



SPRING EDITION
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This newsletter was put together by the staff of the Otago Mental Health Support Trust with contributions from lots of other people.

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What's new pussy cat?whoa whoa.....

Cat valium for depression?

Recently *Enigma* became aware that a new drug treatment for depression may be being trialed in a Dunedin hospital. The drug, ketamine, is better known as a general anaesthetic and as a veterinary drug. Its use with animals led to one of ketamine's more popular nick-names, cat valium, in party drug circles. It is also known as special-K, honey oil, jet, and many other names. People abuse ketamine because it causes hallucinations and in the 1990's psychiatric researchers used ketamine as a model for the symptoms of psychosis. People taking the drug appeared temporarily to have schizophrenia. Could ketamine really be in use as a treatment in psychiatry?

Enigma contacted the doctor said to be prescribing ketamine and asked whether the drug was being used and whether the use was part of a trial of some sort. The doctor would give no details on the grounds that this might identify his patients. He did however supply two research articles on the experimental use of ketamine in people with depression or bipolar depression diagnoses who found that other drugs did not work for them. It seems that for some depressed people, an injection of ketamine brings relief within an hour or two. This happens both for people with major depression and those with bipolar depression. When people take the antidepressants which are currently in use, such as the SSRI's, it is usually weeks before the depression lifts, if it does at all. For ketamine to bring rapid and genuine relief to people with depression would be a major breakthrough and a lifesaver for many.

Unfortunately ketamine is no magic cure. Only about half of the people tested had any response to the drug after a day, only 31% had remission from the symptoms, and the effects did not last longer than three days. One study shows that a second dose is even less effective than the first. The studies also had several weaknesses. The drug causes dissociative effects, it makes people feel woozy or even hallucinate. This means that people were very likely to know when they were being given the drug rather than a placebo, potentially biasing people's reports. Some people were taking lithium or valproate at the same time which could have confused their feelings.

Ketamine is not approved in New Zealand, or anywhere else to *Enigma's* knowledge, as a treatment for depression. It is approved here by Medsafe for use as an anaesthetic and must be administered by a doctor experienced in administering a general anaesthetic by injection. Doctors can legally use the drug off-label for other conditions but must be ethically justified in doing so.

Enigma investigated the circumstances in which New Zealand doctors can use drugs for purposes other than those for which they are specifically approved by Medsafe.

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*Star Trekin' across the universe,
Only going forward 'cause we can't find reverse.*

“The change in attitude of medical students after they had been taught to understand the possible influence of a patient’s emotions on physical illness was great, Dr. Medicott said. They came to realise that a patient was a personality, not a physical disease.”

“There is a growing realisation all over the world of the value of psychiatric training for medical students,” said Dr. R.W. Medicott, the medical superintendent of Ashburn Hall after his return from a year in England and United States where he held a Rockefeller fellowship in psychiatry. Dr. Medicott said that New Zealand had a very high percentage of persons suffering from mental diseases which compared proportionately with America and England. While the proportion of serious mental disorders was not higher, he said, “superficial mental disorders, such as alcoholism and marital unrest, were probably greater in the United States.”

The main purpose of Dr. Medicott’s visit to America was to investigate the modern methods of psycho-therapeutic treatment, his interest centering on psychological aspect rather than the physical. He went on to say that there had been very little progress into the curing of mental disorders and science was concentrating on the improvement of known techniques rather than the introduction of new treatments.

During recent years in England the social aspect of psychiatric treatment had been brought into prominence Dr. Medicott said. *“Numbers of patients who had been found to be unemployable, although not criminal had responded to treatment, and settled to normal life and jobs. They underwent a course of six months’ group therapy treatment. It consisted of group dramatic meetings where they dramatised their inability to hold a steady place in life, group discussions and organised employment in the hospital. Strenuous efforts were also made to discover the interests of the patients and develop them”* said Dr. Medicott.

This article is based on a report published in the Otago Daily Times in **January 1950**.

It is great to see that sixty years ago Dr. Medicott was urging doctors to get to know their patients as people rather than diseases. It is also nice to know that “marital distress” is no longer treated as a mental disorder.

By contrast, today, we often find ourselves urging psychiatrists and GP’s to remember that people have a physical body. Just because a person has a psychiatric diagnosis, it does not mean their symptoms are all “in their head”.

Cat Valium Continued from front page:

The Australian and New Zealand College of Anaesthetists gives doctors some important guidelines for the off-label use of drugs, such as ketamine in this case. They say that it is important for doctors to “rigorously analyse the following:

- level of evidence supporting use of the off label drug;
- consideration of risk-benefit ratios; and
- the clinical impact of use or non-use of the drug.”

The College also says to doctors “You have a professional ethical and legal obligation to:

- evaluate the evidence for yourself,
- inform the patient the drug is unapproved,
- discuss alternatives,
- tell patient Medsafe will be informed of unapproved medicine,
- obtain written consent IF:
 - use of the medication considered experimental
 - minimal evidence to support its use
 - equivocal evidence of efficacy or safety if used this way
 - the use is part of a clinical trial”¹

It is clear that people being treated with any off-label drug must be fully informed of the experimental nature of the treatment, the prospects for relief, and the possible risks. This is probably especially true with longer term use of a drug like ketamine. The studies supplied by the Dunedin doctor were only for one week and two weeks duration and people were only given the drug twice. There appears to be no published study anywhere in which ketamine has been used for more than two doses. It is to be hoped that ketamine may show the way to antidepressants that actually work, and work fast. In the meantime the use of ketamine in depression is purely experimental.

