Why Psychiatric Medications Fail: The Missing Link In Treatment Resistance Transcript

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Introduction and Guest Background

Hi, and welcome to another episode of the Healing Lyme Summit 2.0. I'm your host, Doctor Maria Hinchey, and in this episode we are going to be unraveling the complex interplay of tick borne diseases, infections, neuroinflammation, and their impact on psychiatric conditions.

Joining us for this conversation is my friend, Doctor Jamal Patterson, who is a nationally recognized naturopathic physician success coach, three time Amazon bestselling author and Forbes contributor.

She owns a successful multidisciplinary medical practice called Fairfield Family Health in Connecticut, and she has over 16 years of clinical experience with a focus on Lyme disease, autoimmune conditions, integrative psychiatry, and environmental medicine.

She is a sought after speaker and published in places like USA today, New York Magazine, Forbes, CBS, Fox, NBC and ABC. She's a certified practitioner through the Institute for Functional Medicine, or IFM.

And she completed a fellowship and functional medicine for psychiatry and A. D. D., ADHD. She's a faculty member with Rupa University. Psychiatry Redefined a forum, AFM and other educational platforms for functional medicine providers.

Welcome, Doctor Patterson. Tell our listeners a little bit about how you came to specialize in Lyme and other tick borne diseases. Yeah, so I personally so first of all, I'm always happy to be here talking with you, doctor Hinchey, friend and esteemed colleague as well.

So, so I myself had Lyme disease. I also had Bartonella, the BSE, in my probably later 20s when I was in naturopathy program and one of the reasons I had an, interest and I started seeing a lot of patients that not only had Lyme disease, but also mental health issues in conjunction with, with Lyme disease.

And I myself also had anxiety, particularly with having the BCA and like temperature regulation issues. I was literally wearing black for almost like a year.

And that's your Catholic school. And they kind of just rolled off that time as just anxiety. But I knew it felt like it was something different, because it would it was happening at any time of day that wasn't related to anything that was stressful.

So I had my own personal story experience. And then, my patients and I started started doing a lot more work in research as it pertains to mental health, because especially as we know, after 2020, there's just this increased rise.

But many of my patients that, had Lyme disease or Bartonella bubka, they also were on, you know, on psych psychiatric medications, and they still were not getting symptomatically better by way of mental health.

And a lot of it was because their, and tick borne infection wasn't being managed well.

How Lyme and Tick-Borne Illness Affect Mental Health

And so I just found it like really critically important to addressing both of those at the same time and being adept in that. Yeah. So explain to our listeners how tick borne diseases and other mechanisms, of inflammation, of inflammation directly impact the brain.

So Lyme disease, as well as other bacterial and viral infections can cause inflammation to the brain. There are a lot of different triggers for that. There's environmental triggers.

You know, pollution can be a trigger, chronic disease conditions that people have, like type two diabetes. And there's just this low grade inflammation over time.

Those are all triggers up for inflammation that can cause what we call referred to as neural inflammation. And basically what happens in these situations is that you have the, your brain, you have blood brain barrier and the blood brain barrier here.

Basically, what it does is make sure to keep things, you know, keep things, protected to keep your brain protected, prevent things from coming in. And so for the most part, like 98% does not go through, but you do have about 2% of solutes that come in and that there's this chronic, systemic inflammation over time, even low grade chronic inflammation, you'll cause a weakening of that.

The blood brain barrier and this inflammation to the brain. And what you'll see is something called, microglia. So microglia, it's part of the CNS. You have astrocytes, which are part of the CNS.

And what microglia do essentially is they if it gets activated, you'll have their what have they call these macrophages? I always referred to as kind of coming in and cleaning up like, you know, cleaning up the garbage.

And so what happens is if this is constantly getting activated, that means the brain, this microglia is coming in and to constantly clean up, the brain.

And so if there's, if there's this, high amount of it that just indicates that there's a lot of systemic inflammation in the body is working harder and so when you see that happen, you have a lot of these inflammatory markers that go up.

And they basically affect the neural circuitry of the brain. They affect the neurotransmitters, the balance and you'll see this increase in things like anxiety and depression and even schizophrenia as well.

So can you explain a little bit deeper like the mechanism of action, so to speak, like of how inflammation can actually bring out anxiety, depression or schizophrenia? Yeah.

So the the biggest thing is so there's a couple mechanisms. So there's intense the intensity and duration is the most important. So you can have this kind of chronic low grade or just this extreme inflammation like somebody that has like traumatic brain injury or something like that.

