What is Possible ?

 The reality is that those suffering from Schizophrenia spectrum disorders often (50% is the estimate) get no treatment. The 2 primary reasons for no treatment are Anosognosia and lack of availability. The other 50% that do receive treatment, more often than not do not get optimal treatment. For the last 11 years I have been on a personal mission to change the status quo. My son developed Schizophrenia 11 years ago. At the time my wife and I were dismayed by the low expectations of the psychiatric community and their remarkable lack of ability in using evidence based modalities in said management. Over the ensuing years with the help of like-minded individuals in the psychiatric community we developed an approach that not only rescued my son but has contributed to improvements in many others so afflicted. My wife and I are both internists. We use a Biopsychosocial approach in our treatment. We use the most effective and safest antipsychotic, CLOZAPINE, and we do this with a wraparound approach that includes other medications to mitigate side effects:1.Metabolic effects/weight gain (metformin , SGLT-2 inhibitors, and acarbose), 2. Sialorrhea (sublingual atrovent, glycopyrrolate), 3. Sedation/Cognition (coffee, nu and provigil, bupropion, donepezil, amantadine, and memantine), 4. Constipation (miralax, colace, senna, dulcolax, linzess), 5 Hypertriglyceridemia (fish oil, fenofibrate), 6. Risk of seizure (lamotrigine, gabapentin, and topiramate). This is only a partial list and is meant to be illustrative. Everyone's regimen is individualized. I list this, as above, just to give you a sampling of a rational poly-pharmacy approach that can significantly enhance benefits. Beyond this we have found, as sanity is restored, patients are better able to participate in their care. Further incremental improvements accrue with both cognitive and psychodynamic therapy. We continuously emphasize and then reemphasize the importance of diet and exercise especially running. Every Saturday morning a group of my patients come to my house for a walk/run and seasonally a swim. We are a small practice and try to help with housing, education, and vocational training. We have just added a social worker to help. We have been impressed by the evidence for formal cognitive enhancement therapy but alas have not been able to afford the best program (Cleveland CET). We try to assist our patients in utilizing the best mental illness clubhouse Fountain House. We do our own case management to the best of our limited resources. We yearn for the day that the most effective antipsychotic is available in the most effective form (long acting injectable). There is nothing easy about the treatment of serious persistent mental illness but if adequate resources are devoted outcomes can be remarkable. I hope you too will be convinced and come to a better understanding of what is possible.