

The Vitals - Seasonal Affective Disorder R3 Transcript

00:00:00:01 - 00:00:05:31

Leslie Schlacter

I know what you're saying. That seasonal affective disorder is, like, is part of major depressive disorder.

00:00:05:36 - 00:00:06:50

Dr. James Murrough

Yeah, it's a type of it.

00:00:06:55 - 00:00:17:02

Leslie Schlacter

Does that hang with them throughout the day even when like they're you know, it's during the day that it's light out. They're at work with their coworkers that they enjoy does that. It is like an all day thing.

00:00:17:04 - 00:00:23:16

Dr. James Murrough

Yeah. If they have seasonal affective disorder, they are feeling depressed most of the day, even during the light hours.

00:00:23:16 - 00:00:29:51

Leslie Schlacter

Okay. Okay. Wow.

00:00:29:56 - 00:00:53:08

Leslie Schlacter

Hi. And welcome back to the vitals. Mount Sinai Health System's new groundbreaking video podcast. I'm your host, Leslie Schlueter. A neurosurgery physician assistant here at the Mount Sinai Hospital. Today, we're talking with Doctor James Morrow, a psychiatrist and professor here at Mount Sinai, on the subject of seasonal affective disorder. I can tell you from firsthand experience, I definitely experience some level of seasonal affective disorder.

00:00:53:13 - 00:01:10:01

Leslie Schlacter

When the clock changes, it starts getting dark. At 5:00. I want to cancel my plans. I don't want to go to the gym. I just want to get home, get in my pajamas and just cuddle up and go to sleep. And I'm sure other people feel that way too. So we're going to find out today what's just seasonal blues and what's actually seasonal affective disorder.

00:01:10:06 - 00:01:11:16

Leslie Schlacter

Thank you so much for being here.

00:01:11:22 - 00:01:12:24

Dr. James Murrrough

Happy to be here.

00:01:12:28 - 00:01:34:50

Leslie Schlacter

This topic is pretty near and dear to my heart because not only do I feel like I suffer from some level of this, but my daughter definitely does like so much where I'm like, God, I wish we just like be moving to Florida or something, or changing our location altogether. Yep. So I'm really excited about today because if there's anything that probably a lot of us in the northeast could learn, yeah, I want to learn it.

00:01:34:55 - 00:01:38:33

Leslie Schlacter

So what? What is seasonal affective disorder? Sad. Yeah.

00:01:38:36 - 00:02:01:12

Dr. James Murrrough

So some form of feeling sad blue down in the winter months when the days are shorter. It's actually very common now. Seasonal affective disorder is a technical term, but actually it's just a form of depression or what we call major depressive disorder. And we think the seasonal form of major depression. Or think of it as like clinical depression.

00:02:01:12 - 00:02:12:56

Dr. James Murrrough

This is more than just feeling down or the blue that affects about 5% of the US population. So again, even the full clinical form of the illness is actually pretty common.

00:02:13:01 - 00:02:17:45

Leslie Schlacter

So depression is like an actual diagnosis. It's a DSM.

00:02:17:47 - 00:02:18:43

Dr. James Murrrough

Within the DSM.

00:02:18:43 - 00:02:19:21

Leslie Schlacter

What is the DSM?

00:02:19:35 - 00:02:30:27

[Dr. James Murrough](#)

The DSM is the Diagnostic and Statistical Manual of Mental Disorders. It's kind of like the Bible. So if you're a psychiatrist like myself, this is where you look up. What are the official psychiatric illnesses?

00:02:30:27 - 00:02:31:21

[Leslie Schlacter](#)

Psychiatric Bible.

00:02:31:21 - 00:02:32:56

[Dr. James Murrough](#)

The psychiatric Bible. Exactly.

00:02:33:03 - 00:02:35:29

[Leslie Schlacter](#)

Seasonal affective disorder. And there as a diagnosis.

00:02:35:29 - 00:02:36:45

[Dr. James Murrough](#)

Interestingly, no.

00:02:36:59 - 00:02:37:19

[Leslie Schlacter](#)

Okay.

00:02:37:19 - 00:02:47:38

[Dr. James Murrough](#)

So what's in there is what we call major depressive disorder or MDD. So when you hear depression in kind of a medical or scientific context, that's what we mean. Major depression.

00:02:47:39 - 00:02:50:04

[Leslie Schlacter](#)

So is it like listed under there as like one of the forms.

00:02:50:04 - 00:03:12:03

[Dr. James Murrough](#)

It's a that's right. It can be it's what's called a specifier. So if somebody has clinical depression or major depression and they have a certain feature where essentially they just get sick during the winter months, and that happens over several seasonal cycles, the doctor will then give it the it's some technical term like depression with seasonal features.

00:03:12:05 - 00:03:13:58

Leslie Schlacter

Okay. And that like you can it's like a diagnosis.

00:03:14:04 - 00:03:24:18

Dr. James Murrrough

That's a diagnosis. There's a diagnostic code and it goes to your insurance company and the whole thing that's the official. So it's a a form of or a subtype of clinical depression okay.

00:03:24:23 - 00:03:43:26

Leslie Schlacter

We are actually I'm the host. So I can make the rules right. I'm going to spend the next couple of minutes as your patient okay. So pretend I'm your patient I'm really seeing you. Yeah I am for those who all known me, I am like like top ten. I'm just happy I love life, okay? I am probably one of the most productive people out there.

00:03:43:26 - 00:04:01:58

Leslie Schlacter

I mean, I literally I could multitask all day long and my body would let me, when the time changes. Yep. And it starts getting dark and cold. Yeah. Especially, God forbid it's dark. Cold and raining. Yep. Instead of leaving work and going to the gym and meeting friends for whatever, I just want to go home, put on my pajamas, get in bed.

00:04:02:06 - 00:04:19:19

Leslie Schlacter

Yeah, and I just I just, like, don't I don't want to do a damn thing. It's really depressing because I find myself. I'll cancel plans. Yeah, I will skip going to the gym, which is my favorite thing to do. And this lingers for weeks for me until I'm finally like, well, this is not a way to live for the next couple of months and I have to pull myself out of it.

00:04:19:19 - 00:04:22:03

Leslie Schlacter

Yes, so I do. I have sad.

00:04:22:04 - 00:04:45:52

Dr. James Murrrough

You have again, having sort of seasonal blues, think of it like that is really common. If you were to come in, you're my patient and you say, doc, I'm not feeling myself. Often patients will say that they were always looking in psychiatry. Is it a change? Right. Everybody's different. Everyone has their own routines, but when they come in or they're brought in by their family, if it's more severe.

00:04:45:57 - 00:05:00:34

Dr. James Murrrough

Doc, they're not like they used to be. And the change and the the bar for making a diagnosis of major depression is actually fairly high. So typically, it's not just that it's you feel down or it's more difficult to do things, but actually are you missing work?

00:05:00:36 - 00:05:03:47

Leslie Schlacter

Okay. So I have, like, blues probably.

00:05:03:52 - 00:05:20:00

Dr. James Murrrough

Probably now we haven't done a full diagnostic interview. Right. But probably. But, things I'm looking forward to sort of make the diagnosis. So think of it like this. First we're thinking about making the diagnosis of major depression. And then we ask the question, does this have seasonal features?

00:05:20:00 - 00:05:20:45

Leslie Schlacter

I see right.

00:05:20:45 - 00:05:34:49

Dr. James Murrrough

It's a two step. So do you have clinical or what we call major depression, which is basically if you look it up in the big book you have persistent sad or low mood most days of a given week, nearly every day, most of the day.

00:05:35:00 - 00:05:38:20

Leslie Schlacter

I don't have for weeks. I don't have that. Okay, I think I'll be okay.

00:05:38:22 - 00:05:54:10

Dr. James Murrrough

And it's a change. It always has to be a change from. So people come in and they say, yeah, I don't I'm not happy, I'm not productive. I I have other I have sleep disturbances, which we'll talk about more, which is also a feature of depression. And then we say, okay, so when did this start? And they said, well, I've always been like that.

00:05:54:25 - 00:06:00:18

Dr. James Murrrough

That's harder to make than right. Because that's is it an illness that you have that there's a treatment that you could recover.

00:06:00:30 - 00:06:00:46

Leslie Schlacter

00:06:00:50 - 00:06:03:17

[Dr. James Murrrough](#)

Or is this something else. So.

00:06:03:19 - 00:06:11:49

[Leslie Schlacter](#)

So the people that have like just to focus on and I know what you're saying, that seasonal affective disorder is like is part of major depressive disorder.

00:06:11:54 - 00:06:13:08

[Dr. James Murrrough](#)

Yeah. It's a type of it.

00:06:13:22 - 00:06:25:31

[Leslie Schlacter](#)

But do they that does that hang with them throughout the day even when like they're you know, it's during the day it's light out. They're at work with their coworkers that they enjoy. Does that is it's like an all day thing.

00:06:25:31 - 00:06:31:46

[Dr. James Murrrough](#)

Yeah. If they have seasonal affective disorder they are feeling depressed most of the day even during the light hours.

00:06:31:46 - 00:06:32:54

[Leslie Schlacter](#)

Okay okay. Wow.

00:06:33:03 - 00:06:42:37

[Dr. James Murrrough](#)

So that's different than and I we started noticing this a couple of weeks ago. Yeah. You look out the window, it's 5:00 and it's dark. And that feels kind of crummy.

00:06:42:39 - 00:06:43:57

[Leslie Schlacter](#)

Yeah.

00:06:44:02 - 00:07:06:19

[Dr. James Murrrough](#)

And I think what that is, is I think that tells us a little bit about. We'll get to that later. The pathways that actually detect the light in the environment project directly into the parts of the

brain that control our emotion, which is really interesting. So I like a lot of things we deal with in psychiatry the full medical illness, major depression, seasonal affective disorder.

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[Dr. James Murrrough](#)

They represent a, like so many things in medicine, there's really a continuum that represents the most severe.

00:07:15:21 - 00:07:15:43

[Leslie Schlacter](#)

Right.

