IS IT MY MEDS DOING THIS? #podcast #mentalhealth #psychology #brainhealth Transcript

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Why Medications Can Stop Working

What if the medication that helped you feel like yourself again just suddenly stopped working? With no warning, no clear reason, just a slow return of symptoms or sometimes all at once.

For a lot of people, that moment feels so confusing. It's frustrating and honestly, it's personal, right? Like your body failed you or the treatment failed.

But here's the reality. In many cases, nothing actually went wrong. It's just that your brain adapted. I'm Dr. Arwen Podesta. And here we break down mental health, brain science, and integrative strategies in a way that's practical and grounded in evidence.

Whether you're a clinician working with your patients or someone trying to better understand your own mental Today, we're talking about why medications can seem to stop working over time and what that actually means.

Okay, here's the takeaway. If a medicine stops working, it doesn't mean you failed. It often means that your brain actually adapted. And once you understand that, the next steps become much clearer.

You've probably heard terms like poop out, tolerance, or the medical terminology, tachyphylaxis. They all describe the same phenomena.

Neuroadaptation and Brain Tolerance

A medicine that initially worked well becomes less effective over time, sometimes gradually and sometimes seemingly all at once. This can certainly happen with lots of medicines.

In my world, it happens with antidepressants, with stimulants with anti-anxiety medicines, and with mood stabilizers. And importantly, it's not rare. It's actually a known phenomena and an expected biological response in many cases.

Your brain isn't static. it is constantly adjusting. Well, how does the brain adapt to long-term medication use? The brain's primary goal is stability.

So when we introduce a medication, for example, an antidepressant like that is a serotonin signaling antidespressants, the brain begins to compensate.

And over time, this could even include receptor downregulation, changes in neurotransmitter release, shifts in intracellular signaling, even large scale network changes.

This process is called neuroadaptation. You know what, it's not unique to medications that are prescribed. It's the exact same process that's involved in neuro adaptation in substance use disorders and in addiction.

In my book, Hooked, I talk about this very thing about the biology of addiction and how the brain adapts to repeated exposures in ways that reduce their effect over time.

And this is the takeaway.

Why Dose Increases Aren't Always the Answer

Your brain is always trying to rebalance, to recalibrate, even if sometimes that balance doesn't feel good. Well, why increasing doses isn't always the solution.

You know, when a medicine stops working, the instinct is often for the prescriber or the individual to increase the dose. It worked at first, let's bump it up again.

Sometimes that's helpful and that is part of what we learn and what do. But it's not always helpful because actually sometimes higher doses can accelerate that adaptation.

And sometimes at higher dose more side effects can occur. And at some medicines, you can hit a ceiling where more medicine doesn't actually equal more benefit.

In some cases, pushing the dose higher can actually make the system more resistant over time. So our way of thinking that more is better, let's disrupt that.

We've got to think more strategically. What is the brain doing in response? And how do we work with that? The missing piece may be things like cofactors, nutrients, and internal environment.

And this is something that gets overlooked sometimes, because medicines, they don't work in isolation. They depend on your body's internal environments.

Neurotransmitter systems rely on key cofactors and nutrients to function properly.

Nutrients, Stress, and Environmental Factors

B vitamins like folate and B12 especially, and the others, magnesium for sure, zinc, vitamin D, amino acids and more. And during periods of chronic stress, of illness, poor nutrition, inflammation, these can become depleted.

When that happens, neurotransmitter production can be impaired. receptor function can change, and overall brain resilience decreases. So the medication may still be doing its job, but the system itself that it's working within is no longer optimized.

And in those cases, the medications may only work so well until those underlying factors are addressed. This is where recletion through nutrition, supplementation, addressing root causes can make a significant difference.

What about toxins, major life changes, stressors? Along the same lines, we also have to consider external and environmental factors. Things like toxin exposure, environmental, occupational, even from substance intake.

Major life stressor can rob away some of those cofactors. Hormonal shifts, sleep disruption, significant medical issues, significance lifestyle change, all of these shifts can shift the brain chemistry and physiology.

So again, it might not be the medication stopped working as the medicine is the problem. It might be that the context changed in a way that altered how your brain responds.

And this is why a very good evaluation always looks beyond just the prescription. You may have heard about low dose strategies. And this is where things might get counterintuitive.

Sometimes, instead of increasing the dose, we might want to lower the dos.

Low-Dose Strategies and Medication Metabolism

Examples include lowering the doses of lithium, for example, lowering dose of buprenorphine, or other targeted low dose interventions, very specific to the individual.

At lower doses, medicines might engage different receptor pathways, avoid triggering strong compensatory

responses, provide more subtle regulation of brain systems.

So you can kind of think of it as guiding the system instead of overwhelming it. Now, this isn't for everyone, but it's an important option, especially in more complex or treatment resistant cases.

You know, another piece of the puzzle is how your body actually processes the medications. And this is something called pharmacogenetics, which is your genetic metabolism patterns treat the medicine, and pharmacokinetics which how medications are absorbed, distributed, cleared from the body.

And questions we might want to think about related to those things, are you metabolizing the medicine too quickly or too slowly? Are there interactions with other medicines or supplements if you've started a new supplement or medicine that might be at the case?

Has something changed in your physiology over time? Sometimes what looks like tolerance might actually be inconsistent medication levels or absorption issues or metabolic changes.

And testing doesn't solve everything, but that can help guide more precise decisions. So what should we consider before changing medicines? If you think that a medicine stopped working before switching the medicine, it is important to sit back and look at the bigger picture.

What to Check Before Switching Medications

To think about timing, when did this change occur? Think about stress and lifestyle issues, whether sleep, nutrition, and life events are getting in the way.

Think about consistency. Are doses being taken exactly regularly? What about interactions with any new medicines or supplements? Or are there underlying conditions that have maybe progressed or changed?

Because sometimes it's not actually the medicine that stopped working, it is something in the body that shifted. So if you take one thing from this, When a medication seems to stop working, it's often not a failure.

It's neuroadaptation. And a very smart brain is doing exactly what it is designed to do. Sometimes it also is about the environment that the brain operates in.

Nutrients, stress, toxins, and life context. And when we look at all of those pieces together, we can make much more thoughtful, effective decisions. If this was helpful, please make sure to subscribe so you don't miss future videos where we break down mental health and treatment in a clear, practical way.

I'm Dr. Arwen Podesta. Thanks for being here. And in the next video, We're going to talk about how to safely deprescribe psychiatric medications.