

Capital Gazette
Opinion

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AWARDED THE PULITZER PRIZE'S SPECIAL CITATION 2019

Why is Maryland scrapping valuable schizophrenia research?

By Jan Ellison Baszucki and David Baszucki

Last month, Maryland Health Secretary Dr. Laura Herrera Scott shut down a first-of-its-kind inpatient study that's shown promise for treating schizophrenia.

On behalf of the patients who volunteered to join this study — and the millions of Americans desperate for any help they can get treating severe mental illness — Herrera Scott should reverse her decision immediately and allow the trial to continue.

At best, the health secretary's decision is difficult to understand. By her office's own admission, a 16-week review of Dr. Deanna Kelly's landmark study, which examined the benefits of a high-fat, low-carb, medical ketogenic diet in treating schizophrenia, found no health and safety concerns. Indeed, Kelly is a nationally recognized researcher with two decades of experience running inpatient clinical trials in schizophrenia. Her study was approved by the University of Maryland Institutional Review Board and overseen by both the Spring Grove Hospital Research Committee and an independent Data Safety and Monitoring Board. What's more, Kelly's patients freely chose to join the study after their psychiatrists independently recommended ketogenic therapy as a promising treatment — and four patients had successfully participated in the study before it was halted.

Considering the scarcity of federal funding for mental health research, privately funded studies like Kelly's are a lifeline — not a line item. Among the dozen ketogenic diet trials for serious mental illness undertaken to date, Kelly's work was uniquely valuable as the only study of ketogenic therapy for schizophrenia being offered to inpatients, who are often the most severely ill. As a rule, these patients cannot afford



Spring Grove Hospital ended a study on schizophrenia after Maryland issued a new policy to only approve federally funded studies. STAFFFILE

a dietitian, let alone a private metabolic psychiatrist. If Herrera Scott stands by her decision to prevent them from participating in this trial, it is unlikely they will ever have access to this potentially life-changing therapy again.

If the stakes sound personal, they certainly are for families like ours. After our son Matt was diagnosed with bipolar disorder in 2016, we tried everything. In five years, Matt was treated by 41 clinicians, prescribed 29 psychiatric medications, hospitalized five times and spent two terrifying weeks wandering the streets in a manic psychosis. At the end of a heartbreaking odyssey through modern psychiatry, doctors labeled Matt "treatment-resistant" and advised our family to work on acceptance.

Instead, we reached out to a Harvard-trained psychiatrist who was pioneer-

ing the use of a medical ketogenic diet in treatment-resistant cases of mood and psychotic disorders. Matt agreed to give it a shot. After six weeks, Matt's mood was noticeably stabilizing. Within four months, Matt's bipolar cycling had resolved, never to return. Today, more than three years later, our son has reclaimed his life and remains largely symptom-free.

If that sounds like a miracle or a medical mystery, then psychiatric researchers clearly have more to learn. In fact, a century of evidence supports the efficacy of ketogenic interventions in brain-based disorders — specifically, refractory seizure disorders. Emerging data in psychiatry, including a recent Stanford trial that made headlines worldwide, point to ketogenic metabolic therapy as a safe, effective intervention for severe mental illness.

Just as our family could not give up on

Matt, public health leaders like Herrera Scott have a duty to keep alive every viable hope for people with schizophrenia, bipolar disorder and other serious mental illnesses. These are people whose suffering is severe, if not fatal, and whose treatment options are limited, high-risk and egregiously under-researched. If something as straightforward as a medical ketogenic diet could help more people like Matt get better, then the government at a bare minimum should not interfere with clinical research that costs the state nothing and is already underway.

For five years, our son battled his symptoms daily. If someone had told us then that there is hope for treatment-resistant mental illness — and that it wouldn't destroy his physical health the way many psychiatric medications do — then we would have done anything to give that hope to our son. The secretary of health should not make it even harder for people with severe mental illness to find hope for themselves.

We are in constant communication with families who are desperate to help their loved ones try medical ketogenic therapy. Families like ours don't just depend on pioneering researchers like Kelly to ask better questions about the complex interactions between metabolism and mental health. We're also depending on public health leaders to allow scientific research and innovation to move forward so that we can follow the data — wherever it leads.

