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Promoting Wellness: Medical Mimics of Mental Illnesses

Mary E Jensen, MA, RN, CRSS
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National Alternatives Conference
Buffalo, NY

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My limits

- I don't remember or know everything about this topic. I know where to start and how to use info.
- I'll tell you if I don't know or am not able to remember.
- I have my own opinions and I will tell you when those are different from the research I'll share with you. I'm not anti-medication. I'm anti bad medical care and treatment!
- I'm not a doctor or a specialist. It's important to get expert information, diagnosis and treatment from many different disciplines.
- I can only point you in a direction and encourage you to look further.

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My Experience Says...

- This information may be shocking if you have not heard it before.
- This information may bring forward strong feelings if you have not been exposed to the idea before that there are other causes for mental problems.
- There is a lot of information available that you may not have known about.
- Now it's up to you to follow up.

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My Experience Also Says...

- Many persons diagnosed with mental illnesses are highly sensitive people
 - Spiritually
 - Mentally
 - Emotionally
 - Physically
- We need to be treated as 'whole people' and as one integrated organism/system
- We may think of ourselves as 'survivors' or 'persistent people' and overlook our needs for more attention to physical concerns when the mental symptoms are so profound.

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What are we talking about?

- Finding other causes of mental symptoms besides a psych diagnosis.
- Treating common causes of mental symptoms due to medical conditions.
- Getting good medical care starting with a comprehensive medical work up.
- Using tools to talk with doctors to share in the decisions that will be made.

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The Good News is...

- We do not have to choose one way or the other. It is not necessary to stop medications
- Much of what we talk about today can be done at the same time as medications. When these additional efforts are made toward health, the need for medication will ultimately decrease or even disappear.

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What else are we talking about?...

- Good mental health (and physical health)
- Some people have said good mental health means
 - A more energetic life
 - Being able to “think” again... less foggy
 - Being able to run again... and wanting to!
- What does it mean to you to restore your mental health?
 -

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Restoring Our Mental Health Also Means...

- Eliminating underlying biological causes
- Provide the basic raw materials needed for improved cellular function and to compensate for genetic errors
- Utilize effective non-drug therapies to further balance mind and body
- End symptoms while creating only positive side effects

Guyol, Gracelyn *Healing Depression and BiPolar Without Drugs*, 2006 Quibecor World Fairfield. PESI HealthCare Presentation, 2006

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Working Definition for Recovery

- “Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities.
- For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability.
- For others, recovery implies the reduction or complete remission of symptoms.
- Science has shown that having hope plays an integral role in an individual’s recovery.”

The New Freedom Commission, 2003

Scientific Definition for Recovery

- Recovery defined as:
 - ✓ No further symptoms
 - ✓ No use of psychotropic drugs
 - ✓ Living independently in the community working, and relating well to others,
 - ✓ with no behaviors that are considered to be odd or unusual
- Significantly improved defined as:
 - ✓ All of the above but one domain of functioning

(Harding & Keller, 1998)

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Persons with Schizophrenia

Study	Sample N	Avg Study Length	% recovered a/o significantly improved
Bleuler 1972/1978 Switzerland	208	23	53-68
Hinterhuber 1973 Austria	157	30	75
Huber et al, 1975 Germany	5012	22	57
Ciampi & Muller, 1976 Switzerland	289	37	53
Kreditor 1977, Lithuania	115	20+	84
Tsuang et al, 1979 United States	200	35	46
Marinow 1986, Bulgaria	280	20	75
Harding et al 1987b, 1987c, USA	269	32	62-68
Ogawa et al 1987 Japan	140	22.5	56
De Sisto et al, 1995a, 1995b USA	269	35	49
Marneros et al, 1992	148	25	58
ISOS-ICD-10 SZ Only Incidence	502	13-17	67
Prevalence	142	26	63

Recovery From Severe Mental Illnesses. BU, 2005 p 29 and Ed Knight www.professord.com

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Persons with BiPolar Disorder

Study	Sample N	Avg Study Length	% recovered a/o significantly improved
Wertham, 1929	200	12	99.2
Rennie, 1942	66	26	89
Lundquist, 1945	103	14-32	92
Poort, 1945	39	10-15	44
Stenstedt, 1952	162	1.16-20	98.8
Hastings, 1958	67	6-12	54
Bratfos & Haug, 1968	42	1-12	55
Shobe & Brion, 1945	15	17	47
Morrison et al., 1973	87	.08-20	23 to 100
Carlson et al., 1974	53	1-10	88
Taschev, 1974	122		91.8
Winokur, 1975	75	1-20	75

Ed Knight, PhD www.professored.com

Persons with BiPolar Disorder

Study	Sample N	Avg Study Length	% recovered a/o significantly improved
Tsuang et al., 1979	100	35	78
Fukuda et al., 1983	1066	12	93.8
Keller et al., 1986	155	1.5	93 68 78
Harrow et al., 1990	73	1.7+1.2	58
Coryell et al., 1989	53 BP I 64 BP II	5	89 89
Coryell et al., 1989	53 BP I 64 BP II	5	89 89

Ed Knight, PhD www.professored.com

Persons with Depression

- The recovery rates are even higher!

