the National Alliance on Mental Illness (NAMI)

September-October 2018

Outpatient Treatments

Wednesday, September 26

Please join us to hear from an experienced panel on the range of services offered by local programs known as Outpatient Treatment Services (OTS), Partial Hospitalization Programs (PHP), and Intensive Outpatient Treatment (IOT) in Alameda County. Since we last checked in with these providers, their programs have expanded the range of services available to consumers seeking skills to function at a higher level of recovery. There may be information to benefit your loved one.

Maurice Fried, PhD, is the clinical manager of outpatient psychiatric services at the Fairmont Campus and **Roslyn Head-Lyons, LCSW, ACSW** is the senior admissions coordinator for the Highland Campus of The Alameda County Behavioral Health Care System. Along with providing an array of intensive group therapy services, the Fairmont program also offers a group for seniors and a family support group for those enrolled in one of the programs.

Lenore Schuh will represent the La Cheim PHP in Oakland, where she offers groups on Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy, paranoia, and mindfulness. Other offerings include Trauma and the Body, Expressive Arts, and Men's, Women's, and LBGT groups.

Luana Shiba Harris, OTR/L, MPA/HSA is the Director of Outpatient Behavioral Services at Alta Bates Summit Medical Center located on the Herrick Campus. The center offers two levels of intensive day treatment, an adolescent program, an eating disorder program, and a (DBT) program for patients with borderline personality.

Speaker Meeting starts at 7:30 pm
Albany United Methodist Church
980 Stannage Avenue, Albany
Corner of Stannage and Marin
Meeting is free and open to the public.

Support Meetings

NAMI East Bay offers the following monthly support meetings:

- **Support and Share Group for Families of Adults** is held on the 2nd Wednesday of each month. The next meetings are September 12, October 10, and November 14.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: September 18, October 16, and November 20.
- **Connections Support Groups** for peers are held on the same dates and at the same times as the other Support and Share Groups.

Support Group Meetings are held at the Albany United Methodist Church, 7-9 pm. Enter through the gates to the right of the door on Stannage Avenue, turn left through the large room, go down the hall, and come up the stairs. Signs will be posted.

All support meetings are free to NAMI members and non-members, offering a chance to talk with others who understand, give emotional support, and share ways they have found to cope.

Peer Support Groups

We are thrilled to announce the addition of Connections Support Groups to our monthly meetings on the 2nd Wednesdays and 3rd Tuesdays, run simultaneously with the family support groups, as noted above.

These groups provide support and care for people living with mental health challenges and are led by NAMI-trained facilitators who are in recovery themselves. The groups are scheduled so that families and their loved ones can both come over to the Albany Methodist Church and attend from 7 to 8:30 pm. Of course, families without consumers and vice versa are welcome as well.

These recovery support groups will also be available at all four Alameda County affiliates. Call the office for information about groups in Hayward, Union City, Pleasanton and Fremont.

The NAMI EAST BAY NEWSLETTER is published bi-monthly, beginning in January, by NAMI East Bay, 980 Stannage Ave., Albany, CA 94706.
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SPEAKER NOTES

Advances in TMS Therapy: Treatment-Resistant Depression and Beyond

Summarized by Thomas T. Thomas

Transcranial Magnetic Stimulation (TMS) therapy is an alternative treatment for patients suffering from Major Depressive Disorder (MDD) who have not achieved satisfactory improvement with prior antidepressant treatments. This revolutionary technology has long been studied but was only introduced to the market with FDA approval as a treatment for major depression in 2008. Since then, TMS has provided impressive results as a non-invasive, non-systemic alternative for treatment-resistant patients who do not respond well to medications.

Our speaker at the July 25 meeting was **Rick Trautner, MD,** who is a founder and Medical Director at Bay-TMS, with clinics in Berkeley and San Rafael. He is also Director of Mental Health Services at Alta Bates Summit Medical Center and serves on the board of directors of the Clinical TMS Society.

Dr. Trautner noted that 17 million adults in the United States suffer from MDD, and the incidence worldwide is 4.7%. Starting about 100 years ago, the standard treatment was psychotherapy, originating with Sigmund Freud, which now takes about a hundred different forms. And then psychopharmacology came in the 1950s with the first antidepressants.

He reported that the largest and longest study of depression treatment, the Sequenced Treatment Alternatives to Relieve Depression (STAR*D) Study funded by the National Institute of Mental Health, found that medications don't work that well, and that they become increasingly less effective with each new medication that the patient tries. Response rates drop from 27.5% to 6.9% after several rounds of treatment. At the same time, patients become increasingly likely to stop taking a new medication, from 8.6% in the first round up to 41.6% in later rounds, primarily due to lack of response and side effects.

