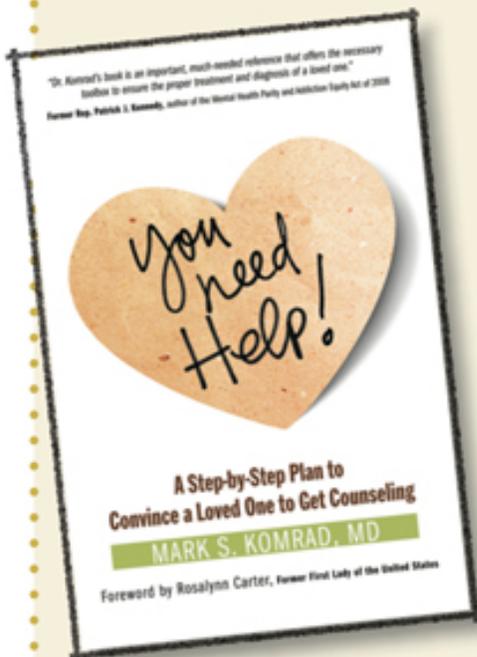




NAMI
National Alliance on Mental Illness

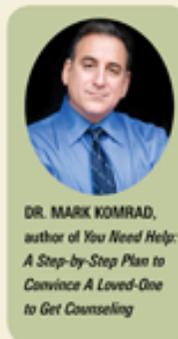
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Ask The Doctor

Everything You've Ever Wanted to Ask A Psychiatrist

Spend a Saturday morning with the famed Dr. Mark Komrad who will answer all your questions, particularly on the subject of how to get your loved one into treatment. Just elected to the prestigious American College of Psychiatrists and honored as an "Exemplary Psychiatrist" by NAMI, Dr. Komrad is a frequent guest on NPR, answering callers' questions about how to get a loved one into treatment.



DR. MARK KOMRAD,
author of *You Need Help: A Step-by-Step Plan to Convince A Loved-One to Get Counseling*

Visit www.komradmd.com or www.amazon.com to order Dr. Komrad's book in advance of the program.

Saturday, Jan. 17, 2015, 10 am-12 pm
Cambridge Public Library
449 Broadway, Cambridge, MA 02138

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ASK THE DOCTOR, A QUESTION-AND-ANSWER SESSION WITH DR. MARK KOMRAD

January 17, 2015 at the Cambridge Library

Dr. Komrad was introduced by Carolyn White, who arranged his visit after hearing him at the NAMI national convention in Washington D.C. last year. He gave some background about his personal history, telling how he became interested in presenting information about mental illness after seeing it portrayed so inaccurately in movies and popular culture. He wrote a position paper after viewing the film "Silence of the Lambs" and was invited to participate in a radio show called "Doctors on Call," which later became "Komrad on Call." He fielded wide ranging questions on mental illness and summarized his thinking in a book *You Need Help: A Step-by-step Plan to Convince a Loved-One to Get Counseling*. He fielded questions for over an hour, and some of those are summarized here:

Q: When there is conflict with someone's family, is that anosognosia?

A: Not necessarily. Problems have varying causes, for example early life experiences. If a

parent abandoned a child, the child may have trouble establishing friendship or relationships later on.

Q: If a family member is part of the problem, can that person become an ally and help solving the problems?

A: Yes. It is not so unusual that therapy may be directed at a person other than the one originally identified as needing help.

Q: Is it a good idea to ask directly for help for your family member?

A: Yes it's OK but often it will work to ask the ill person to seek help for your own sake, since it is hurting you to see them suffer without help. It's OK to say "ouch," i.e. "You're hurting me."

Q: When dealing with a grandparent's mental illness, what should be their contact with grandchildren?

A: The first concern should be safety. If you don't believe the grandchildren may be safe with the grandparent, ask the grandparent to see a counselor before having any more visits with grandchildren. The film "Hope Springs" with Meryl Streep and Tommy Lee Jones shows some workable techniques although it is not dealing with serious mental illness.

Q: If you are successful getting a person to see a professional, is that the end of things?

A: No, it's necessary to see that they continue seeing the professional. You can help that process by removing excuses they may have, for example if it's the cost, offer to pay, or if it's transportation, offer to take them.

Q: It can be hard to decide between respecting the person's autonomy vs. using techniques to get them to get help. How can those two be balanced?

A: It is a delicate balance. Paternalism is a big issue that involves taking over as if for a young child, and not always respecting autonomy. The only legitimate goal is to try to restore or maximize the person's autonomy, not to punish or exploit the person. The use of logical reasoning is good but not always relevant if the patient has lost cognitive ability. Most important are parent-child relationships, where there is asymmetry, with years of roles of parental dominance for the well-being of the child.

