



Case Series Review with Dr. Shmuts



Case Series #1

Patient is a 55 year old woman with a history of hyperglycemia (well controlled), hypothyroidism (well-controlled), and major depressive disorder who presented to me for psychiatric consultation for medication management for ongoing depression and referred by her long-time therapist, who specializes in grief and trauma. She presented with symptoms of anhedonia, sad and low mood, low energy, hopelessness, pathological guilt, helplessness, and trouble with sleep latency and middle insomnia. Her symptoms slowly progressed but started about four years before after the unexpected death of her mother and subsequent family discord between her and her sister over disputes in the mother's estate. She also described emptiness and purposelessness despite being well connected with "friends like family" and a stable and rewarding job experience. She felt particularly indecisive and overwhelmed by two romantic relationships she had with male partners. She was started on fluoxetine for depression, which was titrated up to 60mg with partial response, and she was maintained on that for monotherapy for about 6-9 months, but still suffered with mild to moderate depressive symptoms. Due to very low energy and developing poor concentration, bupropion XL was added and titrated up to 300mg over a period of 3 months, to which her energy responded well, as well as motivation, but her mood remained depressed. Sleep continued to be a major issue after she was weaned off of long-term Ambien previously prescribed by her PCP. Sleep hygiene was determined to be adequate, and full and fair trials of different sleep aids/sedatives were attempted, including trazodone, clonazepam, melatonin, diphenhydramine, hydroxyzine, and doxepin. Enlyte was then started in an attempt to help with stress management, depression, anxiety, and sleep, and within 6 weeks of Enlyte one capsule daily, the patient reported almost full remission of her depressive symptoms, noting she felt almost like she did before her mother died. She described starting to feel an internal sense of self, feeling more "solid," feeling more hopeful, and for the first time in her adult life, more motivated to find out her life's purpose. She felt it was easier to cope with the stressors related to her relationships, and her friends noticed her brighter mood and happier affect.

Case Series #2

Patient is a 30 year old woman with life-long history of OCD who was referred to me by her previous psychiatrist initially for an evaluation of PMDD. Further evaluation confirmed clear and severe OCD manifesting with obsessions focusing on pathological doubt of her own actions resulting in compulsive reassurance seeking. An example of these experiences which frequently comes up in our appointments is the intrusive thought of being unsure if she had sex with a male partner the night before and then being convinced she is pregnant, subsequently taking up to 5 or more pregnancy tests at home and/or presenting to urgent care for serum pregnancy test confirmation. She also suffers with severe PMDD as evidenced by monthly bouts in the follicular phase lasting 1-2 weeks before onset of menses, resolving with menses, with severe irritability, worsening OCD symptoms, severe anxiety, poor sleep, and extreme tiredness. She started to seek psychiatric med mgmt in her late teens and early 20s, and reports having tried almost every SSRI, SNRI, benzodiazepine, atypical antipsychotic, sleep aid/hypnotic, and mood stabilizer. For PMDD, she was started on drospirenone birth control (Slynd), which partially helped her premenstrual mood changes, and eventually she was instructed to skip the placebo pills to avoid bleeding and further mitigate mood, which marginally helped. She had a partial response to Seroquel 100mg, which was converted to XR formulation to help her sleep through the night, and pen Klonopin, up to 2mg per day, which was daily when she was premenstrual. Seroquel XR was titrated up to 400mg, which was overly sedating. Due to her partial response on Seroquel but inability to go up on it due to side effect, she was tried on low dose Abilify in the morning, which provided partial benefit, but patient suffered with severe akathisia, for which propranolol was added with no benefit, so both medications were titrated off. NAC was also tried without benefit. She started to develop significant depression and hopelessness as a result of inadequate response to treatment and ongoing symptoms. Pharmacogenomic testing was done at this time, which revealed, in addition to other polymorphisms which partly explained her medication sensitivities or poor responses, a variant predicting a 75% reduction in MTHFR function. At this time, Enlyte was started, and within two weeks, the patient noted her mood was much improved as was her anxiety. Patient postponed her med mgmt appt since starting Enlyte because she was feeling so much better, "and didn't have much to talk about." However, some OCD symptoms were still causing distress, and prior to starting Enlyte, she could not tolerate and did not respond an increase in her Seroquel XR before starting Enlyte, but it was re-attempted, and she has benefitted significantly and is currently on 350mg qhs.

