

FOZA Epi: 24 – The PPD Pill with Guest Speaker Dr. Alan Lindman, aka Ruel Doc Alan.

Continued From the FOZA Blog

Doc Alan avoided many of the chronic pregnancy problems in his patients by carefully listening to them, paying attention and gathering resources to ensure a healthy birth and a successful postpartum experience. Doc Alan is the creator of the Pregnancy Your Way support group, and he has recently authored a new book of the same name, Pregnancy Your Way, Choosing a Safe and Happy Birth.

He's added this book to his ever -growing resource library for the benefit of mothers, moms -to -be, pregnant people and everyone in our circle. So today we're going to talk a little bit about a trending topic. That is the PPD pill or the postpartum depression pill. As you know, FOZA is not an expert. So, we called on an expert and that's Dr. Lindemann.

Welcome, Doc Alan. How are you doing today?

Guest: We're doing really well here. Thank you, Paulette. It's really a pleasure to be with you today.

Host: The pleasure is all ours because we're excited about what we're going to talk about. Everything you put out, everything you do and decently we're going to send the audience over just to see the library, the wealth of information that you provide. Everything you do is so interesting and so helpful to our moms, our pregnant people, perinatal people.

But right now we're going to dive right in and talk about the headlines we've been reading that FDA has approved a pill, the first oral treatment for postpartum depression. And you and I have been talking about this offline, but I wanted to get you online. So just let's start talking and start with the name. What's the name for the new so -called pregnancy depression pill?

Guest: Well, the brand's name is Zurzuvae and of course the generic name is zuranolone. So you can see where they tried to shorten it a little bit, but not much.

Host: Right. A lot of our moms are just writing in, making comments and when they start searching for information about this, would it be your recommendation that they search on both those names because we're going to put them on our website so they can see how they look and see how they're spelt or should it doesn't make a difference if they search on the brand name or the generic name?

Guest: I tell you what, in preparation of this, I've been searching myself and I searched the Zurzuvae which is the brand name and it's quite a bit shorter than the generic name, zurranolone.

Host: Okay then. I'm just going to call it Zurzuvae because, and I'm going to try not to say it too often, it's been approved for PPD treatment, postpartum depression, but as you and I had a conversation, not MDD, which is a major depressive disorder. Is that correct?

Guest: Yes, it's one of the big problems we're going to have. You know, this is not a panacea. This is not a simple process at all because, yes, your right, Zurzuvae treats PPD, postpartum depression, does not treat major depressive disorders, does not treat postpartum psychosis, and does not treat generalized anxiety disorder.

So, before anybody gets started on this pill, they have to have the right diagnosis. And of course, that raises the question, who's going to give them the diagnosis? Right now, that is not clear. You know, when I was practicing 40 years ago, 30, 10 years ago, I had a formula that I used.

I would see the patients right away. I'd listen to them, they'd probably get them started on some (treatment name) because I would work right away, get them started on some (treatment name) because that also did a good job. And then I'd call the psychiatrist right away that day.

We'd talk, we'd agree on the treatment, and I'd have the patient do the psychiatrist within the week. So, there was no confusion as far as the diagnosis goes. We had the diagnosis that we all agreed on. But one of the problems with this pill is there is absolutely no firm mechanism for who prescribes it.

And what kind of background does it need to have? But what does it need to know about these other depressions? So, this is muddy water right now. I'll call it. Okay.

Host: And everything that you just said, I hope my moms and I hope that my medical professionals and therapists, counselors as well, I hope they're hearing this because we're all a part of helping the mom get to the right information. We're all a part of that because we want to encourage her to ask the questions according to the information that you're providing. We want her to know, we don't want her to assume that everything is in place, when everything is actually not in place. For example, insurance and paying for this new miracle pill.

Guest: Right. And we don't even know for sure when the pill is coming out. If you go to the manufacturer, they'll say fourth quarter. Fourth quarter could be October, November, December.

So, at the present time, this pill isn't available. We don't know how much it'll cost. And we don't know whether insurance is going to pay some or any of it or all of it. We have not the slightest idea for any of those things.

