

DR JEROME SARRIS

'Lifestyle Medicine and Supplementation for Mental Health and Psychiatric Disorders'

Mental Health Symposium June 18th 2016

[17:56] LoriVonne Lustre: Hello everyone.

Today's presentation is being transcribed so those without audio or who require text only can participate in real time.

A little explanation about this service.

Voice-to-text transcriptionists provide a translation of the key ideas discussed, NOT a word for word transcription.

Voice-to-text services provide an in-the-moment snapshot of ideas and concepts, so that those who are unable to hear or to understand the audio program are able to participate in real-time.

You will see the transcription in Nearby Chat.

Transcription is provided by Virtual Ability, Inc.

The transcriptionists are:

LoriVonne Lustre

Carolyn Carillon

The following initials in the transcription record will identify the speakers:

JS = Jerome Sarris

[18:00] Carolyn Carillon: <<transcription begins>>

[18:00] LoriVonne Lustre: << transcription begins >>

[18:00] iSkye Silverweb: Hello and welcome to the Virtual Ability Mental Health Symposium.

The title of this session is "Lifestyle Medicine and Supplementation for Mental Health and Psychiatric Disorders."

My name is iSkye Silverweb. I assist Gentle Heron in planning and organising Virtual Ability's two annual conferences;

this one and the International Disability Rights Affirmation Conference (IDRAC) in the fall.

I maintain the Virtual Ability community calendar, seen on this island, blog (<http://blog.virtualability.org>) and Flickr site (<https://www.flickr.com/photos/virtualabilityinc/>). I also help out around Virtual Ability wherever needed.

It is my distinct pleasure to introduce to you Dr. Jerome Sarris. As an NHMRC Clinical Senior Research Fellow at The University of Melbourne, Australia, Dr. Sarris has a particular interest in anxiety and mood disorder research pertaining to complementary and lifestyle medicine, nutraceuticals, and integrative mental health. Author of numerous publications and recipient of significant research grants, Dr. Sarris advocates for an integrative approach to mental health through evidence-based use of lifestyle modification, psychological techniques, and both complementary and standard pharmacotherapy. Please hold your questions until the talk is over. Thank you.

[18:03] Carolyn Carillon: JS: Thanks to Gentle & iSkye for the introduction I'm happy to be here
My good friend's 40th was last night
I think my avatar looks fresher than I do
I'll be talking tonight about mental health in respect to lifestyle medicine and supplementations

A lot of people suffer from a range of mental health disorders
Proportion of People aged 16-85 with a mental disorder (2007)
In 2007, 45% of Australians aged 16-85 years (7.3 million people) had at some point in their lifetime experienced a mental disorder so it's endemic
% of people with a mental disorder in the previous 12 months: 2007
a lot of these disorders
mood & substance abuse disorders occur in younger people
so we need to engage earlier in people's lives
to prevent these disorders from occurring
so we need to be mindful

What do we do?
take a pill
(picture of a pill labeled FUKITOL)
lots of people don't get access to proper medications
but some are oversubscribed
it's not always a tablet which solves it
having other options
like a platform like this
may have benefits that go beyond a little pill

going beyond the pill

There are elements that affect a person's mental health

nutrition

physical activity

these are strong evidence-based elements to improve mental health

and help stave off disorders

also sleep & relaxation

while technology is important

but we can't let it disrupt our sleep patterns

sleep can impact mental health disorders like depression

we need to limit our vices

the data supports the idea that a little alcohol is ok but overuse

has impacts on our mental health

as well as nicotine

caffeine

people with anxiety & sleep disorders sometimes have too much caffeine

that inhibits sleep

don't have anything after midday if you're someone who's anxious or can't sleep

community engagement is critical for mental health

there's strong data that there's a link between community, altruism, volunteering
employment

green space & nature-assisted therapy

the data is not as strong but some studies show a relationship

psychological techniques also help address mental health disorders

we know about drugs

that's a whole topic in itself

who they're beneficial for

their relationship with companies

Many people do have healthy lifestyles

You can have too healthy a lifestyle

you can be vegan

and you're meditating

and those people sometimes get cancer when they're 50

people can get neurotic about it

we want to try to have balance

One of the big issues is the connection between physical and mental health

it's a growing issue

as an example, over 42% of adults with a serious mental illness are obese and do not