Lamotrigine can cause meningitis

The anti-epilepsy drug Lamotrigine was approved some years ago in New Zealand as a “mood stabiliser” for people with bipolar disorder. In August the American Food and Drug Administration has issued a warning that the drug can cause meningitis in some people. The New Zealand medicine watchdog Medsafe has already updated its website to include a warning about this risk. Should you be worried if you are taking Lamotrigine?

Meningitis is a very emotive word in New Zealand. We have all seen the pictures on TV of little children terribly ill and losing limbs or dying from meningitis. **Lamotrigine induced meningitis is not the same thing.** Rather it is aseptic meningitis. There is no bacteria or virus to poison the bloodstream.

The risk of getting meningitis from taking lamotrigine is very low. Forty people are recorded as developing meningitis from lamotrigine over fifteen years. Thirty five of them had to be hospitalised. However, over that period more than forty million prescriptions were written for lamotrigine. For *most* people, the meningitis symptoms disappear when the lamotrigine is stopped.

Meningitis seems to be a very rare but very serious effect of taking lamotrigine. If your doctor prescribes lamotrigine for you then be sure to discuss the risks with her and find out what symptoms you should be aware of.

Youth Worker Training Day

Denise attended a free Youth Workers Training day workshop recently held in Dunedin at the Mercure hotel, sponsored by Internal Affairs.

The day started with a play called Hush, a documentary on domestic violence in Otago funded by Creative New Zealand. The producer, Stephen Lisk, from Otago University Theatre Works explained the process of making the documentary. This included interviewing the victims and the perpetrators then relaying this into a play where the actors had studied the videos so as to replicate the subjects. Many hours of recordings were edited down to a 75min performance.

The play was acted by 4 people with ear pieces connected to iPods where people were talking through them to the actors who then relayed actual commentary of counseling sessions. Later in the year the play is due to travel to Auckland then travel around the South Island with one week here in Dunedin.

The second session was “Suicide Prevention is Violence Prevention” based on work by Paul Quinett called QPR (Question-Persuade-Refer) suicide prevention training courses in New Zealand, provided by Roger Shave. Roger is a Clinical Advisor and Clinical Psychologist for Casa (Clinical Advisory Services Aotearoa) which is a nationwide NZ Mental Health consultancy company. Much of the Casa’s work is providing mental health services to government, NGO’s and community in the areas of suicide prevention and post-vention. He gave an overview of what the training involved and the groups of people it is being delivered to. A key area is training and equipping of people to deal with the issue of suicide. He talked about some of the effective gatekeepers starting with the postie and the meter reader, especially with people who live alone.

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Phobic phone line

This is a 24 hour a day, seven day a week free phone line staffed by volunteers. It is to help people who are experiencing panic attacks or OCD thoughts and need to talk to someone. 0800 142694389

DISCLAIMER

The opinions and articles expressed in this newsletter do not necessarily represent the views of the Otago Mental Health Support Trust or anyone associated with the organisation.

Random Act of Kindness Day 1st September

Youth Worker Training Day continued

The last session of the day was a very inspirational presentation by Trevor Grice co author of The Great Brain Robbery-best seller-describing the negative impact of drugs on the maturing brain. He took us on a journey describing the brains functions and the impact alcohol and drugs has on our young people and the long term damage that is done. He described this in lay terms with demonstrations and acting out. Trevor has a passion getting the information out to the wider community so as to reach our young people. He delivers this education to schools, sports teams, NZ police, NZ army and wherever he can get an audience. His book is well worth a read.

There is also his latest edition titled “Brain Health and Emotional Intelligence in the Teenage Brain”



World Mental Health Day –October 10th

Quick Facts

World Mental Health Day, which is supported by the United Nations (UN), is annually held on October 10 to raise public awareness about mental health issues worldwide.

What do people do?

World Mental Health Day is observed in more than 100 countries on October 10 through local, regional and national World Mental Health Day commemorative events and programs. Activities include:

- Officials signing the World Mental Health Day proclamation.
- Public service announcements.
- Educational lectures and the distribution of research papers on mental health issues.
- Awards to individuals or organizations who made significant contributions in improving mental health issues.

World Mental Health Day is an initiative of the World Federation for Mental Health (WFMH). The World Health Organization (WHO), which is the UN’s directing and coordinating authority for health, supports this event. The Mental Health Foundation is another organization that is proactive in promoting World Mental Health Day.

World Mental Health Day is a global observance and not a public holiday.

Mental disorders affect nearly 12 percent of the world’s population - about 450 million or one out of every four people around the world - will experience a mental illness that would benefit from diagnosis and treatment. WHO statistics for 2002 showed that 154 million people globally suffered from depression, which is a form of mental illness. According to WHO, mental health is defined as a state of well-being in which people realize their own potential, can cope with normal life stresses, can work productively, and can contribute to their community.

(These statistics are from the WHO. Enigma does not necessarily agree with them)

Recovery...it's about hope, citizenship, individual uniqueness and choice. Let people recover!