🌿 Integrative Psychiatry Resources

📋 Evidence-Based Complementary Treatments

🐟 Omega-3 Fatty Acids (EPA/DHA) (Bozzatello et al., 2016)

Potential Indications:

- Depression (adjunctive)
- Bipolar Depression (adjunctive)
- ADHD (adjunctive)

Mechanism:

- Anti-inflammatory effects
- Membrane fluidity
- Neurotransmitter modulation

Evidence Level:
⭐⭐⭐

- ⭐⭐⭐ Moderate for depression
⭐⭐

- ⭐⭐ Limited for bipolar/ADHD

Dosage:

- 1-2 grams/day of combined EPA+DHA (Mischoulon, 2020)
- Higher EPA ratio often preferred for depression

Considerations:

- Fishy aftertaste

- Potential anticoagulant effects at high doses
- Quality varies by product

Clinical Pearls:

- Best used as adjunct to standard treatment
- Consider for patients with inflammatory comorbidities

🧪 S-Adenosylmethionine (SAMe)

****Potential Indications:**** **(NCCIH, 2017)**

- Depression (monotherapy or adjunctive)

****Mechanism:****

- Methyl donor involved in neurotransmitter synthesis

****Evidence Level:****
⭐⭐⭐

- ⭐⭐⭐ Moderate for depression, comparable to some TCAs

****Dosage:****

- 400-1600 mg/day, often started at 400 mg BID **(Mischoulon & Fava, 2002)**

****Considerations:****

- **Can induce mania in bipolar patients**
- GI upset
- Expensive
- Requires enteric coating for absorption

Clinical Pearls:

- May be useful for patients intolerant to standard antidepressants
- Monitor for mood switching

St. John's Wort (Hypericum perforatum) (Klemow et al., 2011)

Potential Indications:

- Mild to moderate depression

Mechanism:

- Multiple proposed (serotonin, dopamine, norepinephrine reuptake inhibition, etc.)

Evidence Level:

⭐⭐☐

- ⭐⭐⭐ Moderate for mild-moderate depression, comparable to some SSRIs

Dosage:

- 300 mg TID or 900 mg QD (standardized extract)

Considerations:

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- **Significant drug interactions (CYP3A4 inducer - affects OCPs, warfarin, cyclosporine, etc.)**
- Photosensitivity
- **Risk of serotonin syndrome with SSRIs/SNRIs**

Clinical Pearls:

- Use with extreme caution due to interactions
- Not recommended with conventional antidepressants
- Ensure standardized extract

N-Acetylcysteine (NAC)

Potential Indications:

- Depression (adjunctive)
- Bipolar Depression (adjunctive)
- OCD (adjunctive)
- Excoriation/Trichotillomania
- Substance Use Disorders

Mechanism:

- Glutathione precursor
- Antioxidant effects
- Glutamate modulation

Evidence Level:

- ⭐⭐⭐ Moderate for OCD, excoriation, trichotillomania
- ⭐⭐ Limited for depression, bipolar

Dosage:

- 600-2400 mg/day in divided doses. it can contain dose upto 3600mg/day (Bradlow et al., 2022) (Le, 2022)

Considerations:

- Generally well-tolerated
- Mild GI effects possible
- Unpleasant odor/taste

Clinical Pearls:

- May be particularly useful for obsessive/compulsive symptoms or anhedonia
- Requires several weeks for effect

Lavender (Lavandula angustifolia)

(Batiha et al., 2023)

****Potential Indications:****

- Generalized Anxiety Disorder
- Insomnia

Mechanism:

- GABAergic effects
- Serotonin modulation

****Evidence Level:****

- ⭐⭐⭐ Moderate for anxiety (oral preparation Silexan)
- ⭐⭐ Limited for insomnia

****Dosage:****

- 80-160 mg/day (Silexan standardized oral preparation)

(Kasper et al., 2017)

Considerations:

- Generally well-tolerated
- Potential mild GI upset
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Avoid aromatherapy products for ingestion

Clinical Pearls:

- Consider for mild-moderate anxiety or as adjunct
- Non-sedating anxiolytic effect

Ashwagandha (Withania somnifera)

****Potential Indications:****

- Stress
- Anxiety

Mechanism:

- Adaptogen - HPA axis modulation
- GABAergic effects

****Evidence Level:****

- ⭐⭐ Emerging/Limited

****Dosage:****

- 300-600 mg/day (standardized root extract)

, **A dose up to 1000mg/day is also found**

effective in anxiety (Sprengel et al., 2025)

Considerations:

- Generally well-tolerated
- Potential mild sedation or GI upset
- Theoretical interaction with immunosuppressants

Clinical Pearls:

- May help with stress resilience
- Ensure standardized extract (e.g., KSM-66, Sensoril)

Nutritional Psychiatry Guidelines

Key Nutrients for Brain Health

B Vitamins (B6, B9, B12)	Leafy greens, legumes, eggs, meat, fish, fortified cereals	Neurotransmitter synthesis, homocysteine metabolism, methylation; deficiency linked to depression, cognitive decline (Sofyan et al., 2022)
Omega-3 Fatty Acids	Fatty fish (salmon, mackerel), flaxseeds, walnuts	Anti-inflammatory, membrane fluidity, neurotransmitter function; low levels associated with depression, ADHD
Vitamin D	Sunlight exposure, fatty fish, fortified dairy, eggs	Neuroprotection, immune modulation; deficiency linked to depression, seasonal affective disorder (Gracious et al., 2012)
Magnesium	Nuts, seeds, leafy greens, whole grains	NMDA receptor modulation (Wang & MacDonald, 1995), stress response; deficiency associated with anxiety, insomnia
Zinc	Oysters, red meat, poultry, beans, nuts	Neurotransmission, immune function; low levels linked to depression, ADHD
Iron	Red meat, poultry, beans, fortified cereals	Dopamine synthesis, myelination; deficiency associated with fatigue, cognitive impairment, restless legs

Clinical Recommendations:

- Consider Mediterranean-style diet (high in vegetables, fruits, whole grains, fish, olive oil; low in processed foods)
- Screen for nutritional deficiencies in patients with psychiatric symptoms, especially depression
- Prioritize food sources over supplements when possible
- Consider gut microbiome health (fermented foods, fiber) for potential mental health benefits
- Limit inflammatory foods (processed foods, refined sugars) which may exacerbate psychiatric symptoms

Important Safety Note: Complementary treatments should not replace standard psychiatric care. Always consult with a healthcare provider before starting any supplement, especially when combined with prescription medications. Potential interactions and side effects must be carefully monitored.

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