engage in regular moderate exercise

it leads to metabolic syndrome

that puts you at risk for heart disease

we need to look at people's diet

and that they're doing enough physical activity

making sure their medication is right for them

Metabolic syndrome is a constellation of five symptoms: high blood pressure, elevated triglycerides, elevated blood glucose, excess abdominal weight, reduced HDL-C

you need to get these checked

there's some debate about HDL-C

it changes every day

one of the risk factors for CVD is genetics

you can't get away from it

there's something that gives us hope called epigenetics

the idea that certain genes can be switched on and off by lifestyle

some genetic processes can be affected

especially when it comes to mental health

watch your diet

there's some evidence of the relationship between a poor diet and increased risk of depression and anxiety

it's a modifiable factor

I know there are cultural considerations

but for most of us, it's modifiable

as Hippocrates said, food is medicine

exercise, too

even small amounts

just get moving

Large epidemiological studies in Australia, Europe and the UK highlight that the quality of our diet affects our mood

A diet rich in wholefoods, fruits and vegetables, fish, lean meats, wholegrains and legumes reduces the risk of depression

A diet rich in processed and packaged foods, refined sugar, saturated fats and 'junk food' is associated with an increased risk of depression, anxiety, as well as metabolic syndrome

a good whole food diet was found to have a significant effect on depression, according to a study done by a friend of mine

Welcome to america

(Picture of people taking an escalator up stairs)

exercise acts as a stress buffer

exercise impacts mood

inflammation

neuroplasticity

we can change our brain through different lifestyle or medical elements

that offers hope

one thing I like is green space and exercise

look at the effect size

an effect size of 1 is very large

so you can see that people in this particular meta-analysis
there's a solution effect size in the reduction of mood disturbance with exercise in nature
or at least expose yourself in nature
unless someone has a social phobia, it's important to be around other people when
exercising

that has a beneficial effect

Exercise – Great Lifestyle Medicine... But how do keep motivated to do any?!

doctors should prescribe exercise

Even a little physical activity is helpful, and that this could include a walk to the shops or
in the park, or some vigorous house work

start off slowly

Small steps can be initiated by placing sneakers by the door, putting on gym clothes,
arranging to meet a friend for a walk etc.

put small habits in place that help you achieve small goals

I may say I'm just going to walk or swim for a little bit

just do something

I don't put too much pressure on myself

you get there

and often you do more

The key is structure and consistency

it should just be part of a person's life

like sleeping and eating

we're not superhuman

small steps can help

bit by bit they transform us

and give us a lot of psychosocial benefits

our poor little Prozac is feeling a little depressed

medications are invaluable

when used appropriately

for some people that's not the case

unfortunately for youth & adolescents

they are no better than a placebo

we need to look at other options

for those with mild or moderate depression it's the same story

it's really for people with those with a biological component

that's not the same as clinical depression

most times social support & lifestyle adjustment may be more beneficial

yes people do get affect from it

but they still have residual depression

So how to enhance their medications

we need to look at nutraceuticals

we found some positive studies

A systematic search revealed primarily positive results were found for replicated studies

testing adjunctive SAME, methylfolate, omega-3 (EPA or ethyl-EPA), and Vitamin D
Positive isolated studies: creatine, & an amino acid formula
Mixed results were found for zinc, folic acid, and Vitamin C; and negative study results for inositol (Sarris, Murphy et al. 2016)
One of the take home messages is that the omega-3 ... we need to combine the studies to see if it's beneficial or not
looking at that particular meta-analysis
when we pull that data, it favours omega-3 over placebo
has a better effect than medications alone
when used without antidepressants
there were quite a few significant studies
it favoured fatty acids over placebo
we also looked at bipolar disorder
but the studies had a small sample size
so we combined studies
the results showed omega-3s did better
another area is the area of inflammation
such as rheumatoid diseases
certain types of cancer
we can address inflammation with omega-3s
we looked at one disorder
when treated with omega-3s, only a small number developed a psychotic disorder
shows the importance of getting to people when they're younger

Another thing we looked at was S-Adenosyl Methionine (SAME)
SAME serves as a necessary methyl donor of methyl groups involved with the metabolism and synthesis of neurotransmitters
one interesting study
looked at using SAME
or a placebo in those with a major depressive disorder
who were taking medication
as you can see
their depression scores were different
significantly improved
SSRIs
most of us can afford it
a gram of EPA per day
2-6 capsules per day
our SAME is a bit more expensive
has to be stored properly
so it can be a bit more expensive
it's also beneficial for those who need a bit of a pep up
it can be stimulating as well
we looked at 189 patients
Patients were randomized for 12 weeks: SAME 1.6g-3.2g/d, escitalopram 10-20 mg/d,

or placebo

for those without taking antidepressants, the results were similar between groups

the SAME was more effective than the placebo

high levels of histamine may have a relationship to depression

so I looked at a Boston study

the same methodology as the last study

it was quite stunning that the SAME had a significant effect on reducing depression

but another study showed little difference

but that study had more men

so maybe there was an effect to do with gender?