And so what happens is you have increasing of inflammatory markers like IL six, interleukin six, which is one of the first ones you'll see increases. And things like CRP, which is C-reactive protein.

You have tumor necrosis factor. You have interferons. All of these go up. And what happens is they affect different parts of the brain. And so when you look at something like anxiety, you have the amygdala that's impacted.

The amygdala is our emotional regulation center that's connected to like fears and that, when you get mad and you're driving on the road and, you know, immediately angry that or somebody scares you, that's like that fear mechanism and that's the amygdala, which gets impacted, with anxiety.

And then you have other parts of the brain with anxiety like your prefrontal cortex, again, impacted, which is related to like, making decisions and cognitive function.

Inflammation, Brain Regions, and Neurotransmitters

When you look at things like depression, you have your hippocampus, which is impact in hippocampus is related to memory center and cognitive function.

And so all of these, if you think about what you'll see with somebody with like Lyme disease or anxiety and depression, you'll see like memory issues, short term memory, cognitive issues, focus issues.

If you see someone really severe depression, there's no motivation. They don't want to really do anything. They're forgetting everything. And so those centers actually with inflammation will get negatively impacted where you actually have the thinning of the gray matter, which is actually important to protect the brain.

But those areas of the brain that are really key to those different mental health conditions get impacted and will decrease the functioning. So you have that that's one factor.

Then you also have these, neurotransmitters like Gaba, which is actually protective for the brain and is related helps with anxiety. You have things like serotonin.

Those things start getting imbalance the more inflammation you have. And then you have, neurotransmitters that are more inflammatory in nature, like, like glutamate, which are there's like kind of an altering of the balance of these things that are actually protective and non protective.

And so those, those pieces that like serotonin, which help with anxiety, or Gaba, which help with anxiety or dopamine which help with depression, those will get altered where it kind of flips and you have more of the ones that are inflammatory to the brain, non protective kind of start dominating in terms of the ratio.

So not only are the certain centers of the brain affected, but you also have these changes in the neurotransmitters that also affect the mood. Yeah I have two comments from what you said.

So number one, I know for a lot of my patients and I'm curious if you see the same, I don't really see a lot of like dominance of like one area of the brain being more affected, like in, in a particular patient.

It's kind of like the whole brain's on fire, the whole brain's inflamed. And I think if someone's trying to decipher, like, is this a true Neurosci. Kilpatrick issue? Like, is this just depression?

Well, I think a lot of times, like if it's traditional depression, like you're not going to have, you know, poor short term memory and decision making issues, right?

And like all of like the cognitive plus you executive functioning things, you know, that you would see in kind of like the lime brain where it's kind of like how the whole brain's on fire.

And and also the tricky thing is we also have other factors that play into like hormones. Right? So we have people have hormones or mold. And those also can cause brain fog, you know, focus issues.

So that is one of the challenges as a practitioner. It's like teasing that piece out. And that's where you really have to do the saying like test, don't guess like getting all that information.

So I do a lot of like, you know, neurotransmitter panels to see like, you know, what is the their cortisol like, what is their serotonin like, you know, so in terms of dopamine, what are the actual levels look like?

You can also do that through blood work. I'll also, do things like, oh, tests. So if you look at, anxiety or any mental health issues, there's something called the concerning pathway which gets activated and that has elevated levels of something called Quinn.

And you can actually look at that, in like an Oat test, for example, which is a specialty test. So it is true. And that's where you have to piece out those pieces.

But I think usually the telling factor to me is someone that has had like Lyme disease or tick borne illness and like I've never had anxiety before, I've never had depression before.

And there wasn't kind of in history or they did maybe have a history, but the level is so significant than it was before. When. You go from mild anxiety to all of a sudden having panic attacks.

Exactly. And you've and you probably seen I've had, patients who have driven down to me and they're like, I can't even make the drive down because I'm having a panic attack or I'm getting, you know, my heart rate keeps going up and down.

So that's unusual and that's not typical. And then also or you'll see like changing of medications like the medications are no longer working now instead of one they had to be there.

One they had to double increase and they had to be on another medication and they still feel the same. And there's a lot of studies that show that if somebody is resistant to, psychiatric medications, you definitely have to look at inflammation, because inflammation, if those markers are up, it'll cause like treatment resistance.

Testing, Gut Health, and Glutamine Sensitivity

And so then you have to realize like what is the inflammation from, you know, what are the factors. And oftentimes it is like these tick borne diseases.

But like you mentioned it's like these kind of things that are not typical for them kind of come up. And that actually helps to know how much of a role that is playing in their mental health condition too.