00:07:15:43 - 00:07:39:37

[Dr. James Murrrough](#)

Treatment we're thinking about. You need structured psychotherapy medication. We'll get into that things like that. But but it represents a continuum right. We all have kind of similar brains. We live in the same environment in our bodies. And our minds are responding to stimuli. So it's common. Less light tends to lead to low moods. And then seasonal affective disorder conveniently maybe referred to as sad sometimes.

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[Dr. James Murrrough](#)

Right. It's kind of the end of that spectrum of like these are folks that they present or they should talk to your doctor. You're not getting out of bed. Maybe you're in college and you're missing classes. Those are the ten things that bring people in. There's real what we call functional disruption in their daily activities.

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[Leslie Schlacter](#)

So what does the research show us about this diagnosis like? Does it affect certain regions? Certain certain age groups? Yeah. Gender.

00:08:07:03 - 00:08:35:12

[Dr. James Murrrough](#)

Yeah. It's more common in women. But that's also seen in, non-seasonal depression, I guess, let's say it like that. Interestingly, folks have looked at this, and there's a little bit of inconsistency in the literature, but the farther you are from the equator, okay, the days tend to be shorter, less light, colder. Right. The incidence in, in those populations or those countries of seasonal affective depression is higher.

00:08:35:16 - 00:08:38:40

[Dr. James Murrrough](#)

So there does seem to be a relationship between like, how much like what.

00:08:38:40 - 00:08:43:04

Leslie Schlacter

About just like regular depression? That's pretty consistent.

00:08:43:04 - 00:09:18:49

Dr. James Murrrough

Interestingly, regular depression, one of the remarkable things is if, you know, you look at epidemiologic studies and you know, because sometimes people think, well, maybe it's a cultural phenomenon, right? Or in the U.S and, you know, it's great because we have TikTok and fast food or whatever, but the interesting thing is you look at different cultures, high income versus low income, economies, world economies, countries, clinical depression, the way it presents and the frequency is, is pretty, pretty much the same.

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Leslie Schlacter

So about age groups.

00:09:20:43 - 00:09:32:12

Dr. James Murrrough

Again pretty similar. So so we know that depression, like many illnesses in the sort of psychiatric realm, they tend to strike folks actually, when they're younger, young adults.

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Leslie Schlacter

20s.

00:09:33:09 - 00:09:53:58

Dr. James Murrrough

This can be part of why, you know, depression is associated with more disability than pretty much any other medical illness, if you can imagine. Well, why is that? Part of it is a lot of chronic medical illnesses affect people when they're older 50, 60, 70 and beyond, depression, bipolar disorder, anxiety, those are hitting, again, folks that are trying to get through high school, college, start families.

00:09:54:03 - 00:10:04:25

Dr. James Murrrough

And for those that unfortunately have a chronic or recurrent course, it can really kind of knock them off their productivity and that's that stays with them throughout their life.

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Leslie Schlacter

Yeah, I actually I've never thought of that concept before. Yeah. About like a lot of the diseases

that we treat I work in neurosurgery. So brain tumors and aneurysms affect all ages. But a lot of them we treat affects people older and like retirement I never yeah depression is like right. Those are working people.

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[Dr. James Murrough](#)

Oh yeah I think that I think the peak onset is maybe early 30s.

00:10:25:01 - 00:10:25:48

[Leslie Schlacter](#)

Yeah.

00:10:25:53 - 00:10:51:24

[Dr. James Murrough](#)

I think a little bit younger, a little bit earlier in women. Back to you interested in, non-seasonal depression. It seems to affect women about 2 to 1. The ratio or the degree to which there's a disproportionate, impact on women versus men is actually more so the estimates for seasonal and seasonal depression. It's almost like the estimates are almost up to like 4 to 1.

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[Leslie Schlacter](#)

Yeah. Do you think it's hormone related you would like? I would have to think. You have to say you don't know.

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[Dr. James Murrough](#)

So there's been studies. What is light. We talked about light. Light gets into the brain right. Interestingly or the signals of light get into the brain and we can talk more about that. It affects neurotransmitter and hormone levels. Light. We know that melatonin. Everyone heard about that cortisol. And you know, it's still I hate to say it, as a psychiatrist and a researcher, we still don't fully understand why are women more vulnerable to depression than men.

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[Dr. James Murrough](#)

We even for non-seasonal depression, we just don't really understand. There's lots of theories. It's hard to think that fluctuations in sex hormones are not related.

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[Leslie Schlacter](#)

We know we have to put up with men.

00:11:36:10 - 00:11:38:52

[Dr. James Murrough](#)

That could be it. That actually would explain a lot.

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Leslie Schlacter

So much.

00:11:39:30 - 00:12:04:10

Dr. James Murrrough

Right. We know there's, premenstrual dysphoric disorder that's been in the last decade, much more recognized, and now is actually in the big book of diagnosis we talked about. Yep. You talked to women that have almost like, full blown, like they have severe depression around that time in their period and with treatment, targeted medication, they they, they say change their life.

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Dr. James Murrrough

So.

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Leslie Schlacter

You were kind of like so the whole.

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Dr. James Murrrough

Interrelated.

00:12:06:28 - 00:12:12:18

Leslie Schlacter

So you're edging towards like translational neuroscience, like what is translational neuroscience?

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Dr. James Murrrough

Translational neuroscience is essentially, you know, most neuroscience or typical neuroscience is studying cells. Chemicals, genes, things like that. How does it affect the brain often not in humans, you know, laboratory mice, things like that. Fruit flies, translational neurosciences is the translate is meaning going. The translating is from basic science. Like the wet lab in the bench.

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Dr. James Murrrough

You know, you see, like on commercial, you know, the scientist with beakers and test tubes, like, what are they doing versus how does a new treatment get to patients.

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Leslie Schlacter

The translation like how do we go from there to helping patients.

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Dr. James Murrough

Exactly, exactly. And that's what our group focus is on. To how do we go from beakers and test tubes and lab rats to new treatments for patients.

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Leslie Schlacter

And so how are you doing that? How do you do it? How are you doing that here specifically for Sad? Yeah.

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Dr. James Murrough

So one way we do it is we use technologies like functional brain imaging or EEG, which can measure, brain waves on, on the scalp to look at if, if people are in a depression or not. What's different in the brain.

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Leslie Schlacter

Right.

00:13:20:34 - 00:13:41:06

Dr. James Murrough

And then if we give it treatment, be it psychotherapy or a medication, does that change a brain signature. And that can give us an indication of the next time someone in the lab finds a new drug, for example, we can ask the question, does that affect the brain signature move associated with the illness? So it's it's using sort of neuroscience tools in people, if that makes sense.

00:13:41:06 - 00:13:43:12

Leslie Schlacter

Yeah. It does.

00:13:43:17 - 00:13:55:21

Dr. James Murrough

There's an interesting one, one technology that, we're collaborating with a group at Mount Sinai. One of the, one of the important, very important treatments for seasonal affective disorder is light therapy.

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Leslie Schlacter

Right.

00:13:56:02 - 00:13:57:25

Dr. James Murrough

And we can talk more about that.

00:13:57:34 - 00:14:01:12

Leslie Schlacter

I want to talk a lot about that. Let's talk. We'll put a pin in that. Yeah. Cause I'm not there yet okay.

00:14:01:12 - 00:14:06:39

Dr. James Murrough

Let's talk about that later. Because there's a really cool technology. There's some new technological developments around light therapy.

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Leslie Schlacter

Right.

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Dr. James Murrough

That and that I think represents an exciting area of new research. And then other things is just kind of going back to what we talked about, about, seasonal is a form of depression. We're trying to understand, what causes depression in the brain.

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Leslie Schlacter

And what.

00:14:22:33 - 00:14:29:09

Dr. James Murrough

Would be new ways to treat that here at Mount Sinai. So we've been studying, for example, ketamine for depression.

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Leslie Schlacter

Right.

00:14:29:29 - 00:14:45:23

Dr. James Murrough

Okay. We're studying, we, in collaboration with our basic, neuroscience friends, discovered a

new, a protein in the brain that was not that was known, but wasn't known to be involved in stress response and depression. It's called a CNC channel.

00:14:45:28 - 00:14:46:09

Leslie Schlacter

Okay, okay.

00:14:46:09 - 00:15:05:38

Dr. James Murrrough

It's a type of potassium channel in the brain. It regulates cells activity and cool work. By Eric Nestler. Others at Mount Sinai showed that in laboratory mice, this protein was important for protecting them against the type of depression you can measure in mice like them not wanting to interact with other mice.

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Leslie Schlacter

Or the lonely mice, the.

00:15:06:36 - 00:15:07:13

Dr. James Murrrough

Lonely mice.

00:15:07:13 - 00:15:08:06

Leslie Schlacter

The mice in the corner.

00:15:08:06 - 00:15:22:28

Dr. James Murrrough

That's right. So when you stress a mouse. But it's not so lonely that these are the resilient mice. They have more of this protein. So we're doing clinical trials to give a drug that increases this protein in people with depression to see if it's antidepressant so.

00:15:22:28 - 00:15:22:57

Leslie Schlacter

That credible.

00:15:23:06 - 00:15:28:46

Dr. James Murrrough

That type of thing if that works then we would test that in for example, seasonal depression.

00:15:28:46 - 00:15:38:00

Leslie Schlacter

You said you do functional MRI scans. Yes. So what are you guys doing. Are you doing like an

fMRI in like the dead of winter and then again in the middle of in summer?

00:15:38:00 - 00:15:52:44

[Dr. James Murrrough](#)

I haven't done that. But if we did, there would be some specific hypotheses. For example, we've been using a new, what's called a high field, a seven Tesla imaging at Bed Mount Sinai, where you can look at little bitty parts of the brain that we couldn't see even a few years ago.

00:15:52:44 - 00:15:54:45

[Leslie Schlacter](#)

We use that in our department for like, cranial nerves.

00:15:54:45 - 00:16:06:43

[Dr. James Murrrough](#)

There you go. Yeah, yeah. So it turns out there's a part of the brain that's really important that if it's overactive, it really your mood is like in the tank. Okay. It's called the inter sub general cingulate cortex. That's a.

00:16:06:43 - 00:16:07:27

[Leslie Schlacter](#)

Mouth. Yep.