Neurostimulation in the form of Electroconvulsive Therapy (ECT) was introduced in 1938. Similar therapies such as Vagus Nerve Stimulation and Deep Brain Stimulation came along in the 1980s, but these are off label for MDD, while Repetitive TMS was first demonstrated in 1985, first used to treat depression in 1995, and received FDA approval for treatment-resistant depression (TRD) in 2008.

"Think of the brain as an electrochemical organ," Dr. Trautner said. "You can change it with psychotherapy, with chemicals, and with neurostimulation through electric current."[1] He noted that British scientist Michael Faraday showed in 1831 that alternating magnetic fields create an electric current in conductive substances. TMS repetitively applies these alternating fields to target areas in the brain, mostly in the prefrontal cortex and the deeper brain systems associated with them. Nerves communicate through electrical signals in neurons and the chemical signals between them at the synapses. A magnetically induced current depolarizes electrical activity in the neuron and changes the post-synaptic receptors that absorb neurotransmitters.

Six or seven different devices can be used to apply the TMS treatment, and BayTMS uses three: the NeuroStar, Magvita, and Brainsway Deep TMS.

In treatment, a technician measures the patient's head from nose to back of skull, from earlobe to earlobe, and circumference of the skull. These measurements are entered into a formula that shows how to mark treatment locations and place the device. The device activates the motor strip running up the side of the brain from the ear to the top of the cortex to establish a "motor threshold," indicated by twitching of the patient's hand. This helps set the level of stimulation required for treatment.

The device then delivers 3,000 pulses of a magnetic field to identified targets. The field typically alternates at 10 cycles per second (10 Hertz) over a twenty-minute period. This treatment is repeated five times a week for six weeks, or a total of 30 sessions.

The process is non-invasive, generally painless, requires no anesthesia, and creates no cognitive impairment—unlike ECT. Still, the technician checks for the patient's comfort and safety during treatment. The field strength is 1.5 to 3 Tesla, similar to an MRI scanner. There is a small risk of seizure—less than 0.001%—although BayTMS has never experienced

[1] Dr. Trautner differentiated TMS treatments from "cranial electrotherapy stimulation," which uses electric current and pads attached to the skin, and is often confused with TMS.

this in approximately 22,000 treatments.

Dr. Trautner noted that, based on their observations, the left frontal part of the brain is under-active in depression, and so the treatment excites or stimulates it with pulses of 10-20 Hertz. In cases of depression with anxiety disorder, the right frontal cortex may be over-active, and it can be inhibited or slowed down with pulses of 1 Hertz.

Studies of TMS therapy versus sham controls—that is, placebo equipment set up to do everything but deliver a magnetic pulse—showed TMS as performing better than all outcomes with the controls.

BayTMS has analyzed their first 500 patients, including 63% females to 37% males, representing 95% cases of major depression and 5% cases of bipolar disorder with depression. They found that 33% of cases reported remission; 29% reported a response of greater than 50% improvement; 20% reported partial response (25-50% improvement); and 13% had no response, while 5% withdrew from treatment. These results were based on both an interviewer's assessment and the patient's self-assessment.

One of the benefits of TMS therapy, Dr. Trautner said, is that effects are long lasting. This has been shown by animal studies of synaptic plasticity. The one contraindication of the therapy is any ferrous metal in and around the head, such as a metal plate, although dental work does not affect the treatment.

TMS has been compared with Electroconvulsive Therapy, and for psychotic symptoms ECT is still considered preferable. But ECT requires three treatments per week for four weeks, followed by maintenance treatments. ECT also requires anesthesia for each treatment, creates cognitive impairment during the course of treatment, and has poor durability—that is, it has a "robust" relapse rate.

Dr. Trautner reported new directions in TMS therapy: experiments with Theta Bursts, or ultra-high frequency; treatments in new locations including the dorsomedial prefrontal cortex and right suborbital frontal cortex; and synergy with the antidepressant ketamine.

Emerging indications—that is, conditions for which TMS may eventually be approved—include bipolar disorder, which has a depression component; adolescent depression; anxiety disorders such as obsessive-compulsive (OCD) and post-traumatic stress disorder (PTSD); auditory hallucinations and tinnitus; autism, based on John Elder Robison's *Switched On: A Memoir of Brain Change and Emotional Awakening*; attention deficit hyperactivity disorder (ADHD); Alzheimer's, cardio-vascular accidents (CVA), epilepsy, and other neurological disorders; chronic pain; and substance abuse and addiction.

During the course of his talk, Dr. Trautner took questions. Here are some responses.

Q. Do you take the patient off medication before and during TMS treatments?

A. The patient should stay on his or her meds. The effects are more durable with medication, and TMS can be thought of as an augmentation of medication, especially for patients who are not achieving a good response with medication alone. If TMS renders a good response, the patient can then consider discontinuing medication.