Yeah, absolutely. The other thing that you made me think of is, you know, obviously the gut in the role that the gut plays with, neurotransmitters like serotonin, right.

And how the, the microbiome drives that. And then I think about all of my patients that have tick borne disease and leaky gut and inflammation in the gut.

And a lot of them come in on like, major doses of glutamine to try to heal the gut. Do you see patients put on glutamine actually getting worse with their neuropsychiatric symptoms because of glutamine converting into glutamate?

Do you? I definitely have, and it's not all I would say, like probably like 5% of the time. And that's where those tests to see how high their, their glutamate is.

Especially if someone said as soon as I got put on, you know, glutamine. I'm they usually those patients are the ones that react right away. And so that's actually good kind of because that typically means like when glutamine it's really high.

There's been a lot of neuroinflammation. So that also gives you some like some information. But it's really interesting because when you mentioned the microbiome that also will get, you know, significantly impacted because a lot of the patients I know we see have been on antibiotics or have been on antibiotics for a long term, and that can cause issues with, you know, candida and overgrowth of sometimes, I feel like it's schizophrenia.

There's higher amounts of like facultative anaerobes. And if you look at Lyme disease, Lactobacillus plantarum has been implicated in, being able to like help.

And if you look at those, those same, bacteria, those also help with things like serotonin and they help with Gaba and things like that too. So a lot of the Lactobacillus species are implicated when we're looking at, the neurotransmitters that are positive for the the body that are depleted and people with tick borne illnesses.

Yeah. Do you want to talk more about neurotransmitters or do you feel like you covered that sufficiently. Yeah. So so I think one thing is to know like overall like what are the ones that are like we have these what's called inhibitory.

And then we have excitatory neurotransmitters. So inhibitory ones are things like serotonin. They're things like

Gaba. And then when you look at excitatory neurotransmitters you have glutamate.

You have dopamine norepinephrine epinephrine. And so what happens is you'll see, what people don't know is dopamine, which is like the feel good. That's like the reward center that we all need actually technology.

We get a dopamine kick every time the phone rings. I always say, and that oftentimes will be lower for someone with like ADHD two or focus issues. So you'll see some overlapping of that.

But dopamine also is a anti-inflammatory. And I didn't actually know that until later. It's actually an anti-inflammatory and protective. So what you'll see is IL six, which is the interleukin six, which is an inflammatory mediator.

That's that's very much implicated. That actually will or the will lower, will have an impact on dopamine. But you'll also see and an inflammatory mediator called interleukin ten and interleukin four, but mostly interleukin ten.

That's also an anti-inflammatory. And so what you'll see is somebody that's constant neuroinflammation IL ten will actually go down which act which is actually a stimulus for dopamine.

And it helps to increase up dopamine levels. So you'll see with chronic inflammation someone's dopamine levels will go down which is like the feel good the feel good, hormone.

That's when someone's not going to feel motivated. They're going to be sad. They're going to be depressed. And that's all from the inflammation and having those things that were protective now be decreased, that are connected with things like dopamine.

And so they're all different neurotransmitters. But and they all play a really important function. The challenge is how balance is. It is. And so what we'll see in somebody that has this chronic inflammation is or typically an altered balance of things like Gaba and glutamate, which cause more of that, inflammation to the brain.

So do you rely more on tests like the OS that is looking at metabolites or the breakdown of these neurotransmitters, or do you actually do direct neurotransmitter testing or does it depend on the case?

It depends, I do I did do a mix of oh, and then I do do the other urinary test that test for the metabolites. It's not always the tricky thing when you look at neurotransmitters, as they're also short acting when you're looking at the metabolites.

So it's not I always tell people it's like it's directional.

Herbs and Supplements for Mood and Sleep

So like someone their picture will say it. And then when we get the data, it actually helps to confirm it. But I wouldn't make my decision purely off that.

And then I'll look at some of the other, like those inflammatory markers like through through the blood. But a lot of times the, the metabolite testing will match what people are already saying.

So it actually helps to confirm and and also make people feel heard. It's like, you know, when you do the cortisol test and like, oh, I wake up, my mind's racing all the time.

And you look at their numbers and their number is like, what? It's, you know, it's like ten times higher than normal. It gives people like, confidence and like, oh, okay, I'm not going.

I'm not going crazy. I do feel like it's a night or, or if they're circadian rhythms flipped and they can't go to sleep, it's like, well, your numbers as high as it needs to be in the morning.

So I think it's good because it helps to match up and then kind of help you make a more informed decision with

what you're recommending based on that. Right.

