

Nutrition & Mental Health

The Quarterly Newsletter of the International Schizophrenia Foundation



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EDITORIAL

Better Children Through Chemistry

Readers of *Nutrition & Mental Health* know that orthomolecular mental health means correcting our inborn biochemical imbalances and optimizing functioning along the perceptual, cognitive and emotional spectrum. For years we offered this person-centered model to counter conventional psychiatric diagnoses which have degenerated into a free-market game of matching DSM questions to psychoactive drug answers.

By all accounts our voice is now beginning to be heard in the mainstream media. One sees that new organizations are now interested in nutrition as medicine, the papers often report on it and more doctors than ever are finding they can prosper outside the approved psychiatric food chain. Despite greater orthomolecular awareness, we are not only trying to overcome the inertia of conventional psychiatry, but also a powerful and adaptable opponent who outpaces us with new strategies to maintain the right to define what mental health is. Two recent factors in pediatric psychiatry which threaten to overwhelm our gains are the sheer increase in prescriptions written, and the trend toward multiple drug prescribing.

Parents would be shocked at the massive surge in drug prescriptions aimed squarely at their children. The National Disease and Therapeutic Index of IMS Health is to drug companies what the

A.C. Nielsen company is to television networks. The pharmaceutical industry relies on the IMS data to report on the latest medication usage rates, and we mortals can use the data to peer into their industry's trends. Recently surveyed changes in doctors' use of psychiatric drugs on children in the scant five years between 1995 and 1999 found a 23% increase in stimulant prescriptions; a 580% increase in Prozac-like drugs for kids six and younger; a 300% increase in prescriptions for newer antipsychotics like Risperdal, and a 4,000% increase in prescriptions for mood stabilizers other than lithium. Amazingly, only two of the most frequently prescribed medications, Luvox and Zoloft, have been studied enough to obtain the FDA approval for psychiatric use in children and none have been studied beyond a few months for efficacy, side effects, or their effects on children's growth and development. They are adult medications which arrived on the pediatric scene through the back door by being prescribed "off-label" to kids.

We know this is a sociopolitical rather than a scientific phenomenon because outside of North America, no civilized society prescribes psychoactive medications to their children to the degree we do. Europe and Asia use one tenth of the old line stimulants for ADHD that we do and the use of other psychoactive drugs for pre-teen children is virtually unheard of outside this country. Psychiatrists in those countries are simply

bewildered at the pharmacological "Wild West" in America.

Combined with this pharmaceutical avalanche is the dubious new prescribing trend in child psychiatry called "polypharmacy" which is the practice of prescribing multiple drugs to children to control every nuance of their behaviour. According to an analysis published by *The NY Times*, in 1996, about 1.6 million American children and teenagers were given at least two psychiatric drugs in combination; more than 500,000 were prescribed at least three psychiatric drugs; and over 160,000 got at least four medications together. The favored child-calming formulas, are subjectively concocted, based on anecdotal evidence, and can contain stimulants, anti-psychotics, anti-convulsants, mood stabilizers and sleeping pills.

The true scandal of pediatric polypharmacy is that the researchers themselves are the first to admit that there is virtually no scientific evidence to justify any psychiatric drug combinations. A few studies have shown that a combination of two drugs can be marginally better than one in adults, but the research evidence for efficacy in children for two drugs is scant and nonexistent for triple or quadruple prescriptions. Nevertheless, these cocktails are widely given to children at the discretion of the doctor through trial and error, often at the request of courts or school authorities but rarely with oversight from governmental regulatory agencies.

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N&MH readers will notice the irony: for years orthomolecular substances were the pariahs of psychiatry precisely because there was nothing more than anecdotal evidence to support their use. Today, by expediency it seems, the anecdote has been co-opted to expand the market for powerful drug combinations for children.

How can the orthomolecular movement counter these multi-drug, polypharmacy trends? What can parents do when the mental health “industry” has a billion-dollar marketing machine, a diagnostic system which favors drugs above all else, and an growing thicket of laws which can actually force one’s children to take their products?

We need to return to the two old reliables—knowledge and personal responsibility. Parents have to avoid, at all costs, having their children captured in the diagnostic quicksands of the DSM-IV, because the moment those arcane labels are stuck to a child, the drug samples are sure to come out.