00:16:07:31 - 00:16:13:57

[Dr. James Murrrough](#)

But it's like hot or overactive. And this has been shown many times. And we just did,

00:16:14:02 - 00:16:16:40

[Leslie Schlacter](#)

Like, like with vascular flow or what.

00:16:16:44 - 00:16:38:02

[Dr. James Murrrough](#)

Yes. You had some you would like metabolism, high metabolism like for example with FDG pet you could do a blood flow MRI, show more blood flow. Another thing we like to do is we'll do actually try to we'll have the individual engage in like a task, play a game in the scanner. So I'll give you an example. They could be playing almost like a gambling game.

00:16:38:02 - 00:16:51:12

[Dr. James Murrrough](#)

You could win or lose money. And then we can look at what parts of the brain are like, light up when they're told, oh, something good happened or you've lost. If you're in a depression, the you've lost signal is extra high.

00:16:51:14 - 00:16:51:37

Leslie Schlacter

Okay.

00:16:51:48 - 00:17:12:43

Dr. James Murrrough

And again over research we know some areas and in particular this part of the brain seems to be overactive to, loss negative information. And we use a technique also called functional connectivity. Just sort of how dominant is that part of the brain. Kind of the the rest of the brain, like the ecosystem of the brain.

00:17:12:43 - 00:17:30:00

Dr. James Murrrough

How how dominant is that? If you look at it, it's like, for example, networks. This was a new study we did in people with depression. That part of the think of like the negative mood network is overly connected. Think of it like that. So we haven't done the study, but the hypothesis would be even for you if you're having some symptoms.

00:17:30:00 - 00:17:48:59

Dr. James Murrrough

Right. I scan you during the winter months. I scan you during the summer. In the winter months, I would predict that part of your brain was over connected. Got it right over active. And that's the type of brain biomarker that we hope in the future can be like. Like right now, a psychiatrist, we can't really order a test to help us with depression.

00:17:48:59 - 00:17:49:39

Leslie Schlacter

Right.

00:17:49:44 - 00:17:50:20

Dr. James Murrrough

If I want.

00:17:50:27 - 00:17:54:57

Leslie Schlacter

A it's a working as a diagnosis of communication. Like you're literally checklist sit down.

00:17:54:57 - 00:18:15:37

Dr. James Murrrough

Just like this. It's still based on, history, taking a history, listening to the patient. But one day we'd like to have medical tests. You know, we don't want to be left out in the cold. We like neurology, neurosurgery, not ideology. We want to get in on that. And so that's a lot of what we our work is doing, trying to what our features.

00:18:15:37 - 00:18:31:40

[Dr. James Murrrough](#)

We know that if you have seasonal depression and I do a regular radiologic scan of your brain, just like if you want to, you know, doctor, want to make sure you didn't have a tumor that's going to be completely clean, right? The doctor is going to say, oh, nothing in your brain. I'm going to refer you to a psychiatrist.

00:18:31:40 - 00:18:32:13

[Leslie Schlacter](#)

Right.

00:18:32:18 - 00:18:48:55

[Dr. James Murrrough](#)

What we'd like one day to be able to do a brain scan to help the psychiatrist. Oh, your sub general cingulate is overactive that way. That helps confirm my suspicion that you have a clinical depression. And even better, does it tell me what type of treatment I can give you? Oh, that's. That's all we really like.

00:18:49:01 - 00:19:04:28

[Leslie Schlacter](#)

So there's like the radiologic side of things. But then obviously there's like the hormonal and neurotransmitter. Right. So like standard psychiatric treatment like SSRI. So we're looking at like all right. So serotonin right. Dopamine. Yes Gaba.

00:19:04:40 - 00:19:05:26

[Dr. James Murrrough](#)

Okay.

00:19:05:31 - 00:19:09:14

[Leslie Schlacter](#)

Like what what treatments are there out there that like what are we targeting most.

00:19:09:14 - 00:19:13:39

[Dr. James Murrrough](#)

Serotonin still dominates okay. Right. These are the saris. These are the first.

00:19:13:39 - 00:19:14:31

[Leslie Schlacter](#)

Like Prozac.

00:19:14:31 - 00:19:18:36

[Dr. James Murrrough](#)

Prozac, Zoloft exactly. Lexapro, you name it.

00:19:18:36 - 00:19:19:21

Leslie Schlacter

Okay.

00:19:19:26 - 00:19:30:37

Dr. James Murrough

If you go to your primary care doctor, you have depression or they. You say something's not right. I don't I don't want I don't like to I don't want to get out of bed anymore. I have fatigue, I'm not going to the gym. I'm not returning people's phone calls.

00:19:30:41 - 00:19:32:52

Leslie Schlacter

This is their first line treatment, SSRI. They're going to.

00:19:32:52 - 00:19:34:31

Dr. James Murrough

Prescribe use an SSRI.

00:19:34:33 - 00:19:34:51

Leslie Schlacter

Okay.

00:19:34:51 - 00:19:44:51

Dr. James Murrough

And, with any luck, after a few weeks of treatment, that person is going to start feeling better. And that happens between 50 and 60% of the time.

00:19:44:52 - 00:19:45:12

Leslie Schlacter

Okay.

00:19:45:12 - 00:19:59:24

Dr. James Murrough

So there's also you hear a lot of debate about what the antidepressants work. And there's a lot of hours a overprescribed under prescribe all that stuff. They work for most people. But we know there's much more to the story than serotonin for lots of reasons.

00:19:59:24 - 00:20:05:02

Leslie Schlacter

So. Like what? Let's say you tried a couple meds, you go up, you're doing everything in your power and anything. Serotonin is not working.

00:20:05:02 - 00:20:13:51

[Dr. James Murrrough](#)

That's right. So we see that all the time. And again I'm probably they come to me if if the SSRI worked we never see them. Right. Right at the depression center because they just got.

00:20:13:51 - 00:20:16:44

[Leslie Schlacter](#)

The treatment at their hopefully their primary care is just taking care of it.

00:20:16:44 - 00:20:41:21

[Dr. James Murrrough](#)

Exactly. And again, I think most people they it does work for but we estimate about a third of all adults with with major depression are not effectively treated with really any available treatments or at least that standard first line treatments like the Prozac drugs. And we should hasten to add good evidence based psychotherapy. So,

00:20:41:25 - 00:20:43:53

[Leslie Schlacter](#)

God forbid people do something other than take a pill.

00:20:43:53 - 00:20:58:44

[Dr. James Murrrough](#)

Yes, you could prescribe psychotherapy. And again, by the time the patients come to me, if they haven't also had good psychotherapy, that's at the top of my list. But it can be hard work, difficult to access, expensive, expensive. You know, you hear this.

00:20:58:44 - 00:21:01:45

[Leslie Schlacter](#)

There aren't enough time consuming, there aren't enough therapists. Yeah.

00:21:01:49 - 00:21:04:12

[Dr. James Murrrough](#)

Even in New York City, I don't know, that's possible, but.

00:21:04:15 - 00:21:07:39

[Leslie Schlacter](#)

That's a lot of people are doing them online. There's like zooms. Yeah. So I think.

00:21:07:46 - 00:21:32:38

[Dr. James Murrrough](#)

That's actually an exciting I think, the issue of access to care is a huge one for mental health. So the advent of accessible online platforms for therapy and things like that, I think that's that's

going to be a good thing. I think the questions are going to be, you know, as a field, making sure there are standards in place, who's delivering the therapy, right.

00:21:32:38 - 00:21:46:37

[Dr. James Murrrough](#)

All that stuff. But the access to care, I think is really important because it is actually very hard to access, high quality psychotherapy in New York and, and many states in the country. It's it's much more difficult.

00:21:46:42 - 00:21:47:51

[Leslie Schlacter](#)

Right. Just I'm sure.

00:21:47:52 - 00:21:50:19

[Dr. James Murrrough](#)

There's just I mean, there's a lot of psychiatrist in New York.

00:21:50:24 - 00:21:50:55

[Leslie Schlacter](#)

Yeah.

00:21:51:00 - 00:21:52:45

[Dr. James Murrrough](#)

And there's still not enough, if you can believe it.

00:21:52:49 - 00:22:10:58

[Leslie Schlacter](#)

I would imagine that whether it's someone like me who experiences seasonal blues or someone who has a diagnosis or was told they have seasonal affective disorder, yeah, we'll go on to Amazon and buy a light. Okay. So let's I want to now we're going to talk about like let's talk about all I want to talk about like what you see people do on their own which I've done before.

00:22:10:58 - 00:22:17:02

[Leslie Schlacter](#)

I bought the lights okay. And then like what you actually what's the good. Like, how do you know it's a good light. Is it the right wavelength? I want to know at all.

00:22:17:02 - 00:22:20:04

[Dr. James Murrrough](#)

Yeah. So 40,000 lux.

00:22:20:09 - 00:22:21:14

[Leslie Schlacter](#)

I'm riding around this.

00:22:21:14 - 00:22:39:32

[Dr. James Murrrough](#)

Town has had certain about a certain amount of brightness, and there's all colors. And I actually saw there was a meta analysis where they compared, but just the white lights. Fine. So what's called broad broad spectrum light. Which is just a fancy way of saying it's white okay okay. But he has even a larger spectrum of, of visible light than a standard light bulb.

00:22:39:41 - 00:22:53:47

[Dr. James Murrrough](#)

But to the human eye it just looks white. So don't worry about the different colors. People said oh blue, red. Got it. Got that broad spectrum okay, 40,000 lux is the strength. It's a measure of how bright. So you want that sucker bright?

00:22:54:01 - 00:22:54:40

[Leslie Schlacter](#)

Got it.

00:22:54:45 - 00:23:05:39

[Dr. James Murrrough](#)

Break box. Don't mess around with one of these little tiny things on the desk. Yeah. Should be like, this big, and, 30 minutes minimum each morning.

00:23:05:43 - 00:23:11:09

[Leslie Schlacter](#)

Is there a rule about, like, how far it should be from you? How close? Like, if it's across the room, it's not going to work.

00:23:11:09 - 00:23:30:30

[Dr. James Murrrough](#)

Yeah. You should be within approximately I think it's like one foot again, if you find, there are good reputable resources, websites like check, check me on this. But yeah, you know, the lux value, the brightness. You do. You should be relatively close. I don't know why I'm using my hands. Because you're you're you're podcast.

