[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.

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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 antidepressents, the results were similar between groups
the SAMe was more effective than the placibo
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 nutriceutical
[18:44] LoriVonne Lustre: N-acetylcysteine (NAC)
[18:44] Carolyn Carillon: JS: is an aminoacid called N-acetylcysteine (NAC)
it's a strong antioxident
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
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.

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

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.

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

Ruby Vandyke: yes, they can't bring it in

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

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?

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

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

Sister Abeyante: Or buy them online....

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

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 cos 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] Attica Bekkers: thank you transcribers
[19:11] LoriVonne Lustre: <<transcription ends >>