

Medication use tendencies

- Large quantities of unmonitored supplements
- Medications used in ways they were never intended and which are not safe, combined with...
- Abbreviation of monitoring protocols

If the basic problems are the amygdala and the firestorms that result from it, what could be the results...?

- Irritability in the brain; like the excessive static electricity before or in the early part of a seizure
- The complications of this, which include fatigue, a tendency to depression, and tendency to nonrestful sleep
- The late medical complications of this, which will be listed in the medical complications section

So the medications which are usually health promoting, are

- Non toxic antiepileptic medications
- Antidepressants
- Medications and carefully selected AND MONITORED supplements which address carefully diagnosed individual physiologic issues

Medications which are usually used for sedation and restraint include

- Antipsychotic medications (ie Risperdal)
- Alpha blockers (ie clonidine, Tenex)
- Beta blockers (ie propranolol)
- Unmonitored high dose supplements (ie, chromium)

Antipsychotic medications are designed to:

- Reduce the amount of input the brain can receive
- Dull the intensity of the incoming stimuli
- Reduce the capacity of the brain to respond to incoming stimulation

(which helps quite a lot if you have a permanent gating deficit)

The reason for such concern	
Is that this class carries an extremely high risk of permanent neurological damage in persons who 1) do not have schizophrenia, 2) who have developmental disabilities, and	
3) who have co-occurring medical problems	
(and the risks multiply)	
	1
The same of the sa	
The FDA	
Has stated that Risperdal is	
"unapprovable" for persons with autism (so the drug company	
revised the terminology)	
	-
So why use these	
When there are safer and more	
effective alternatives???	

Some ideas For medications which treat amygdaloid irritability and facilitate treatment of pain without causing sedation (when used properly)	
 Oxcarbazepine Lupus like syndrome Regular testing for leukocytopenia? 	
topiramate Weight loss Glaucoma Paresthesia nephrolithiasis	

lamotrigine ■ Stevens Johnson Syndrome; level of caution and responsiveness varies by clinician Start low, go slow Some ideas For medications which treat depression and anxiety without causing sedation when used properly Bobby ■ 26 year old flower enthusiast ■ Referred for evaluation of extreme selfmutilation

Use of naltrexone? SIB not usual causes All sources of pain treated ■ Intoxication, euphoria and pupillary constriction Elevated CSF endorophins ■ Regular timing of SIB, regardless of activity Physical withdrawal when stopped ■ Family history narcotics or alcohol misuse **Antidepressants** ■ SSRI's Avoid Wellbutrin ■ Don't use lithium for augmentation **Antianxiety** Buspar (yes, Buspar) Some antidepressants Gabitril Keppra (specific situations) Neurontin Zonegran

"Premature Pharmaculation"	
Suzanne TPV Sundheim MD	
Antinovolatio modications (II	
Antipsychotic medications (the extreme view)	
■ Schizophrenia	
 Psychosis due to other causes when the other cause is being treated fully 	
Extreme tics of Tourette SyndromePorphyria emergencies (phenothiazines)	
(4	
Other untoward reactions	
Manic irritability with antidepressants	
 Cognitive and physical performance impairments with alpha blockers, beta blockers, and antipsychotics 	
 Sleep problems from alpha and beta blockers SIADH with Paxil 	
 Cocaine-like effect from stimulants Memory and mood issues from benzodiazepines 	

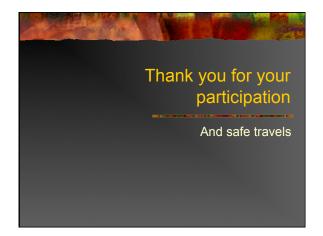
Unusual drugs/unusual uses

- Stimulants in epilepsyVitamin B6 for some forms of epilepsy
- Ketogenic diet
- Oxygen for migraine
- Thiamin/diamox protocol
- Neurontin for pain
- Wellbutrin for diminished sex drive
- Analgesics for pruritis
- Low dose bromocriptine
- EEG anesthesia; enfluorane





8



			_