

Inositol and OCD

By Frederick Penzel, Ph.D.

www.westsuffolkpsych.homestead.com

At the American Psychiatric Association (APA) conference in 1996, a paper was delivered on the treatment of Obsessive-Compulsive Disorder with inositol, one of the B-vitamins. It seemed to indicate that this might be a viable treatment for OCD. As someone who treats OCD and related disorders, I am always on the lookout for new approaches. I did some further research, and found that since the early 1970s, a number of papers have been published on the use of inositol in the treatment of OCD, depression, and anxiety. It seems that inositol is converted by the body to two secondary neurotransmitter chemicals that enhance the action of serotonin in the brain. Serotonin, as we know, is a brain transmitter chemical that has been implicated in OCD and related disorders. Not all of these studies were conducted in the most scientific manner, but nevertheless, my curiosity had been piqued.

After several discussions with one of the psychiatrists at my clinic, we looked into its safety and possible interactions with other drugs. It appeared that most people took in an average of about 1 gram of inositol each day in their diets. We discovered that apart from some harmless digestive tract side effects, it appeared to be quite tolerable, and would not interact harmfully with any of the SSRIs our patients were taking for their OCD. At about the same time, (September, 1996) a double-blind placebo-controlled study on the use of high doses of inositol was published in the American Journal of Psychiatry. Dr. Mendel Fux and colleagues in Israel conducted the study. Although it was only a small study involving thirteen individuals, inositol was found to have a significant effect upon the symptoms of OCD. It was shown to work as well and as quickly as the SSRIs Prozac and Luvox. The patients in this study had either not been able to find relief via standard medications, or were unable to tolerate medication side effects. Dosages in the study were gradually built up to 18 grams per day.

The article proved to be the convincer for us. We had a number of OCD patients, who were only getting partial relief from prescription antidepressants, so we decided to suggest the possibility of their trying inositol as an augmenting agent, in addition to what they were already taking. I should mention here that our clinic is a rather busy treatment center, and unfortunately, not really geared toward conducting research, so we really didn't collect any data on this. I know my learned colleagues will shake their heads at this, and they would be right. In any case, we started to see some positive results among some of those who tried it. In most cases, these results ranged from at least mild to moderate relief of symptoms. A few reported even more improvement. We have generally built up our patients over a six-week period, starting with 1 teaspoon (2gms) twice per day, and going as high as 3 teaspoons, three times per day. It turned out that not everyone required the full 18 grams used in the Fux study. One person was seen to improve on just 2 grams daily

Since that time, we have also seen some positive results child cases as well. I have also received some positive e-mails and phone calls from O-C around the country who have heard of inositol, and tried it. Although it was probably not as precise as we would have liked, we based our children's doses on body weight, figuring roughly that a 40-lb. child could tolerate a maximum dose of up to 6gms. of inositol per day.

I do not believe that inositol is a 'miracle drug' for everyone with OCD. There are no miracle treatments. I am sharing this information with sufferers out there in hopes that it may help at least some people who have not otherwise been able to get relief, or who are too afraid of prescription medications to try anything. I also decided to write about this because I felt that some people might hear of this through some other sources, and try inositol without any guidance.

****Please note the following:** This advice is purely informational, and not in any way meant to be a substitute for treatment by a licensed physician. Do not try this, or anything else, without first consulting your physician. If your M.D. has not heard about it, refer them to the American Journal of Psychiatry article and let them decide.

Obviously, before you run out and try anything new, you should always consult your physician. If your physician recommends trying this, you might also want to mention the following information to him or her:

1. It cannot be taken together with Lithium, as it seems to block its action.
2. The chief side effects of inositol are gas and diarrhea. Some people get this for the first few days and then it clears up. Many of those taking it never have this side effect, and some only get it when they take more than a particular amount.
3. I have heard reports that caffeine lowers inositol levels in the body, so if you are a heavy coffee drinker, you might consider cutting down or eliminating this from your diet. Actually, stimulants such as caffeine can sometimes contribute to anxiety, jitteriness, etc.
4. It should be purchased in powdered form, and taken dissolved in water or fruit juice. It has a sweet taste, and is chemically related to sugar. If it is allowed to stand for about 10 minutes after mixing it, it seems to dissolve better. Vigorous mixing for a few minutes also helps. If it still doesn't dissolve well (not all brands do), stir it up and drink it quickly before it settles. The use of powder is recommended, as the larger doses required could require taking as many as 36, 500 mg. capsules per day.

5. Inositol is a water-soluble vitamin, so although the doses appear to be large, it will not build up to toxic levels in the body. Whatever the body doesn't use is excreted. The average person normally takes in about 1 gram of inositol each day via the food they eat. There are no reports of any harm associated with the long-term use of inositol. Some of our patients have been taking it as long as eight years now, with no problems.

6. It can be built up according to the following schedule (1 teaspoon=2 grams, and be sure to use a measuring spoon) for an adult:

Week 1 - 1 teaspoon/2x per day
Week 2 - 1 teaspoon/3x per day
Week 3 - 1.5 teaspoons/3x per day
Week 4 - 2 teaspoons/3x per day
Week 5 - 2.5 teaspoons/3x per day
Week 6 - 3 teaspoons/3x per day

A child can be built up to 3 teaspoons per day over the same six-week period. Dosages for adolescents can be adjusted according to weight. In either case, it is best to allow side effects to be the guide. If they begin to occur, it is not considered wise to increase the dosage unless they subside.

Once a person has reached either the maximum dosage, or the greatest amount they are able to tolerate, it is best to try staying six weeks at that level to see if there is any noticeable improvement. If there is none by the end of that time, it should probably be discontinued. As with any treatment, those who are absolutely positive that it will help are only setting themselves up, and may wind up more than disappointed. Everything works for someone, but nothing works for everyone.

One further note. I know personally of one case where an adolescent with trichotillomania was administered a combination of inositol and a substance known as 5-HTP, which is a breakdown product of the amino acid L-Tryptophan. The body manufactures serotonin from 5-HTP, and serotonin is believed to be one of the brain transmitter chemicals implicated in trichotillomania. Taking this is believed to raise serotonin levels in the brain. This adolescent got partial results with inositol, and seemed to get a complete remission of the urge to pull with the addition of 100 mg. of 5-HTP daily. 5-HTP can cause drowsiness, and is usually taken at bedtime. It should never be taken with any prescription antidepressant (such as an SSRI) or herbal products such as St. John's Wort, as it can cause a very serious condition called serotonergic syndrome.

Again, none of the above is meant to be a substitute for expert medical advice. As with inositol, 5-HTP should not be taken without the supervision of a licensed physician. I find reports such as this rather interesting, and further study is clearly needed. It may have implications for the future treatment of trich.

*** As an interesting side note, a study was published (Seedat et al, 2001) since this article was written, in which three women with hair pulling and compulsive skin picking were treated with inositol. All three were seen to improve and this improvement was seen to continue through a 16-week follow-up period. Hopefully, there will be further studies on the usefulness of this compound.

If you would like to read more about what Dr. Penzel has to say about OCD, you may be interested in his self-help book, "Obsessive-Compulsive Disorders: A Complete Guide To Getting Well And Staying Well," (Oxford University Press, 2000). You can find out more about it at www.ocdbook.com.