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What does research with people with scz show?

- Diagnosis is not prognosis.
- Narrowing the definition does not make diagnosis a predictor of prognosis
- Symptom course is NOT increasing severity but rather early fluctuations with decreasing virulence.
- Predictors of long term outcome weaken over time.

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What does research with people with scz show?

- Restoration of social functioning is the general course for most people (not deterioration, bizarre behavior and resulting isolation).
- Diagnosis and symptoms do not predict work or social functioning.
- People regain the ability to work with or without rehabilitation.
- Rehabilitation, when really done, increases social and work functioning.

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What does all research show about people diagnosed with mental illnesses?

- There is no research proof that any mental or psychiatric conditions one might have, requires life long treatment!

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Why the gap?

- Powerlessness and the onset
 - Learning of helplessness from original psychotic event. Uncontrollable events.
 - Trauma of event
 - Trauma of Loss resulting from event: family, friends, children, possessions, job, house, car, everything.
 - Inability to trust one's mind or the place one inhabits.
 - Powerlessness itself causes lower executive functioning.

• Ed Knight, PhD www.professored.com

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Why the gap? (cont'd)

- There is no required reporting of recovery rates (except for Kings County, WA) so we don't hear about it.
- Pharmaceutical treatment dominates over therapy, orthomolecular, holistic, integrative medicine or other approaches.

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Why the gap? (cont'd)

- Persons diagnosed with mental illnesses use their psychiatrist as a primary care doctor.
 - Lambert et al (2003) estimated 45% of consumers in CA mental health system had physical diseases of which 47% were not detected by the psychiatrist who treated them.
- Persons diagnosed with mental illnesses are not aware of what conditions they are at higher risk for (metabolic syndrome, diabetes, excess lipid fats in the blood, cardiovascular disease, obesity, cancer, HIV/AIDS, osteoporosis, respiratory illnesses, etc)

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Why the gap? (cont'd)

- 64% of appointments are used by 10% of people seen by clinicians leaving the clinician with the impression that people remain ill and do not recover (Harding, 2007).
- Poor rates of differential diagnosis (only 20% of physicians capture co-occurring medical conditions)

(American Journal of Medicine, May 2008)

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What closes the gap?

- Getting good medical care in addition to psychiatric care.
 - Mortality rates 25-30 years less for persons diagnosed with mental illnesses
 - Lambert et al (2003) agrees that most psychiatric illnesses are associated with increased morbidity and mortality either through the illness or because of conditions associated with taking psych drugs.
- Peer support
 - An emerging evidence based practice
- Focusing on working definition of recovery rather than medication adherence
 - Medication adherence is only 50% in the general population

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What closes the gap? (cont'd)

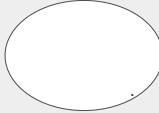
- Use lifetime strategies to live 20-30 years free of lifetime medications for every single symptom.
- Holistic integrative approaches
- There is no research proof that any mental or psychiatric conditions one might have, requires life long treatment!

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What about me?

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What difficult mental symptoms do we deal with?



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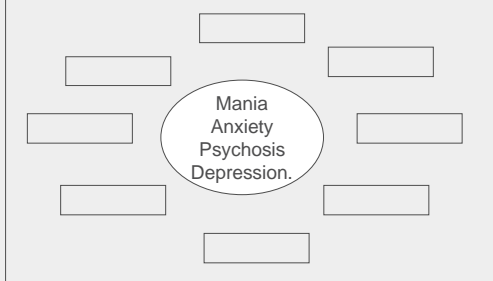
What difficult symptoms do we deal with?



The main categories.

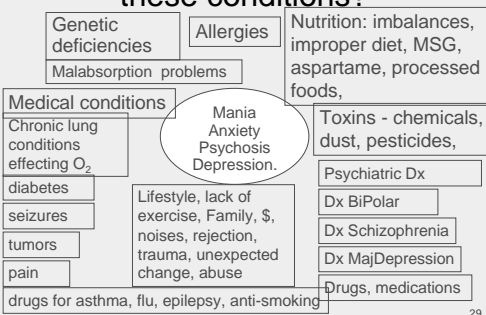
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What are some of the causes of these conditions?



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What are some of the causes of these conditions?



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Examples

- When you 'crave' food, what food is it?
- What is your favorite food to buy at the grocery store?
- What is your favorite thing to drink?

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Do your own experiment

... on plants, not yourself!

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What else can cause mental symptoms?

