The Future of Psychiatry is Now

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I quit psychiatry.

Board certified January, quit in May.
Archimedes
A former patient
Sawdust Sickness

The body tells what the mind resists.
"Something about this isn't working."
the old
the new

Major Depression phenotype
Bipolar Disorder phenotype
ADHD phenotype
"This is a chemical imbalance."
"You have a serotonin deficiency."
the new
the old
the new

**skillful** anesthesia
the old
Bad digestion is the root of all evil. - Hippocrates
"Depression hurts but you don't have to." - antidepressant ad slogan
the new
Integrative Psychiatry Model

Physiologic Root Causes

Psychospiritual Root Causes

Symptom Management

c. Settle and Van Derveer, 2017
Integrative Psychiatry Model

1. Symptom Management

- Window of tolerability for maximum growth
- Over support and over challenge = hibernation/paralysis
- What is the healer’s capacity to tolerate growth?

Defining "normal"
All these people really seem to have it together, and I still have no idea what’s going on.
Engagement Model

Willingness
- Expanded pain tolerance, facing challenges, establishing health routines, gaining momentum, tasting success

Engagement Transformation

Unmotivated
- Not enough “symptoms”
- Over-medicated?

Unable
- Too many “symptoms”
- Under supported.

Paralysis

Not Yet Willing
- needs stories, role models, permission, inspiration, support network, tools, clarity, functioning physiology

Awakening:
- Physiologic root causes

Support/Comfort

Challenge/Suffering

Numbing:
- Substances and habits including medications

Numbing:
- Dissociation
- Shut down

Trauma therapy
- Attachment

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# Symptom Management Tools

## Bipolar disorder phenotype
- Daily Essential Nutrients - hardynutritionals.com
- EMPowerplus - truehope.com
- QuietMinds - quietminds.net
- Lithium orotate

## Psychotic symptoms
- Niacin
- Choline bitartrate

## Major Depression phenotype
- SAM-e
- St. John's Wort
- Adaptogens, various
- Saffron

## ADHD phenotype
- L-theanine
- Cannabidiol
# Symptom Management Tools

<table>
<thead>
<tr>
<th>Insomnia/Anxiety</th>
<th>ANS balancing tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>- L-theanine</td>
<td>- Yoga, tai chi</td>
</tr>
<tr>
<td>- Inositol</td>
<td>- Breathing</td>
</tr>
<tr>
<td>- Melatonin</td>
<td>- Nature</td>
</tr>
<tr>
<td>- Magnesium</td>
<td>- Meditation, prayer</td>
</tr>
<tr>
<td>- Adaptogens - various</td>
<td>- Relationships, pets</td>
</tr>
<tr>
<td>- Cannabidiol</td>
<td>- Journaling</td>
</tr>
<tr>
<td>- Phenibut</td>
<td>- Bodywork, acupuncture</td>
</tr>
<tr>
<td>- Lithium orotate</td>
<td>- Heart Rate Variability</td>
</tr>
<tr>
<td>- Taurine</td>
<td>- EEG Neurofeedback</td>
</tr>
</tbody>
</table>
2. **Physiologic** root causes (functional medicine)

- Gut and microbiome health
- Inflammation
- Diet and lifestyle
- Hormones
- Toxins including mold
- Metabolic syndrome, insulin resistance
- Chronic occult infections
“Adjusting for the baseline CAPS (PTSD) score, trauma exposure, we found baseline plasma CRP concentration to be a highly significant overall predictor of post-deployment CAPS scores (P = 0.002).” N = 2600 marines, prospective study

Eraly et al., 2014, JAMA Psychiatry, 71(4)

2 or more ACEs: 100% increased risk of autoimmune disease


CRP elevated 20 years after childhood maltreatment

Child abuse creates epigenetic change in HPA axis

- Post mortem study of suicide victims’ brains
- Structural changes in NR3C1 receptor vs controls
- NR3C1 responsible for deactivation of HPA axis
- Links to schizophrenia, mood disorders and suicide
- Most research finds continuum of stress and abuse

McGowan, P Nat Neuroscience 2009, 12:342-348
Integrative Psychiatry Model

3. **Psychospiritual** root causes

- big T Trauma
- little t trauma
- insecure attachment styles – relational trauma
- post traumatic growth
Anxious/Ambivalent/Preoccupied Style

• Simultaneously frightened, angry and clingy.
• Interpersonally demanding. Frequent calls for reassurance.
• More trust & dependency brings more suspicion & anger.

Avoidant Style

• Passive, apathetic, enduring, helpless.
• Interpersonally distant. Doesn't call. Looks shut down.
• An expression of care may feel like a threat. Avoids help.
Trauma and Attachment Treatments

- Somatic Experiencing
- EMDR (eye movement desensitization and reprocessing)
- Brain spotting
- Holotropic breathwork
- MDMA-assisted psychotherapy (phase 3 clinical trials)
- Ketamine-assisted psychotherapy
- PACT (psychobiological approach to couples therapy)
Pooled Phase 2 MDMA psychotherapy for PTSD

Table 1. ITT LOCF Placebo/Comparator-subtracted Mean CAPS Reduction

<table>
<thead>
<tr>
<th>Study</th>
<th>Zoloft 12 weeks CAPS % dropout, N Rand</th>
<th>Paxil 12 weeks CAPS % dropout, N Rand</th>
<th>MDMA pooled 12-20 weeks CAPS % dropout, N Rand</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>-6.8 29.3% from N=208</td>
<td>-10.8 41.7% from N=307</td>
<td>-26.2 7.6% from N=105</td>
</tr>
<tr>
<td>2</td>
<td>-9.8 22.5% from N=169</td>
<td>-14.3 to -12.2 35.6% from N=551</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Our 10 year vision: Turning Medicine Right Side Up

Medicine and Psychiatry united in one approach:

(1) Central role of stress/trauma
   - Traumatic patterning in the HPA axis
   - Driver of ANS imbalance
   - Inflammatory
   - MDMA psychotherapy and other advances

(2) Root causes of 'physical' and 'mental' symptoms
   - Functional pathways widely understood
   - Personalized medicine
Let’s do this. Together.