00:23:30:30 - 00:23:34:03

[Leslie Schlacter](#)

Well, you're doing it for the people who are video. Okay. Right. Not just audio. Right.

00:23:34:08 - 00:23:46:32

[Dr. James Murrrough](#)

So, and but but typically you're sitting in front of it for at least 30 minutes. And I should say if I

didn't, some studies, but not all, show that up to 60 minutes gives you even more of a boost.

00:23:46:37 - 00:24:03:32

Leslie Schlacter

So maybe like you get up in the morning for, let's say, me, if I'm doing my makeup, it's sitting on my counter. Yeah. If I'm sitting down having breakfast and then doing some emails, totally. But if it's hard to get it in 30 minutes the morning after work, even just sitting on your desk at the beginning of the day while you're doing your emails and stuff, stick it right in front of you.

00:24:03:32 - 00:24:11:43

Dr. James Murrrough

That's right, that's right. As long as as long as, you know, ideally you're you're looking at it, but as long as it's kind of in your field of view and the lights get into your eyes, that's fine.

00:24:11:51 - 00:24:12:10

Leslie Schlacter

Okay.

00:24:12:10 - 00:24:12:49

Dr. James Murrrough

Yeah, yeah.

00:24:12:49 - 00:24:13:49

Leslie Schlacter

Yeah yeah.

00:24:13:58 - 00:24:14:33

Dr. James Murrrough

Yeah.

00:24:14:38 - 00:24:17:08

Leslie Schlacter

Morning y morning.

00:24:17:13 - 00:24:34:06

Dr. James Murrrough

I mean, think of it as kind of kick. You know, we talked about the well we haven't talked that much I guess, about circadian rhythms. But part of what we think is happening with seasonal depression is the circadian rhythms are getting are they're just they're just getting off. There's a lack of light overall. But also there's there's sort of a mismatch.

00:24:34:17 - 00:24:45:07

Dr. James Murrrough

And the the cues that the body and the brain need to sort of like restart, get the energy, time for the day to start. Part of that is triggered, including the hormones that are released.

00:24:45:12 - 00:24:51:30

Leslie Schlacter

To tell them melatonin at night, to go to sleep in the morning, you get your cortisol bump and then again in the afternoon. Exactly so.

00:24:51:30 - 00:24:54:27

Dr. James Murrough

But in depression that cortisol bump doesn't come the.

00:24:54:27 - 00:24:55:21

Leslie Schlacter

Morning or both.

00:24:55:26 - 00:24:56:04

Dr. James Murrough

The morning.

00:24:56:04 - 00:24:57:20

Leslie Schlacter

Okay.

00:24:57:25 - 00:25:15:19

Dr. James Murrough

And it's like delayed. So part of the theory, there's also fluctuation serotonin. Okay, okay. So part of the theory is you hit them with the light in the morning. That will get the kind of day daily activated cortisol serotonin systems going.

00:25:15:27 - 00:25:15:45

Leslie Schlacter

00:25:15:48 - 00:25:24:20

Dr. James Murrough

Okay. And try to and sort of what's called like in train get the parts of the brain that are sensitive to light to like hey it's time for the day.

00:25:24:25 - 00:25:30:20

Leslie Schlacter

So to be devil's advocate, why not just give like 20mg of hydrocortisone upon waking?

00:25:30:25 - 00:25:48:23

Dr. James Murrrough

Well, it's tricky. People have tried this. Okay, the. But the body is so good at adjusting. It has all these checks and balances and levers. Right? This is what are always. Yeah. Body body's always defeating. We give it one thing. It changes to something else. It's trying because it's trying to it's it's it's trying to maintain a homeostasis.

00:25:48:23 - 00:25:48:41

Leslie Schlacter

Right.

00:25:48:50 - 00:25:50:07

Dr. James Murrrough

It's just the set point is.

00:25:50:07 - 00:25:50:54

Leslie Schlacter

Off okay.

00:25:51:00 - 00:26:01:58

Dr. James Murrrough

Okay. So if I give hydrocortisone the all of the systems in the body that quickly adjust and clamp down like it will just the body will stop releasing as much of its own.

00:26:02:00 - 00:26:07:01

Leslie Schlacter

It'll be like, I see your hydrocortisone, but I'm going to negative feedback and shut that down. Got it. Okay.

00:26:07:01 - 00:26:17:54

Dr. James Murrrough

That seems to be why those and the cortisol system in particular is very good at rapidly adjusting. Yeah. So that's proven to be just a it should work.

00:26:17:54 - 00:26:24:03

Leslie Schlacter

But but it doesn't. Right. So big box of light works better. Can you get that on Amazon or does I have like a special order from a doctor.

00:26:24:04 - 00:26:25:37

Dr. James Murrrough

No no no you can get it.

00:26:25:51 - 00:26:39:16

Leslie Schlacter

All right. So for all those people going on to Amazon as they're listening to us right. They're going to see Amazon bestseller. This one's 3999. That one's \$5,000. This one's for how much would you like. How much is the right amount to spend on the right. Like it shouldn't.

00:26:39:16 - 00:26:40:15

Dr. James Murrough

Be terribly expensive.

00:26:40:16 - 00:26:44:09

Leslie Schlacter

But give an example if you can.

00:26:44:09 - 00:26:47:42

Dr. James Murrough

I mean, it shouldn't be more than \$100. Okay, I don't remember.

00:26:47:42 - 00:26:49:40

Leslie Schlacter

It shouldn't be more than 100. Yes. Okay.

00:26:49:40 - 00:26:56:58

Dr. James Murrough

And honestly, I mean, I like everybody else. I mean I just look at what has the most reviews I know.

00:26:56:58 - 00:26:57:32

Leslie Schlacter

Yeah, I do that too.

00:26:57:36 - 00:26:59:26

Dr. James Murrough

I mean, right.

00:26:59:31 - 00:27:03:45

Leslie Schlacter

So really they're focusing on the full 40, 40,000 like broad spectrum light.

00:27:03:46 - 00:27:04:55

Dr. James Murrough

And if you can do, you.

00:27:04:55 - 00:27:05:38

Leslie Schlacter

Know, big like a.

00:27:05:38 - 00:27:28:57

Dr. James Murrrough

Box. Yeah, big. Bigger. The better. And there's probably, you know, I would say do a little bit of homework. So find like there are reputable organizations. Don't make me name one, you know, like, like, like seasonal affective disorder scam. But we'll find something, that you trust. You could always go to start off by going to the American Psychiatric Association app, dawg.

00:27:29:07 - 00:27:31:10

Dr. James Murrrough

There's got to be links to seasonal factors.

00:27:31:10 - 00:27:32:11

Leslie Schlacter

Like the ones that they approve.

00:27:32:11 - 00:27:40:26

Dr. James Murrrough

Yeah, exactly. Do a little bit of homework, but hopefully if the markets and all that work out, that should align with what's the most popular light box on Amazon.

00:27:40:26 - 00:27:46:22

Leslie Schlacter

Right. But one would help do a little bit homework. What was the technology that you were taught you had said? Yeah, there were some new technology. Yeah.

00:27:46:22 - 00:28:02:42

Dr. James Murrrough

So this is this has been worked on my group at Mount Sinai and this is pretty wild. So as I understand it, you can actually wear a what's called a light mask at night while you sleep. Okay. So while you sleep.

00:28:02:42 - 00:28:04:08

Leslie Schlacter

Just to feed everything you just said.

00:28:04:10 - 00:28:15:36

Dr. James Murrrough

Right. Exactly. Forget I ever said anything, okay? Forget everything I said for this. You wear a mask which is delivering certain wavelengths. But again, forget everything I said before. Blue

red.

00:28:15:36 - 00:28:18:41

Leslie Schlacter

Light. Is it like a near infrared? Something you can't even see?

00:28:18:41 - 00:28:29:00

Dr. James Murrough

And you sleep, Through this and you're getting this light. And this has been this early trials. This has been shown to improve mood, improve memory. There is a.

00:28:29:00 - 00:28:33:50

Leslie Schlacter

Clinical. So it's really doing something at the cellular level. Yes. Not the eyes, not deep in the eyes.

00:28:33:54 - 00:28:38:37

Dr. James Murrough

It's getting well. It's goes into these. So the light goes into the eyes okay. Goes to the retina.

00:28:38:42 - 00:28:41:56

Leslie Schlacter

The light that you can't see. But you know it's there. Correct. Got it.

00:28:42:07 - 00:28:58:57

Dr. James Murrough

And the regular light goes to the retina. And then that stuff projects a golf course. It goes to the visual cortex to see, but then it goes down into the hypothalamus which is a very, very, very old part of the brain at the base of the brain. And it turns out that's where the brain's internal clock is.

00:28:59:02 - 00:28:59:27

Leslie Schlacter

00:28:59:33 - 00:29:20:39

Dr. James Murrough

So what's cool is that there's the innate it's not just for the technology with the mask but in general light it's actually telling. Besides being able to see there's actually direct projections from the retina to the parts of the brain that it's like a timekeeper inside, like your body knows, you know, you ever like like you start just waking up before your alarm goes off.

00:29:20:43 - 00:29:25:17

Leslie Schlacter

Yeah. I mean, like, do you mean like the area that secretes melatonin or a separate area?

00:29:25:17 - 00:29:27:41

Dr. James Murrough

It's all connected. Yeah. That's right, the hypothesis.

00:29:27:41 - 00:29:33:39

Leslie Schlacter

That's where I live in neurosurgery. I'm a pituitary person, so I live in the hypothalamus. The third ventricle. You're in my hot rookies.

00:29:33:39 - 00:29:34:04

Dr. James Murrough

Matic.

00:29:34:04 - 00:29:36:37

Leslie Schlacter

Yeah I'm there, you're there. Yeah okay.

00:29:36:41 - 00:29:44:15

Dr. James Murrough

That's that. The skin is the clock of the brain. Yeah. And they're direct projections from the retina down there, which I think is super cool.

00:29:44:15 - 00:30:00:56

Leslie Schlacter

So I'm 46 years old and I'm doing like all the things to help my face. And one of them is those masks that you wear, like, okay, like you wear this mask. It's red light. It's either like red light or near infrared or you can put them both on. So this mask that you're talking about when you put it on, right.

