

# A Letter to Anthony Albanese

7<sup>th</sup> of November 2022



4<sup>th</sup> November 2022

To my local member, Anthony Albanese,

Please read and re-read my letter. I have lived in your electorate for 37 years and have delivered pamphlets for your initial campaign.

I'll never forget the morning I woke up contemplating whether to help my husband - and father of our young daughter - take his own life.

He had been suffering so deeply, for so long, until we had finally reached the point of exhausting every option Australia's medical system had to offer.

And whilst to people like my husband, suicide presents itself as an accessible option, in this country, seeking psychedelic assisted psychotherapy under the close supervision of a psychiatrist, is not.

Anthony, if this doesn't highlight the absurd cruelty of the TGA's current stance on psychedelic medicines, then frankly, I don't know what will.

In what world is it fair to deny treatment-resistant Australians access to these potentially life-saving medicines under the guise of "keeping them safe"?

Born and bred in the inner west of Sydney, my husband Franco was a successful businessman who loved his family. We were married for 30 wonderful years and spent the 11 of them raising our beautiful daughter Zara.

On the 5<sup>th</sup> of April 2018, Franco - who had rarely ever been ill - wakes up to tell me he needs to see a doctor urgently. Upon his first session, Franco was diagnosed with a severe form of clinical depression, prescribed an antidepressant, and referred to both a psychiatrist and a psychologist.

Four weeks later my husband is admitted into a private hospital where his medication is changed for the first time, but not for the last.

Only four weeks after admission, the doctors started Franco on a course of ECT, Electric Convulsive Therapy - a process whereby electricity is passed through your brain to induce a seizure to treat mental illness.

Two doses of ECT later, he is transferred to Concord Hospital where under the supervision of the tribunal, he is hospitalised for another 3 months and administered a further 22 ECTs.

After four months in the hospital, my husband comes home.

What follows over the coming three years is a further seven hospitalisations, totalling in nineteen months in hospital, where he was administered a staggering 96 ECTs, 24 Transcranial Magnetic Stimulations (TMS) and prescribed 19 different antidepressants and antipsychotic drugs. You can read more about all of Franco's doctors, hospitals, treatments on the attached Appendix.

All of this at the cost of tens of thousands of dollars and endless heartache for Franco, myself and our family.

Worse still, the side effects from Franco's treatment were so severe that he could no longer remember the route to his own daughter's school, let alone his mother's house just around the corner. It was devastating for me to witness the man I love, a man who had always been so highly functional, no longer remember how to get to his own mother's house barely down the road.

This was Franco's reality, and this remains the reality for the thousands of Australians suffering from treatment-resistant mental illnesses today.

Franco was one of the strangest men I've ever known, but after years of futile attempts at getting better, he began to lose hope, as did I.

That was until I saw the 60 Minutes program on Psychedelic Medicines, prompting me to reach out to Australian journalists for more information. From there, I was then referred onto Mind Medicine Australia, a charity advocating for the clinical use of Psychedelic-Assisted Therapies. After years of seeking help to no avail, it was a relief for our family's suffering to finally be heard, but more so, to see a progressive change on the horizon for Australia's treatment of mental illness.

I began to feel reassured when I heard of the remarkable overseas progress of psychedelic therapies within treatment-resistant populations. Even more promising was that these positive results were occurring after just two to three medicinal sessions alongside a short course of psychotherapy.

All up, Franco spent over a year and half of his life in hospital, was administered shock therapy almost a hundred times and trialled every class of anti-depressant available to him.

To hear of these clinically trialled medicines that helped patients make meaningful progress in just two to three sessions, reinvigorated me with hope. I felt this was our only solution, we had tried everything else and seen the leading experts in NSW. To me, Psychedelic-Assisted Therapies seemed like the only way I could keep my husband alive.

But, on October 21<sup>st</sup> 2022 the TGA once again denied access to Psychedelic Medicines, citing insufficient evidence to warrant their rescheduling for therapeutic use. This is despite over 13,000 submissions to the TGA. Over 98% of those were in favour of rescheduling both Psilocybin and MDMA as Controlled Medicines for use in clinical environments for people who are suffering unbearable pain, like my husband.