And so obviously there are different herbs for different neurotransmitters. But in general, do you have IRBs that you like to help to balance or increase or decrease certain neurotransmitters?

Yeah. So, so when we look at so fivesheep, a lot of people know that, like for tryptophan, I'll also use, Gaba. So that's one or frequently used based on what's happening.

L-theanine is another one because it's, it's, it's kind of broad based. So it has, you know, helps the serotonin helps with it also helps with, like Gaba as well.

And then, there are some herbs, so like things like magnolia, Magnolia will help to drop like cortisol down if a patient's high. If I have a patient that has like inflammation, some people don't know.

But like tumeric is one that everyone knows for inflammation and cancer. But interestingly enough, the most studies are on tumeric and depression. And the reason is it decreases.

I all six, which I keep mentioning is related to inflammation. So that's one that I'll look at. Ginger is another one that is an anti-inflammatory, but it also has a favorable profile for things like serotonin to to help with serotonin levels.

And that's a great one to use if someone's also having like digestive issues. So those are some of the, some of the pieces and the other ones I kind of look at, like, are there if there's inflammatory ones like borage oil or even cat's claw, those can help to decrease the inflammation, which can help the brain too.

Some, adaptogens like, rhodiola is one, Rhodiola actually helps with dopamine levels. And not only does it help with dopamine levels, it helps with, decreasing inflammation, like inhibiting Cox one and Cox two.

So not only people just think of as adaptogen for energy, but it also helps with mental health. They actually Rhodiola has been heavily studied for ADHD.

For that with focusing and also helping to decrease inflammation. So I try to see like how many I can kind of overlap and get like a couple benefits together in one as much as possible.

Right. And then sleep obviously is super important for balancing neurotransmitters. And what about your favorite hacks or herbs for enhancing sleep? So some of the herbs passionflower is one that's great because and that helps with gaba passionflower has been studied.

That would probably be my top. When I look at I would say, one of my mentors say it's like some if you have a radio in your head, that's the best one.

Kava is a great one also, to look at. And, valerian is just a little bit stronger. Also with sleep, I always tell people, you know, 10 to 2%, 2 a.m. is the highest level of melatonin.

So we need to make sure, like we're getting our sleep around that time that we are. Asleep. That we are asleep and there isn't sleep, you know, there's and there's actually this is some interesting facts.

There's an inverse relationship with like sleep and mental health. So much so they even had studies for adolescents. If they're not getting adequate sleep actually that an inflammation that there's a higher risk of like depression and anxiety later in life, if their sleep quality is not adequate.

So you're also preventing like long term things later in terms of mental health though. Right. So we touched on sleep. Let's talk about other lifestyle, modifications that we can implement to improve mental health and obviously including diet and nutrition.

So one, if we look at mental health, particularly one study that's been studied, the mind diet. So mind diet is, is

similar to Mediterranean diet has a little less fish but high in flavonoids.

So all the, all the, there's been studies on flavonoids being helpful to for mental health.

Lifestyle Strategies for Mental Health

So that's one that I look at also activity like with exercise, they've shown for mental health, 45 minutes, 3 to 4 times a day or three times a day. That would be a lot, 3 to 4 times a week.

I don't know if anybody can exercise all day, but all day long, 4 to 5 times a week has been the best for mental health. And they actually have shown an inverse relationship.

So someone that's going over that it could actually be negative because those same people might have more of a likelihood for addiction, because that's what you have to be careful with mental health.

And it becomes like an addiction to exercise or with diet, being mindful of that. But the best has been 45 minutes, 3 to 4 times a week by studies that has produced the best mental health.

And then all the other stuff I have people doing, like forest bathing, walking outside that helps, you know, the pineal gland and melatonin levels and sleep, sauna, which I know a lot of people know, but the biggest, one of the biggest things, a sauna, one of the studies has shown, like decreasing the, CRP levels, which, CRP levels also go up, on average, like anybody that's blood CRP levels above three is greater risk for things like depression and not managed depression. So things like that.

I'll also look at for a patient. What about digital detox and things like that. Oh yeah that's a good one. Yeah. Dopamine. Yep. So dopamine every time they say like you're getting even a hearing a ring or there's a ding, you get a dopamine kick.

So I usually try to have the technology at least, you know, to 1 or 2 hours when it's young, a younger person. I always try to do it in small increments, like 15 minutes.

So it's not they don't feel the hit as much, but the cool. This is where those the metabolites of urinary metabolite tests are great because you can actually see, like I had one person that she was in her 20s, she was a gamer.

