AMA Episode 4 with Dr. Emeran Mayer

Q&A PDF

Welcome to another episode of the AMA. I'm going to start with one question from Nancy. She states, my 3-year-old daughter had severe pandas as a child. For those who are not familiar with that acronym, PANDAS does stands for Pediatric Autoimmune Neuropsychiatric Disorders associated with streptococcal infections, the childhood disorder that affects children who develop obsessive compulsive disorder, tick disorders, or both after a strep infections such as strep throat or scarlet fever. So Nancy says that Keflex brought her back from severe OCD Motor and Anxiety and it was felt she had Lyme disease. So she was treated with IV doxycycline. During that treatment, there was a dramatic change that everything changed from normal to psychotic. Severe OCD motor ticks 24 hours a day, two to three per minute so strong that she cracked her molars. So the question is, could she have caught a Strep infection in the emergency room?

So the daughter now is 32 years old, so she has had this for several decades of her life and Nancy thinks it's not just something wrong with the brain chemistry, but another force that perhaps isn't being addressed. So she remains in horrible shape, and her question is. Every psychiatrist misses PANDAS or is looking for another solution besides throwing yet another SSRI, which will make her worse. Can you or could a colleague in psychiatry who would at least entertain that perhaps her mental illness could have a different origin or other ideas outside the box? We have exhausted the standard protocol 12 years now. So sorry Nancy, to hear this problem with your daughter. I can certainly see that both she and yourself are suffering tremendously from this condition.

Let me make a disclaimer. So I'm not a psychiatrist. I have, I'm aware of pandas and I do believe it is a real disorder as far as my information tells me problem is. So this has been now persistent for significant number of years, has not responded to multiple therapies, and traditional psychiatry has not been able to help here. So first of all, I would recommend a colleague of mine, Dr. Drew Ramsey, who is an out of the box thinker psychiatrist in Jackson, Wyoming. His contact information is drewramseymd.com, and I would definitely recommend you contact him. Off the top of my head, I cannot think of a condition other than triggered by something in the central nervous system. It's a chronic condition now, not something transient that can easily be treated. And so I would strongly recommend to consult Dr. Ramsey who may be able to help you. He's also an expert on this new field of nutritional psychiatry involving the gut microbiome and the brain. Sorry, I cannot be of more concrete help here.

So the next question is from Kelly and her question is about the drug Viberzi is a prescription medication used to treat diarrhea and abdominal pain in adults with irritable bowel syndrome with diarrhea. It start to walk through activation of opioid receptors in the gut to reduce bowel contractions and improve stool consistency. So Kelly says she has experienced IBS symptoms varying decrease since she was 16. She's now in her late thirties. About 10 years ago her doctor loosely diagnosed her with SIBO even though he was never really tested and prescribed fibro. She said, I've been on that drug ever since. I did see a significant improvement in my symptoms

and quality of life after going on it, but it's lost some of its effectiveness in recent months. And you would love to hear my opinion on using this drug, how I think it affects the microbiome and if I think it's safe for long-term use. So I've also have to make a disclaimer here. I have not used this drug.

I am very reluctant to use any of the available IBS drugs other than the old fashioned amitriptyline in low doses. So I have no personal experience with diversity even though I've seen treated successfully IBS patients for more than three decades. There's another issue about SIBO, this small intestinal bacteria overgrowth diagnosis. It's basically a condition that's associated with bloating, abdominal pain, ultra bowel habits, and it's thought to by some people to be related to an overgrowth of gut microbes in the small intestine with a normally very rare. And so it's not that this overgrowth causes these symptoms. SIBO used to be a rare diagnosis in patients who for some reason or another had lost the motility or the ability of the small intestine to generate peristaltic contractions and there was stasis. The small bowel and bacteria that grew there would not be moved back into the colon where they really belong. In the meantime, in my opinion, this is over diagnosed. In many cases this has been treated with antibiotics which gives temporary improvement for many patients, but many patients have recurrence of their symptoms. So I personally question if microbes in the small intestinal really cause of this common symptom of bloating and ultra bowel habits.

