

Consider a 'medical food' for tardive dyskinesia

In the interesting March 2014 Savvy Psychopharmacology article (Strategies for managing drug-induced tardive dyskinesia, CURRENT PSYCHIATRY, March 2014, p. 44-46; [http://bit.ly/1gNALYi]), the authors did not mention a medical food made from the branched-chain amino acids L-Leucine, L-Valine, and L-Isoleucine, which was reviewed by the FDA for the dietary management of tardive dyskinesia (TD) in males.^{1,2} Although this product, "Tarvil," is no longer being manufactured, compounding pharmacies can make it using the same ratio of ingredients that was tested in the clinical trial.¹ It may be worth considering before using tetrabenazine, a medication approved in the United States under the Orphan Drug Act, and launched at \$34.25 for a 12.5 mg tablet and \$68.50 for a 25 mg tablet.³

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Dr. Ellingrod responds

On behalf of Dr. Kaspar and myself, we thank Dr. Citrome for his interest and clarification. Because of the brevity of Savvy Psychopharmacology in the pages of CURRENT PSYCHIATRY, we decided to include only information on therapies that are readily available for TD. We also agree with Dr. Citrome that other treatment modalities, which often cost less, should be tried before tetrabenazine is utilized. Most important, judicious use of antipsychotics should be considered before any additional medications are added to the patient's regimen.

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'Neuroscientification' and the mystical are compatible

In the February 2014 issue (Psychiatry's future shock, CURRENT PSYCHIATRY, February 2014, p. 19-20, 32 [http://bit.ly/1bvrp3t]) Dr. Nasrallah tells us that psychiatrists who are not speaking the new language of the "neuroscientification" of psychiatry will soon be rendered obsolete. He says that we are at the "tipping point" in psychiatry, giving up the "primitive notions that have guided the profession for the past century," and moving toward explaining our successes and failures in terms of microglial activation, inflammatory markers, apoptosis, S100B, and NOTCH 3. Those who talk



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about ego strengths, defense mechanisms, resilience, the unconscious mind, and the human spirit are "clinical dinosaurs."

Sadly, Dr. Nasrallah speaks for many psychiatric academicians today, who believe the best way to understand the complexity of the human condition is to explain it in terms of neurotransmitters, genomics, and MRIs. But the truth is, no matter how much we know about the brain, the mind will always have a mind of its own. The language of science cannot adequately explain the mystery that is an essential part of the human experience.

The brain is hardwired for mystical experiences. We are biologically programmed to experience transcendent states that allow us to see the familiar from a new perspective, and to experience the awesome. It matters less how we explain the mechanics of the mysterious than it does to know it is important. To all my academic colleagues who herald in the "neuroscientification" of psychiatry, and the obsolescence of clinicians who still explore the unconscious mind, I say let's not take ourselves too seriously. Awe is the mechanism by which we tame the ego.

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