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The Great Pretenders
Medical Problems That Can Look Like Mental Disorders

Anxiety	Emergency Conditions	Psychosis
<p>Depressive disorders/dysthymia</p> <ul style="list-style-type: none"> Depressive disorders Dysthymia Major depressive disorder Minor depressive disorder Atypical depression Seasonal affective disorder Postpartum depression Depression with psychotic features Depression with suicidal ideation Depression with self-harm Depression with cataplexy Depression with hypomania Depression with mania Depression with psychosis Depression with suicidal ideation Depression with self-harm Depression with cataplexy Depression with hypomania Depression with mania Depression with psychosis 	<p>Depression</p> <ul style="list-style-type: none"> Major depressive disorder Minor depressive disorder Atypical depression Seasonal affective disorder Postpartum depression Depression with psychotic features Depression with suicidal ideation Depression with self-harm Depression with cataplexy Depression with hypomania Depression with mania Depression with psychosis 	<p>Manic-depressive illness and other mood disorders</p> <ul style="list-style-type: none"> Manic-depressive illness Bipolar disorder Manic depression Manic-depressive psychosis Manic-depressive psychosis with psychosis Manic-depressive psychosis with suicidal ideation Manic-depressive psychosis with self-harm Manic-depressive psychosis with cataplexy Manic-depressive psychosis with hypomania Manic-depressive psychosis with mania Manic-depressive psychosis with psychosis

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Psychiatric Disorders	Possible Physical Disorders to Consider		
	Endocrine	Neurological	Other
Depressive disorders/dysthymia	Hyperthyroidism Hypothyroidism Addison's disease Cushing's syndrome Hypopituitarism Hypoparathyroidism/hypocalcemia (children) Hyperparathyroidism/hypercalcemia	Temporal lobe epilepsy (TLE) (prodromal and interictal stages) Multiple Sclerosis	Lupus Wilson's Disease Mitral valve prolapse
BiPolar disorders/cyclothymia	Hyperthyroidism Hypothyroidism Cushing's Syndrome (with exogenous steroids)	Temporal lobe epilepsy (TLE) (interictal stage) Multiple Sclerosis	
Generalized anxiety disorder	Hyperthyroidism Hypoparathyroidism/hypocalcemia (children) Hyperparathyroidism/hypercalcemia Hypoglycemia	Auditory sensory seizures	Mitral valve prolapse Posterolateral sclerosis

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Psychiatric Disorders	Possible Physical Disorders to Consider		
	Endocrine	Neurological	Other
Panic disorder/agoraphobia			Mitral valve prolapse
Obsessive/compulsive disorder		Temporal lobe epilepsy (interictal stage and paliaconsciousia)	
Somatization disorder	Hyperparathyroidism/hypercalcemia	Vertiginous sensory seizures Olfactory/gustatory hallucinations/seizures	Lupus Multiple Sclerosis

From Klonoff, Elizabeth A and Landrine, Hope. *Preventing Misdiagnosis of Women. A Guide to Physical Disorders That Have Psychiatric Symptoms*, 1997 Sage Publications, pp 114-115

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Psychiatric Disorders	Possible Physical Disorders to Consider		
	Endocrine	Neurological	Other
Conversion disorder		Vertiginous sensory seizures Auditory sensory seizures Olfactory/gustatory hallucinations/seizures	Lupus Posterolateral sclerosis Multiple sclerosis
Hypochondriasis	Hyperparathyroidism/hypercalcemia		Lupus Multiple Sclerosis
Dissociative disorders		Temporal lobe epilepsy (aura and portomania)*	
Paraphilias*		Temporal lobe epilepsy	
Eating disorders	Hypopituitarism		Lupus

From Klonoff, Elizabeth A and Landrine, Hope. *Preventing Misdiagnosis of Women. A Guide to Physical Disorders That Have Psychiatric Symptoms*, 1997 Sage Publications, pp 114-115

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Psychiatric Disorders	Possible Physical Disorders to Consider		
	Endocrine	Neurological	Other
Intermittent explosive disorder		Temporal lobe epilepsy	Lupus
Schizophrenia/other psychotic disorders	Hypothyroidism Cushing's syndrome Hypopituitarism	Somatosensory seizures Complex auditory hallucinations of TLE (interictal stage and if untreated for a number of years)	Lupus Wilson's disease Multiple sclerosis
Delirium/dementia	Hypothyroidism	Temporal lobe epilepsy (interictal stage)	Multiple sclerosis
Personality disorders	Hypopituitarism Hyperparathyroidism Hypercalcaemia	Temporal lobe epilepsy (interictal stage)	Multiple sclerosis

From Klondt, Elizabeth A and Landtine, Hope. *Preventing Misdiagnosis of Women, A Guide to Physical Disorders That Have Psychiatric Symptoms*, 1997 Sage Publications, pp 114-115

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Add in a load of lifestyle toxins... for some people

- Wheat products
- Dairy products
- Caffeine and tea
- Poor quality salt
- Sugar
- Red meat as the preferred protein source
- Convenience foods (ready meals, cookies, cakes, spreads, soft drinks)

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It's a marked trail with lots of clues... Toxicities

- Symptoms of heavy metal & elemental toxicities
 - Lead
 - Mental confusion, visual disturbances, convulsions, loss of cognitive abilities, anti-social behavior, paralysis, anorexia, "lead line" on gum margin, nausea, vomiting, severe abdominal pain, anemia.

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More examples of symptoms due to heavy metal toxicities

- Mercury (why people get mercury fillings removed)
 - Nervousness, discouragement, irritability, personality changes, learning disabilities, muscle tremors, jerky gait, spasms of extremities, inflammation of mouth and gums, swelling of salivary glands, excessive flow of saliva, loosening of teeth, kidney damage

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Life choice examples...

