Hidden Factors Sabotaging Your Patients' Recovery Transcript

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Why motivated patients still relapse

What if your most motivated patients, the ones doing everything right, what if they're still set up to relapse? I'm Dr. Arun Podesta, functional integrative psychiatrist, triple boarded and adult psychiatry, addiction medicine, and forensic psychiaty.

I love helping addiction professionals improve patient engagement and recovery outcomes using integrate evidence-based strategies. And in this video, I am sharing the tools that make that possible.

The truth is, most clinicians are really doing amazing work. We're showing up, we're following best practices, We are using everything we've learned, and yet too many of our patients still relapse.

The numbers show that. It's super frustrating for us, for them, the community, family members, especially when the patient truly wants recovery, when they're motivated, adherent, yet they still may crash.

And when relapse happens, despite strong support and good intentions, it's almost never because the patient isn't trying hard enough. Really, It's because of something deeper going on, something that doesn't really show up on a checklist or on progress note.

Something that isn't part of the traditional addiction treatment model, but absolutely is part the brain's recovery process.

Hidden biochemical stressors in recovery

What's happening here isn' necessarily about willpower. Really, not at all. It's about an underlying stress on the system. on the body, on a brain, and on biochemistry.

And if we, as treaters, don't address those hidden stressors, even the best plans eventually break down. But here's the payoff. Once we know how to start addressing them, we do start to address them.

Even in teensy-weensy little ways, We actually see patients get more stable, more regulated, And more engaged in their own healing. So let's talk about what those stressor are and how we start spotting them Okay, picture this.

You've got a patient with opioid use disorder, let's say, who's stable on a medication such as buprenorphine or naltrexone. Their dosing is consistent.

They're following their treatment plan. they've been adherent for months. But lately, something's come up. They're edgy, they're snapping and irritable at their loved ones, their sleep is maybe off, They are just consuming sugar constantly and yet saying they are tired and wired all the time.

So what do you do? You may check on their routines, maybe adjust or add a medication, of course, reinforce coping skills, increase support. Now maybe it escalates and, ah, worst, they disappear for a week.

And just like that, the relapse risk is back. What's happening isn't just emotional. It's not just behavioral. it's actually biochemical. and it is often building very quietly and subtly for weeks to months.

what happens when patients have low B6 levels?

How nutrient and inflammation issues affect relapse risk

Well, guess what? That affects their GABA production, their serotonin functionality, and their dopamine

functionality. And so many patients are low in magnesium, which can inhibit NMDA, making more excitatory neuronal activity.

Oh, Our patients have impaired methylation, which can affect neurotransmitter production, causing a slew of issues, including mood issues energy issues attention issues and more.

Too much inflammation that can trigger anxiety, brain fog, impulsive behavior, and you know none of that really shows up on a standard intake form, even if we do our basic set of labs it might not show up.

But it does show in patterns. in cravings, in crashes, NGI issues, irritability, frustration, tolerance, mood issues anxiety, and that subtle patient feedback saying, I just don't feel right.

When we start listening to those signals differently and see them as biological clues, not just behavioral noise, then we can start changing the trajectory of the recovery treatment.

So what really is going on? When therapy stalls, motivation dips, or cravings creep back in, there's a good chance that something deeper is taxing on their system.

Which is why we have to stop thinking of addiction treatment as just behavioral characterological or a psychological process, because recovery is also biological.

It's metabolic, it's neurochemical, its physical. And when those systems are dysregulated, no amount of insight or willpower can fully compensate. The brain can't make neurotransmitters out of thin air.

It needs raw materials. And it needs amino acids, B vitamins, minerals, cofactors. Without them, patients just can not stabilize their mood. They have a difficult time managing stress or feeling pleasure the way they need to in recovery.

Practical integrative steps clinicians can use

Even when we do provide those materials, they might have genetic variant like MTHFR or COMT that could interfere with how the patients process and use those baseline materials.

So now you've got someone who's trying to feel better, but their system is bottlenecked. And you add in the lifestyle piece for sleep, high sugar, trauma, chronic stress, inflammation, and that just all takes over.

The inflammation doesn't just affect the body, it impacts the brain's decision-making circuitry, fueling reactivity, impulsivity and hopelessness. In other words, the very physiology of relapse can start weeks before a patient relapses.

But the good news is, these stressors are also addressable. They're not mysterious or too complex, as it were. We can support the system. We as treaters know about it and we can rebuild it.

And when we do, patients stop white-knuckling and start healing with more stability and less struggle. This is what integrative addiction care is all about.

finding the real blocks to recovery and removing them. Now, if you're thinking, that sounds important, but where do I even start? You're not alone. Many clinicians assume this kind of integrative support requires specialized testing or a full on functional medicine setup, But not really.

In fact, some of the most effective steps are also really the simplest. You don't need to become a biochemist or nutritionist. You just need to start listening for some patterns and layering in a few upgrades, key upgrades.

Before I dive into that, if this kind of integrative, evidence-based care resonates with you, go ahead and like this video and subscribe to the channel.

It helps more professionals like you find these tools. and it tells me you want more content like this. All right. Let's talk about how to actually put this into practice.

First, let's start paying closer attention to our patient's energy, their sleep, they're digestion and their emotional reactivity. These symptoms are often the first signs that the system is under strain and they usually show up before any major behavioral shift.

Second, Let us consider doing some testing like looking under the hood, I call it. Look for basic things like B12, folate deficiency, vitamin D levels, zinc deficiencies, and more.

Learn how to understand the levels. Not just if they're within normal limits, but make sure that you know how Third, consider foundational nutrition support.

Quality supplements definitely make sure they're third-party tested.

Why integrative addiction care improves outcomes

Depending on their need, it may include methylated B12 and folate, may includes magnesium, glycinate is my preferred type, but lots of other kinds. certain zincs, other trace minerals, and then start to replete the system.

You really don't need to get fancy, just covering the basics that addiction and stress deplete. And fourth, start thinking about neuroinflammation. Look at it omega-3s anti-inflammatory foods or other simple lifestyle shifts like getting outside in the morning, doing a few minutes of breath work.

These daily practices help regulate the nervous system in powerful ways. And finally, observe. When patients feel more balanced physically, you'll see it emotionally.

They're less impulsive, more engaged. they're not just surviving recovery, they are living it. None of this replaces therapy or medication or peer support or all the other things we start with.

But it does enhance them. It gives the brain and the body what they need to actually respond to treatment. And that's when real shifts begin. So when a patient relapses, it's easy to assume it was a failure of willpower or a But so often it's none of those things.

It's actually biological oftentimes, inflammatory oftentimes. Unmet micronutrient needs. The genetic processing issues that make staying calm or feeling good physiologically more difficult than it should be.

These are real evidence-based dynamics playing out in your patients every single day. And when we as clinicians start accounting for them, We unlock a level of recovery that feels more sustainable, more human, and honestly more effective.

You don't have to overhaul your whole model. Just need to start looking at the full picture. That's the power of integrative addiction care and that's what your patients deserve.

Thanks so much for watching and thank you for the work you do every day to support recovery. If you find this valuable and want to keep learning, the best way to do that is watch another video.

So go ahead and click on the one appearing here on this screen and let's keep building better outcomes together.