Providers at Louisville-based Integrative Psychiatry reflect on the desire among doctors and patients to get something more than just prescriptions out of mental health care.

PSYCHIATRY AND THE NEW SCIENCE OF THE MIND

Former Medicare pro advises providers on new payment models

Coordination of Care: Neuropsychologist is your ally in diagnosis
Breakthrough depression therapy complements mindfulness philosophy at Kentucky’s only private psychiatry practice to offer TMS.

LOUISVILLE The last frontier of science. That’s how Nobel Laureate Eric Kandel describes the work of psychiatry today.

Speaking on PBS’s Charlie Rose this past November, Kandel explained that our understanding of the inner workings of the human psyche have evolved remarkably in the past forty years. Whereas psychiatrists and neurologists had previously divided their work into mental and physical illnesses respectively, “a new synthesis occurred within psychiatry,” said Kandel, “driven in good part by basic science. First of all, there was a kind of philosophical synthesis when cognitive psychology, the science of the mind, merged with neuroscience, the science of the brain, to formulate a new science of the mind.”

This new science of the mind, spurred famously by Kandel’s insistence that psychiatric medicine become more empirical, is founded on the assumption that every mental process is mediated by the brain. “And of course psychiatrists began to realize that all mental disorders,” he concluded, “must be brain mediated.”

Over the past few decades, this emphasis on empirical psychiatry has netted a few essential findings that shape the psychiatry practice of today. As Kandel points out, scientific evidence has greatly changed the understanding of the basis of mental illness by demonstrating that mental disorders are genetically predisposed but, significantly, expressed by one’s development and environment. It follows from this that mental disorders afflict the young, and by the time adults seek psychiatric care, they are likely to have advanced disease that is difficult to treat.

One of the primary derivatives of the study of the biological basis of mental illness is the prescribing of psychopharmaceuticals.
around which, it often seems, the modern psychiatry office runs. While the biological basis has helped to defeat the stigma of mental illness as a weakness of moral character, it has in other ways resulted in both patients and doctors seeking more out of psychiatric care.

Another finding of the new science of the mind comes from advanced imaging techniques that demonstrate the brain recovers function following mental illness or injury by creating novel neural pathways, or workarounds, in a process called neuroplasticity. Measurable by functional MRI yet idiosyncratic, neuroplasticity enables recovery through therapies as diverse as mindfulness meditation and electroconvulsive therapy, thereby suggesting that the route to wellness is unique to each individual.

Today, the frontier of mental health lies in the technological advancements that assist the creation of workarounds for persons recovering from mental illness, broadly defined as the field of neuromodulation. The most exciting among them - the newly approved transcranial magnetic stimulation for the treatment of depression.

Local Innovators of Psychiatric Care

One might not guess by appearances that in a quiet Louisville suburb, in a converted Victorian filled to the brim with unassuming offices whose names reveal a common interest in complementary therapies, that behind the door marked Integrative Psychiatry there is a small group practice delivering the ultimate advancements in psychiatric therapies.

When lifelong Louisvillian G. Randolph “Randy” Schrodt, Jr, MD founded Integrative Psychiatry in 2001 along with former partner Mary Helen Davis, MD (see our interview with Davis on page 13 of this issue), the routine of psychiatric practice entailed seeing patients for fifteen minutes every few months for medication management, and therapy, if there was any, was outsourced to providers who had limited contact with the psychiatrist. Schrodt, through his twenty-plus years’ experience in hospital-based academic psychiatry, found it just left doctors and patients feeling unsatisfied.

“People came to our practice because they realized psychiatric care is more complicated than that,” says Schrodt. Combining medical and psychological therapies with mindfulness meditation, Integrative Psychiatry set out to restore cognitive function and promote stress reduction for persons with mood disorders, particularly depression and anxiety.

Joined soon by his brother Christopher “Chris” Schrodt, MD, a specialist in cognitive and mindfulness therapies working at the time in a hospital-based complementary medicine stress and pain management center in Indianapolis, Integrative Psychiatry began attracting patients in search of effective treatments for medication resistant depression.

Depression, we know now, is difficult to treat. On the positive, cognitive-behavioral therapy has been shown to be equally effective as antidepressants in achieving remission of depressive symptoms. On the negative, depression can be recurring, and with each successive episode the chances of remission are greatly diminished. Antidepressants can stop working, so for some patients depression becomes a lifelong chronic disease.

Medications, Meditations, and Machines

Talking with Robyn S. Stinnett, MD, partner with Integrated Psychiatry since 2001, one understands how deeply the philosophy behind integrated psychiatric care runs through this practice. It’s practically legendary. Years earlier, when Randy Schrodt mentored Stinnett during her residency at UofL, he was already a local thought leader in the mindfulness approach to healing brains.

Today, Stinnett makes sure that people know she is “not just a robot writing a prescription.”

Therapy, she says, is an essential complement to psychopharmacologic medicine.
Focusing on the practice of psychopharmacotherapy, Stinnett unites the practice of psychiatric medicine with cognitive and Interpersonal therapies and her concern for the total person. “People really appreciate someone who is willing to listen and learn about them. Developing a personal relationship,” she says, “means my patients and I spend a lot of time talking. We work through decisions, especially concerning their total health and wellness.”

Medication resistant depression can bring a person to despair. But, there is cause for hope as the transcranial magnetic stimulation (TMS) allows for the first time a safe, non-systemic, convenient and effective way to relieve the symptoms of chronic, long term depression.

Transcranial magnetic stimulation, or TMS, is the latest FDA approved neuromodulation technique for the treatment of depression. TMS is a non-invasive form of focused brain stimulation using rapid, repetitive, high energy magnetic pulses comparable in strength to MRI. TMS works by stimulating neurons of the left prefrontal cortex that are under-active during depressive episodes. A comfortable procedure, TMS therapy occurs in a reclined position in a calm environment and is sensed only as a slight tapping in sound and touch.

TMS sessions last approximately 40 minutes, and Chris Schrodt emphasizes that this is the ideal arrangement for practicing mindfulness meditation. Mindfulness, he says, is probably the biggest trend in cognitive-behavioral therapy because it brings awareness to the form of one’s thoughts (mindfulness) which can help a person determine how they should consider the content of one’s thoughts (cognitive therapy).

“From a meditation perspective, life is just a movie,” he says. “We are always becoming absorbed and fused into the experience that is being projected onto the screen of consciousness. If we can get ourselves grounded into the idea that life is just a movie we can better observe our thoughts and do a better job in cognitive therapy. Cognitive therapy would ask, ‘Did he really ignore me or is there another explanation for why he might have done that?’ Mindfulness therapy would then say, ‘Well that’s just a thought. Why do I need to give it much weight anyway?’ In this way, the two therapies complement each other.”

In September 2011, the Schrodts with Randy’s son Zachary A. Schrodt, BA, published a scientific paper in the Journal of the Kentucky Medical Association demonstrating the effectiveness of TMS in the private practice population. Generally, patients here are sicker than the population in the academic research center investigational studies that made up the FDA approval trials; many here have multiple comorbidities and have failed multiple therapies in the past. Still, 40% of patients at Integrative Psychiatry have full remission of depression following TMS therapy.

While TMS is used primarily for the treatment of mood disorders, it is also showing promise in the treatment of post-traumatic stress disorder (PTSD), various pain syndromes including fibromyalgia, auditory hallucinations, and various addictive and compulsive disorders. “Today’s neuromodulation aims for subtlety and sophistication,” says Randy Schrod. “And with its ability to improve mood and cognitive function so great, its use is going to continue to expand.” ◆