- Just because something is legal doesn't make it safe or without consequences to mental health for some people...
 - Tattoo dyes or procedures
 - Sudden loss of a child by abortion at risk of emotional difficulties afterward if they have a
 - history of psychological or psychiatric treatment
 - abusive or dysfunctional relationship
 - values are in conflict with the abortion decision
 - ambivalence about the abortion
 - are adolescent
 - Extensive cell phone use (you be the judge).
 - Other

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Is Knowledge Power?

- Only if you can communicate!

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Communication

- What language do clinicians use?
 - Their native tongue (is it your native tongue?)
 - Medical-ese, clinical-ese, medical jargon
 - (Jargon - language used by a particular group, profession, or culture, especially when the words and phrases are not understood or used by other people. It can be considered meaningless if you are not in that group.)
 - What if doctors may not have your language as their first language, and their second language is medical-ese, and their third language is English?
 - What if your second language is your language of faith? What happens to communication?

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We all make mistakes... even doctors!

- About 15% of all persons are misdiagnosed and half of those face serious harm, even death, because of the error.
 - Not due to a technical 'foul up' such as mixing up diagnostic tests.
- Most mistakes are in the mind of the doctor. It is a mistake in thinking through the information, or not relying on information to make a diagnosis.

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008

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AJM Diagnostic Error Article

- A big report came out in May 2008 published by the The American Journal of Medicine.
- It said, "Doctors...
 - make mistakes.
 - do not keep track of their success or error rates
 - don't use systems designed to aid their diagnostic decision making.
 - Make diagnoses using automatic, efficient cognitive processes, and these diagnoses are correct most of the time, however the exceptions are when the cognitive processes fail and a diagnosis is missed or wrong from overconfidence.

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Diagnostic Error Article (cont'd)

- Perlis (2005) found that the initial diagnosis was wrong in 69% of patients with bipolar disorder and delays in establishing the correct diagnosis were common.
 - [That could be both good news and bad news!]
- In the only studies (three) over the past 50 years the rate of misdiagnosis has remained constant.

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Diagnostic Error Article (cont'd)

- Many strategies for reducing errors were listed including "patients"
 - Having the motivation to help reduce diagnostic errors
 - Being properly educated to
 - Ask for more information including an explicit diagnosis, its probability, and instructions on what to expect if it is correct.
 - Ask for copies of test results, progress notes, discharge summaries, and medication list
 - Be good historians, accurate record keepers, good storytellers
 - Ask what to expect and how to report changes

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Diagnostic Error Article (cont'd)

- HEY, No mention of any sharing in the decisions
- THIS means we have to educate the doctors about Shared Decision Making!

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How a diagnosis is made

- A diagnosis is the arrangement of...
 - Information from the individual about their symptoms
 - Findings from physical examination and laboratory tests
- ...into a pattern and name the pattern. The doctor then matches the known information with what the MD already knows from similar situations with other patients. Pattern recognition doesn't always work.

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008 61

Problems with the 'pattern recognition' process

- Incomplete or misleading information due to:
 - Uncomfortable reporting all information to MD
 - Being prematurely interrupted by the MD
- The picture may not be 'typical' since everyone is different... different manifestations, subtle changes.
- What's important is how the doctor selects the clinical elements, weighs their importance
- Different patterns end up in quite different diagnoses

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008 62

The Mistakes Doctors Make

- Anchoring - grabbing the first abnormal symptom, finding, or lab result leading to a 'snap' judgment that could be OK... or not.

"You are extraordinarily tall for a woman. I'd say you have Marfan's characteristics."

"You have a spot on the x-ray. You have emphysema."

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008 63

Mistakes Doctors Make (cont'd)

- Availability - Assuming that an easily remembered prior experience can explain the new situation the MD is trying to diagnose.

"This is just like that other lady I saw a few months ago."

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008 64

Mistakes Doctors Make (cont'd)

- Attribution - the patient triggers a stereotype in the MD and the MD attributes the symptoms to the stereotype.
 - An elderly person is seen as a complainer, unable to cope or hypochondriac and symptoms just 'come with age.'
 - A person with a prior diagnosis of a mental illness or who MD sees takes medications is dismissed, "It's all in your head."

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008 65

How to begin: Shared Decision Making

What is Shared Decision Making?

An interactive process in which individuals and their doctors work together to make decisions, assuming that both members have important information to contribute to the process.

—Adams and Drake (paraphrased)

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What are our choices?

- Option 1:
The doctor makes decisions for you. (You might then become 'non-compliant'.)
- Option 2:
Someone else speaks to the doctor for you. (This could be a form of collaboration or coercion.)
- Option 3:
You speak for yourself and share in the decision making process. (collaboration)

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What is Shared Decision Making based on?