Yet, mounting evidence from over 200 peer-reviewed studies around the globe has continually demonstrated the safe and effective use of these medicines in clinical settings.

Just recently, a trial at Imperial College London showed that remission rates for depression were twice as high for those who underwent just two treatments of psilocybin with a short course of psychotherapy, versus patients who were administered a daily dose of a leading anti-depressant in combination with psychotherapy.

Even Franco's key psychiatrist was in support of Psychedelic-Assisted Therapy, with the crucial caveat being, that it must be administered and closely monitored under the supervision of a qualified therapist.

Anthony, this is all that we wanted.

Our request was, and still is a simple one. It is fair and reasonable in its logic.

Whilst Australia drags its feet, these therapies are being administered right now, in places like Canada, USA, Switzerland, Israel and other more progressive nations.

Anthony, why should Australians have to break the law or travel overseas to access these safe and effective treatments when all else has failed?

I was so desperate to help my husband that I even considered going to an "underground" therapist, but my family urged me not to, because under current Australian law, that would make me a criminal. I couldn't risk that. And I couldn't risk taking him overseas to a country where these treatments are legal due to his suicidal ideation. I couldn't do that to our daughter.

It was an impossible choice.

Then the day came that I had to make the heartbreaking decision to hospitalise my husband once again. Every day I listened as he told me that he wanted to die, begging me to help him. I'm his wife, we share a child together, and I'm left to make this excruciating decision because

there's nowhere else to turn, nothing else I can give him, there's nothing more I can do.

I also became terrified for our daughter, and the impact this would have on her for the rest of her life.

And this is why, one morning I woke up contemplating helping the man I love to kill himself.

Anthony, you tell me, if your partner was suffering unbearably and wanted to end her life, what would you do? Have you personally experienced someone close to you suffering such severe depression that they are trying desperately and repeatedly to end their life?

For me this isn't some hypothetical plucked from an ethics case study.

This is my lived experience.

This is my reality.

Sadly, my family will never get a chance to find out if Psychedelic-Assisted Therapy could have saved my dear husband's life.

My daughter and I will never know.

Because... two weeks after being released from hospital, Franco took his own life.

He couldn't hold on any longer.

What breaks my heart is that this is a shared reality for so many Australian families, people who are on the brink of society struggling silently, waiting for access to these medicines. Waiting for an anonymous bureaucrat (the Delegate) with a stroke of their pen, to give Australians access to the same therapies that Canada, USA, Germany, Switzerland, Portugal, Israel, the Netherlands and other nations already have.

And whilst there isn't a day that goes by that I don't miss Franco, he is not the one that I blame.

I blame the regulator so disconnected from the suffering of the people it claims to serve. I blame the Government that would rather let innocent people suffer and die than legalise innovative therapies that are continually proven to be both safe and effective.

The saddest part is, that I know that this truth will eventually be revealed.

But Anthony, every day that we wait, people die.

We are better than this.

Anthony, you were elected on a mandate of compassion. It is time for change. Access to safe and effective medical treatment is a basic human right.

Anthony, you can help put a stop to the immense suffering in this nation.



Please reschedule these substances for therapeutic use.

Please don't let another child lose a parent to suicide.

In light of this, I request a personal meeting with you - my local representative - to express my concerns directly so that together, we can find a way forward for all those suffering.

