NAMI EAST BAY NEWSLETTER

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

September-October 2019

Ask the Psychiatrist

Wednesday, September 25

NAMI East Bay is excited to have psychiatrist **Jerry Gelbart, MD,** who is Medical Director of Foresight Mental Health, at our September 25 meeting. Dr. Gelbart will answer audience questions in a free-ranging "Ask the Psychiatrist" session. His experience is primarily with bipolar disorder, depression, trauma, schizophrenia, and anxiety disorders including eating disorders and obsessive-compulsive disorder. He will bring us information about his use of cutting-edge approaches to treatment-resistant depression, which include genetic testing to assist in medication decision-making and using Spravato, which was recently approved.

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 September 11, October 9, and November 13.
- **Support and Share Group for Families of Children, Adolescents, and Young Adults** is held on the 3rd Tuesday of the month: September 17, October 15, and November 19.

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.

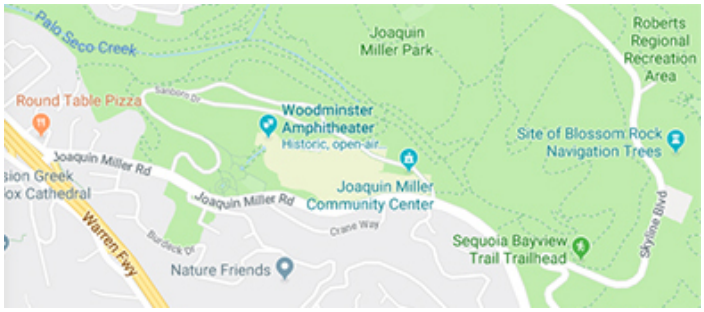
All support meetings are free to NAMI members and non-members, offering a chance to talk with others who can share ways they have found to cope.

Family Nature Walks

We've been talking for some time about nature therapy and forest bathing (see last issue's Musings on *shinrin-yoku,* bathing in the forest atmosphere, or taking in the forest through our senses) and decided to take action, in our own user-friendly way.

Accordingly, on two fall Saturdays, September 28 and October 26, we invite you and your loved one to join some of us on a Saturday morning walk in local nature.

Our plan is to take an hour or so leisurely stroll through some local forest or natural setting, enjoy the environment, and end up sharing snacks … a wonderful way to spend a Saturday morning.



The September walk will be on the Sequoia-Bayview Trail in Oakland's Joaquin Miller Regional Park. We will meet at trailhead at 10 am. Updated information will be posted on our NAMI East Bay website. We ask that you let us know your interest via email (namieastbay@gmail.com) so we can get an idea of number and interest, and we'll get back to you with logistics

We haven't decided on the October site yet and invite your suggestions.

Family and Friends

Our affiliate has been awarded a NAMI grant to train experienced family class teachers to present a four-hour overview of mental illness. We're still at the beginning of this process but look forward to offering this package of information in coming months.

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SPEAKER NOTES

Medications for Psychiatric and Substance Abuse Disorders

Summarized by Thomas T. Thomas

A clinical pharmacy specialist with training in psychiatry, and now with Alameda County Behavioral Health Care Services, **Dr. Seth Gomez, PharmD, BCPP,** primarily practices in outpatient health centers and specializes in substance use disorders and psychiatric medication management. He also provides pharmacological consulting services to providers across Alameda County's behavioral health and primary care systems.

Dr. Gomez noted that this country currently has about 1,100 Board Certified Psychiatric Pharmacists (BCPPs), many of them located in the Bay Area.

He received his Doctorate in Pharmacy from the University of the Pacific in Stockton, California, and completed two years of post-doctoral training in psychiatry with the University of Southern California, School of Pharmacy. Dr. Gomez has research interest in the areas of homeless health care, mental health care, opioid use disorders, geriatric psychiatry, and street health services. When he is not working, you can find him volunteering at local animal shelters, playing softball, hiking, and enjoying the outdoors.

"Over the last twenty years," he said, "there's been a dramatic difference in psychiatry. And moving forward, things are going to get more exciting."

