

MOODS

Serving People with Unipolar and Bipolar Illness, Their Families and Friends, since 1981

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Self Help for Mental Health : Part 2

By Tory Masters

Did you know that most of all brain activity is actually derived directly from the food we eat?! Wouldn't that suggest that what we eat might have an impact on cognitive brain function and mental health?

Any of us who have ever

smoked, eaten chocolate, drunk alcohol or coffee know that our mood can be temporarily altered by what we ingest. What has not been known until very recently is that some foods may have a long-term influence on our moods and sense of wellness.

In the last few years, the

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Marijuana and Bipolar Disorder: Considering the Risks

By David Brody, M.D.

It is well-known that people with bipolar disorder use marijuana and related compounds to relieve anxiety, enhance mood, and in some instances, to stabilize mood swings. Evidence from population surveys suggests that persons with bipolar disorder use cannabinoids more frequently than do individuals with other psychiatric disorders. My obligation as a psychiatrist is to advise my patients as to the safety of using marijuana or CBD. In this article, I will consider several common questions that arise in my practice. (Note on terminology: I will use the term cannabis or cannabinoids to refer to commonly obtained substances such as marijuana, ingested either by inhalation (e.g., smoking, vaping) or eating; CBD will be referred to separately.)

Can cannabinoids increase the risk for depression or mania in persons with bipolar disorder?

Yes. Several studies conducted over the past fifteen years find an association between cannabis use and symptoms of mania and depression. Consistent with these research findings, I have treated several patients with manic episodes precipitated by cannabis use. Research also shows that regular use of cannabis during adolescence triggers an earlier onset of symptoms by about five years. Thus, smoking pot, which has been regarded as a benign adolescent behavior, can in vulnerable individuals precipitate a psychiatric crisis. Much less common, but still reported, is the appearance of bipolar disorder in persons with only occasional cannabis use. Heavy cannabis users with bipolar disorder are

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COVID-19

By Li Faustino, Ph.D.

COVID-19 has brought all of us to a place we have never been before. In 39 years, MDSG has never suspended groups. We have met during blizzards, hurricanes and terrorist attacks. Our groups have met on holidays, holiday eves, and even through times when we were forced to relocate. We have overcome any obstacle that arises. This is the first time that we have suspended groups for the health and safety of everyone. However, thanks to the dedication of a few of our determined volunteers, we have now begun offering virtual groups. And thanks to even more volunteers, we are able to start to grow via this new medium.

Running virtual groups requires investigation into several variables. It involved finding a platform that supports confidentiality, multiple ways to connect, and allows a few meetings at one time. We also had to consider the experience of the participants while they connect to the group in this new way and if they could feel safe via audio or video conference. The facilitators are using a new listening skill and give the participants a chance to give feedback about this new type of meeting.

We launched virtual groups the week of March 16th and we are still tweaking the system. We have started with current MDSG participants but will expand soon to in-

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burgeoning field of nutritional psychiatry is a-buzz with research that is strongly suggesting that what we eat affects the development, management and prevention of mental health problems such as depression, anxiety, attention deficit disorder, schizophrenia and Alzheimer disease. The thinking goes that If we supply our bodies with a healthy diet, we are giving the brain the fuel it needs to positively affect our cognitive processes and emotions.

So with such promising research being conducted, why do most of us still pay so little attention to diet when it comes to our mental health? And why are most mental health clinicians not yet including proper diet as an important strategy for getting and staying mentally fit? Hopefully, just the way banning cigarette smoking in most public places made us reconsider the habit and making seat-belts mandatory made us buckle up without thinking twice, diet for maximum mental health might eventually become the norm.

Here's what you need to know. The oxygen we breath and the food we eat fuel the brain. If we use a low-quality fuel, the brain will not be fed what it actually needs to thrive. Just like an expensive car, your brain can be damaged if you ingest anything other than premium fuel. Multiple studies have shown that processed foods and refined sugars can cause inflammation and oxidative stress in the brain, worsening mood disorder symptoms. On the flip side, studies have also shown that the risk of depression is reduced by up to 35% for those who eat diets high in vegetables, fruits, unprocessed

grains and seafood.