Sincerely,



Vanessa



## Appendix – Medications, Procedures & Detailed Summary

### Medication taken since start of illness 6th April 2018

Prescribed by	Name of drug	dosage	start	finish	side effects	Type
<b>Main Antidepressant</b>						
GP	Escitalopram	10mg	06-Apr-18	27-Apr-18	3rd day very bad & lost sleep etc	SSRI
Dr Paisley	Venlafaxine	300mg	28-Apr-18	13-Jul-18	constipation	SNRI
Concord	Sertraline	??	13-Jul-18	25-Jul-18	suicidal thoughts increased	SSRI
Concord	Nortriptyline	200mg	25-Jul-18	08-Dec-18	headaches, fatigue, blurred vision	Tricyclic
Dr Paisley	Parnate	60mg	10-Dec-18	17-Feb-19	Diarrhea, weak, tripping over, low BP	MAOI
Dr Paisley	Dothiepin	200-225mg	08-Mar-19	01-Apr-19	worse headaches (migraine)	Tricyclic
Dr Paisley	Cymbalta	120mg	27-Jun-19	15-Apr-20	ok (brain zapping when withdrawing)	SNRI
Dr Paisley	Brintellix	20mg	16-Apr-20	04-Jun-20	ok	SSRI
Prof Phillip Mitchell	Bupropion (Zyban)	150mg/150mg	05-Jun-20	08-Jul-20	ok but not great. Became worse when increasing dose (brain zapping when withdrawing)	NDRI
Prof Phillip Mitchell	Clomipramine	150mg	01-Sep-20	09-Oct-20	very confused, increase loss of memory, blurry vision, very high agitation	Tricyclic
Dr Paisley	Desvenlafaxine	400mg	18-Dec-20		ok	SNRI
Dr Caetano	Amitriptyline/Bupropion					

### Additional antidepressants, Antipsychotics etc added to main Antidepressants

Dr Paisley	Olanzapine	5mg-10mg	20-Apr-18	13-Sep-19	used various times	Atypical antipsychotic
Concord	Quetiapine IR	200mg	30-May-18	29-Aug-18	akathisia	Atypical antipsychotic
Concord	Mirtazapine	30mg	30-May-18	25-Jul-18		antidepressant
Concord	Lithium	1250mg	01-Aug-18	02-May-19	fatigue	Bi-polar drug
Dr Paisley	Agomelatine	25mg	17-Oct-18	03-Jan-19	increase fatigue	Atypical antidepressant
Dr Paisley	Lurasidone (Latuda)	40-80mg	21-Nov-19	15-Jan-19	Parkinsonian, weak,	Atypical antipsychotic

Dr Paisley	Aripiprazole (Abilify)	10mg	21-Sep-19	Cont'd	Goes to bed early very sleepy. Pacing, Tik with lips blowing bubbles. Coming off it insomnia (needed lorazepam). Few days thinking of death	Atypical antipsychotic
<b>Other Drugs taken</b>						
Dr Paisley	Tertroxin	40mg	17-Feb-19	26-Mar-19		Thyroid
Dr Paisley	Lorazepam	2.5-7.5mg	27-Apr-18		Best medication	Benzo
prof Parker	Alprazolam	2mg twice day	03-Jun-19		not as effective at Lorazepam	Benzo
Concord	Promethazine	25mg	30-May-18			Sleeping
Dr Paisley	Neurofolin	1 satchel	21-Nov-18	08-Feb-19	didn't help	
Dr Paisley	Ritalin		15-Feb-19	various times	didn't help	
Prof Phillip Mitchell	Lithium	250/250	27-Jun-20	various times	very weak and slow. Sleep effected	

#### Procedures done

<u>ECT</u>	St John of God	21-May-18	23-May-18	2	Unilateral
	Concord hospital (involuntary)	30-May-18	06-Jun-18	4	Unilateral
	Concord hospital (involuntary)	08-Jun-18	03-Aug-18	20	Bilateral
				<u>26</u>	
	St John of God	01-Jul-19	21-Aug-19	23	Bilateral
	St John of God (outpatient)	26-Aug-19	07-Oct-19	6	Bilateral
				<u>29</u>	
	Northside	09-Jul-20	11-Aug-20	12	bi frontal with ketamine
	Northside	13-Aug-20	01-Sep-20	7	bi-temporal without ketamine
	Northside-increased to level 8	03-Sep-20	03-Sep-20	1	bi-temporal (HIGH)with ketamine
	Royal North Shore (involuntary)	11-Sep-20	26-Oct-20	15	bi-temporal(HIGH) with ketamine
	St John of God (outpatient)	30-Oct-20	16-Nov-20	6	bi-temporal(HIGH) NO ketamine
				<u>41</u>	
	<b>TOTAL ECT to date</b>			<u>96</u>	

<u>TMS</u>	St John of God (outpatient)	29-Oct-18	30-Nov-18	25	No improvement
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## Detailed Summary