Q. What if the patient resists taking anything

A. To qualify for insurance coverage of the TMS therapy, the patient usually has to have failed with at least one medication. Some insurance requires a previous history of failure with three or four different medications.

Q. What does a typical TMS therapy cost?

A. The cost is $10,000, but that includes all the psychological evaluation as well as TMS treatments.

Q. How long does the TMS therapy last?

A. BayTMS follows patients for two years. Most patients report benefits for at least a year, using the two rating scales. Symptoms are reported and rated at the beginning, during treatment, and at the end.

Q. Do you do brain imaging before treatment?

A. Typically, you don't. But you can use functional MRI to see how the brain acts in a depressed state and when not depressed.

Q. What are the results with schizophrenia?

A. So far there's no data. TMS has been used to treat auditory hallucinations—the magnetic field is applied to the auditory cortex at a low frequency for an inhibitory effect—but not for visual hallucinations or other symptoms of schizophrenia. Of four patients so treated, one reported full remission and two had improved function.

Past articles in the Speaker Notes series are available online at www.thomastthomas.com under "NAMI East Bay." Also available is a copy of the brochure "Medications for Mental Illness."

Musings

I was fortunate to be able to recently see *Angels in America* at Berkeley Rep, a seven-hour triumphant production. With scenes set in a home, restaurant, hospital, Heaven, Central Park, Utah, the Antarctic, etc., the playwright takes on the universe, dealing creatively with every major issue around love, death, religion, politics, homosexuality, fragility, and life.

During intermissions, patrons are encouraged to write notes and post them on a community board. As I was reading some of the comments, I noticed a woman intently writing away at one of the tables, and then she stridently marched across the lobby and with an air of defiance, posted her note on the board. I was eager to see what she was reacting to. Her note expressed her indignation that an actor was referred to as an Eskimo rather than as an Inuit or Indigenous Person.

We can shrug and say "only in Berkeley," but it is such a telling description of how our perspective informs our experience. We may not be able to change an experience, but perhaps we can work on our perspective and how that influences our reactions to the situations in which we are immersed. We all wear blinders.

I see subtle changes in families as we try to come to terms with the fact that our loved child or sibling has a mental illness. At first it seems we often focus on specifics, such as the difficulties moving forward academically or holding a job—and these often reflect our values about what we think is necessary to function successfully in today's society. For a parent to whom intellectual function is very important, the impact of a schizophrenic mind on reading ability is devastating. Social skills are crucial in many parents' minds, and the inability of our loved one to make or maintain friendships hurts terribly.

Somehow, with time and experience, our focus changes and tries to integrate the reality of the situation. Having gone through all these phases, I am now satisfied if my son feels at peace with himself … knowing that that may change tomorrow.

As a postscript, I'd like to reflect that I have this somewhat unique opportunity to journal and pontificate and share my thoughts and act as if I've made peace with it all—I haven't. I carry around a deep dark sorrow about my son's compromised life … this isn't what he nor we thought he'd be when he grew up. If my words sound patronizing, dismissive, or conciliatory, I apologize. I just want to be reflective of the human condition we share. That said, I invite readers to share their musings and we will certainly consider printing them in the newsletter.

—Liz Rebensdorf, President, NAMI East Bay

Reader Alert

In reviewing our financial status, it has been uncomfortably clear that the bulk of our budget goes towards printing and mailing our paper newsletter to 750 addresses, along with similar number we send electronically. We don't require that you be a member to receive the newsletter but we will be reviewing our mailing list and deleting the names of folks who have been on our files for ten-plus years and from whom we have no record of participation, feedback, or membership. If you're one of these people, you have two choices: become a member (see back of newsletter) or give us your email address and we'll send you the electronic newsletter. We will do the paper mail cleanup in January.

Stanford Mood Disorders Day

Submitted by Sue Logan, NAMI Board of Directors

I went to the Stanford Mood Disorders Education Day, and it was amazing! If I had to sum it up in one word, it would be HOPE!!! There is so much promising research happening at Stanford. Here are some highlights:

Professor Nolan Williams of Stanford is continuing to study TMS (Transcranial Magnetic Stimulation) to make it more effective. TMS helps the brain form new connections and learn in a different way that decreases depression.

There is a link to a YouTube video below with Professor Williams talking about TMS. He said there is no reason to believe this tool can't someday be used to also treat other mental illnesses, such as Bipolar Disorder. (See review of the NAMI East Bay Speaker Meeting presentation in this newsletter) .