• Allow your personal journey as a human and a healer to catalyze change in your medical practice.

• Give yourself permission to be the healer you already are.

• If you are frustrated with conventional medicine, learn the latest tools or innovate your own.
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**Awakening:**
Physiologic root causes

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**Challenge/ Suffering**
Numbing: Dissociation Shut down

**Support/ Comfort**

**Awakening:**
Trauma therapy Attachment

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Join us!

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Psychiatry MasterClass
Integrative Psychiatry in Practice
www.psychiatrymasterclass.com
The Misdiagnosis Machine: How Thyroid Problems Mimic the Symptoms of Mental Illness

Izabella Wentz, PharmD, FASCP
My Background

- Received Doctor of Pharmacy degree from Midwestern University College of Pharmacy
- Diagnosed with Hashimoto’s thyroiditis in 2009
- Author of NYT bestselling patient guide *Hashimoto’s Thyroiditis: The Root Cause, and Hashimoto’s Protocol*
- Author of website www.thyroidpharmacist.com
- Co-founder of the Hashimoto’s Institute
- Trustee for Thyroid Change
- Key Opinion Leader for Pure Encapsulations
What Do These Symptoms Mean?

- Apathy
- Fatigue
- Brain fog
- Depression
- Hypersomnia
- Flattened affect
Underactive Thyroid Symptoms

- Physical slowing down of the body
- Brain fog – cannot think clearly, mixed thoughts and emotions
- Constant fatigue – always feeling tired and tired of being tired
- Apathy – not as motivated

Each of these symptoms mimic those of mental depression, yet underactive thyroid can be the root cause of these symptoms and feelings.
What is Hashimoto’s Thyroiditis?

• Autoimmune disorder- Antibodies attack the thyroid gland causing damage to the gland and a reduction in thyroid hormone levels

• Without treatment and proper care, the function of the thyroid continues deteriorate leading to hypothyroidism
Hashimoto’s Prevalence

- Accounts for 90-97% of hypothyroidism
- Up to 28% of the population
  - More in healthcare seeking
- More common in women, but also occurs within men and children
- Genetic component

Staii, et. al. Hashimoto thyroiditis is more frequent than expected when diagnosed by cytology which uncovers a pre-clinical state. Thyroid Res. 2010 Dec 20;3(1):11
Stages of Hashimoto’s

1: Genetic predisposition

2: Immune cell infiltration into thyroid gland

3: Subclinical hypothyroidism

4: Overt hypothyroidism

5: Progression to other autoimmune disorders
Elevated thyroid antibodies, even in euthyroid subjects are connected to symptoms and may be present for up to a decade before a change in TSH is seen.

TPO
TG
TSI/TSH-R
Symptoms of the Autoimmune Attack on the Thyroid Gland

- Fatigue
- Weight Gain
- Gut Symptoms
- Miscarriage/Infertility
- Developmental disabilities in offspring
- Palpitations

- Mental health (Anxiety, OCD-like symptoms, mood fluctuation)
- Lower quality of life
- Apathy
- “Hypochondria”
Autoimmune Thyroid Impact

- Depression
- Panic attacks
- Bipolar disorder
- Psychosis
- Schizophrenia
- Dementia
- Borderline personality disorder (higher rates of Hashimoto’s)
- Hashimoto’s Encephalopathy
Psychotropics and Thyroid Conditions

- Dopamine reuptake inhibitors/stimulants
- Lithium
- Antipsychotics
- Benzodiazepine’s
- SSRI’s
Helpful Interventions
Thyroid Hormones

L-Thyroxine (T4)

3, 5, 3′-Triiodo-L-Thyronine (T3)
Selenium Supplement

- Selenium deficiency implicated as a trigger for Hashimoto’s
  - Graves, Pregnancy, Hashimoto’s
- Deficiency caused by gut issues, also deficient in gluten-free/grain-free diets
- Taking Se leads to reduction in anxiety, antibodies and other symptoms
- Shown to help even in the absence of detected deficiency
- 200–400 mcg per day of selenium methionine
Myo-Inositol

- Involved with signaling TSH hormone, regulated iodination (TSH resistance)
- 600 mg /day x 6 months along with Selenium
- Reduction in TPO by 44% vs 42% with Selenium alone
- Reduction in TG by 48% vs 38% in Selenium alone
- Put some in “remission”
- Reduced TSH by 1 point

Lifestyle Interventions

- Balancing blood sugar
- Gluten-free or Paleo diet
- Acupuncture
- Sauna therapy
- Massage
- Adrenal adaptogens
Root Causes

- Nutrient Depletions
- Intestinal Permeability
- Chronic Infections
- Poor Stress Response
- Food Sensitivities
- Toxins