Q: My friend is profoundly schizophrenic and spends a lot of money for cigarettes. What is the effect of smoking on someone with mental illness?

A: Mental patients have about three times the rate of smoking as the general population. Nicotine is known to have anti-psychotic action. Dr. Komrad said he is not aware that recent restrictions on smoking in many public areas has had an effect on the mentally ill. One way to control or limit a person's smoking is simply to limit that person's available money.

Q: How can you deal with a mentally ill family member who can't be relied on to take their meds?

A: If it is well known that they don't take their meds, initiate a new regimen to ensure meds will be taken. For example, tell them they must take the meds with you watching until you are sure they are taking them regularly. Another approach is to use long-acting injectable formulations, which decrease their therapeutic effect more gradually when not taken for a day or two. It can be helpful to link certain family privileges (e.g. cell phone, internet access, car, etc.) to the responsibility of taking meds. Maybe one day at a time.

Q: Are there always changes in neuroanatomy with mental illness?

A: No, the changes described in published research are averages, so any given person will not necessarily show those changes. Note that **there is no test that complements history for mental illness**. Unlike most other medical areas, for mental illness the patient's history is the only source of information the doctor has to make his diagnosis. There are clinics that will do expensive brain scans and promise diagnoses, but this unfortunately is not valid practice. There are some other branches of medicine that also have no independent diagnostic test, e.g. fibromyalgia or chronic fatigue syndrome.

Q: Can trauma cause brain damage leading to mental illness?

A: Post-concussion syndromes are not always seen in scans or other tests. Trauma definitely can cause later problems.

Q: Is ECT (electroconvulsive therapy) effective in major depression?

A: ECT is probably the most effective treatment and is now underutilized. *(One audience member expressed strong disagreement with this statement. It has long been controversial because of its history and unfortunate portrayals in movies.)* If multiple meds have failed for a given patient, ECT is more likely to work than another medicine.

Q: What is the relationship between Lyme disease and mental illness?

A: Major depression can result from untreated Lyme disease, but most depression is unrelated to Lyme disease. The situation is similar to OCD resulting from strep infections in children.

Q: Why do so many psychiatrists refuse to accept health insurance?

A: Payments by insurance are much lower than for other specialties, resulting in some psychiatrists seeing many patients for very short times in order to achieve a decent payment for themselves. You get what you pay for, but insurance does not pay for adequate treatment for mental illness. In the U.S. only 59% of psychiatrists accept some form of health insurance.

Q: Do anti-psychotic meds help with voices, i.e. auditory hallucinations?

A: Usually meds are more effective for voices, delusions, and hallucinations, but less effective for negative symptoms such as lack of motivation and flat affect. For many patients Clozaril is effective, but it is underutilized, partly because of the demanding regimen to navigate the very narrow therapeutic window. Blood tests are required to guard against side effects affecting white blood count.

Q: Someone was on Clozaril for 8 years, and developed OCD (obsessive-compulsive disorder). Was that caused by Clozaril?

A: Not due to Clozaril, but some patients have what is called “Schizo-obsessive disorder” where symptoms of both schizophrenia and OCD are seen.

Q: How can an adult child use or avoid paternalism in helping a mentally ill parent?

A: This is a reversal of the “normal” relationship between parent and child. The child may feel uncomfortable taking the parent’s traditional role. It can help to use love as a point of departure. Be specific, naming behaviors and say “You deserve to be helped.”

Q: A mentally ill relative has a long history of addictions. Now the addictions have all been replaced by an addiction to Christ. What can be done? He attends a church and talks only to people from the church.

A: Try to talk to others from that church to form an alliance to get help for him.

Q: Can people get help to convince someone they care about to get treatment?

A: Often I am approached by people who come to consult me about another family member. Over many sessions, we can brainstorm a number of approaches. Persistence and courage to implement ideas are needed. I often have to do “hand holding” to support that courage and help families develop fortitude and not get discouraged. One approach does not fit all.

Q: After trying many things for my family member, he is still noncompliant. Am I enabling him?

A: It’s easy to inadvertently enable chronic problems in a family environment. Therapeutic communities can often be helpful. There is an inherent danger of the verticality of family relationships. The patient needs a “launch” out of the family. A group home may provide that. Some chronic illnesses plateau at an impaired level, i.e. after some improvement, that may all you are going to get.

AFTER THE TALK DR. KOMRAD INDICATED THAT HIS APPROACH AND THAT OF DR. JAVIER AMADOR (AUTHOR OF “I’M NOT SICK, I DON’T NEED HELP”) REPRESENT COMPLEMENTARY BUT VALID APPROACHES TO MENTAL ILLNESS. WE HAVE HAD DR. AMADOR SPEAK TO OUR GROUP IN THE PAST.