Host: Let's say we have worked out, some of those issues have been worked out and someone who is unfortunate enough to need it, but fortunate enough to prescribe, get prescribed with it. What kind of side effects have you researched they might experience?

Guest: Well, this is a really good question because that's certainly what patients want to know right away. So dizziness, drowsiness, fatigue, diarrhea, runny nose, bladder infections are among the side

effects, the complications that we have seen in the studies that have been done so far. And I can't imagine any postpartum mother wanting to be dizzy, drowsy, or sleepy.

Host: No. And that's something also as you were speaking about the possible side effects. Those are side effects that some of our moms who are experiencing postpartum depression already feel.

Guest: Yes, you're right. Yeah, it just makes the water muddier than it already is.

Host: Not trying to frighten anyone or keep them away from the any kind of scientific breakthroughs that we have, it's just awareness. and making sure that you have enough information to look into your medical providers eye and get the answers you need, mom, to feel like you're taking the right direction. And you know we say it all the time here at FOZA. If you don't feel you're getting the information from the team that you have, you might need to switch teams.

You just have to get that trust feeling and get that confidence that you're being given the right information. And also you're your best advocate. You can't just believe everything you read, but you can have information on yourself so that when you are feeling like you want to learn more then you will be comfortable with the answers that you're getting.

So how would a mom qualify for this medication? I know you talked about needing to be diagnosed and the murkiness between her medical doctor that may be between her medical doctor and a mental health staff to help her.

How would she best qualify?

Guest: Well, you're right. I mean this is one of the big problems we have today because if you have a postpartum mother calling the obstetrician about symptoms of depression, the obstetrician is probably going to say I don't treat psychiatric illness. So you might get that answer. On the other hand, you might have somebody else answer the phone or you might have the doctor say, well, let me see if I can get you into a referral. So that would be the right answer.

I don't treat you, that's the wrong answer. But the other problem is sometimes it's really hard to see a psychiatrist. You can wait for three to six months and that is just not at all going to work. So if a mom, you know, you go through the hoops, you call your obstetrician, they say we'll find a psychiatrist for you or go find one yourself.

That's of course the worst possibility. But if they tell you they'll, if they make a recommendation, they probably will also realize that it's important to be seen soon. So that is part of what needs to happen.

And if that doesn't happen, then your option would be to go to like an immediate convenient care clinic. Again, they might just say, oh, well, we don't treat the depression, but they might actually find a psychiatrist. And if that doesn't work, then I try an emergency room. And again, try to get a referral to a psychiatrist.

So it's not going to be the same for everybody. It depends on who your first doctor is, and a lot of it depends on how patients explain things to them. So, you know, you really want to not miss anything when you're trying to get an appointment. You don't want them to start overlooking what you're telling them.

Host: Absolutely. And the big point that I take away from all of that is making sure that you get a referral, whether it's for this medication or just because you don't feel as if you are yourself, just making sure that you're being heard and that you are being referred to someone who can answer your questions, get your questions answered, and of course, get a diagnosis, and then, of course, get the treatment you need if you happen to need medical treatment, whatever kind of treatment you need.

So, moms basically we're saying, listen and have a list of your questions ready, and get that feeling of, if you can get that feeling of trust, if you don't feel that, don't stop, don't give up. And of course, as Dr. Allen says, it could depend on where you live.

It could depend on availability because we don't know where the medicine is going to be available, when it's going to be available, what the cost is, what the insurance involvement is. So, we certainly don't know that it's going to be distributed evenly across the United States.

We simply don't know that. So, your questions are going to be very important to your medical service provider. Your questions are going to be the most important. Dr. Allen, I did see that in our conversations, from information you sent me, something that was troubling because we know that, from our groups, our research, and our studies that many times, most part of depression is contributing factors, is a mother is addicted. And you said that this medicine has the potential for abuse in being addicted. Is that true?

Guest: Well, like I said, I've been searching the information that the company sends out. And that is actually one of the things they say about it, that it does have an abuse potential.

Now, it's, that would be very difficult to abuse this medication because it's given for two weeks and not more than two weeks. So it's unlikely you're going to get really addicted in two weeks.