Before committing to decisions that will affect our children, we have to learn the right way to think about mental health—that’s key to maintaining autonomy. Learn as much as possible about the orthomolecular diagnostic model through the ISF’s many resources. If the polypharmacy folks say anecdotes are suddenly okay, why not pick up the ISF’s latest publication *Mental Health Regained*, which outlines the stories of severely ill persons who recovered with a sane, practical and low tech approach to their biochemical individuality. Also worthwhile is to learn of the dubious history behind the DSM-IV and how it went from a respected clinical guide to a creature of Big Pharma in its quest to sell expensive, dangerous drugs to humans deviating from the mean.

Above all, we have to take personal responsibility to care for our health by listening to our bodies in their wonderful biochemical strengths and vulnerabilities and nourishing them with orthomolecular foods and nutrients. By attending to our health in the home, we still veto non-sensical labels in favour of the perceptual, cognitive and emotional spectrum of orthomolecular mental health.

—Greg Schilhab

GUEST EDITORIAL

Weighty Considerations

Premiering this September in the USA is the television series, *The Truth About Food*, (released by BBC and Discovery Health), a show that highlights scientific investigations about food consumption and its direct effects on the body. The six-hour miniseries includes episodes on weight loss, staying healthy, sexy and young. No mention of an episode on food and mental health. As Americans continue to make obesity their number one concern, weight issues and mental health—specifically for the mentally ill—needs to take centre stage, particularly as the latter is affected by antipsychotic-induced weight gain.

In a report on quality of life and weight gain in schizophrenics, the results showed that weight gain brought about “poorer quality of life and reduced well-being and vitality” (Psychiatric Services, 2003). The authors of the report recommended that clinicians prescribing antipsychotics take into consideration how the concomitant weight gain will affect their patients. They further suggested clinicians encouraged their patients to modify their eating habits with a weight maintenance program. Ironically, there was no mention of using alternatives to weight-inducing antipsychotics.

Under current standards, mentally ill patients do not receive adequate testing for non-mental predictors of disease (such as cholesterol). According to a study on the level of care given to mentally ill patients, testing for physical ailments was ‘lacking’. Patients on at least one antipsychotic were checked for glucose (73%), cholesterol (72.7%), weight (71%) and girth measurements (1.3%). However, lead investigators believed that these numbers fell short of the 90%+ rate of testing that should be standard. A study released at the APA’s annual meeting in May

2007, discovered that heavy-set doctors preferred prescribing ‘weight neutral’ atypical antipsychotic medication to ones that were known to cause their patients weight gain. The data indicated that 98.9% of the study’s practicing clinicians who were obese were “moderately or extremely concerned” about weight gain from risperidone, olanzapine or quetiapine (*Medical Post*, July 10, 2007). Despite this concern, “70% of the market is taken up by the biggest [antipsychotic] offenders”, according to Dr. Seth Cohen, lead investigator of the study, and medical director of the Puget Sound Psychopharmacology Service in Seattle.

As long as the obesity beast is sugar-coated and comes in three different flavours, we will hear public outcry. But when the beast comes from the side-effects of an easy-to-swallow pill, schizophrenics will become the next generation of obesity victims. Today, famous basketball star Shaquille O’Neill coaches obese children on his reality TV show “Shaq’s Big Challenge”. The day he coaches the mentally ill, antipsychotic-induced obese children, will weight gain for the mentally ill finally become America’s next #1 concern.

—Talya Rotem, M.A.



IN BRIEF

The Effect of 5-HTP on Induced Panic Attacks In Healthy Volunteers

Previous studies suggest a modulatory role of serotonin (5-HTP) in experimentally-induced panic attacks. In this current study, researchers investigated the acute effects of the serotonin precursor 5-HTP on the response to experimentally-induced panic caused by CCK-4 challenge in healthy volunteers. Thirty-two subjects were randomized to receive either 200 mg of 5-HTP or placebo with the CCK-4 challenge in a double-blind, parallel-group design. The results analyzed by gender revealed that females in the 5-HTP group had a significantly lower panic rate and intensity of cognitive symptoms whereas, in males, the effect of 5-HTP was limited to lowering the intensity of somatic panic symptoms. Thus, an increased availability of 5-HTP may have a gender-dependent protective effect in panic attacks.

—J Psychopharmacol, 18(2): 194-9, 2004

Homocysteine-reducing Strategies Improve Symptoms in Chronic Schizophrenic Patients

An elevated homocysteine level is reported to be a risk factor for several diseases, including Alzheimer's and cerebrovascular disease. Homocysteine levels can be lowered by oral folic acid, B₁₂, and pyridoxine. In this double-blind, placebo-controlled, crossover study, 42 schizophrenic patients with high plasma homocysteine levels were treated with these vitamins for 3 months and placebo for 3 months. Homocysteine levels declined with vitamin therapy compared with placebo in all patients. Clinical symptoms of schizophrenia as measured by the Positive and Negative Syndrome Scale also declined significantly with active treatment compared with placebo. Neuropsychological test results were overall significantly better after vitamin treatment than after placebo. This study provides further evidence that a subgroup of schizophrenic patients with hyperhomocysteinemia might benefit from the simple addition of B vitamins.

