Summary Recommendations (David Mischoulon, MD, PhD)

St. John’s Wort
- Results are encouraging but inconsistent
- Probably best for mild-moderate depression
- Do not combine with SSRIs
- Suggested dose: 300-1800mg/day
- Usually dosed 2-3X/day
- Different preparations may vary in potency

SAME
- Results so far are encouraging
- Well tolerated, no liver toxicity
- Recommended doses between 400-1600mg/day
- Side effects include: mild insomnia, lack of appetite, constipation, nausea, dry mouth, sweating, dizziness, nervousness
- Some reports of increased anxiety, mania or hypomania in bipolar depression
- Expensive ($0.75-$1.25 for a 400mg tablet)

Folate & B12
- Consider checking folate (and B12) levels in vulnerable populations:
  - Elderly; alcoholic;
  - Concurrent medical illness;
  - Treatment resistant patients who have not had recent medical exam
- Supplement if deficiency is found
- Consider adjunctive folate supplementation in any treatment resistant patients
- Safe, well tolerated

Omega 3 Fatty Acids
- No consensus on optimal dose of DHA or EPA
- Most studies use adjunctive therapy
- Probably 1-2g/day of an EPA/DHA combo is best
- Side effects include stomach upset, fishy taste, risk of bleeding when combined with anticoagulants
- Watch for cycling in bipolar patients

Kava Kava
- Suggested doses are 60-300mg/day
- Potency and efficacy may vary with different preparations
- Best for individuals with mild anxiety, risk of addiction, or low tolerability to standard agents
- Preferably for short term use (1-3 months)
- Avoid kava if:
  - History of liver disease
  - History of alcohol use
- Taking concurrent medications with potential liver toxicity
  - Use only under physician supervision
  - Monitor liver enzymes regularly

**Valerian**
- Valerian may best for promotion of natural sleep over a few weeks rather than acute treatment of insomnia
- Recommended doses are 450-600mg, approximately 2 hours before bedtime
- No apparent increased benefit from higher doses
- Has been combined with St John’s Wort with good results
- Safe in children and elderly

**Ginko**
- Suggested dose = 120-240 mg/day
- Minimal 8 week course recommended
- Best when started early
- Better for Alzheimer’s than vascular dementias
- Full assessment of effect may require 1 year
- No acute effects
- No data on longer term impact on illness
- May alleviate antidepressant-induced sexual dysfunction
- Side effects include mild GI upset, headache, irritability, dizziness, **seizures** in epileptics, **bleeding** in patients on anticoagulants or having surgery (via inhibition of Platelet Activating Factor)

**Vitamin D**
- Evidence for efficacy still preliminary
- Recommended dosage 2000 IU per day

**Yager et al’s Tips for Discussing CAM With Patients:**
- Routinely question patients about use of alternative therapies
- Discuss safety and efficacy of commonly used alternative treatments
- Discuss merits of alternative treatments
- Provide information on the effectiveness and risks of various treatments
- Learn about alternative therapies by consulting the **Physicians’ Desk Reference (PDR)** for **Herbal Medicines** or similar references
- Help patients make decisions about alternative treatments, such as finding a qualified, licensed alternative provider