Date:	Prescribed by:	Drug (brand name)	dosage	Start	end	Other drugs taken	side effects
05-Apr-18	<b>NOTE:</b>	<b>Woke up and he couldn't work out what was wrong. He asked to see doctor straight away - 5th April 2018</b>					
05-Apr-18	GP	<b>NEW</b> Escitalopram (lexapro)	10mg	6/4/2018	27/4/2018		Suicidal 3 days into taking drug, sleepless, loss of appetite
	<b>NOTE:</b>	3 days in to taking drug his condition deteriorated. Sleepless, loss of appetite, agitated, restless					
	<b>NOTE:</b>	Week into illness friend asked him about funeral he attended a week before illness and he could not remember anything. Asked him about other events over a 4 month period prior to illness and nothing. ie annual work conference for a week in blue mountains, moving into new house late Dec 2017, conversations had with various friends					
	<b>NOTE:</b>	Tried 2 clinical psychologist. Father in law living with us tried helping with meditation, going for walks, talking. Nothing was working. Everyday his condition worsened. Requested appt to see a psychiatrist					
20-Apr-18	consulting psychiatrist					<b>ADD</b> 20/04/18 Olanzapine 5mg	Sleep got worse
	<b>NOTE:</b>	2 days after taking Olanzapine he stopped sleeping. 4 days later he was referred to hospital					

27-Apr-18	<b>HOSPITAL</b>	<b>Admission 27th April 2018 - St John of God (Burwood) - Treating Psychiatrist Dr Shannon Paisley</b>					
	<b>NOTE:</b>	Diagnosed with Melancholic Depression upon admission - had all symptoms - highly agitated and couldn't sit still. Of course the idea of coming into hospital played role in his state of mind upon entering					
	Psychiatrist Paisley	<b>NEW</b> Venlafaxine 300mg (efexor)	37.5mg increased to 300mg	28/4/2018		Olanzapine 5mg. <b>ADD</b> 28/04/18 Lorazepam 2.5mg PRN	Lorazepam was a life saver
	<b>NOTE:</b>	2 weeks after admission Doctor talked about ECT if his condition did not improve with the meds at end of week 3. Lorazepam helped with his agitation and various sleep tablets meant he could sleep a little. He would always say he was never fully asleep when they checked on him. Unable to interact with others. No feeling. Always restless. Could not sit down. Cried a lot "begging for help". Lorazepam always helped him					
21-May-18	<b>PROCEDURE</b>	<b>ECT (2 x unilateral) commenced Monday 21 May 2018 - refused 3rd ECT</b>					
	<b>NOTE:</b>	First night of ECT and he started to tell me his penis was getting smaller which meant he could not urinate at all. Sleep was effected. NO bowel movements					
	<b>NOTE:</b>	Became delusional the night after 2nd ECT - refused 3rd ECT and did not want to eat. Penis not functional and part of brain disappeared. Couldn't sleep or go to the toilet. Treating Psychiatrist came to see him to try and work it out but unfortunately nursing staff felt he was at risk therefore transferred to Concord					

