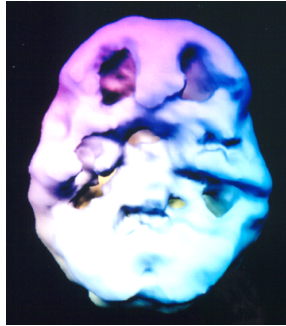


COREPSYCH RADIO # 18 JULY 2, '09
THURSDAYS 4 EST, 3 CST, 2MST, 1PST



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Last weeks program: Neurofeedback Evolution: Guest, Kurt Othmer, EEG Info

Program 18: The Impulsive Brain: Overview and Comments

Been There With Impulsivity?

Are there times when you are held hostage with subtle, uncompromising, relentless impulsivity, and you simply don't know what to do next – in spite of considerable experience? Have you had enough?

You have come to the right place because we all live in the best of new-brain times. New biology provides multiple keys that will release us from our collective imprisonment. This recent evolution in brain and body science dramatically corrects previous, incomplete intervention protocols. It's time to rethink old patterns.

Overview with examples:

1. Impulsivity is a spectrum of appearances –
2. With different underlying realities
3. Impulsivity is limited without knowing the biology
4. Biological testing varies
 - a. Visual Brain Exam is but one dimension
 - i. SPECT, PET, Other functional imaging: fMRI examples
 - ii. qEEG
 - iii. MRI, CAT
 - b. Somatic Exam
 - i. Neurologic/physical findings
 - ii. Comprehensive metabolic
 - iii. Molecular and cellular physiology
 1. Mold
 2. Neurotransmitters
 3. Toxins

Impulsivity and ADHD – More common than recognized and why

1. Diagnosis currently is descriptive not functional
 - a. Specific clinical questions
 - b. Priority of meds: last on the list if others clear
 - c. 'Mental, Cognitive, Thinking' – we haven't been asking!
 - d. Context in time, not 24x7
 - e. Context in reality
 - i. Increased variables - decreased control
 - ii. Decreased structure – decreased control
 - iii. Increase structure – decrease control
 - iv. Decreased variables - boredom
2. Surface appearance
 - a. Episodic
 - b. Contrite
 - c. Duration for years
 - d. Cognitive not affective
 - i. School history
 - ii. Cognitive dysfunction
3. Brain Evidence
 - a. Many comorbidities, not just 3 or 6 – 20+
 - b. ADHD predominantly PFC
4. Somatic
 - a. Neurotransmitter precursors

Impulsivity and Bipolar – Moods don't always mean bipolar

1. Separate feelings from thinking
2. Priority of meds, next to last on list if others clear
 - a. Stimulant and ADHD meds used sparingly
3. Specific reactions to medications are note diagnostic
 - a. Prozac and Adderall
 - b. Sleep deprivation, untreated
 - c. Other common drug interactions
 - d. Using antidepressants for ADHD without treating the ADHD
4. Barbara Geller, MD 5 subtypes
 - a. Elation,
 - b. Grandiosity,
 - c. Flight of ideas/racing thoughts,
 - d. Decreased need for sleep, and
 - e. Hypersexuality
5. Check for metabolic issues
 - a. Case of corn allergy ELISA
 - b. Frequent moods look bipolar with picky eaters, no breakfas, no lunch

Impulsivity and Brain Injury – The Elephant in the room

1. Obvious brain injury history
 - a. Must be primary consideration

- b. Psych meds work, if used very sparingly
- 2. Subtle look for injury symptoms
 - a. Amnesia
 - b. Déjà vu
 - c. Paranoia
 - d. Dark feelings at night
 - e. Clinical examples
- 3. Somatic interventions always necessary, not sometimes
 - a. Nutrition multiple issues
 - b. Eval of adrenal fatigue – slows healing
 - c. Estrogen dominance and PCOS in any age woman
- 4. Neurotransmitter measurements

Impulsivity and Addiction – Chemical damage inhibitory structures

- 1. Drugs and ETOH used by person to curb inhibitory
- 2. SPECT can be used for intervention and to understand brain injury with addiction
- 3. Less inhibitory = more excitatory, sounds simple, so frequently overlooked
- 4. Addictions must be addressed first and always
- 5. Group and relationship issues about here to facilitate sobriety
- 6. What happens to medical intervention with use of ETOH and Drugs
 - a. Addictions work for shorter and less predictable periods of time
 - b. Drug cause physical dependence
- 7. Substances bring malnutrition
 - a. Speed and tweaking
 - b. GI
 - c. Brain deterioration
 - d. Benzos in elderly

This is CorePsych Radio Program is just a summary – much more for the presentation Oct 16 at ODU:

Old Dominion University, Programs for Continued Learning Department and the Institute for the Advancement of Human Behavior.

For more information, please visit:

<http://education.odu.edu/pcl/impulsivebrain> or call 757-683-4686.

Accreditation Statement:

The Institute for the Advancement of Human Behavior (IAHB) has been approved as a provider of continuing education and continuing medical education by the following organizations: Alcoholism and Drug Abuse Counselors, Counselors and MFTs, Nurses, Physicians, Psychologists and Social Workers. [6 Hr CEU and CME]

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