The other thought I have is since it's worked initially and then lost its effectiveness, you always have to think about a placebo response. Typically, I wouldn't think that a drug that acts that is effective against diarrhea would be the most effective medication for that Viberzi would be the most effective medication. And secondly, that it would work for symptoms of SIBO. So as I said already before, I'm not using this drug and I'm not aware how it affects the microbiome. I would not be surprised that many drugs have an effect or are metabolized by gut microbes. And so since it activates opioid receptors in the gut, there's definitely opioid receptors on microbes as well.

And reducing bowel contractions, stimulating opioid receptors, that would certainly secondarily affect the microbiome if the transit to the gut changes, the habitat for the microbes changes. And so it would definitely have an effect on the microbes. I would need to know more about your symptoms, but it's not the kind of medication that I would recommend for you and you should consult with maybe another gastroenterologist if you still suffer from your IBS symptoms to switch either to a different medication or to what I practice in using my clinic, a multidisciplinary approach affecting the mind, the gut, and modifying the diet. If you're interested, you can go to my IBS course, which you can sign up on my website, which goes through a detailed multidisciplinary approach to this problem. Hope this has been useful to you. The next question is from, I hope I pronounce this correctly and she want to know what the relationship is between gut inflammation and oral immunotherapy.

And so I should explain to you specifies gut inflammation as a high eosinophil protein X count and very high secretory iga. So these are measures that are not routinely used for diagnosing gut inflammation. OIT is oral immunotherapy. So it's aims to train the immune system to not react to the food allergy by desensitizing the patient. The goal is to reach a maintenance source of this

allergen that normally would trigger the symptoms that can be taken at home daily. What's my answer to your question? I have not used OIT myself neither. Am I using eosinophil protein X or secretory a measurement as a measure for gut inflammation in my patients, either patients with IBS or with inflammatory bowel disease. And I could not answer your question if the elevation of these numbers is temporary at the beginning of the therapy or permanent as long as the allergen food is consumed, which with OIT should be for the rest of your life.

So the second question is can these high numbers create some brain imbalance behavioral symptoms for a young child, five or six years old after 15 months on a treatment similar to OIT? Difficult question for me to answer this. I would, the only thing that I would say that certainly this treatment stimulating the gut-based immune system would have an effect on immune mediators, inflammatory mediators that are very much just staying in the gut but also could spread through the body and reach the brain like many inflammatory, circulating inflammatory molecules could pass the blood brain barrier. So the short answer to a difficult question, and excuse my ignorance here, I have no experience with this test. I can only tell you that producing an inflammation in the gut through constant stimulation with an allergen is likely to have effects on the brain as well. How severe those are and how compromising to your mental function, cognitive function. And there are, I couldn't really tell you. And here's another question from Craig. So he was wondering if I ever established a direct link between a preexisting psychological condition caused by stress and the onset of an ailment like diverticulitis. In short, do you believe that stress can be a contributing factor in development of diverticulitis?

Diverticulitis is an inflammatory condition of an anatomical abnormality in the gut, which are, is diverticulosis quite a common conditions outpouching of the intestinal wall, the small intestine or the colon. It increases with age. It's usually not associated with inflammation and only if it gets infected because something gets into this pouch and can't empty then then inflammation arises and you have a condition of diverticulitis, which is often self-limiting sometimes has to be treated with antibiotics. So could a preexisting psychological condition like stress cause diverticulosis, I assume you're talking about and my answer would say it's not the case. Certainly not known that there's a correlation. The etiology of diverticulosis, some weakening of the intestinal wall is not exactly known and diverticulitis. We know the condition is caused by some obstruction to the ability of this diverticular to empty their content into the bowel. So my answer to your question would probably be no, there's no connection.