Host: So the mother, mamma, we want to make sure that we're looking at that two week period.

And if for any reason that changes from your doctor or your medical care provider, you want to know why, because that is the time limit that's on it now. But everyone is different. We know that. But we just want to say if there are any safety issues involved as far as potential abuse, that, and that's going to say that you, a addicted mom, would just want to say that we want you to be aware of the potential.

Guest: You know, I'm just going back to some of the things you said. And the magic word is referral. You really need to get that from your first doctor. And that will cut off months or weeks of your appointment time to see your psychiatrist.

So yes, Paulette, the magic word is referral. Yeah. But we, then we talked about the magic time, two weeks. And just assuming everything is going along smoothly and my mom is getting some relief here and the two weeks has expired, going with the positive side that she's feeling better.

Host: Some of the reasons why she might have been diagnosed and prescribed this medicine no longer exists. After the 14 days, she's feeling better. What, what actually happens to her after she finished the 14 days?

Guest: This is a very good question because it's really what they were looking for in the study. And they studied something called an HAMD test, which indicates that mothers' moods were improved after 14 days. But they carefully don't say what happens on the 15th day. There's absolutely no plans in order for the 15th or 16th days.

My concern for this pill is that mothers will feel better at day 14. But by the time that day 16 rolls around, they're going to have the same problem all over again. So you need more. You need to do more than just get on this pill, take this pill for the right amount of time, and to hope that things get better.

Postpartum depression responds really well to education, to listening. In other words, a provider who can listen, and a provider who can actually answer your question. And they take the time to do that. A lot of postpartum depression revolves around very practical things, like getting up every three hours, going to the hot seat, who's going to wash the dishes, who's going to clean the bathrooms.

So those things need to get planned out. If you take the medication for two weeks and you feel better, but you go back into this slew of dysfunction, you're not going to get done what you want to get done. So my advice is, during those two weeks when you're feeling better, take the necessary steps in your life to make sure that you don't slide back into that same hole again.

And yes, friends can help you. And you can get advice. I think actually, a lot of this is a good place to go for advice about postpartum. OK, then. And a very good plan. to not necessarily expect everything to be 100% after that 14 days, but during that 14 days, try to use the feelings that are getting better to get yourself in a lifestyle that will support you after the 14 days and stay in communication with your medical team to let them know everything that's going on and don't feel as if you are a bother.

Host: Make sure that you let your feelings be known. Well, that's certainly good advice. Yes. Just what moms to, many of the moms we speak to are going through a first time experience. And of course, we know that some moms, even though they've had several children, they had a postpartum depression experience on the third child, they didn't have anything going on with the first or the second. And so they also feel like this is out of the ordinary, extraordinary. And the main thing we always try to say here at FOZA is, you're not alone, and also you're not unworthy. A lot of them feel like they don't want to be a bother.

They don't want to talk about the same thing over and over again, especially if they're not getting help, they don't feel as if they're getting better. We say, don't give up.

If it happens, of course, Doc Alan, we're going to talk about this in a little bit. You want to put your efforts towards it not happening, towards staying away from depression. But we know that it does happen when it does. Don't give up. You want to provide information to help you feel strong.

And in that, we want to talk about the positive side of the Zurzurvea. Just what are some of the advantages?

Guest: Well, like, you know, we've been talking about when it is available. So that's, I mean, it will be available sometime October, November or December. It also gives moms and dads and the whole family a little bit of opportunity to take a breather, you know, a time out and be organized. And right now, they don't have that. So that may be one of the ways to use Zurzurvea. Although I think the main thing we need to do is prenatal education. See the whole family get to see how they work, see what kind of commitment they have, what kind of respect they have.

And that really does work. I think I told you I had a mom and dad with quads, four babies, and dad said he changed 7,000 diapers a month when they got home. Well, you know, that's what you call teamwork.

And teamwork is what you need. You know, your husband, your wife, your life partner, kids, everybody needs to work together afterwards to make things the best possible postpartum outcome that they can have.

And yes, there's all kinds of degrees of postpartum satisfaction and happiness, but there's certainly nothing wrong with looking to have the best outcome that you can have. And that requires work. Fine, but it's really good information.