00:30:00:59 - 00:30:04:12

Leslie Schlacter

Do you if someone were looking at me with a visibly see light.

00:30:04:12 - 00:30:04:57

Dr. James Murrough

I don't think so.

00:30:04:58 - 00:30:08:02

Leslie Schlacter

Okay. So it's as if you're putting something without light on. But supposedly there is.

00:30:08:02 - 00:30:10:01

[Dr. James Murrrough](#)

No, I have not used it. Okay, but but.

00:30:10:03 - 00:30:14:54

[Leslie Schlacter](#)

It's not going to hold you back from sleeping. I wouldn't want to sleep with some painting, some light on my face.

00:30:14:54 - 00:30:21:22

[Dr. James Murrrough](#)

No, I know that's what's amazing about it. You don't. This is my understanding. You sleep through it and you can get much more light.

00:30:21:27 - 00:30:25:07

[Leslie Schlacter](#)

Where does one purchase this product? It's it's it's.

00:30:25:12 - 00:30:26:42

[Dr. James Murrrough](#)

Research only for now.

00:30:26:56 - 00:30:46:28

[Leslie Schlacter](#)

Can. I can't get a patent in this research trial. Anything. Yes. I also would like them to add another end point to this, which is does it boost collagen in the skin and help with skin cells? There you go. That's what I want to know. Especially if it's like, I think the red light therapy that I use, the setting to improve skin is red and near-infrared, and it's like 20 minutes a day.

00:30:46:39 - 00:30:49:50

[Dr. James Murrrough](#)

If it turned out that was the same, that would be cool.

00:30:49:55 - 00:30:51:57

[Leslie Schlacter](#)

Yeah. Then you'd have one mask, a ton of money, one.

00:30:51:57 - 00:30:52:44

[Dr. James Murrrough](#)

Mask for everything.

00:30:52:44 - 00:31:10:35

Leslie Schlacter

You guys would make a ton of money. Okay. So obviously, like, I want a lot of people listening to this are going to take away things are going to go buy light boxes. They may go see their psychiatrist. Yeah, but what are some preventative steps you can take? Like, I know that it's getting ready to be what's it called when then time changes.

00:31:10:35 - 00:31:13:35

Leslie Schlacter

Daylight savings. Like what are prevention tips that you can get for people.

00:31:13:35 - 00:31:29:29

Dr. James Murrrough

Yeah I know this is actually one of the most important things because actually the way we make the diagnosis is it happens. It's not just once. So again, think somebody the person who's vulnerable to full seasonal affective disorder often, they already have a diagnosis of depression.

00:31:29:40 - 00:31:30:20

Leslie Schlacter

00:31:30:25 - 00:31:44:31

Dr. James Murrrough

And then they realize and through careful you know, it takes a while to realize this over a few years, right? A few seasonal cycles. Jeez, doc, every time the fall winter rolls around, my depression gets much worse. I have many patients that are like this.

00:31:44:38 - 00:31:45:07

Leslie Schlacter

Oh, yeah?

00:31:45:12 - 00:31:46:13

Dr. James Murrrough

00:31:46:18 - 00:31:48:21

Leslie Schlacter

I don't so long to figure out this was a thing.

00:31:48:21 - 00:32:13:48

Dr. James Murrrough

And so it's exactly what you said. Okay, we start the treatments early, so you have individuals that have clinical depression, but then they know they're vulnerable for a relapse or worsening. And then you do have people that really never get depressed except or in the low daylight.

Okay. In either case the key is to be ready for it and you start the treatment.

00:32:13:48 - 00:32:24:21

[Dr. James Murrrough](#)

So I have patients that, maybe again, they're not on anything. Maybe they maybe they see a therapist once a week, once a month, just to kind of help with.

00:32:24:22 - 00:32:24:49

[Leslie Schlacter](#)

And.

00:32:24:54 - 00:32:38:06

[Dr. James Murrrough](#)

Management coping. They start going every week or twice a week. The patient that is not on an SSRI, but we've learned through experience we're going to start them on ten milligrams. And we're going to start in like September.

00:32:38:16 - 00:32:38:53

[Leslie Schlacter](#)

Yep.

00:32:38:58 - 00:32:41:36

[Dr. James Murrrough](#)

We're not going to wait like we're getting late. Yeah.

00:32:41:36 - 00:32:42:46

[Leslie Schlacter](#)

Right. Like right about it.

00:32:42:52 - 00:32:49:51

[Dr. James Murrrough](#)

It's okay. But if you're out there and it's go ahead, it's not too late to go talk to your doctor. But then for the next season start, you know.

00:32:50:06 - 00:32:59:12

[Leslie Schlacter](#)

Even August out your light in September. What are like a list of other things. So medication, cognitive behavioral therapy, light therapy, anything else. Right.

00:32:59:13 - 00:33:09:36

[Dr. James Murrrough](#)

I mean, you have the lifestyle stuff. So you mentioned going to the gym. Yeah. If there's another clinical trial show that going to the gym is good for your depression. Like we just don't need

another study. There's no question.

00:33:09:36 - 00:33:15:16

Leslie Schlacter

Or like go in the morning instead of at night when it's dark, go when it's late so that you're in a good mood.

00:33:15:16 - 00:33:38:34

Dr. James Murrrough

Yep, yep. So so again start like people know and again particularly if they've been through depression through anxiety. These are tend to be chronic illnesses that are managed. They go through periods of remission and relapse like so many things in medicine. Right. And they've learned that again, all the stuff we already know eating. Right. Physical exercise.

00:33:38:34 - 00:33:39:54

Leslie Schlacter

What about like, social plans?

00:33:39:54 - 00:33:40:42

Dr. James Murrrough

Very important.

00:33:40:51 - 00:33:41:13

Leslie Schlacter

Yeah.

00:33:41:25 - 00:33:50:25

Dr. James Murrrough

So, like I tell my patients, you know, humans are like, we're social creatures. Like, like they need those friendships need to be watered. We need to.

00:33:50:38 - 00:33:51:01

Leslie Schlacter

Right?

00:33:51:07 - 00:33:57:43

Dr. James Murrrough

That's like the ecosystem we live in. Like, it's like food for us. Social interaction. Okay. You have to have it.

00:33:57:48 - 00:34:06:07

Leslie Schlacter

What's like the winter version of. Let's just like, go to Central Park and hang out and like, meet

for a drink. What's the winter version of that when it's freezing?

00:34:06:12 - 00:34:08:00

[Dr. James Murrrough](#)

Do that. Accept it like a cozy.

00:34:08:06 - 00:34:09:36

[Leslie Schlacter](#)

Yeah. Come over for cafe.

00:34:09:36 - 00:34:15:52

[Dr. James Murrrough](#)

Or like, Gahanna. How fun is it to go to a cozy restaurant when it's cold out and you know something nice.

00:34:15:52 - 00:34:17:38

[Leslie Schlacter](#)

Something warm and have an old fashion?

00:34:17:38 - 00:34:20:33

[Dr. James Murrrough](#)

Yeah, well, yeah, I mean, we're not. You know, but. Yes.

00:34:20:38 - 00:34:24:39

[Leslie Schlacter](#)

Yeah, right. Alcohol probably makes things worse. It can not do much. Okay.

00:34:24:54 - 00:34:45:48

[Dr. James Murrrough](#)

But, but start early and, what else to say to people is, the things that the, let's call them lifestyle changes or factors that are important for protecting against depression, for making depression less severe, making it less common. Right. We're always it's not like a light switch.

00:34:45:55 - 00:34:46:15

[Leslie Schlacter](#)

Right?

00:34:46:17 - 00:34:48:51

[Dr. James Murrrough](#)

Oh, I started going to the gym. So I'm never going to get depressed again. It doesn't work like.

00:34:48:55 - 00:34:49:58

[Leslie Schlacter](#)

I need to keep doing it, okay.

00:34:49:58 - 00:35:05:37

[Dr. James Murrrough](#)

You got to keep doing it. And even if you do, it's not you still get depressed. Maybe. But maybe it's not a severe. Maybe it doesn't last as long. And there's all these little things. And like, patients are always like, doc, come on, there's something I say. I know it's hard, it's tough, but, start early and the things.

00:35:05:41 - 00:35:18:00

[Dr. James Murrrough](#)

Oh, what I was going to say is things that are important to mitigate depression. Like having a robust social network, keeping up with your friends. That's actually hard to do when you're depressed.

00:35:18:00 - 00:35:18:26

[Leslie Schlacter](#)

It's really.

00:35:18:26 - 00:35:19:51

[Dr. James Murrrough](#)

Hard. That's the hardest time.

00:35:19:58 - 00:35:25:01

[Leslie Schlacter](#)

So unless you have really good friends who know that about you and pull you out.

00:35:25:06 - 00:35:38:09

[Dr. James Murrrough](#)

That's right. Hopefully they stick, they stick with you and you know, and patients will tell me, you know, I could work, could have been a family member friend. They reached out I haven't I haven't responded. I said, look, I know it's but just, just text them.

00:35:38:09 - 00:35:38:38

[Leslie Schlacter](#)

Yeah.

00:35:38:38 - 00:35:39:46

[Dr. James Murrrough](#)

Because you're going to need that.

00:35:39:59 - 00:35:40:22

[Leslie Schlacter](#)

Right.

00:35:40:22 - 00:35:54:01

[Dr. James Murrrough](#)

So it's almost like as you're coming in, if you're vulnerable to seasonal depression as you're coming into the winter months again, almost like go that extra mile, build up those relationships because you're going to need them and you.

00:35:54:01 - 00:36:02:20

[Leslie Schlacter](#)

It's like hibernating. It's like eating to get ready for hibernation, you got to hang out with all of your friends so that they're there for you and ready when you need them. That's right. In the winter months.

00:36:02:20 - 00:36:08:44

[Dr. James Murrrough](#)

That's right. Right. Because once you're depressed, you're not going to be like the best friend. Yeah, there ever was.

00:36:08:49 - 00:36:10:39

[Leslie Schlacter](#)

But you had to stop for extra credit points.