yes, there is

SAME is far more beneficial for men

so that has an impact on which medications we use, which gender

OCD is not studied enough

it's a very disabling disorder

affect 1 - 2 % of the population

characterized by obsessions that are repetitive

distressing and consistent thoughts

people will perform compulsions to relieve the thoughts

it needs to be studied more

a wonder nutraceutical

[18:44] LoriVonne Lustre: N-acetylcysteine (NAC)

[18:44] Carolyn Carillon: JS: is an amino acid called N-acetylcysteine (NAC)

it's a strong antioxidant

it's good for the liver

it's shown to improve bipolar disorder, schizophrenia

compulsive gamblers

cocaine users

PTSD

the list goes on and on

it's a special medication

and can be used for a number of mental disorders

We did a study

in Melbourne

3,000mg NAC vs. Placebo (adjunctive to TAU)

16 weeks double-blind RCT

we recruited 44 participants

46% were female

Exclusion criteria: Bipolar, schizophrenia, severe depression, substance abuse, pregnancy

The primary efficacy analysis assessed treatment by study visit differences for the Y-BOCS using a mixed-effects linear model

we had some issues

in people not taking medication

but the data showed that the NAC worked in the beginning but this reversed by the end
so we're conducting a larger study
we noticed a significant effect on reducing compulsions
it was more effective in people who were younger
so we want to get to people when they're younger
the conclusions?
it can be effective for some
but we need a longer duration study
and maybe a post observation withdrawal period

So let's finish up
some of you take multivitamins and supplements
the B vitamins have a good effect
also minerals like zinc
and trace elements
a lot of these help maintain healthy neurological function
we did a study that showed that people taking a multivitamins showed improvement in
sense of wellbeing
we looked at the effect of multivitamins on the general population
what was interesting
was when we looked at the qualitative data
is that people reported better mood, etc.
when we pulled the people together & randomized the groups
we found people had a better effect with the multivitamin
my sense it has more of an acute effect
some of you may be aware of Kava
you can drink it
it's a water-based herbal medicine
used to improve stress levels and lessen anxiety
we conducted a study
we found a significant effect in favour of Kava in reducing anxiety
we also looked at it with those suffering from generalized anxiety disorder
we found the same thing
there was a significant reduction in anxiety
So the clinical considerations ...
Use a good quality Kava
Use a standardised, water soluble form manufactured via GMP from a known reputable
source
don't mix with alcohol or benzodiazepines
may have a positive effect on libido
to cap up
there are a range of lifestyle modifications that can improve mental health
thank you

[18:57] Ruby Vandyke: thanks for the great presentation, lots of interesting information!

[18:57] Orange Planer: Excellent talk. I'm impressed you talked about epigenetics.

[18:57] Gentle Heron: QUESTION: I've heard that Kava reduces B6. Did you find that or other side effects?

[18:58] Carolyn Carillon: JS: I must admit I have not heard about Gentle's comment if you have a paper, I'd like to read it
there's the idea that Kava needs B6 to be metabolized by the liver

[18:58] Carolyn Carillon: QUESTION: Dr. Sarris, will Virtual Ability be posting your slides, or will you make them available on SlideShare?

[18:59] Carolyn Carillon: JS: I should be able to make them available

[18:59] Attica Bekkers: QUESTION: did the recent unavailability of sleeping tabs affect any ongoing studies?

[18:59] Carolyn Carillon: JS: There's a question about sleeping tablets
I'm not sure about that
was that in America?

[18:59] Attica Bekkers: in Australia
the only sleeping tab on list
was unavailable for two months

[18:59] Carolyn Carillon: JS: I don't think there a problem with that
they try to limit Ambien
but most others are ...