- Shared Communication
- Shared Trust
- Shared Cooperation
- Shared Action
- Shared Expertise

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Expertise You and Your Doctor Bring to the Process

- | | |
|---|---|
| You are an Expert in: | Your Doctor is an Expert in: |
| ■ Your own body | ■ How medications work |
| ■ What has worked or not worked for you in the past | ■ What evidence has shown to be effective |
| ■ Your values and goals in life. Your hopes and dreams. | ■ Helping you find steps toward achieving your goals and respecting your values |
| ■ How the medications make you feel. | ■ Reducing or eliminating side effects |

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Decisions You Might Make With Your Doctor

- Your goals for treatment
- The level and kind of service you need
- Medication options
- Plans for the future of your treatment (what might be needed)
- What each of your roles are in the success of your treatment

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Benefits of Shared Decision Making

- Improves self confidence
- Enhances recovery by balancing personal responsibility and support
- Sharpens problem solving and decision making skills

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Benefits (cont'd)

- Increases your satisfaction with care
- Promotes successful communication concerning medication/treatment choices.
- Helps you and your doctor make the most out of your limited time together

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Benefits (cont'd)

- Helps your doctor to make recommendations based on your actual circumstances
- Helps your doctor to learn what may work or not work as he/she helps you and others in similar circumstances

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Ways to Prepare for your Doctor Appointments

- Practice or role play what you would like to say before your appointment.
- Bring a friend, family member, or other person to support you as you speak for yourself.
- Research psychiatric medications through current books and reliable internet sources and write down questions you may have.
- Are you going to talk faith or science? Which will use your time wisely? Get faith support elsewhere to avoid wasting your time or even getting a new diagnosis.

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Why prepare?

- Interrupts the "one size fits all" thinking process
- The doctor is less likely to dismiss your concerns when you are well prepared.
- Let's both of you know that you are serious about your health.
- Preparing might keep you from getting the wrong treatment for the wrong condition and help you get the right treatment for the right condition!

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Why Prepare (cont'd)

- The 8 Minute Rule - in order to bill Medicaid the MD only has to spend 8 minutes with you, then he/she's done. We have to collaborate QUICKLY! YOU have to use the 8 minutes!
- The 3 Minute Rule - MDs come up with a diagnosis based on their experience, research, or 'educated guesses.' Then they take the next 15 minutes asking questions to figure out if they are right! That's the 'anchoring' process we talked about before.

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The Moral of the Story...

- A gentleman was having some physical problems and his doctor told him that he had to drink warm water on hour before breakfast. At the end of a week he returned and the doctor asked if he was feeling better. The man said that he actually felt worse. "Did you drink the warm water an hour before breakfast each day?" "No," replied the man, "All I could do was about 15 minutes!"
MORAL: Use your 8 minutes wisely!

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Where to start

- Write down what you want to talk to your doctor about, for example:
 - positive results
 - changes in symptoms
 - desired medication decreases or increases
 - side effects
 - how the medications make you feel
 - trying a new treatment
 - other medications you may be taking
 - other questions about your medical health

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Samples of questions from *Cure Magazine* Fall, 2006

(cancer update/education mag)

- **WHAT ARE** the treatment options available to me, both conventional, investigational, and alternative?
- **WHAT IS** the remission rate of each option and how long do remissions last?
- **WHAT IS** the cure rate for each option?
- **WHAT IS** my risk of dying?
- **WHAT ARE** the side effects and complications?

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More questions from *Cure*

- **WHAT ARE** the long term risks of each option?
- **WHAT IS** my risk of developing a secondary condition?
- **WHAT IS** my risk of developing a serious medical problem, such as heart, lung, or kidney disease?
- **WHAT IS** my risk of developing a less serious medical problem that would be significant to me?

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... more from *Cure*

- **WHAT FUTURE OPTIONS** are compromised or eliminated by each treatment option? (do certain treatments have to come before others to be effective?)
- **WHO CAN** provide the treatment?
- **WHERE CAN** I receive treatment?
- **HOW LONG** is the course of treatment?
- **HOW DEBILITATED** will I be from the treatment?
- **WILL** I be able to work?
- **WILL** I be able to pursue my special interests?
- **HOW MUCH** will it cost?

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If others can learn to ask these questions, then...

- So can we!

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The Three Key Questions About a New Diagnosis

- The three important and appropriate questions to ask a doctor:
- "What else could it be?"
 - (helps prevent an anchoring error [tied to initial symptoms] or an availability error [what's most familiar])

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008

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Three Key Questions (cont'd)

- "Could two things be going on to explain my symptoms?" "What two things could be..."
 - Sometimes a person can have multiple medical problems at the same time.
 - This question gets at how doctors were taught to be in medical school - that is to identify a single cause to explain a variety of complaints and symptoms. (This is the gimmick on *House*)

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008

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Three Key Questions (cont'd)

- "Is there anything in my history, physical exam, lab findings, or other tests that seems not to fit with your working diagnosis?"
 - All physicians tend to discount information that seems to contradict their hypothesis. This can lead to a wrong path despite contradictory information.

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008

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Steps to Informed Choice

- Benefits: ■ How might this treatment help?
- Risks: ■ What are the risks of this treatment?
- Alternatives: ■ What other options exist that have not been explored?
- Nothing: ■ What might happen if you choose not to pursue this or any treatment?
- Decide: ■ The best treatment decisions are made when they are based on your values and goals and are informed by clinical support.