00:36:10:39 - 00:36:11:17

[Dr. James Murrrough](#)

That's right.

00:36:11:22 - 00:36:23:12

[Leslie Schlacter](#)

Totally. I get that. Yeah. What what are some of what what have you found success with, with your patients that they do either preventatively or in, in their acute on chronic moment.

00:36:23:16 - 00:36:40:23

[Dr. James Murrrough](#)

I think again anticipate things. So this can also happen with depression where even if it's not seasonal, after a while we recognize, triggers patterns. Yeah, you can imagine it could be, again, family dynamics, holidays coming up, like. And you like.

00:36:40:28 - 00:36:41:58

[Leslie Schlacter](#)

We prep for that, right.

00:36:42:10 - 00:36:59:51

[Dr. James Murrrough](#)

And then simple things like, keep a routine, keep a list. So, you know, when you wake up and you're having one of those days where you're just nothing's going right and you're just putting yourself down a lot of time in depression. We're putting ourselves.

00:36:59:51 - 00:37:00:57

[Leslie Schlacter](#)

Down. Yeah, right.

00:37:00:57 - 00:37:01:57

[Dr. James Murrrough](#)

Negative self-talk.

00:37:02:09 - 00:37:02:25

[Leslie Schlacter](#)

Yeah.

00:37:02:25 - 00:37:13:22

[Dr. James Murrrough](#)

So okay. Well we're we'll work on that in the session. Will make a list ahead of time of what are the positive things you're going to say about yourself. Oh doc that's silly. No. Nope. Just write it down and then.

00:37:13:35 - 00:37:19:06

[Leslie Schlacter](#)

It's in that moment. You go back and read it and you're like, pull it out. Yeah. And you wrote it. Like, remind yourself that.

00:37:19:15 - 00:37:36:59

[Dr. James Murrrough](#)

These are simple things. These are all tenants of what's called like cognitive or cognitive behavioral therapy. Right. So it's not rocket science, but it also doesn't necessarily come natural to people. And it helps to have, you know, you're in that case, your doctor, your therapist is sort of acting also kind of like like a.

00:37:36:59 - 00:37:37:55

[Leslie Schlacter](#)

Coach, like.

00:37:38:00 - 00:37:40:24

[Dr. James Murrrough](#)

Hey, it's not we're not solving the world here.

00:37:40:24 - 00:37:53:33

Leslie Schlacter

Byers work. Yeah. Some of the, like you said, like 60. I think you said like, 60% of 50 or 60 will respond to just a pill. But the other people, there's, like, real work that goes into how to get to the right place. Yeah, yeah, yeah. What?

00:37:53:38 - 00:38:10:10

Dr. James Murrough

Even the people that are getting the pill, I mean, again, it's all like I find with depression, it's always like a little bit of you can't do the work. Also the medication also. Right. Good lifestyle. Like that's it's a multi. What do you call that multi treatment approach.

00:38:10:12 - 00:38:11:16

Leslie Schlacter

Yeah. It's not one modal.

00:38:11:27 - 00:38:13:12

Dr. James Murrough

Yeah. Thing. Yeah. Exactly.

00:38:13:17 - 00:38:20:30

Leslie Schlacter

What are you most excited about. That's like either in the research phase or almost out of research that you think will make a big impact.

00:38:20:34 - 00:38:42:41

Dr. James Murrough

I think I think for seasonal affective disorder, I think once we understand I mean, we touched on this a little bit. How does serotonin change. Why does it change. What are the neurotransmitters which are actually driving it. And then instead of just prescribing your favorite SSRI like we mentioned, I think there's like seven marketed SSRI and a gazillion other similar.

00:38:42:52 - 00:39:20:49

Dr. James Murrough

Right, antidepressants. But what if we could understand for that form of depression, which of those treatments is going to be the one that's the most likely to help, or even better for you as an individual? What can I prescribe? So again, this is in depression in general. We're working towards very hard to try to get to a point where through defining subtypes of illness, including their brain or hormone correlates, and being able to bring a testing to part of the what happens when you go in and see a psychiatrist.

00:39:20:54 - 00:39:40:07

Dr. James Murrough

Part of it is the with the goal of matching the patient to the treatment because and that's and again there's there's there's progress in this. And I think my hope is in the next few years, five years, there's going to be real. Like we're going to understand there's depression type ABCd.

00:39:40:12 - 00:39:53:58

Leslie Schlacter

Right? I also think like evolution is probably changing this too, because like everything that you might be seeing now might have been different 20 years ago when there was no social media because like social. Yeah, I know is playing a factor in this. Well.

00:39:54:03 - 00:40:09:52

Dr. James Murrrough

You know, it's what we were talking about how how we're such social creatures. So no wonder we have social media. And the hope was and to some degree, I mean, you talk I mean, it's it's often I feel like so many things often they're negative headlines about social media.

00:40:09:52 - 00:40:10:27

Leslie Schlacter

Right.

00:40:10:31 - 00:40:32:56

Dr. James Murrrough

But we all probably know in our own lives or know people or there there are there are circumstances which it's amazing how groups of people can get together, how friends can stay in touch, and that that was the hope and still is that, sort of allows those social contacts to be nurtured in a way that's so much richer than, you know, in the old days.

00:40:32:56 - 00:40:40:55

Dr. James Murrrough

I mean, it's kind of cool, you hear, you know, the letters people would exchange. You know, you don't hear about that. I can't think last time I wrote a letter, but, you know, we all we've always had this. So when it used.

00:40:40:55 - 00:40:42:45

Leslie Schlacter

To be, it's a different form of it.

00:40:42:49 - 00:41:16:04

Dr. James Murrrough

A pigeon had to carry a letter through the air. I mean, right now we have Facebook or whatever. So we're social creatures. What? I was going to do that, I think. I don't know if it was predicted, but I think there's there is a downside that maybe wasn't completely anticipated of social media, where I think just that you can get so much like even just on an individual person basis, so

much, negativity and negative social interactions can happen at a scale that it would, you know, again, if you're if you're sending letters by pigeon like you just never.

00:41:16:04 - 00:41:17:52

Leslie Schlacter

Yeah, it's a large quantity, like ten.

00:41:17:52 - 00:41:25:42

Dr. James Murrrough

Pigeons are going to come to you or 100, but, you know, hundreds or thousands of people being able to say something mean about you. Yeah. From a from like an hour.

00:41:25:42 - 00:41:26:21

Leslie Schlacter

Yeah.

00:41:26:25 - 00:41:29:38

Dr. James Murrrough

So, man, I mean, it cuts both ways possible.

00:41:29:38 - 00:41:41:54

Leslie Schlacter

So they say they say that the reason why people like Doom Scroll is like you get that constant like dopa hit right. Is it possible that it's like good for the brain for people with depression.

00:41:42:01 - 00:41:59:16

Dr. James Murrrough

So we know that dopamine hits themselves are not necessarily good in terms of emotion. But they tell dopamine is a really important neurotransmitter and it kind of like that on a simple level. It sort of tells the brain, it tells us, hey, pay attention to this.

00:41:59:16 - 00:41:59:36

Leslie Schlacter

Right.

00:41:59:47 - 00:42:21:15

Dr. James Murrrough

So there's a natural like it feels good. What is feeling good? There's a reason why subjectively, there's a positive feeling because the brain is learning something or it thinks it is. And that's kind of dopey in that, you know, you know the story. Drugs of abuse. Right. Often they they deliver dopamine hits. And so that's what part of what makes it hard to it's, it's what's what we call reinforcing.

00:42:21:19 - 00:42:45:22

[Dr. James Murrrough](#)

And in that case it's a chemical. But there can be other non-chemical, you know, environmental things that also trigger these dopamine hits. So it, it, it can almost it can act like a drug. Right. Because it does have these dopamine hits in a way that's not, you know, the, the hardware and the chemistry of our brain, you know, presumably evolved to let us navigate our lives, over a long period of time.

00:42:45:27 - 00:42:53:00

[Dr. James Murrrough](#)

And then kind of how that response in the modern era is like, well, you know, dopamine wasn't meant to be released from doomscrolling, but it just. But it is, right?

00:42:53:00 - 00:42:53:40

[Leslie Schlacter](#)

Yeah.

00:42:53:45 - 00:42:59:42

[Dr. James Murrrough](#)

It's of information. Well, we talked about spin social creatures. Right. It's a little bit of social information. Boom. A little bit.

00:42:59:51 - 00:43:00:09

[Leslie Schlacter](#)

Yeah.

00:43:00:09 - 00:43:09:56

[Dr. James Murrrough](#)

Because being a social creature was critical to our evolution. Right. Yeah. That's why those systems would respond like that. I just didn't know that.

00:43:10:01 - 00:43:12:09

[Leslie Schlacter](#)

Right. What about your work with ketamine?

00:43:12:09 - 00:43:12:51

[Dr. James Murrrough](#)

Yeah.

00:43:12:55 - 00:43:16:00

[Leslie Schlacter](#)

And why can it not be in the water?

00:43:16:05 - 00:43:16:49

[Dr. James Murrough](#)

Why can't it be?

00:43:16:49 - 00:43:20:30

[Leslie Schlacter](#)

I think it should be. I see.

00:43:20:35 - 00:43:28:33

[Dr. James Murrough](#)

Reminds me of stories about lithium being in the water. And they've actually done studies that the higher the lithium level in the drinking water, the lower the suicide rates by country. It was really interesting.

00:43:28:33 - 00:43:29:24

[Leslie Schlacter](#)

Let's go. Lithium.

00:43:29:25 - 00:43:53:51

[Dr. James Murrough](#)

You know, maybe same thing to ketamine. Ketamine is a fascinating drug. It's an anesthetic. It's been around forever. And a couple of decades ago for small studies were done, including by Dennis Charney, John Krystal, that you give a single injection of ketamine. This is typically given, like, intravenously. And folks, even with severe depression would start feeling better within like a day, right?

00:43:53:58 - 00:43:58:06

[Dr. James Murrough](#)

Where we talked about the first line treatments with SSRI eyes, which can be very effective.

00:43:58:21 - 00:44:00:25

[Leslie Schlacter](#)

So these are like refractory cases.