Antidepressants[1]

Recently, the U.S. Food and Drug Administration (FDA) approved a new medication for treatment resistant depression (TRD), Spravato (generic name: esketamine). Its basic ingredient, ketamine, has been abused as the party drug "Special K," but it also has long clinical use in anesthesia and pain management.

Researchers have found that very small doses of esketamine help improve people's mood. Spravato is administered as a nasal spray, and—while traditional antidepressants like selective serotonin reuptake inhibitors (SSRIs) may take four to six weeks to have effect—Spravato users show improvement in two to four *hours*.

Because of its relationship with Special K and side effects that include changes in heart rate and blood pressure, and a temporary dissociative effect—where the patient feels "not present in the body"—the medication is only administered in a clinical setting where the patient is monitored. Doctors must be certified in the use of this medication. Spravato is administered twice a week to start, then once a week, and the effects of a dose last two to four weeks.

"This is not a first-time medication," Dr. Gomez warned. As with all new medications, there are issues with insurance coverage and expense, and Spravato has "a hefty price tag." Other, less costly options for TRD are electro-convulsive therapy (ECT) and transcranial magnetic stimulation (TMS). Both are safe and effective.

Small trials are also testing Spravato for post-traumatic stress disorder (PTSD) and the depressive symptoms of bipolar disorder, which it treats without switching on the manic symptoms. The medication can also lower dependency on opioids for pain relief.

Postpartum Depression

For a long time there was a big gap in treating and preventing symptoms of postpartum depression, and other medications have been used "off label." The FDA has recently approved brexanolone (brand name: Zulresso), which is related to steroids and is a modulator of the brain's gamma-aminobutyric acid (GABA) receptors.

This medication is administered in the hospital or on an outpatient basis because of concerns about women who may be breast feeding.

Antipsychotics

A new medication for psychosis, one of the atypical antipsychotics, is Rexulti (generic name: brexpiprazole), which is related to aripiprazole (brand names: Abilify, Aristada, etc.). Abilify is an activator of the brain's dopamine receptors, and Rexulti is a less active version.

Clozapine (brand name: Clozaril) has been in use for a long time and is one of the best medications for schizophrenia, but it requires regular blood draws to guard against side effects. The patient must travel to a phlebotomist for the draw, and the results must be

[1] Dr. Gomez noted that, for reasons of stigma, he prefers to refer to these medications by their functions—such as "helping to stabilize serotonin"—because many can be prescribed for other psychological conditions.

prepared by a laboratory, which is time-consuming and expensive. The draws are taken once a week for the first six months of use, then twice a week, and finally after a year just once a month.

All that will soon change with an FDA-approved device, now undergoing a pilot program in Alameda County, that produces results on site from a finger stick. So far, the county program requires that it be used in the clinic, but the device itself is free.

Despite its inconvenience, Clozaril is relatively inexpensive: a 30-day supply costs about $15, compared with $800 for Abilify—and that cost is not coming down even with its recent generic status.

Tardive Dyskinesia

Both typical and atypical antipsychotics affect brain chemicals that modulate muscle movements, and so they must be monitored against tardive dyskinesia (TD), which can occur weeks or months after exposure. Symptoms include involuntary—and often unconscious—movements of the face and body, which can be embarrassing and cause the patient to become isolated and even stop treatment. Thus doctors generally use the lowest possible dose of these medications to avoid TD side effects.

A new class of medications, vesicular monoamine transporter-2 (VMAT-2) inhibitors, can now be used to treat TD directly and improve the patient's quality of life, although they don't treat the underlying psychological condition. Brand names are Ingrezza, Xenazine, and Austedo.

Weight Gain

Most of the antipsychotics involve some amount of weight gain, and often this is due to their sedative effect—they make you too tired to move, while you remain normally hungry. Lowest risks of weight gain among the older, typical antipsychotics are found with Haldol (generic: haloperidol) and Prolixin (generic: fluphenazine); among the newer atypicals the lowest risks are with Abilify (generic: aripiprazole) and Geodon (generic: ziprasidone).

Weight gain is associated with cardiovascular effects, high cholesterol, and diabetes. For many people, however, the gain represents about two to three pounds and the effect tends to plateau.