And that's what you strive to do, bring everyone together. It's not just the mom, it is everyone around her, her family, everyone who has an interest in her, everyone who loves her, everyone who cares for her.

And since we come around, and that can, of course, work in her favor to never have a really serious experience with postpartum depression, that we know that there are going to be some changes and some uncomfortable times, but we don't want that to lead to depression.

Host: I want to kind of piggyback on that, and you talk about some of the work you do to make that happen. I know what you've done in the past, and I know that you're gonna be focusing on that in the future, that family gathering, that family support side of perinatal care. Can you talk to us a little bit more about that?

Guest: Well, yes, we've talked before about inviting the whole family to the prenatal visit. It's actually fun. I thought it was a lot of fun for the 40 years I was doing it. And of course, you get to know moms and dads.

And there's a lot of times when you walk into a labor and delivery room and mom will say, I don't think I can do this. And then you have to reach into her psyche, what you know about it, and say, yes, you're almost done. You can do this. This is going to work out fine for you.

And the husband is there to help out. So everybody's working together. And we actually put the train back on the track. And everything gets taken care of in a good way. One of the important things, I think, that we're missing today is the opportunity to go home.

In other words, when I was a student 40 years ago, the first thing we did in the morning around us at Wonder, we'd asked, is the milk coming in? Is the baby latch on? Is mom comfortable taking care of this? How is dad doing? And we could send them home when they were ready to go.

They, of course, we don't have that. It's a one -day, wham -bam, thank you, ma 'am, insurance thing. So it makes it more complicated, but it doesn't make it impossible for parents to be ready to go home. And what I'm talking about, dad, is, I know that the late -year league doesn't like bottles, but sometimes a bottle is necessary.

And if dad gets up at 3 o'clock in the morning, takes 9 o'clock at night feeding, that helps mom out. Who's going to do the dishes? Who's going to clean the floors? Who's going to clean the bathrooms? All of those things need to be understood. In other words, your postpartum life, the life you're going to have when you go home, needs to be pretty much negotiated and agreed upon before you leave.

Otherwise, you get into all kinds of misunderstandings and fighting that isn't necessary. So, well, first, fighting is necessary. But anyway, it is possible to concentrate on the good things. One of the...we have two stories in our book, and one of them is what happens when you're prepared to go home.

The other one is what happens when you're not prepared to go home. So, you know, we have the... And that's great.

Host: You touched on what I wanted to talk about, what I'm excited about, your new book, to go ahead and tell us some more about that.

Guest: Well, thank you so much, Paulette. I appreciate the opportunity. The book is really designed to promote the mental and physical health and wellness of mom's dads and babies. And, you know, there's a lot of prenatal books out there that focus on mom, but dads need to pull their weight postpartum, and the kids need to be part of it so that...

The other thing we concentrate on in our book is avoiding injury. Yeah, for example, you can manage diabetes, how to manage that, how to manage preeclampsia, how to not have eclampsia, how to manage blood pressure so that you don't have any trouble.

Like I said, I've never had a mom die as a result of pregnancy, and certainly, no problems with what we now call behavioral health issues. And the third thing that we're trying to do in our book, and this is, I guess, kind of a sad thing, but really trying hard to prevent maternal mortality because the CDC says 80% is preventable.

So we're really trying to bridge that gap. In our country, we have a maternal mortality rate that is higher than any of the developed world. For our women of color, it's 69 .9 per 100 ,000, but if you look at Japan, it's 2 per 100 ,000.

So we have worked to do, and we're going to get started.

Host: Well, you've already gotten started, and I want you to just tell us about how we can get over there and get that book. And I don't want you to leave the line without everyone knowing.

I mean, you've got a half dozen books out there, so just want everyone to be excited to not only check out your book, but give it as a gift, perhaps to a mom that they may know. Even give it to an organization. If they have an organization of women, they might want to share it that way. And also about your courses and your membership plan. Tell us about that.