—Biol Psychiatry, 60(3): 265-9 2006

The Effect of Omega-3 Fatty Acids and Vitamins E and C on Treatment Outcome and Side Effects in Haloperidol Treated Schizophrenia Patients

Antipsychotics like haloperidol increase oxidative stress and oxidative cell injury in the brain which may influence the course and treatment outcomes of schizophrenia. Dietary supplementation of either antioxidants or omega-3 fatty acids have been found to improve symptoms of schizophrenia.

Researchers in this study decided to assess the impact of combining omega-3 fatty acids and vitamins E and C on treatment outcome and side-effects in schizophrenia patients treated with haloperidol. Seventeen Haloperidol treated schizophrenia patients were supplemented with 1,000 mg capsule of omega-3 fatty acids (180 mg EPA and 120 mg DHA), a vitamin E (400 IU) and a vitamin C (1,000 mg) two times per day.

Patients were assessed with the BPRS, SANS, SAS, and BARS scales over a 4 month period. Glutathione peroxidase, superoxide dismutase, malondialdehyde, vitamin E and C levels were also evaluated at baseline and at the end of study. BPRS, SANS, SAS and BARS scores obtained at follow-up visits were significantly lower compared to baseline reflecting an improvement of symptoms for the vitamin supplemented group. Superoxide dismutase level was significantly lower at the end of study. No significant differences were detected in other laboratory parameters. These results support the beneficial effect of the supplementation on positive and negative symptoms of schizophrenia as well as the severity of side effects induced by haloperidol. The effect of supplementation on akathisia was especially noteworthy and it has not been investigated in previous studies.

—Prog Neuropsychopharmacol Biol Psychiatry, 2007 Oct 1;31(7)

Effects of Dietary Supplements on Depressive Symptoms in Older Patients: A Randomized Double-blind Placebo-controlled Trial

The aims of this trial was to test the effect of nutritional support on older patient's depressive symptoms and cognitive function. A prospective, double-

blind, placebo-controlled study was created which randomly assigned 225 hospitalized acutely ill older patients to receive either normal hospital diet plus 400mL oral nutritional supplements (106 subjects) or normal hospital diet plus a placebo (119 subjects) daily for 6 weeks. Outcome measures were 6 weeks and 6 months changes in nutritional status, depressive symptoms and cognitive state.

The supplement group had significant differences in symptoms of depression scores compared with the placebo group at 6 months. The effect of supplements were seen in all patient groups including those with no symptoms of depression, mild depression and those with severe depression. The study results showed that oral nutritional supplementation of hospitalized acutely ill older patients led to a statistically significant benefit on depressive symptoms.

—Clin Nutr. 2007 Jul 25

Absent Response to Niacin Skin Patch is Specific to Schizophrenia and Independent of Smoking

Researchers in this study investigated the differences in niacin skin flush responses between patients with schizophrenia, bipolar mania, and normal controls. Niacin patches of three concentrations were exposed to the skin of 61 patients with schizophrenia, 18 patients with bipolar mania, and 40 normal controls for 5 minutes. Flush responses were rated at 5, 10 and 15 minutes after application. Flush responses were significantly different among three groups at all of the three rating time points and a lack of response was significantly more prevalent in the schizophrenia group than in the other two groups. The greatest degree of differentiation in flush responses among groups occurred at the highest concentration at 10 minutes with 49.2% of schizophrenic patients but only 7.5% of controls and 11.1% of bipolar patients not showing a flush response. The niacin skin test for schizophrenia had 49.2% sensitivity and 92.5% specificity compared with controls. This study found that absent response to niacin skin patch was specific to schizophrenia.

—Psychiatry Res. 2007 Aug 30;152

BOOK REVIEW

Feel Better, Live Longer With Vitamin B₃

by Abram Hoffer, PhD, MD
with Harold Foster, PhD
2007, CCM Press, Toronto

When Abram Hoffer and Harold Foster cooperate to write a book about how we can feel better and live longer by taking vitamin B₃, we would do well to consider their wise words. Abram Hoffer

obtained a PhD in biochemistry before he became a physician and a psychiatrist. In the 1950s, Hoffer applied his PhD in biochemistry to research whether vitamins B₃ and C would help patients with psychosis. Many acute schizophrenic patients recovered taking niacin or niacinamide – a methyl acceptor along with ascorbic acid, an antioxidant. Later he investigated the healing capabilities of regimens of vitamins, minerals, amino acids, energy and enzyme cofactors. Dr. Hoffer's regimens using essential nutrients worked safely and effectively and he became fascinated by their healing properties.