Legalized Cannabis

Dr. Gomez pointed out that, with the recent legislative changes regarding cannabis, many people associate legalization with safety and with the freedom to self-medicate. The goal, he said, should be to become a smart user of this substance.

The law does not distinguish between the cannabidiol (CBD) component, which has some medical benefits, particularly with seizures, but no mental health uses, and tetrahydrocannabinol (THC), which is the principle psychotropic component and may help with anxiety and depression. His advice was to buy only from licensed dealers, not off the street, because the former know more about concentration, and the latter tend to sell higher concentrations of THC to hook you. THC may offer temporary relief, but it also tends to increase cycling, resulting more episodes and more distress.

The human brain continues developing into the mid to late 20s, he said, and early exposure to cannabis can change the trajectory of this development. It changes the ways nerves and neurotransmitters interact and can even shut down parts of the brain.

Testing for Psychotropic Effectiveness

When asked about genetic and genealogical tests to predict the effectiveness of these medications, Dr. Gomez expressed doubts. "We aren't ready for that. While some tests have FDA approval, the body metabolizes medications through many pathways and genes. These tests don't offer the right information."

Psychotropics in the Treatment Model

Dr. Gomez said that psychotropic medications fit into a treatment landscape that is governed by the bio-psycho-social model.

The biological component includes elements like the person's gender, genetics, and physiology. The psychological component includes how the person sees him- or herself and the personal outlook. And the social component includes life elements like education level, financial situation, housing, and peer and family support.

These three components tell the treatment story. Medications and substance use may change the person's physiology. Psychotherapy targets the person's self-view and outlook. And social support enables the person to heal. "In this story, medication is just one tool in the toolshed," he said.

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 driving past a row of diagonally parked cars and I noted a little girl who had just been taken out of her car seat. She was facing the nearby traffic going past and her father, one hand on the closing door, reached out and without a word, laid his hand on top of her head, covering it all and gently turned her around. This was a young man and his reflexive act of protection towards his child was so natural and calm.

We all know that that relationship will have challenges as she grows, but what if she turns out to have a mental illness? That protective tendency still predominates in parents of loved ones with a mental illness, but it is oh so much more complex. Gone are the days of holding a child's hand when crossing the street or moving potential dangers out of reach. Those were the good old days.

To protect someone is to defend and shield that person from danger, injury, destruction or damage. When someone has a mental illness and experiences the world with a different, often distorted perspective, it is so much more difficult to protect that person … even more so when that individual is an adult with legal rights that discourage and often prohibit parental concerns and involvement.

Nevertheless, we persist. Our love for our relative is often tainted with worry, frustration, anger, anxiety, unease, and sometimes fear. But we persist in fighting for services, for beds, for cost-efficient treatments, for supportive housing, and for understanding of our loved one's challenges.

That's why our community of family members gets so emotional when those with mental illness are vilified in the press and by political figures. When tragedy happens, the default response, along with "thoughts and prayers," is to blame mental illness and to use dismissive if not crude words to describe our relatives. In fact, there are other states of consciousness which integrate vile and disgusting perspectives of the world which more directly culminate in violent actions.

The reality is that individuals with mental illness are more often victims of violence than perpetrators. We don't want to romanticize mental illness, since there are events where heinous acts are committed by folks who are not taking medications … and we family members know too well our relative's capacity for unpredictability and fearful misperceptions of reality. Too often, sadly, the distress of our relative culminates in self-harm.

That said, it is disheartening to hear blame for violent acts falling on the shoulders of those whom we know are desperately struggling to find peace of mind and body. Acts informed by hate and single-mindedness are not necessarily those of mental illness. Our ability to protect our family members has become more desperate in these uneasy times.

—Liz Rebensdorf, President, NAMI East Bay

Family Alliance for the Seriously Mentally Ill

The Family Alliance for the Seriously Mentally Ill (FASMI) is a small but growing group of family members aiming to confront some of the most important but inadequate aspects of our mental health system. Not being content with the degree of care offered to our relatives, we are audaciously calling for another subacute facility similar to Villa Fairmont, more permanent supportive housing, and more hospital beds.

