

Carroll County Times

Opinion

Why is Maryland scrapping valuable schizophrenia research?



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

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 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 pioneering 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

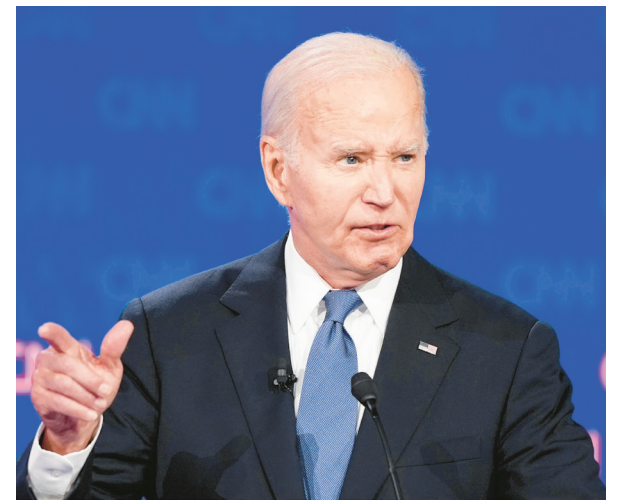
with clinical research that costs the state nothing and is already underway.

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 life-saving research to continue without further delay.

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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**

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. 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, N.Y.; 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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Watch your teen's mental health this summer

By Aubrey Spanitz

With the summer months upon us, parents and teens alike are excitedly making plans for summer break. Whether it is camps, vacations, hangouts or graduation parties, the time off is often welcomed.

But time out of school can offer unique challenges to adolescents with mental health struggles. Not being in school means not having access to resources to help their mental health, like trusted adults at school, daily structure and in-person socialization. It may be difficult for parents to help teens with mental health struggles without access to those same resources.

Here are a few ways you can support your teen's mental health during the summer months:

Get outside! With longer days, summertime gives us the opportunity to spend time in the sun. Sunlight stimulates the

production of serotonin, a neurotransmitter that plays a role in mood regulation. Without enough serotonin, a person's mood can lower, putting them at a higher risk of developing a depressive disorder. Exposure to the sun can improve mood, encourage a sense of calm and regulate sleep cycles. Of course, remember to use sunscreen! Enjoying the outdoors can be a fun and easy way to include physical activity, which is another great way to support teen mental health.

Spend time with friends and family. With school being out, teens won't have easy in-person access to their friends and may feel more isolated at home — another risk factor for depression and anxiety. Socializing is vital for teens to learn who they are, develop social supports and become independent, healthy adults. Encourage your teen to put their phone down (I know, I know, this can be difficult)

and make some in-person plans with their friends and family.

Create a daily schedule. Teens often do well with a structured day. This structure allows them to know what to expect, and that can reduce anxiety. Collaborate with your teen to create a schedule for when they will get up, what activities they will do and when they will go to bed. It is recommended that teens get between 8 to 10 hours of sleep per day. Creating a schedule will help encourage your teen to maintain a healthy sleep schedule and reduce the unease that comes with trying to figure out how they will fill their day.

Limit screen time. Today's teens have the internet at their fingertips, and summer can be a trap for spending more time on screens. Using their phone or tablet all day can lead to increased isolation and puts teens at risk for anxiety and depression, especially

if they spend their days comparing themselves to their peers online. Encourage your teen to try other activities. You may consider collaborating with your teen to include limited screen time in their daily schedule.

Have fun! An important way to fight anxious and depressive thoughts is participating in enjoyable activities. Fun activities can cultivate positive emotions and help combat negative emotions. Talk with your teen about their interests to find out what kind of activities they may want to do this summer.

If you find that your teen continues to struggle with their mental health, it may be time to reach out to a mental health professional for help. If you have concerns for your teen's safety, please call 911 or proceed to the nearest emergency room.

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