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What we ourselves can do

- Learn to lead
- Learn about risks for health problems
- Track down symptoms and see what else could be causing them using tools like the Internet
- Learn how to talk with doctors
- Be bold to talk about problems
- Ask questions to carry out a plan
- Tell doctors what is important to you and if treatment is getting in the way of what's important to you.

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What to look for in an MD

- Smart, dedicated doctors are able to explain their thinking, and they are able to put into clear and easy-to-understand lay language, how they arrived at their 'working diagnosis.'
- In some cases, these questions may cause the MD to go back and reexamine the assumptions, think again, and come up with a different, and now correct diagnosis.

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008

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What do all doctors want?

- The best treatment for their patients.
- The best treatment involves the most open-minded thinking.

Jerome Groopman, MD. *Why Doctors Make Mistakes*, AARP, Sep/Oct 2008

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What to Do? Part 1

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor.
www.alternativementalhealth.com

- 1. Ask for a thorough medical work-up and screening over several visits to the doctor

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What do we want to ask for?

- An extensive medical screening.
- Complete a medical history checklist
- Sitting blood pressure feet on the floor
- Urine sample
- Blood samples
 - Hematocrit, white blood cell count, serum aspartate aminotransferase, serum alanine aminotransferase, serum albumin, serum calcium, serum sodium and potassium, serum cholesterol and triglycerides, serum T4 and free T3 and serum Vitamin B₁₂

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor
www.alternativementalhealth.com

What to ask for to uncover hidden medical problems

- Screening for
 - Celiac Disease
 - Head Injuries (include a work-up by a National Upper Cervical Correction Association Chiropractor)
 - Sleep Disturbances (e.g. sleep apnea)
 - Hypo/Hyperthyroidism (affects 1:6 people; can contribute to anxiety, psychosis, bipolar disorder, and other symptoms; lab testing is too broad.)
 - Infection or a poor gut
 - Pyroluria (too much of a by-product of hemoglobin synthesis; depletes zinc, B₆ and other nutrients; presence of kryptopyrroles in the urine)

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Do your own observing...

- What is the temperature of the human body?
- What is your morning temperature?
 - Less than 97.8 - 98.2 can signify
 - An iodine deficiency
 - A thyroid disorder
- Yet, we can't know it all, so we need to use other experts (doctors, books, others)

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Example: Thyroid Disorders

- | | |
|-----------------------|---------------------------|
| ■ Hyperthyroidism S/S | ■ Hypothyroidism S/S |
| ■ Palpitations | ■ Fatigue |
| ■ Heat intolerance | ■ Weakness |
| ■ Nervousness | ■ ↑weight or hard to lose |
| ■ Insomnia | ■ Coarse dry hair |
| ■ Breathlessness | ■ Depression |
| ■ ↑ bowel movements | ■ Irritability |
| ■ Light/absent menses | ■ Memory loss |
| ■ Fatigue | ■ Decreased libido |
| ■ Trembling hands | ■ Dry, rough, pale skin |
| ■ Weight loss | ■ Hair loss |
| ■ Muscle weakness | ■ Cold intolerance |
| ■ Hair loss | ■ Muscle cramps/aches |
| ■ Staring | ■ Constipation |

Can be determined by lab testing.

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Example: Pyroluria

- Common Signs and Symptoms
 - Explosive temper
 - Mood swings
 - Poor short-term memory
 - Histrionic (exaggerated, volatile emotions)
 - Skin dryness and pale color
 - Frequent infections
 - Inability to tan
 - Poor dream recall
 - Abnormal fat distribution
 - Sensitivity to light and sound
- Easily determined by a lab test

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What else to do? Part 2

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor.
www.alternativementalhealth.com

- 2. Nutrition: Change what we can when we can and keep up the change
 - In a survey of 200 people (BBC *OnLine* Sept 17, 2002 found 88% reported changing their diet improved their mental health significantly
 - 26% improvement in mood swings
 - 26% improvement in panic attacks
 - 24% improvement in depression

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What do we know to change about our nutrition?

- Move in the direction of...
 - 3 meals a day including a high-protein breakfast; even better 5 small meals a day to maintain steady blood sugar
 - Plenty of f____ts, v____es, n____s, and s____ds - raw is better than cooked
 - W____e grain products better than pr____ed (whole wheat flour is better than white flour, brown rice better than white; wheat should be sparing)
 - More emphasis on pr____n, v____s, and healthy f____ts than carbohydrates during the day. Save carbohydrates to get to sleep.
 - Better than a 1/2 gallon of water/day (other fluids don't count!) 97

What do we know to leave behind?