Compelling fact: Serotonin is a neurotransmitter that helps regulate sleep and appetite, mediate moods and inhibit pain. Since 95% of your serotonin is produced by your gastrointestinal tract, what you digest must have some direct connection to mood.

See for yourself. Try eating a "clean diet"- fruits, vegetables, whole grains, low-fat dairy, lean protein – for a few weeks. Cut out processed foods, saturated fats, refined sugar and limit sodium. See how you feel.

There is much more research still to be done to further clarify the benefits of diet on mental health, but there is already a great deal of common sense behind it and promising studies. Here are links to help you navigate this new field.

<https://www.health.harvard.edu/blog/nutritional-psychiatry-your-brain-on-food-201511168626>

<https://psychcentral.com/blog/the-critical-role-nutrition-plays-in-mental-health/>

<https://nutrition.org/food-and-mood-what-is-nutritional-psychiatry/>

<https://www.medicalnewstoday.com/articles/327422#Much-left-to-learn>

Tory Masters is Vice-Chair of the MDSG Board

COVID-19

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clude newcomers to our groups.

Please bear with us as we work out this new temporary normal. Personally, I have not seen this much effort and man hours go into any new project at MDSG. I applaud our volunteers for making it happen and I applaud everyone who is attending and going to attend this virtual groups. This is true perseverance.

Li Faustino is Chair of the MDSG Board.

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also shown to be at increased risk of suicide, either as a direct effect of cannabinoids or because cannabis use prolongs and worsens depressive symptoms.

Are persons with bipolar disorder more likely to develop dependence on cannabis?

Again, the research evidence suggests that people diagnosed with any mood disorder, including bipolar disorder, have an increased risk of developing a substance use disorder, including cannabis use disorder. Why? The current research on addiction suggests that regular and excessive use of any mood-altering substance is driven by a need to counter the feelings of anxiety, depression, sadness, or disinterest that commonly follow intoxication. In this model, addiction is more about using the substance to avoid feeling bad than to repeatedly achieve a high. In persons with bipolar disorder, it is thought that the emotional "set point" is often lower to begin with, so the after-effects of substance intoxication are all the more difficult to endure, leading to an even greater drive to alleviate this negative emotional state.

Can cannabis be used as medication for psychiatric disorders?

Probably not, but research is ongoing. From what we know now, while some users of cannabis enjoy relief of anxiety and depressive symptoms, there is no evidence to support the regular prescription of cannabis for treatment of bipolar disorder, depression or anxiety disorders. The evidence points not only to the risk of precipitating mania, psychosis, or cannabis addiction,

but also to the possibility that cannabis may influence brain development in adolescents and young people, making conventional treatment of bipolar disorder much less helpful. That said, the medical research community recognizes that cannabis is a complex plant that contains over 500 potentially psychoactive compounds and that our understanding of the brain's cannabinoid receptor system is far from complete. So current research is attempting to better understand what cannabinoids might be beneficial in treating psychiatric disorders. At this point, however, we don't have answers and the consensus in medicine is that marijuana should not be used as medication.

Is CBD safe and effective?

Unclear. CBD, sold legally in many forms (e.g., as a food additive), is derived from cannabis plants and does not contain THC, the primary intoxicating compound in marijuana. There are no well-controlled studies of the effectiveness of CBD for bipolar disorder. The research published to date indicates that CBD might be helpful in treating schizophrenia, cannabis addiction and anxiety. Many patients in my practice tell me that they use CBD and I have not observed that CBD worsens symptoms of bipolar disorder, depression or anxiety. Research is ongoing, however, and I expect that we'll have a clearer idea of CBD's benefits in the coming years.

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