Case Series #3

Patient is a 30 year old woman with past psychiatric history of OCD who presented initially for medication mgmt psychiatric evaluation as a referral from her CBT and ERP therapist for continued OCD symptoms without improvement in two years of therapy. Four years prior to our first meeting, the patient was working at a school, where a child falsely accused her of inappropriate behavior, which resulted in maltreatment by her employer and ensuing legal battles that are ongoing. Since then, she developed symptoms consistent with both PTSD and OCD, the latter with obsessions about germs and dirt with compulsions of continuous urge to clean, shower, and wash her hands. These symptoms led to avoidance, agoraphobia, and inability to work. She tried to apply to law school, but deferred her enrollment so many times that her acceptance was revoked. She was started on sertraline and titrated up to 200mg daily with no response. She was then cross titrated to fluoxetine with no response at lower doses and partial response when pushed to the maximum dose of 80mg, with less showering and decreased anxiety about leaving the house. Buspirone was added and titrated up to 20mg bid, which helped with OCD symptoms, resulting in her ability to go out once a week shopping with her mother and to engage in a family holiday dinner, which she hadn't done in 6 years. However, she gained a lot of weight, and she continued to endorse anxiety about germs, less bothersome but still present compulsions, and fatigue not otherwise explained by other medical conditions. Enlyte was then added to her current regimen, and within 4 weeks with one pill, the patient felt well enough to apply to graduate school programs and was going out of the house routinely. She was increased to 2 pills daily, and within 4 weeks on that dose, she had gotten into graduate school and committed to starting a hybrid program in the coming fall. She is comfortable with where her compulsions are, and she generally feels calmer without anxiety before leaving the house to interact with others. She continues to have fears related to her trauma history, and she is finally feeling well enough to start trauma-focused therapy for her PTSD.

Case Series #4

- Patient is a 33 y/o woman with a history of MDD, GAD, OCD, ADHD, PTSD, iron deficiency anemia and occipital neuralgia who has been a patient of mine for 6 years. Over the years, she intermittently suffers with depressive episodes and episodic high anxiety usually related to her job, home life, and relationships as well as somatic symptoms related to underlying medical conditions. Over the last six years, she has been through an abusive marriage, which she exited via divorce, and has since remarried a man, become a stepmother, and has had a healthy pregnancy, and is now about 15 months postpartum with a healthy baby girl. In the postpartum, the patient suffered with severe anxiety, obsessions focused on bad things happening to her children and to her own health followed by compulsive research on the internet about severe medical conditions and constantly seeking reassurance from loved ones. Anxiety was so severe that she developed secondary depressive symptoms and experienced severe early insomnia, fatigue, feeling overwhelmed, and irritability. Over the years, she has been on multiple psychiatric medications, initially in her teens with intermittent compliance on various SSRIs and SNRIs as well as potentially atypical antipsychotics. She had also been on gabapentin and Lyrica in the past for her neuralgia, which did not help her anxiety and caused acne and weight gain. For most of the 5 years prior to her pregnancy, the patient was in partial but tolerable remission on Lexapro 20mg daily (higher doses caused irritability), Wellbutrin XL 450mg daily, and as needed Ativan 0.5mg to 1mg daily as needed or Klonopin of similar dosing regimen. She became irritable on Vyvanse for her ADHD, but she did well and responded to Adderall XR with an IR prn in the afternoon. With postpartum anxiety, the patient again did not tolerate a higher dose of Lexapro, and Buspar was added up to 10mg bid with no response. Wellbutrin was thought to be contributing, so it was tapered off with no worsening or improvement of her symptoms. She started needing up to 2mg of Ativan each night. She did not want to retry any atypical antipsychotics due to potential for weight gain. Magnesium glycinate was attempted for sleep and headaches, with marginal response. Pharmacogenomic testing was done, and she had an MTHFR variant. Enlyte was started 1 pill daily, and within 4 weeks, patient's anxiety abated and she returned to a better baseline than she had in years, noting continued stress with work but better coping with it, engagement in couples therapy with her husband, starting a consistent and helpful exercise routine, better sleep, clean eating, and better enjoyment of her day to day life rather than dread. Her response to Enlyte has sustained over several months since starting it.



Questions & Answers

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