I didn't know, but yeah, because it's not as common. And so happened was we did the test and the, the dopamine norm and everything was like through the roof at night.

And so I was like, what were you doing? And I said, were you like, do you. I don't know why. I said, I'm like, do you game a video game? And she's like, how did you know?

Oh, wow. So, so it was actually great because then it was like I had proof. Yeah. Like you need to go to you need to stop playing video games as much because she was having sleep issues too.

So it was kind of it's this is where I'm saying is like the clinical the labs are good because they show. But it was actually really cool to see. It was literally four times higher of of being triggered because of the video games before night.

So that's always a tricky thing, especially for younger people. So I always say to try to do it in a slow amount, but you just don't notice it where it's like 15 minutes every week.

But trying to at least have a steady schedule as well. And, and also a very consistent schedule on at least one hour digital detox, like you said before, bed.

Great. So any other words of wisdom or advice you have for our listeners when it comes to neuropsychiatric issues? And vector borne diseases are honestly anything regarding vector borne diseases.

I think, inflammation. Excuse me. So I think, definitely looking at like how inflammation can impact mental health period. Because I think sometimes there's like that lack of connection or they're just kind of separate pieces.

But also I think a flag for anybody listening in is if you're increasing up, like your psychiatric medication or you're taking a psychiatric medication and not doing anything, there's some other reason there's some other component, like Lyme disease is a huge one tick borne illnesses like Bartonella.

But also you could even be environmental causes like mold. But there has to be a reason why, like your medications increasing up, especially if there's no like trauma trigger.

You know more life stressful event. I would just say to really strongly encourage, you know, whatever provider you're seeing to kind of like to look and investigate like is your is the other piece not being managed well enough that I'm needing to to go up higher?

So definitely say that's like the biggest piece. And that's what a lot of the people that at least come to see me, they keep changing their medications constantly.

And it's like, why? Why is that need to be change? Is, is that really like your primary issue or is or something else that's like causing it to be to be worse than before?

Yeah. I think two huge red flags that you've brought up is number one, if you're not responding to the medication the way that you are expected to, red flag that something else is going on and then, you know, if you keep having to have that medication changed because it's not working another red flag.

Red Flags, Advocacy, and Closing Remarks

And then also like an abrupt change in personality or cognition or acute onset of a neuropsychiatric disorder, really at any age to me is, oh yeah, it's just a red flag.

Yeah. Kids and pans and pandas, I mean, and that and that often triggered up by Bartonella because I've had some patients get hospital like they went to the hospital and they've even worked it up and no history and been positive for bbca that I was surprised.

I'm like, actually the hospital, you know, had checked for that. So it can actually send people literally into admissions. Psychiatric, admissions because, because of the significant change.

So yeah, yeah, hopefully it starts to become more mainstream. You know, all of this information about infections causing neuropsychiatric symptoms, because I feel like so many people get unnecessarily kind of like, put through the wringer.

And it takes a really, really long time for a lot of these people to find the right diagnosis and get the right treatment. Yeah. Which is unfortunate.

So that's so great about the summit. It's like, getting the education and then advocating and and helping to push those questions that those actually get answered.

Absolutely. So Doctor Patterson, tell the listeners how they can, become a patient if they would like to. How do they get Ahold of you in your practice?

Yes. Our practices. Fairfield, family health. So it's, Fairfield Family health.com on social media, Instagram, Facebook, LinkedIn. It's at Fairfield family Health.

I also wrote a book Amazon bestseller called Women in Line. And so I have a website, Women in lyme.com. If you're interested in, and getting more information as it relates to there's definitely a dive into mental health, but also hormones as well.

And you have a community like a support community. That's. Yeah. So started a community. So a membership that we're going to have and we're going to start developing that also at our office.

More of like a Lyme groups because there are community support groups to come in. And we that's one of the things when I the space, the new space I'm in was having a conference room and zoom and things that so that there's more of a connection to a community and ability to kind of, to share as well and get support around it.

Awesome. Thank you so much for joining us. Thank you for what you do. And, any any final words you'd like to leave the listeners. Just, no, just. Yeah, definitely.

The pieces that I mentioned before and just, remain hopeful. I always say that to people because I think there could be a lot of information. That's what's great about having these educational summits.

But also, don't, you know, come always from a place of thinking there's hope of this doesn't necessarily have to be a forever thing. You have to to end this is and this is where we have all these experts to, to provide the advice to, to really help you along your journey.

Excellent. Thank you so much. Thank you. And to the listeners at home, thank you for joining us for another episode of the Healing Lyme Summit 2.0. We'll see you next time. Take care.