- Sugar, sugared products, and alcohol
- White flour products
- Deep fried foods
- Canned fruits and vegetables due to additives
- Processed foods (most boxed foods)
- What you know you are allergic to/crave
- Caffeinated products
- Aspartame, any artificial sweeteners
- Artificial colors or preservatives
- Wheat and milk - the most common allergens 98

What else to do? Part 3

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor.
www.alternativementalhealth.com

- Correct any nutritional imbalances. This cannot be done by food alone. These can be genetic and you may not know about them.
 - Add fish oil - You can get lemon flavored
 - Add a multivitamin - you can even get liquid that tastes like fruit
 - Persons on multivitamins in prison are less violent by 26% and after 3 weeks 35%
 - Improves copper deficiency
 - What about nutrient therapies? Try the first two to start and talk with experienced people to find out what else to try. Or start with probiotics - good for the gut. "Got Serotonin?" 99

What else to do? Part 4

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor.
www.alternativementalhealth.com

- Reduce and eliminate toxic exposure
 - Lead - Made in China
 - PCB lubricant - it comes through the umbilical cord of pre-born babies
 - Pesticides - Farmers using pesticides test high for depression 5.8 times higher than farmers not using them
 - Other toxins - flouride, hormones in foods
 - Learn the proper use of pharmaceuticals; reduce and eliminate improper use. 100

Misuse of Pharmaceuticals What to know for proper use

- Psychiatric symptoms might be the effect of a psychotropic or medical drug
- Psychiatric drugs create withdrawal symptoms that can cause psychiatric symptoms independent of the person's psychiatric condition.
- Using multiple psychiatric drugs can worsen effects such as weight gain, agitation, and diabetes
- Medicating a person unnecessarily instead of looking for and eliminating other causes for the same symptom can lead to improper use 101

What else to do? Part 5

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor.
www.alternativementalhealth.com

- Allergies - Reduce and eliminate them
 - Neuropsychiatric symptoms can occur as an allergic response to anything, just like hives or headaches.
 - Allergens can be what you eat, breathe, touch, take for a walk, take as medications - anything.
 - Any psychiatric diagnosis could be due to allergens
 - Most common food allergens are wheat, milk, corn
 - More than a third of people who develop Multiple Chemical Sensitivity (MCS) also develop psychiatric symptoms. 102

Simple inexpensive allergy elimination

- Nambudripad's Allergy Elimination Techniques (NAET)
 - Quick muscle testing diagnostic for allergies and sensitivities
 - Using acupuncture or acupuncture it is possible to end an allergy in 25 hours
 - Biggest problems:
 - Sounds too good to be true
 - Must follow Dr. N's treatment protocol in the recommended order of elimination (www.naet.com)

Guyol, Gracelyn. Healing Depression and BiPolar Disorder without Drugs, 2006

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What else to do? Part 6

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor.
www.alternativementalhealth.com

- Lifestyle Changes
 - Movement = Exercise =
 - Working up to walking 30 minutes a day drops depression in 10 days!
(British Journal of Sports Medicine, Apr 1, 2001)
 - The best prevention of depression is to continue your choice of movement - don't stop!
(American Journal of Epidemiology, March 15, 2001)
 - Even an hour of aerobics will reduce anger, fatigue, and tension and increase vigor in the 52 of 80 people depressed at the beginning of class!
(Journal of Sports Medicine and Physical Fitness Dec 2001)
 - A controlled clinical study, showed significantly improved short and long term physiological and mental benefit even at 1 year follow up!
(Preventive Medicine, Jan 1999)

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Movement = Exercise = Play!

(Guyol, Gracelyn. Healing Depression and BiPolar Disorder Without Drugs, 2006)

- | | |
|-------------------|------------------|
| ■ Walk | ■ Dance |
| ■ Run | ■ Skate |
| ■ Swim | ■ Tennis |
| ■ Garden | ■ Wrestle |
| ■ Bicycle | ■ Kayak/canoeing |
| ■ Play baseball | ■ Jump rope |
| ■ Play football | ■ Snow ski |
| ■ Play basketball | ■ Water ski |

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What else to do? Part 6 (cont'd)

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor.
www.alternativementalhealth.com

- Discontinue smoking
 - People who smoke are more likely to
 - have mental problems.
 - develop Alzheimer's Disease.
 - have vascular problems causing another type of dementia from vascular disease or strokes
 - develop dementia at a younger age
 - develop difficulty breathing which itself can cause other mental symptoms

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What else to do? Part 6 (cont'd)

Promoting Wellness in a Psychiatric Setting, 2003 Safe Harbor.
www.alternativementalhealth.com

- Have spiritual practice(s) and get spiritual support
 - Spiritual doesn't necessarily mean a religion
 - Religious beliefs lower depression and have a positive effect on the feeling of hopelessness
(Rush-Presbyterian St Luke's Medical Center study, 2000)
 - Depressed people who had a strong religious faith recovered over 70% faster from depression than those who described their faith as 'weak.'
(American Journal of Psychiatry, 1998, 155:536-542.)

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Spiritual Matters (cont'd)

- Few mental health practitioners believe in God. If it's important to you, find one for you.
 - 40-45% in a study from the Nat'l Center on Addictions and Substance Abuse at Columbia University.
 - 37% of psychiatrists would use a spiritual intervention if it would improve patient progress
 - 57% of psychiatrists would recommend that a patient consult a member of the clergy.
 - Teens who do not consider religious beliefs important are 3x more likely to drink, binge-drink and smoke, almost 4x more likely to use mj and 7x more likely to use illicit drugs than teens who think that religion is important.