Without more beds and housing, our loved ones will continue to be left homeless on the streets or find Santa Rita to be their most reliable housing option. Without sufficient subacute treatment, we will continue to welcome our loved ones home not significantly better than when they were 5150'ed. The numbers requiring hospitalization are continuing to grow dramatically. Those in Psychiatric Emergency (e.g., John George Psychiatric Pavilion) sometimes have to wait more than two months before receiving further treatment at Villa Fairmont, taking up space from those in crisis. The system is bursting at the seams. Either we continue with business as usual or we organize ourselves to act on behalf of our loved ones. If not us, who? If not now, when?

The task is large and FASMI is small. We are, however, finding allies everywhere and we are beginning to lobby our elected officials. If you would like to play a role in this effort or want more information such as our statement of purpose, please contact us at acfasmi@gmail.com.

—Katy Polony, Board Member

Stanford Mood Disorder Education Day

The 15th Annual Stanford Mood Disorder Education Day was held this year on July 13 on the campus and was attended by several NAMI board members and family members. The day-long annual event, which is open to members of the community, was characterized by a series of "TED-like" presentations by faculty members.

In the first topic, "Discoveries in Neuroscience," the educators summarized current research studies, explaining that disorders in the brain's networks are a problem in the brain circuitry affecting neurotransmitters. The change in brain function makes every illness worse. For example, patients suffering from depression who undergo surgery require more pain-relieving medications, which may lead to addiction. Through the use of medical interventions like TMS (transcranial magnetic stimulation), EEG (electroencephalography), interventional psychiatric therapies, and such, the goal is to effect permanent brain change to prevent relapse. In TMS paired with EEG, the non-invasive procedure is used to map causal brain connectivity. Currently being studied in clinical trials, this tool would allow personalized treatments for patients.

Drs. Singh and Keller focused on improving conditions for girls and youth. According to Dr. Keller, empowerment for girls results in greater resilience and self-efficacy. Dr. Singh explained "family focused therapy" as a strategy that provides hope for families. The nurturing environment provided to youth with disorders can reduce future problems that may develop.

The third topic, "Emerging and New FDA Treatments," described the latest antidepressant medications and interventions for opioid addiction. Most drugs remain modifications on older drugs, variations of monoamines that impact serotonin. Greater attention is now being focused on psychedelics such as "Ecstasy" (MDMA), which may be a potential treatment for PTSD; Esketamine, administered intranasally, as a treatment for chronic depression; and Ayahuasca, a brew of plant substances from the Amazon basin. Psychedelics act quickly with long-term benefits.

On the topic of sleep disorders and substance abuse, Dr. Zeitzer, recognizing the link between insomnia and depression, explained that studies indicate 62% of teens are depressed. For these youngsters, behavioral interventions plus therapy to go to sleep earlier will improve their treatment prognosis. According to Dr. Fischer, cannabis is the most widely used illicit substance by kids. Since 2010, the potency of cannabis has increased, and this has led to a concomitant increase in the number of visits to urgent care facilities.

The workshop process provides an avenue to get an update on the current medical perspective and gain feedback from the educators through queries.

—Tommie Mayfield, Board Member

Sleep

In an article on brain health in *Psychiatric Times,* Dr. John Miller (Brain-Health.co) deems a good night's sleep essential for all brains, those with and without a diagnostic label. Although exact hour needs for sleep vary, during sleep "the brain's energy utilization decreases and the brain assumes a restorative posture, removing unwanted waste products and replacing the … energy supply used up during the day. Sleep is a time for health promoting immune processes to occur and for the endocrine system to recalibrate."

The website www.tuck.com, although essentially a commercial venture, does have a lot of useful information, even if you don't buy a mattress.

Screen Time and Depression

"Increased depressive symptoms were linked with adolescents' use of social media, television, and computers—but not video games—in a recent study. A 0.64-unit rise in depressive symptoms was shown for every extra hour spent using social media, and a further 1-hour increase in social media use in a given year was linked with a further 0.41-unit rise in depressive symptoms in that year. Similar associations were found for computer use and television."

—Psychiatric Times

NAMI East Bay

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Please check your mailing label. If the code "19" is over your name on the right side of the label, your dues are current through 2019. If your mailing label indicates a previous year, or nothing at all, your dues are not current.

We urge you to mail your 2019 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.:** _____

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