00:44:00:30 - 00:44:23:51

[Dr. James Murrough](#)

Yeah. And eventually we went on to study clearly documented refractory what we call treatment resistant. So these are the remember that third of folks I talked about that didn't do well. So even them not all of them can respond to ketamine. Ketamine does not affect serotonin or dopamine directly. It affects you mentioned GABBA. GABBA is the primary inhibitory neurotransmitter in the brain.

00:44:23:51 - 00:44:44:20

[Dr. James Murrrough](#)

The the Gabby's friend. Close friend is glutamate. The prime excitatory ketamine works on the glutamate system. That was really important because in the history of psychiatry or biological psychiatry, we didn't have any. There was no link or specific theory or evidence that a drug that affected glutamate was antidepressant. It was all.

00:44:44:20 - 00:44:44:47

[Leslie Schlacter](#)

About got.

00:44:44:47 - 00:44:57:43

[Dr. James Murrrough](#)

It. Serotonin kind of changed. And since then. So a form of ketamine called ketamine has come to market. Now, five ish years ago for treatment resistant depression.

00:44:57:48 - 00:44:59:39

[Leslie Schlacter](#)

This is the, like the nasal sprays.

00:44:59:40 - 00:45:05:00

[Dr. James Murrrough](#)

Provato. Yeah. Yeah. So that's really kind of changed the treatment of the illness in terms of and.

00:45:05:00 - 00:45:06:42

[Leslie Schlacter](#)

How often is that used?

00:45:06:46 - 00:45:24:45

[Dr. James Murrrough](#)

So the, the, the indication for that is for depression you would come into, you have to take it at a certified clinic. So we do it at Mount Sinai. There's many other, places, and you get it for twice a week, for a month and then sort of see how you do. Can you go without it?

00:45:24:45 - 00:45:36:11

[Dr. James Murrrough](#)

Or we put you on sort of a, like a tapering schedule so you don't have to come in as much. But some folks come in still once a week, once every two weeks, as long as they need for their depression. But,

00:45:36:16 - 00:45:39:49

[Leslie Schlacter](#)

When they, after they take the intranasal dose, how many milligrams is.

00:45:39:49 - 00:45:41:28

[Dr. James Murrrough](#)

The 84.

00:45:41:33 - 00:45:48:48

[Leslie Schlacter](#)

Okay, after they take the intranasal dose, are they like high for 20 or 30 minutes while they're there and then they leave or okay.

00:45:48:50 - 00:45:58:53

[Dr. James Murrrough](#)

Yeah, they have to stay there. They're we call it dissociated. Yep. So it's an anesthetic. You know, it's about it's a roughly a quarter of the dose of ketamine that would be given in the context of like surgery.

00:45:58:53 - 00:45:59:13

[Leslie Schlacter](#)

Right.

00:45:59:13 - 00:46:01:55

[Dr. James Murrrough](#)

So you don't go to sleep, but you're definitely altered.

00:46:02:02 - 00:46:03:45

[Leslie Schlacter](#)

Right.

00:46:03:50 - 00:46:22:26

[Dr. James Murrrough](#)

The technical term is dissociation, but you feel, disconnected from your body. Things seem, larger, smaller people describe distortions in time perception and it's very variable. Some people feel mild. They say it feels like maybe like I had a drink, that type of thing. Yeah. And others are like, I went to a different dimension.

00:46:22:26 - 00:46:25:33

[Leslie Schlacter](#)

Came back almost like psychedelic. Yeah. Exactly.

00:46:25:42 - 00:46:36:28

[Dr. James Murrrough](#)

Now with psychedelics now people are saying, well, ketamine is also a psychedelic. Yeah. Which is interesting because it wasn't sort of discovered and then developed for depression as

a psychedelic.

00:46:36:28 - 00:46:36:50

Leslie Schlacter

Right.

00:46:36:50 - 00:46:40:39

Dr. James Murrough

And yet in hindsight, maybe it was like the first.

00:46:40:44 - 00:46:52:25

Leslie Schlacter

The first to like nature's psychedelic. Correct. Yeah. That's right. So the first they will come in for treatment. Like in the moment they're disassociated. But the point is, is it changes something in your brain that then treats you long term.

00:46:52:26 - 00:47:04:57

Dr. James Murrough

That's what we think. Yeah okay. That's what we think. And and they have to stay about two hours and then again, just like you would be discharged from surgery after like a day procedure or something, the anesthesia clears and you can go home.

00:47:05:06 - 00:47:21:14

Leslie Schlacter

Okay. Anesthesia as in the ketamine. Yeah. Okay. So if I'm a patient living in New York and I want to see if I'm a candidate for any of these things, how like, how would how would someone find out if they could come join the ketamine trial or this facial light trial?

00:47:21:14 - 00:47:26:30

Dr. James Murrough

Yeah. So, look us up online. The depression anxiety center at Mount Sinai.

00:47:26:34 - 00:47:31:55

Leslie Schlacter

So what we'll do for people listening at the end, we'll make sure that we put, like, a link or a QR code down that you can look that up.

00:47:31:55 - 00:48:07:39

Dr. James Murrough

Yeah. So the, the the if you're looking for studies and care in depression you'll find our website. So we're sort of the depression center within psychiatry if you're looking for treatment for something else then there are other areas for that. Okay. And yeah. So we offer treatments, consultations, but then much of what we do, our clinical trials, including psychedelics, doing a

study with psilocybin now in depression, several with ketamine, again, most of our studies have brain imaging.

00:48:07:44 - 00:48:20:54

[Dr. James Murrrough](#)

So, you know, folks, I think they that volunteer for our studies, they they have the illness that we're trying to understand, but they also want to give back. So we see, like, did you mind if we scare you? Scan your brain. Can we check your hormone levels? And most time they say absolutely.

00:48:20:56 - 00:48:24:22

[Leslie Schlacter](#)

How many incidental Lomas do you find or aneurysms?

00:48:24:27 - 00:48:33:49

[Dr. James Murrrough](#)

It's not common, but that's one of the things that hopefully, it's a benefit actually for people because everybody that does a research MRI gets read by radiologist in Mount Sinai.

00:48:33:54 - 00:48:35:27

[Leslie Schlacter](#)

Screaming expert opinion away.

00:48:35:27 - 00:48:47:31

[Dr. James Murrrough](#)

To you. Yeah. You know, and if we see something then, we'll tell you about it and, and suggest you follow up with your doctor. So that happens sometimes. So that's, that can be sort of a benefit to people.

00:48:47:36 - 00:48:53:35

[Leslie Schlacter](#)

Can you tell us about a success story that you've had with Seasonal Affective Disorder, one of your patients maybe.

00:48:53:40 - 00:49:16:35

[Dr. James Murrrough](#)

Yeah. Let me think. I mean, I had a patient who I'm thinking she was a woman in her early 50s who I had treated for. I had seen her off and on in my practice for a couple of years. And she presented with depression again, loss of energy, fatigue. Was still able to function work, and she hadn't responded to a few medications.

00:49:16:35 - 00:49:40:08

[Dr. James Murrrough](#)

She was in therapy. We made some adjustments and she ultimately felt better with, medication adjustments. We call them educated guesses. You tried a let's try B yep. This is kind of the trial and error that kind of defines, medication treatment currently. Got better than didn't hear from her. Came back and it again, it took a little while.

00:49:40:13 - 00:49:46:15

[Dr. James Murrrough](#)

And then I think we both realized kind of at the same time that, oh, it's kind of like in the fall that this is happening.

00:49:46:16 - 00:49:46:35

[Leslie Schlacter](#)

Yeah.

00:49:46:44 - 00:50:09:55

[Dr. James Murrrough](#)

So it just took it just took a while. But once we figured that out, then we knew that again every time. Okay. Enjoy your summer. Now we're going to add so a common medicine to add on top of a first line standard treatment like Prozac, are called they're actually dopamine modulators. They're also called second generation antipsychotics.

00:50:09:55 - 00:50:15:00

[Dr. James Murrrough](#)

These are things like er resolve quetiapine. These are approved.

00:50:15:00 - 00:50:15:36

[Leslie Schlacter](#)

Seroquel.

00:50:15:36 - 00:50:28:31

[Dr. James Murrrough](#)

Exactly. Adjunctive treatments. And they can be important to sort of add on medicines. But we don't like to use them if we don't need to. So we came up with a plan where we would add that medicine. As the fall was coming.

00:50:28:31 - 00:50:30:22

[Leslie Schlacter](#)

Labor Day had start trying to say, well.

00:50:30:26 - 00:50:36:38

[Dr. James Murrrough](#)

Exactly. And that did the trick. And, you know, she got her winters back and, you know.

00:50:36:43 - 00:50:41:49

Leslie Schlacter

Like like, I'm sure like keeping a diary had to be helpful for that. Like you have. You have to track yourself. Yeah. Yeah.

00:50:41:49 - 00:50:48:41

Dr. James Murrrough

We're humans. Are just terrible record keepers. You know, I'm. I'm the worst doctor. When did that start? I don't know, yeah.

00:50:48:41 - 00:50:59:51

Leslie Schlacter

And I think recently like, what is recently mean to you. That's right. Yeah. That's right I asked the patients holiday. Well they've been headaches for so long I was like so long to me is like a year. How long is so long to you. Oh like two weeks. Right. Right.

00:50:59:56 - 00:51:04:32

Dr. James Murrrough

Or the patient, you know. Do you have any prior medical history? No. Not really. You look at the chart and there's a they're.

00:51:04:33 - 00:51:09:49

Leslie Schlacter

Leah and they're like, well I'm on all of these medications. They don't control it. So I don't have the problem. And I'm like right, right.

00:51:09:50 - 00:51:32:54

Dr. James Murrrough

So I don't you know, again, you don't I never, you know, learned long ago you never blame the patient because we're all human. And like, we're just not our brains are not built to like, tell doctors accurate like histories. It just doesn't work like that. Yeah. So journaling is important. And, Yeah. So I think that's, you know, anticipate anticipating prevention.

00:51:32:54 - 00:51:41:09

Leslie Schlacter

Yeah. Okay. My last question for you before you decide that there's anything that I missed, is there any vitamins or supplements that you recommend for people that can be helpful?