Herrera Scott should permit this potentially lifesaving research to continue without further delay.

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Ditching Biden could prove disastrous

By Amy Neustein and Michelle Etlin

Prognosticating pundits within the Democratic Party have been in a panic since the first presidential debate, mapping out scenarios to determine who is most likely to defeat Donald Trump in order to avoid a disaster in November. If President Joe Biden succumbs to pressure to bow out of the race, however, it may prove a worse debacle for the Democrats than the controversial presidential debate itself.

For one thing, the pressure on the party's leaders will in no way be relieved if Biden leaves the race. To step down would represent an admission of critics' accusations that Biden is unfit for the presidency, putting top Democrats under scrutiny for why they defended the president.

Vice President Kamala Harris could find herself the target of a Republican-led congressional inquisition, facing denunciation for her role in supposedly covering up Biden's alleged health problems. Such a probe would certainly not give a fair hearing to Biden's current and former colleagues who have attested to his sharpness and vigor. Biden's former chief medical adviser Dr. Anthony Fauci just last week said he had "no doubt" Biden is capable of serving another term, adding that the president's debate performance can be explained by his cold, which may have required medication that left him "groggy" and caused his mumbling responses.

Vulnerable Democrats running in down-ballot elections would also face questions about why their party didn't pressure Biden to step down sooner. We'll see many Democrats forced to offer mea culpas while rebuking their own party, all in response to a hysterical reaction to one hiccup in a tough race. Does Biden's poor performance in one presidential debate truly warrant the Democratic Party's self-mutilation, even when there are no substantive facts to prove a diminution in the president's health and cognitive abilities?

What's more, impetuously casting aside one of the country's preeminent leaders of the last century — who was Delaware's longest-serving U.S. Senator and has served in the executive branch for nearly 12 years — will make the United States look like a buffoon on the stage of world politics.



President Joe Biden speaks during a presidential debate with Republican presidential candidate former President Donald Trump, Thursday, June 27, 2024, in Atlanta. AP PHOTO/GERALD HERBERT

Can we afford this as we face an escalating Middle East conflagration and Russia's rabid efforts at territorial expansion? Perhaps myopia and small-mindedness have tragically occluded our understanding of the catastrophic geopolitical implications of a manufactured "Bidengate?"

Against the chorus of voices agitating for Biden's political demise are the "mid-Atlantic men of honor" — the three Democratic U.S. senators who've had the courage to stand by Biden: John Fetterman, Pa.; Ben Cardin, Md.; and Chris Coons, Del. They are supported by a handful of House Democrats, including Reps. Robert Garcia, Calif.; Frederica Wilson, Fla.; Ritchie Torres, NY; and Nanette Barragan, Calif., chair of the Congressional Hispanic Caucus. There would be more support for Biden on the Hill if not for the shrill stories in the press and the alarming

threats from donors.

Why have donors, the media, public officials and voters come unglued after seeing the president falter in his first debate against his rival? Perhaps it is because the unfamiliar is so frightening to us. Biden has broken the glass ceiling in becoming not just the oldest sitting president in history but one who is determined to serve another term. If he does, he will prove that age should not be a mandate to retire from what we do best. With age comes a weaker voice and a slower gait, but also wisdom and understanding. Sages throughout history were never young and neither was the ruling class — as it has always been understood that profundity, insight and comprehension were the natural pearls of aging. Can we embrace these gifts without prejudice? Queen Elizabeth II certainly did — she kept to her active schedule of

public service right up until her death at age 96.

Biden at 81 is a young octogenarian whose busy schedule of travel, meetings and phone calls with heads of state would outpace anyone even half his age. Perhaps a more measured reaction to the president's debate performance will prevent this controversy from escalating into a "Bidengate," whose untold consequences may prove deleterious for the Democratic Party and the American public.

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Wendi Winters

"Remember me in your heart, your thoughts, your memories of the times we loved, the times we cried, the times we fought, the times we laughed. For if you always think of me, I will never be gone."

An excerpt from "Remember Me" by Margaret Mead

Today and forever, we remember our colleagues who were murdered in the targeted attack on the Capital Gazette office.