Dr. Hoffer networked with open-minded health professionals as they added a restorative dimension to healthcare. Linus Pauling, PhD, named this new field "orthomolecular" medicine. Dr. Hoffer explains, "The practice of orthomolecular medicine recognizes that diseases are due to a metabolic fault that is correctable in most patients by good nutrition, including the use of vitamins and mineral supplements." Believing that many people could benefit if they learned about restorative care, Hoffer became an author and an educator. In his many books, articles and editorials, Abram presented his findings to patients, families and health

professionals. His latest book is a classic example of his style of clear reporting and painstaking research.

Harold Foster, PhD, a geography professor, co-authored this B₃ book. Ordinarily, we expect a geographer to focus on landscapes and maps, but Professor Foster applies his geographical perspective to medical matters. His books include *What Really Causes Schizophrenia*. He considers the history of medical discoveries, identifies where diseases occur, suggests factors which

can contribute to the frequency of an illness and maps new roads to healing.

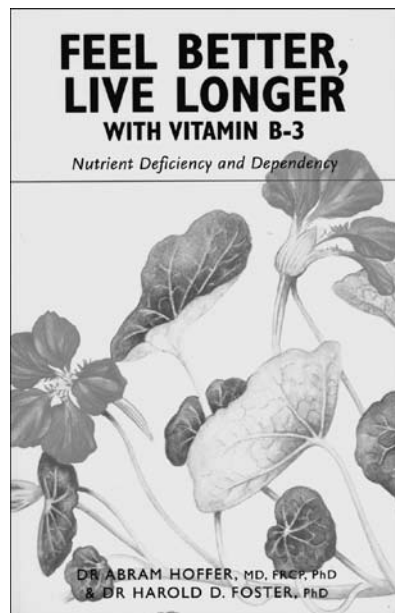
Dr. Hoffer and co-author Harold Foster, PhD outline the medicinal properties of vitamin B₃ and how it can help patients. They survey 15 common health problems which respond to B₃ supplements: pellagra (a nutritional deficiency which leads to psychosis but resolves by taking niacin); schizophrenia (which also responds

to niacin, but requires higher doses of vitamin B₃ along with ascorbic acid and other supplements); pyroluria; alcoholism; anxiety; cardiovascular; stroke; senility; Huntington's; Parkinson's and several others including cancer.

Hoffer and Foster wrote such a clear, concise, insightful, helpful and hopeful book about vitamin B₃ that the general public can easily learn why human beings need niacin to keep well. If we suffer from B₃ deficiencies or dependencies, we can ask health professionals to recommend B₃ supplements using the research and references provided. Consider their message: optimum doses of niacin, an essential nutrient, can help people feel better and live longer. For decades while researching and developing regimens for patients, Hoffer took a daily dose of niacin. He experienced the niacin flush with two brief side ef-

fects: 1. warmth and 2. redness. How many physicians self-test treatments? Will you live as long as Abram Hoffer if you take an optimal dose of vitamin B₃, i.e. niacin, every day? If your doctor says that vitamin B₃ cannot possibly help you, remember that Dr. Hoffer wrote this book in his 90th year. During his outstanding career, while helping thousands of patients recover, Abram Hoffer learned that niacin really can help people feel better and live longer. We can all use this inspiring book to help ourselves.

–Robert Sealey, B.Sc.



NEWS

ISF Board Elects New Chair

Jack Kay, who has served as Chair since 1997, stepped down in April, 2007, but remains on the board.



Sara Sochaczewski was elected as new Chair in April, 2007. We look forward to her stewardship.

Ms. Sochaczewski spent 10 years living in both Eastern and Western Europe as well as the USA. She is involved with several fundraising organizations, sitting on the Board of the Jewish Rehabilitation Hospital as well as working with B'nai Brith Canada, Alzheimer's Society of Canada, Mount Sinai Hospital and The Miriam Home. Her passion remains Orthomolecular Medicine and has this year established the Montreal Chapter of the International Schizophrenia Foundation.

She is currently involved in a family business concentrating in real estate and business development as well as Montreal's largest, English language weekly newspaper, *The Suburban*. Sara has two daughters and is living in Montreal, Canada.