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What else to do? Part 6 (cont'd)

Promoting Wellness in a Psychiatric Setting. 2003 Safe Harbor.
www.alternativementalhealth.com

- Other support
 - Herbal therapies (examples)
 - St. John's wort for mild-mod depression
 - Kava for anxiety
 - Passionflower for insomnia
 - Light therapy
 - Stimulates serotonin production; keeps circadian rhythm

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What else to do? Part 6 (cont'd)

Promoting Wellness in a Psychiatric Setting. 2003 Safe Harbor.
www.alternativementalhealth.com

- Other support (cont't)
 - Breathing exercises for anxiety
 - Instructions at www.breathing.com/articles/anxiety.htm and www.alternativementalhealth.com/articles/addanxiety.htm
 - Chiropractic - North Dakota testimony reporting 65% recovery or improvement rate using this.
 - Oriental medicine - acupuncture as good as amitriptyline for depressive disorders, anxiety somatization and cognitive process disturbance of depressed patients. (Psychiatry Clin Neurosci Dec. 1998; 52 Suppl:S338-40)

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What else to do? Part 6 (cont'd)

Promoting Wellness in a Psychiatric Setting. 2003 Safe Harbor.
www.alternativementalhealth.com

- Other supports (cont'd)
 - Productive activity that promotes a sense of well-being, competence and participation, which help counter depression, low self esteem, isolation, and anxiety.
 - Employment
 - Volunteering
 - Helping others
 - Contributing to one's group or society

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What else closes the gap?

Getting more of the 10 Fundamental Components of Recovery in our lives:

- Hope - What keeps you going? What is important to you?
- Self-Direction - you are the leader
- Individual and Person-Centered
- Empowerment - Bringing courage
- Holistic - more than a body

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What else closes the gap? (cont'd)

10 Fundamental Components of Recovery

- Non-Linear - ups and downs are OK
- Strengths-Based - focus on what works
- Peer Support - someone else has traveled part of that road already with ideas I could try for myself.
- Respect - accept me as I am
- Responsibility - I am the leader of the team

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What else closes the gap? (cont'd)

- Lifelong strategies such as Copeland's Wellness Recovery Action Plan (WRAP)
 - Focuses on 6 Foundational Principles
 - Hope
 - Personal Responsibility
 - Support
 - Education
 - Self-Advocacy
 - Spirituality (added in IL by permission of MEC)
 - Formulates well made plans to be well and stay well and get through even critical times

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Where to go from here?

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How to Start

- Use or find out how to use the internet, library, talk with peers, experts, or find other sources of information.
- Get a variety of points of view. Just because the website is sponsored by a drug company or an experienced mental health peer doesn't make it right for you. To move ahead get different points of view and information.

Thew, Jennifer, Search Engine Syndrome, *Nursing Spectrum*, January 28, 2008

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Just Start Anywhere!

- If you find a website, try to find out
 - Who sponsors the website? Is it a political or marketing company for another source? Is it a peer site, a university site, a drug company site? Everything called 'recovery' isn't necessarily 'recovery oriented.'
 - Is there a list of who has looked at the info? Or are there references for you to look up info if you want?
 - Are there links to other sources to add to the information presented there?
 - Is there a date for how current the info is? Some info doesn't go out of date, however.

Thew, Jennifer, Search Engine Syndrome, *Nursing Spectrum*, January 28, 2008

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Internet search tool

Site address: http://www._____

What I read _____

My question for the doctor is: _____

What about this info does not fit with your first impression? _____

What else could account for my symptoms? _____

My next step/question/key words are _____

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On Your Own - or form a group to self educate

- <http://alternativementalhealth.com>
- <http://nutrientscure.blogspot.com/>
- Search the Internet for "Patricia Deegan, Shared Decision Making, Common Ground"
- Search "heavy metal toxicities, symptoms"
- <http://www.integrativemedicine.org/library/education.html>
- <http://www.watercure.com>
- Guyol, Gracelyn. *Healing Depression & BiPolar Disorder Without Drugs*, New York: Walker Publishing, Inc. 2006

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More places to start

- <http://www.mentalhealthrecovery.com>
- National Upper Cerebral Correction Association
<http://www.nucca.org/videos-and-tv>
- Gant, Charles.MD, PhD. *End Your Addiction Now*
- Ross, Julia. *The Mood Cure*
- Allergy Elimination www.naet.com

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Easy to Read Information

- Klonoff, Elizabeth A and Landrine, Hope *Preventing Misdiagnosis of Women: a Guide to Physical Disorders That Have Psychiatric Symptoms*. 1997
- Walker III, MD, Sydney. *A Dose of Sanity: Mind, Medicine, and Misdiagnosis*. 1997
- Walker III MD, Sydney. *Psychiatric Signs and Symptoms Due to Medical Problems*. 1967 (out of print but can be found. Try www.amazon.com)
- And many more...

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Thank you!

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