

Dr. Mary Beth Ackerley is a *Summa cum Laude* graduate of Harvard University where she completed her thesis on faith healing. After medical school, she did her psychiatric residency at Johns Hopkins and is board-certified in psychiatry. She has explored many modalities of healing since then, including Tibetan Buddhism, sound healing, amino acid therapy, nutrient supplementation, bioidentical hormones, anti-aging medicine and homeopathy. She practices at her clinic, MyPassion4Health. Dr. Ackerley answers Natural Awakenings' questions about antidepressants and hormone replacements.



I have been on antidepressants for years. Each of them works for a while, then seems to stop working, and I get switched to another one. Now my psychiatrist wants me to take Abilify, the drug they advertise on TV, in addition to my current medication. What do you think?

Your experience with antidepressants is quite typical and has been validated by research. Since 1999 we've known that about 60% of people get somewhat better on antidepressants, but 90% never achieve full relief from depression. The latest research on antidepressants, published this year in the *Journal of the American Medical Association*, showed that the difference between a placebo and active antidepressant treatment was negligible except for the most severely depressed.

Drug companies know that antidepressants don't work well. They even quote the research that shows 2 out of 3 people being treated for depression don't achieve full relief from their symptoms. So they have begun to advertise Abilify as the solution for patients seeking additional relief from depressive symptoms. Abilify is a member of a class of drugs known as atypical antipsychotics. Antipsychotics were traditionally used to help schizophrenics and severe manic depressives who experienced delusions and hallucinations. By recommending anti-schizophrenia drugs like Zyprexa, Abilify and Seroquel for depression, the drug companies have made them the top-selling class of drugs in the US.

Unfortunately, the possible side effects of atypical antipsychotics include metabolic syndrome (extreme weight gain with high cholesterol and insulin resistance), tardive dyskinesia (involuntary movements of the jaw and hands)

and neuroleptic malignant syndrome (a rare condition that can lead to permanent brain damage or even death).

Traditional antidepressants such as serotonin uptake inhibitors work by recycling the neurotransmitters your brain already has; this temporarily corrects your brain's chemical imbalance but doesn't add anything new to your brain's supply. Proteins are broken down through digestion into amino acids, which make the neurotransmitters your brain needs to feel balanced. Amino acid therapy is an effective way to provide the raw materials the brain needs to make these neurotransmitters. Other proven strategies include exercise, psychotherapy and nutritional support such as B vitamins, fish oil, Vitamin D, magnesium and zinc. I would advise you to investigate these other options with your doctor before beginning to use an atypical antipsychotic or any other medication.

My gynecologist told me that since I had a hysterectomy I don't need progesterone replacement, only estrogen. Is this true?

When a woman takes replacement estrogen for menopause she is often given synthetic progesterone to prevent thickening of the uterine lining. Allopathic gynecologists reason that if the uterus is gone, then there is no need to prevent endometrial proliferation. Therefore the patient is "spared" from having to take two hormones.

What your gynecologist, who specializes only in reproductive organs, fails to understand is that progesterone has multiple non-reproductive functions in the central nervous system. These functions include regulating mood, anxiety, sleep, inflammation, mitochondrial function, myelination and recovery from traumatic brain injury. The non-reproductive functions of progesterone hormone therapy can be extremely important in neurological health during menopausal aging. Bioidentical progesterone, as opposed to synthetic progesterone, is an extremely safe hormone with demonstrated anticarcinogenic effects and should always be considered for aging women who are having difficulties with insomnia or anxiety.

However, many traditional gynecologists tell older woman with low progesterone levels that their symptoms are normal and prescribe addictive benzodiazepines like Ambien for insomnia. A more natural, non-addictive approach to insomnia would be to use melatonin, a balanced mixture of amino acids used for sleep, mineral supplements, or low doses of progesterone.

Visit Dr. Ackerley's informative website: MyPassion4Health.com. To make an appointment, call 520-299-5694.