Guest: Well, thank you so much, Paulette. Our book is called Pregnancy, Your Way. And this subtitle is Choose a Safe and Happy Birth, because even though we touch on some topics here that are uncomfortable, I really want to leave moms and dads and kids with a positive attitude.

You know, you can have the best pregnancy outcome that you can choose, you know, and choose it. And it's pregnancy, your way, and you have to put Lindemann behind it. That's the main part of that. And Lindemann MD is a good way to find us.

Host: Moms can go to your website and they can get even more information, and they can get to work with you or get you to work with them.

Guest: Absolutely. We're happy to coach anybody for any reason. And we have, you know, we do two podcasts every Friday. We now have about 120 podcasts, which are... World Docs. World Doc Allen on YouTube.

So we do lots of topics. As a matter of fact, I think tomorrow I'm going to do ZurZurbea again, because this is a really complex issue and it's just... I think it's hard for healthcare professionals to understand, so how is the public going to understand it? Well, we can't get enough information.

As when I was in the work world, I used to say I can't be over-informed. We can't get too much information about something that is so ambiguous. We need... And especially from experts like yourself. We have so many channels of information now until moms really don't know who to listen to or what they should believe.

I'm just so glad that you came with us. And even the topics that we talked about today, we could break those down and we would invite you back. When we have more information, as it's revealed to the public, for you to tell us if what we're hearing is good for our moms, or if they should be cautious about what they're hearing, or if we really do have a breakthrough here.

So once again, I want you, five of you, to look at YouTube if you want a visual of the information that we've been providing here, especially getting in contact with Doc Allan, and especially in getting over to the site. We're going to have all that printed out. If you are just an audio listener, that's fine, because I'm going to have a closing on here where I'm going to be really, really clear about what you need to do as a mom, or as a professional, as a therapist, or counselor.

We're all in this together. So thanks again, Doc Allen, for coming with us. And we hope you have much success with your book. We know you're going to have a lot of success with it because it's built to help people.

Guest: Well, thank you so much, Paulette. I do appreciate it, and I'm looking forward to coming back. And of course, yes, you get the nail on the head. We have a mission here, and I'm hoping that it is obvious. It is.

Host: Okay, then. Well, Fawzi fans, we may have had some technical difficulties with sound this time. However, I didn't want to delay your getting this information. I wanted to make sure I got it out to you as soon as possible.

And to be sure that you can get the full benefits of everything Doc Allen had to offer us today, you can visit his site at [pregnancyourway .com](http://pregnancyourway.com). And when you get there, click on the forum tab right in the menu, and you can learn more about his new book of the same name. While you're visiting your site, you can check out the different levels of coaching he provides, and you'll see he provides assistance to everyone, no matter their socioeconomic status.

Moms2B, current moms, caregivers, family members, and friends, professionals, even counselors, coaches, they all can benefit from his many years of service. And remember, 6 ,000 babies with no maternal deaths.

That is something to be very proud of. We're so happy to be associated with him. Also, when you visit us at [FOZAInc .org](http://FOZAInc.org), you can tap on the blog and you'll see a written version of this podcast along with live links to Doc Allen's Amazon collection of books because he has more than one.

Okay, now as always, a reminder to you that Fawza Finder Services are here to help you if you're finding it challenging to locate services in your zip code. You can find us at [FOZAInc .org](http://FOZAInc.org). That's at [FOZAInc .org](http://FOZAInc.org) and then click on FOZAFinder.

If you are an audio only listener, you'll want to check us out on YouTube. Our YouTube channel is at FOZA. We invite your feedback in your questions. We ask you to get involved if you have free resources to benefit maternal mental health or the children who are left behind by maternal suicides.

We want to hear from you. We offer a path for earning volunteer credits or you can make a tax deductible donation. FOZA is a 501C3 nonprofit and your donation goes to help keep this podcast alive and keep awareness at the top of everyone's mind.

That's it for this episode of Questions, Answers and Awareness of the PPD Pill. It's our sincere hope that this will be another tool to help stop the silence, the shame, the stigma, the suicides and the suffering that can accompany postpartum depression.

Once again, this is Paulette Smith signing off in Loving Memory of Christina LaShawn Thompson -Adams. Bye -bye now.