Even though, as you know from my communications, I believe that psychological psychosocial stress plays a big role in many conditions. So then there's another question from James. He states, we have a 21-year-old son who has nonverbal autism. He has a long history of chronic GI issues, manifest spasms of constipation, diarrhea, and leakage, gotten to the point where he will not drink, eat, or go to the bathroom unless he's in his home. In his home. He goes to the bathroom far more than his typical and sits for a long time. He states we're in a need of a clinical gastroenterologist on the East coast who is interested in this population and generally follows the protocols of Dr. Meyer. So the immediate answer to your question is yes, there is a physician at NYUL Medical Center in New York. Her name is Kara Margolis, M-A-R-G-O-L-I-S. You can look up on our website outstanding gastroenterologist with a strong interest in an autism spectrum disorders. So that's my first answer, your question. The second issue is, as you know,

patients with autism spectrum, many of them have gastrointestinal symptoms as you described for your son. And one factor that plays a role here is patients have very unique food preferences, very selective eating and certain thought that these dietary preferences are one of the causes for the alter bowel habits.

The second one is particularly in terms of constipation or feeling constipated, that patients with autism spectrum disorders have a condition called sensory hypersensitivity. That they're more sensitive to many stimuli, sensory stimuli that occur within the GI tract with food intake, but also to other non GI stimuli. And they can play a big role in the constipation symptoms because patients feel they're full, their bowel is full and they can't get rid of that sensation. And that's not because they can't get rid of the bowel contents with the normal bowel movement, but because they can't get rid of this hypersensitivity that constantly tells the brain there's something in the gut that they have to get rid of. So the fact that your son now has developed a phobia, a bowel habit related phobia is also common, not just with patient with autism spectrum, but in some patients with IBS as well, that they're afraid to leave the home because they don't think they have enough control over their bowel habits.

So I would certainly recommend that you consult with Dr. Margolis, either make an appointment with herself or ask her for a referral in the New York area. Hopefully it's been helpful. Next one is a quick question from Richard. What kind of doctor should I choose for a good all-around preventative examination? Proactive instead of reactive? Yeah, so that it's short, but it's difficult to answer if you're lucky and you find a general practitioner, a family practitioner with excellent clinical skills and who is interested in this in proactively dealing with the onset of diseases before they actually start.

That will be my first recommendation. This kind of approach to patients is more common in patients in functional medicine. So I'm not a huge fan of functional medicine, but certainly that approach to deal with health and health enhancement and resilience, dealing with somebody before the disease that's in is definitely something that's kind of one laudable feature of functional medicine in general. So the last question is fascinating and I'm not sure if I have very good answer for this. So Rod asks, he says, I have a sort of odd question. A week and a half ago I had a right colectomy for about a week after I had dreams that featured people I didn't know in locations that are unfamiliar thinking about what a change it was and knowing there is a gut microbiome connection, he says, I got to wonder if the missing section of the gut had affected longstanding dreams and the brain was trying to replace them with people that were placeholders until it sorted out who they represent.

So for most physician scientists, that would be a pretty crazy question. I have to, as I mentioned in my book as well, I have had experience with union psychotherapy and extensive dream analysis, so I wouldn't dismiss that question as having some possibility. And clearly the signaling from the gut that goes on 24 7 even through our dreams to the brain, creating these memories of emotional moments within the brain could certainly have something to do with your experience. I don't think anybody can prove what you're hypothesizing, but it's certainly a very intriguing question that deals with this whole issue of how much does our unconscious have to do with gut

feelings and processes that these enormous processes that go on within our gut communication between trillions of microbes and hundreds of millions of nerve cells and the enteric nervous system and that all being transported to the brain by the vagus nerve. It's certainly something that I wouldn't dismiss completely. Thanks for asking this question and sorry for not being able to give you a definitive answer. So we've come to the end of today's session. I hope this was helpful to you.

Certainly the questions are being asked often go beyond my expertise and should not be taken as any direct medical advice, which you should always try to get from your physician or healthcare providers. Thanks so much for listening and talk to you next time.