[19:00] Attica Bekkers: maybe your studies don't let sleeping tab users in
there's only one on list

[19:00] Carolyn Carillon: JS: in general they try to limit sleeping pills because they can cause dependency
we do have to be strict on our excusion/inclusion criteria

[19:00] Attica Bekkers: two brands, both went out i thought it might wreck some studies
Good idea

[19:00] Carolyn Carillon: JS: those who use sleeping pills
we don't allow them in
because of the potential interactions
and because of the potential impacts on mood or memory

[19:01] Attica Bekkers: yes it does
I have a bipolar friend who went down bad cos of the lack of sleep tabs (friend older)

[19:01] Gentle Heron: QUESTION: Many pharmaceuticals act very differently in younger people (children and teens) than in mature adults. (thinking of Ritalin for example) Is the same true of nutraceuticals?

[19:01] Carolyn Carillon: JS: Yeah, theoretically they should work the same
but we don't have much data on younger populations
because it's harder to get by ethics
but most should work the same theoretically
the mechanisms may be similar but the results may not be the same

[19:02] Gentle Heron: QUESTION: Dr Sarris, I want you to go back to "too healthy." Some people believe that the increase in autoimmune diseases may be because our culture is "too clean." Please comment on that.

[19:02] Carolyn Carillon: JS: The "too healthy" comment may not be linked to clean it's a reference to our over sanitized life

I grew up with a strong immune system

we don't strengthen our immune system when we're young

When I was young we used to play in the dirt

I agree

another issue is environmental toxins

they have an impact on our mental health

we want to reduce our interface with chemicals where possible

[19:04] Gentle Heron: [19:02] Ruby Vandyke: COMMENT: I think Kava is becoming popular, I know they keep catching people with their suitcases full of the plants at the airports in Canada.

[19:04] Carolyn Carillon: JS: I don't know how that'll help them because Kava can't be grown in Canada!

[19:04] Ruby Vandyke: yes, they can't bring it in

[19:04] Carolyn Carillon: JS: I think it's illegal in Canada at the moment maybe that's why they're smuggling

[19:04] LoriVonne Lustre: [19:03] iSkye Silverweb: QUESTION: in your study did you have specific exercises the participants in the study were to do, and were they different by gender, did you notice clear gender differences in response to exercise?

[19:05] Carolyn Carillon: JS: I haven't anything relating to gender impact for exercise I'm sure there must be data but I haven't seen it

[19:04] MatildaMoontree: QUESTION: Are Australian medical doctors prescribing these supplements? They don't tend to in the US. We have to go to a complementary medicine practitioner

[19:05] Sister Abeyante: Or buy them online....

[19:06] Carolyn Carillon: JS: Doctors are prescribing these supplements

it's slowing filtering out there

but it looks commercial

people are flogging their supplements

and they should be getting it from their diet

but with specialized advice from a qualified practitioner, you can get targeted supplements

most doctors want to operate from good evidence

[19:07] Attica Bekkers: QUESTION: I always got told growing up that the body loves homeostasis, when you do studies do you have to take into account the body's tendency to adjust towards yesterday? Like could your study with surprise twist have

had that cost of the time period for the body accepting change?

[19:07] Carolyn Carillon: JS: Equilibrium is the issue sometimes things may be going well & then there's a poop out because the body wants to get back to homeostasis

that's an issue with pharmaceuticals

but we don't want to take the body out of homeostasis

but tweak it

and provide it with enough nutrients

it has an impact on our gut microflora

we need to give fuel to our brain

in time, things should reach homeostasis

it may take a while for some

but most of us can maintain a healthy mental state

[19:09] LoriVonne Lustre: [19:07] Dhira Giha: QUESTION: I'm surprised to see that PepsiCo supports your research. What is the basis of their interest?

[19:09] Carolyn Carillon: JS: I have to look at my contract!

PepsiCo just asked me to do a lit review

that's all I did

[19:09] Ruby Vandyke: QUESTION: should I buy eggs that say Omega 3?

[19:10] Carolyn Carillon: JS: I don't know what the levels of Omega 3 in those eggs might be a bit of a marketing stunt

look at the levels

[19:10] Gentle Heron: Thank you Dr. Sarris for sharing so much important information with us. If we all take this to heart, we'll certainly be healthier. I think we have much more to learn on these topics.

Thanks for our transcribers for their work to include our Deaf community members. I know how swollen their wrists will be tomorrow morning.

[19:10] Carolyn Carillon: JS: I'll have lunch now

[19:11] iSkye Silverweb: Thank you, Dr. Sarris, for coming today and sharing your research with us at our symposium.

[19:11] Orange Planer: Ice those wrists down!

[19:11] Attica Bekkers: thank you transcribers

[19:11] LoriVonne Lustre: <<transcription ends >>

[19:11] Carolyn Carillon: <<transcription ends>>