00:51:41:18 - 00:52:02:13

Dr. James Murrrough

So there's a few supplements that, have pretty good evidence in depression. One is Saint John's wort. Yeah. Some patients that that's that little thing they'll do, they'll start taking their Saint John's wort, in the fall and winter months. There's some evidence for vitamin D. Now, we

know vitamin D is released by sun, and that's important.

00:52:02:18 - 00:52:02:37

[Dr. James Murrrough](#)

You have to.

00:52:02:39 - 00:52:04:48

[Leslie Schlacter](#)

A lot of people are vitamin D deficient, right.

00:52:04:48 - 00:52:21:46

[Dr. James Murrrough](#)

So I would say that one, I'd rather get a test to see your vitamin D level because you can also kind of overdo it. Right. So I don't want people running out and just taking tons of vitamin D, but that is something we look at. So when we do like an intake and measure vitamin levels, definitely look at vitamin D, okay.

00:52:21:50 - 00:52:36:36

[Dr. James Murrrough](#)

If you're deficient it's a no brainer. Yes, we want to replace that. And then there's there's sort of debate about supra threshold. Like do you push it above the standard recommendations. And there's mixed data on that.

00:52:36:41 - 00:52:40:15

[Leslie Schlacter](#)

What about like vitamin B because I know that can help with mood.

00:52:40:21 - 00:52:52:46

[Dr. James Murrrough](#)

Yeah. Vitamin B there's less evidence for interestingly. But again that would be the type of thing that for sure we would want to check. You're not deficient right. As long as you're not deficient. The evidence that taking more is not that good. There's some data.

00:52:52:51 - 00:52:53:34

[Leslie Schlacter](#)

About caffeine.

00:52:53:43 - 00:52:55:08

[Dr. James Murrrough](#)

Folic acid is another one.

00:52:55:08 - 00:52:55:30

[Leslie Schlacter](#)

Okay.

00:52:55:30 - 00:53:14:36

[Dr. James Murrrough](#)

Actually that has I think Saint John's wort and folic acid I think have kind of the most did the most sort of randomized clinical trials. And there's even an interesting drug. It's, it's I think they call, it's a bizarre designation like a medical food. It's not a drug. I think it's called Duplin.

00:53:14:36 - 00:53:16:31

[Leslie Schlacter](#)

It's I've heard of that. Right.

00:53:16:31 - 00:53:31:21

[Dr. James Murrrough](#)

It's a, it's an FDA cleared or approved sort of, highly bioavailable form of folic acid that actually has pretty good evidence to add to your ongoing treatment. So that would be something to check out.

00:53:31:28 - 00:53:33:00

[Leslie Schlacter](#)

What about caffeine just for energy?

00:53:33:05 - 00:53:41:02

[Dr. James Murrrough](#)

I mean, if you're like me, you got to have it in the morning. But, you know, again, caffeine is one of those things that everyone's so different.

00:53:41:11 - 00:53:42:33

[Leslie Schlacter](#)

Everyone's so different.

00:53:42:37 - 00:53:44:04

[Dr. James Murrrough](#)

It affects everyone differently.

00:53:44:09 - 00:53:46:30

[Leslie Schlacter](#)

So, like, okay, if.

00:53:46:30 - 00:53:49:12

[Dr. James Murrrough](#)

A doctor said, you know, I can't have caffeine anymore, that'd be.

00:53:49:16 - 00:53:50:22

Leslie Schlacter

The real problem.

00:53:50:31 - 00:54:16:45

Dr. James Murrough

But I've had patients that, I had one patient that, his real problem. He just. He just had anxiety that was tough to treat. And we were doing medication changes. We were. I was having him keep thought logs like, what are the specific thoughts that keep you anxious? And then I must have missed it in my evaluation because we were like many months into the treatment he mentioned in passing about, he takes caffeine pills like throughout the day.

00:54:16:49 - 00:54:17:18

Leslie Schlacter

Oh gosh.

00:54:17:18 - 00:54:19:06

Dr. James Murrough

And exactly. And I was like, you take.

00:54:19:06 - 00:54:21:21

Leslie Schlacter

What you're like how many milligrams are we talking.

00:54:21:30 - 00:54:28:31

Dr. James Murrough

I can't remember, but needless to say once we, we once we, we stopped the caffeine pill. Suddenly his anxiety went away.

00:54:28:31 - 00:54:45:56

Leslie Schlacter

So. Yeah. Exactly. Yeah. So it's when I take too much caffeine because I take like a I'll take like a pre-workout to go to the gym or something. I mean, I feel the blood flowing through my fingertips and I like, oh, you stay there on the treadmill until it goes away. Yeah, yeah, yeah, yeah. What about nicotine?

00:54:46:01 - 00:54:55:21

Leslie Schlacter

So nicotine for years was like, nicotine is bad. Smoking's bad. But now, like, oral nicotine. Nicotine has like, a focus supplement is. Any thoughts on nicotine?

00:54:55:21 - 00:54:56:31

Dr. James Murrough

I have not seen that.

00:54:56:31 - 00:54:57:36

Leslie Schlacter

Okay, I actually haven't.

00:54:57:36 - 00:55:01:42

Dr. James Murrough

I be curious what I'm. I was still back in the. Nicotine is bad. I mean it.

00:55:01:42 - 00:55:21:01

Leslie Schlacter

Was all well in the in the world of like brain health, longevity, health span world, people are talking about nicotine. There's a lot of, like people use Zen, but there's also like Knickknack and Lucy, there's nicotine supplements where you can supplement with, like one, 2 or 3mg of nicotine patch up on that, work with focus. Okay. And it it's a mood booster too, I see, so it's oral nicotine.

00:55:21:03 - 00:55:42:00

Dr. James Murrough

I need to check that because I know I mean, I think it's been a little while, but I think there was still debate. You know, the link between smoking and cancer is certainly not debated. And I think it's a lot of stuff in the, in the, a lot of reason to believe that in the, in the, in the, the smoke.

00:55:42:05 - 00:55:44:31

Dr. James Murrough

Right. Not the nicotine, not the actual nicotine.

00:55:44:31 - 00:55:44:49

Leslie Schlacter

Right.

00:55:44:49 - 00:55:47:13

Dr. James Murrough

And then with vaping, that was thought to be, yes.

00:55:47:18 - 00:55:51:18

Leslie Schlacter

This is nicotine that gets orally absorbed in your gut, right? Your nicotine.

00:55:51:18 - 00:55:52:46

Dr. James Murrough

Right. But I wonder because I.

00:55:52:49 - 00:55:54:09

Leslie Schlacter

Still have to get back to me about this.

00:55:54:09 - 00:56:00:07

Dr. James Murrrough

Because I still thought there was some reason to think that nicotine itself may be carcinogenic.

00:56:00:12 - 00:56:25:51

Leslie Schlacter

So I, I have been taking nicotine ahead of my pre-work, like, like as a pre-workout instead of a caffeine, so I can actually fall asleep at night. Yeah, it's got a pretty quick onset, like 15 to 20 minutes, and it lasts for about half an hour to 45 minutes. And from what I've read online, very basic is it's almost like it's got some like anti-inflammatory antioxidant values to it, but also it really improves focus.

00:56:25:51 - 00:56:29:18

Leslie Schlacter

Like I lock in almost as well as I do when I'm pre-workout cigarettes.

00:56:29:18 - 00:56:48:07

Dr. James Murrrough

I mean, when you talk to people. Yeah, but you would smoke. I mean, that's and we know that nicotine. Absolutely. I mean, the research in trying to boost cognitions within, for example, psychiatry like an illness is like schizophrenia. Yeah. There's been a major focus and literally a receptor that the tried target is called the nicotinic. Yeah.

00:56:48:12 - 00:56:49:40

Leslie Schlacter

Exactly. Acetylcholine. Yeah.

00:56:49:40 - 00:56:52:08

Dr. James Murrrough

So definitely, I'll look into it.

00:56:52:08 - 00:56:55:19

Leslie Schlacter

So follow up with me for nicotine, you know, with regard to depression. Okay.

00:56:55:24 - 00:56:59:42

Dr. James Murrrough

Yeah. Well, and also is it safe again because it does have.

00:56:59:47 - 00:57:14:16

Leslie Schlacter

I'm one of those believers that if somebody can sell it to me in a package, somebody must have thought that was safe. Yeah, yeah, yeah, yeah, I'm sure someone's ridiculous. I know that, is there anything else that, like, you want to talk about? You want our viewers to hear? Did I miss anything that's important to you?

00:57:14:25 - 00:57:16:15

Dr. James Murrough

You know, I really can't think of anything. Okay.

00:57:16:19 - 00:57:32:20

Leslie Schlacter

Yeah. We did a good job. Yeah, this was great. So for our for our viewers and or people listening, what we learned today is you don't have to sit home and be miserable and miss days of work. You can you can seek help. You can make an appointment to see your primary care. You can make an appointment to see a psychiatrist.

00:57:32:20 - 00:57:45:52

Leslie Schlacter

You can call here at Mount Sinai. There are medications. There's therapies. If you really don't want to go in and see a provider. We talked about the kind of light therapy that you can maybe look into online, but you need to be doing it for 30 minutes a day, and it should be in the morning for it to work properly.

00:57:45:52 - 00:58:03:29

Leslie Schlacter

You can't do it willy nilly. And then, there's lots of different things that we're learning here. So if you want to get a real deep dive into helping the research of this, you'll click the link and we will make sure that you get, evaluated to see if you can participate in a study or being seen by one of our doctors here.

00:58:03:34 - 00:58:09:57

Leslie Schlacter

So hopefully this is coming out just in time. So you have improvement this winter. Thank you so much for being here.

00:58:10:01 - 00:58:11:57

Dr. James Murrough

Thank you. This is great. Thank you. Yep.

00:58:12:01 - 00:58:32:02

Leslie Schlacter

That's all for this episode of The Vitals I'm your host Leslie Schlueter. Subscribe to the Mount Sinai Health System on YouTube. And to the Vitals on Apple Podcasts, Spotify, or wherever you get your podcasts. If you want to get help for Seasonal Affective Disorder or get evaluated for depression, you can scan the QR code below, or you can click the link in the description to learn more.