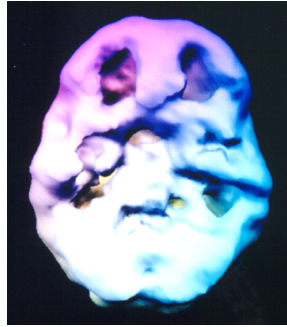


COREPSYCH RADIO #3 MARCH 5, '09

THURSDAYS 4 EST, 3 CST, 2MST, 1PST



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PROGRAM NUMBER

1. Review Last week: ADHD the Evolving Diagnosis: Beyond Description
 - a. Diagnosis must become functional not descriptive, based on brain evidence – Acting ADHD, Thinking ADHD, Avoidant ADHD
 - b. Provides better targets, - more predictable outcomes.

2. Today: Neglecting Burn Rate: Even Better Target Predictions
 - a. If you don't know *how ADD medications work biologically* – how they burn, you won't know what to expect before treatment. Without information about these challenges, you won't know how to measure the medication effectiveness during treatment, and will make the overall treatment process considerably less predictable. The meds just won't work right.
 - b. Using this “biologic measurement” concept with drug dosage sounds complicated but is easy to assess at the outset of treatment. While *not always completely accurate*, these simple medical guidelines will encourage more mindfulness and deliberate use of medications, with far fewer side effects. Most often, just knowing that these metabolic possibilities will likely influence treatment will create a more conservative, lower dosage treatment strategy.
 - c. Simple reason: The most frequent experience with changing rates of burn is poor metabolism with an *accumulation of drug* resulting in a reaction of **over dosage**. These unpredictable problems are found repeatedly in everyday practice and significantly affect the outcome of using stimulant drugs to treat ADD/ADHD.

3. Metabolic Rate Changes According to Specific Medical Challenges:
 - a. **To explain the problem more completely:** these metabolic issues will significantly change the metabolism of ADD medications and will:
 - b. **Cause medications to not work well:** Either block the medical breakdown of the medication, rendering ADD medications ineffective [requiring more dosage than expected to create a clinical effect], or, most often,

- c. **Cause medication to accumulate creating side effects:** To prevent or slow their metabolic assimilation, thereby creating a state of relative toxicity, wherein the medications appear too high in dosage because they are accumulating rather than undergoing appropriate deterioration.
- d. **Consider these metabolic problems as “rate limiting steps.”** Said another way, metabolic slowing will modify the burn rate of the medications. If the burn rate is impaired, the rate of metabolism is impaired, the drain is broken, and the sink will stop up. A flooded bathroom can result in significant drug problems as listed below.
- e. **Consider: these burn-rate-changers are not listed in a specific order of prevalence,** but occur so often they should be on everyone’s clinical radar.

4. Specific Metabolic Challenges That Significantly Effect Burn Rate

- a. **Genetic Unpredictability Can Now Be Measured:** The various pipes in the liver, the CYP ___ system arrive with various genetic disabilities:
 - i. ___ variable in 7-10% of the Caucasian population and 3 % African American. This important pathway effects drug interactions.
- b. You may laugh, but **T_____ Time Is Fundamental** The rate of passage of food from the mouth to the “south” makes a difference. Normal passage time 12-18 hrs.
 - i. **Slowing Transit creates metabolic burden** and the liver has to pick up the slack = “Bullet Proof Liver”
 - ii. **Speeding Transit, with, for example Irritable Bowel Syndrome, also creates a metabolic burden,** and again, the liver picks up the slack
- c. **Immune System Dysregulation is Commonplace and Measurable** It’s important to know that we will have an entire hour later on CorePsych that will address this problem, and expect several guests to help further educate public and professionals on this topic
 - i. **Gluten:** The wheat protein can create a problem if not broken down – can be measured HLA DQ 2/8
 - ii. **Casein:** Milk, either IgE or one of the other memory antibodies
 - iii. **Corn: Bipolar example** – toxic from psych drugs – 3 psych hospitalizations at 9 yo.
- d. **Hormones and Heavy metal toxicity:** Drugs don’t work well
- e. **Drug Interactions** are frequently _____
 - i. **Block 2D6 = Prozac, Paxil significantly interfere with Amphetamine products such as Vyvanse and Adderall¹**
 - ii. Multiple examples for more than 13 years.
 - iii. Concerta and Methylphenidate MPH interact as well with Prozac and Paxil.

Next week: **Treating Multiple Diagnosis,** drug interactions, and ADHD – Especially depression and anxiety.

¹ Cozza K, Armstrong S, Osterheld J, *Concise Guide to Drug Interaction Principles for Medical Practice: Cytochrome P450s, Ugts, P-Glycoproteins,* Amer. Psychiatric Assoc Press, 2nd Ed, 200