Dr. Charles DeBattista said drug companies are on the cusp of some new antidepressants. One is Esketamine Nasal Spray, which is a rapid-acting anti-

depressant being developed by a subsidiary of Johnson & Johnson, Janssen Pharmaceutical Company. It is for treatment-resistant depression, as well as those with severe suicidal ideation. It is supposed to have fewer side effects than Ketamine and is easily administered (via nasal spray). He also talked about Botox being used as an antidepressant. There is a feedback loop when a person's frown is relaxed; it seems to help mood. Vortioxetine is a new antidepressant for Major Depressive Disorder that is supposed to be able to help cognition.

Rachel Manber, PhD, talked about CBT (Cognitive Behavior Therapy) for insomnia. See link below to Amazon.

Carolyn Rodriquez, MD, described how Ketamine decreases OCD. There is a link below to the Rodriquez lab.

It was a great day and I felt so happy when I left. It is so comforting to know that researchers are focusing on mental illness.

Links:

https://www.amazon.com/Quiet-Your-Mind-Get-Sleep/dp/1572246278 *Quiet Your Mind and Get to Sleep: Solutions to Insomnia for Those with Depression, Anxiety or Chronic Pain* by Colleen Carney and Rachel Manber (New Harbinger Self-Help Workbook).

https://www.youtube.com/watch?v=2oZ2eHecvY4 describes "A New Study to Treat Depression."

http://med.stanford.edu/rodriguezlab.html includes Rapid-Acting Treatments for OCD

Update on Sausal Creek

The Sausal Creek Outpatient Stabilization Clinic has been re-purposed. The clinic, located at 2620 East 27th Avenue in Oakland, will be offering case and medication management services to individuals with Serious Mental Illness referred by Alameda County ACCESS. There will also be walk-in crisis services for county residents over age 18 who do not have a current mental health doctor or provider and who are uninsured or covered by MediCal. Closed Mondays and Sundays, hours vary (Tuesday 7-3:30, Wednesday and Friday 11:30-8, Thursday and Saturday 9-5:30). Call 510-437-2363.

Short Takes

Solano Stroll, Sunday September 9

NAMI East Bay will again be having an information table at the Solano Stroll. You can find us in front of the CVS store so come by, meet some friendly folks, pick up some information—and feel free to pull up a chair and sit for a while.

Family to Family Class

We will be offering our regular 12-week winter class in January, but there will be one presented sooner in Union City September 6 to November 29, 6-8:30. Preregistration is required; so contact Nicole at Nicole@MHAAC.org, 510-435-0535 regarding the Union City class.

Multicultural Symposium, October 4, 9-3:30, Redwood City

Sponsored by NAMI California, the 2018 Northern California Regional symposium will focus on diversity. This free event includes live performances from youth (one group will be from Oakland), keynote speaker, county mental health panels, light breakfast and lunch. Register online at https://goo.gl/xKAis6. Questions? Contact catherine@namica.org.

Peer to Peer Class

The NAMI Peer to Peer class is a free ten-session course for adults with mental illness who are looking to better understand their condition and journey toward recovery. Facilitators are trained individuals who have dealt with such challenges themselves. This local class will be held on Saturdays from September 29 to December 8, from 11 am to 1 pm at the BACS Hedco Wellness Center in Hayward. At the corner of B Street and Grand Street, it is one block from the Hayward BART Station. Contact Kathryn at 408-422-3831 to register or get more information.

Program Training

If you would like to become involved in NAMI East Bay by becoming one of our Family-to-Family (F2F), Peer to Peer, or Family/Peer Group Support facilitators, let us know. State training for F2F in Placerville September 21-23: you need to have taken the class. State training for Family Support Group facilitators in November in Shasta County. Peer to Peer training, September in a location TBA. Familia a Familia in December in San Luis Obispo County.

NAMI East Bay

National Alliance on Mental Illness

980 Stannage Avenue
Albany, California, 94706
Time Value

Return Service Requested

Are your dues paid for 2018?
(Check Mailing Label)
Your Support Matters
Renew Now!

NAMI EAST BAY 2018 MEMBERSHIP

Please check your mailing label. If the code "18" is over your name on the right side of the label, your dues are current through 2018. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2018 dues now. And if you can afford to add a bit more, please do so. Your $40 NAMI East Bay membership gives you our newsletter six times a year, the quarterly "Connection" from NAMI-California, and the NAMI-National "Advocate." NAMI East Bay is nonprofit [501(c)3] and your dues and contributions are tax deductible.

☐ **Family Membership, $60 per year** ☐ **Open Door Membership, $5 per year**

Make checks payable to "NAMI EAST BAY" and mail to NAMI East Bay, 980 Stannage Avenue, Albany, California 94706

☐ **Contact me for Family to Family Education Class**

Name: _____ **Phone No.:** _____

Address: _____

Email: _____

I'd like to volunteer: ☐ In the Office ☐ Grant Writing ☐ Membership Committee
☐ Hospitality Committee ☐ Labeling Newsletters ☐ Computer Committee