25-May-18 HOSPITAL Involuntary transfer 25 May 2018 - Concord Hospital							
30-May-18	PROCEDURE	Involuntary ECT (24 sessions) commenced Monday 30 May 2018 - finished 3rd August 2018					
		(4 x unilateral) and (20 x bilateral). Tribunal approved 2 lots of 12 ECT sessions 29th May and 26th June					
	Concord Hosp (1st psych)	Venlafaxine (efexor)	300mg		13/7/2018	Olanzapine 5mg. Lorazepam 2.5mg PRN. <b>ADD 30/05/18:</b> Mirtazapine 30mg, Promethazine 25mg and quetiapine IR 200mg	ok
02-Jun-18	NOTE:	day after 2nd ECT and he started saying he wanted to die. The pain he was feeling was too hard to bear					
23-Jun-18	NOTE:	Weekend leave started. He was able to sleep through night and shower himself but still pacing					
13-Jul-18	Concord Hosp (1st psych)	<b>NEW</b> Sertraline (Zoloft)	???	13/7/2018	25/7/2018	Mirtazapine 30mg. Quetiapine IR 200mg Olanzapine 5mg. Lorazepam 2.5mg PRN.	suicidal thoughts increased
14-Jul-18	NOTE:	Extended Weekend leave as they thought he might be able to leave soon. Over weekend he was very BAD and wanted to die. Returned to hospital					
17-Jul-18	NOTE:	2 good days in hospital after I had told him that I couldn't come to hospital anymore if he didn't stop talking about dying. Seemed to shock him into thinking I was leaving him and he told the nurses he needed to get better. His mood improved and he interacted with other patients.					
20-Jul-18	NOTE:	<b>SUICIDAL:</b> Social outing with other patients on bus. Franco tried to open van door and jump out when crossing Birkenhead Pt					
23-Jul-18	NOTE:	<b>SUICIDAL:</b> Day out with Zara and I at park and he started to say he couldn't go on and was saying goodbye to us. Headed to Parramatta road and I had to get daughter to run after him and stop him. <b>WORSE DAY</b>					
24-Jul-18	NOTE:	Hospital requested extension of involuntary time in hospital after previous day incident and new Psychiatrist Dr Chowdrey was assigned. Psychiatrist on panel had been very concerned as to how hospital had been managing Franco and whether so much ECT was necessary etc					
25-Jul-18	Concord Hosp (2nd psych Dr Chowdrey)	<b>NEW</b> Nortriptyline	75mg increase to 125mg night	25/7/2018		<b>ADD 01/08/18</b> lithium 750mg (250mg/500mg). Quetiapine XR 200mg Olanzapine 7.5mg	headaches, little fatigue

02-Aug-18	<b>NOTE:</b>	Franco able to start communicating with others. Shower himself. Participate in group activities. Sleep better. Wasn't crying anymore and didn't feel helpless. Started going on daily group walks around hospital					
19-Aug-18	<b>NOTE:</b>	Franco was still not his old self. He couldn't understand why hospital was discharging him. He had constant headache and was fatigued. He was however <b>SAFE</b>					
20-Aug-18		Released from Concord 20th August 2018					
29-Aug-18	Psychiatrist Paisley	Nortriptyline	125mg			<b>INCREASE</b> 29/08/18 lithium 1000mg (500mg/500mg). <b>INCREASE</b> Olanzapine 10mg. <b>CEASED</b> Quetiapine (30/05/18 to 29/08/18)	headaches, little fatigue. Quetiapine ceased due to Akathisia
12-Sep-18	Psychiatrist Paisley	Nortriptyline	<b>INCREASE</b> 12/9/18 150mg (50mg/100mgmorn/ night)			Lithium 1000mg, Olanzapine 10mg	Headaches & Fatigue (dragging legs). Low stamina
17-Oct-18	<b>NOTE:</b>	Agitated as mood not improving. TMS was suggested to see if that would help. Sleep good					
17-Oct-18	Psychiatrist Paisley	Nortriptyline	150mg (50mg/100mgmorn/ night)			<b>INCREASE</b> 17/10/18 Lithium 1250mg (500mg/750 mg). <b>REDUCE</b> Olanzapine 5mg <b>ADD</b> Agomelatine 25mg night	"as above"
29-Oct-18	<b>PROCEDURE</b>	Commenced TMS at St John of God Burwood as an <b>OUTPATIENT</b> (25 sessions) 29th October to 30 November 2018					
31-Oct-19	Psychiatrist Paisley	Nortriptyline	150mg (50mg/100mgmorn/ night)			Lithium 1250mg, Agomelatine 25mg 31/10/19 <b>REDUCE</b> Olanza 2.5mg	"as above"

01-Nov-18	Psychiatrist Paisley	Nortriptyline	<b>INCREASE</b> 01/11/18 200mg (100/100mg morn/night)			Lithium 1250mg (500mg/750 mg), Agomelatine 25mg, olanzapine 2.5mg	Headaches & Fatigue (dragging legs). Low stamina
08-Nov-18	<b>NOTE:</b>	<b>Not a good day. Feeling very down and hopeless</b>					
21-Nov-18	Psychiatrist Paisley	Nortriptyline	200mg (100/100mg morn/night)			Lithium 1250mg (500mg/750 mg), Agomelatine 25mg. <b>ADD</b> Latuda 40mg <b>REDUCE</b> olanzapine NIL. <b>ADD</b> Neurofolin satchel 1 daily	Latuda clumsy and weak. Continued headaches
26-Nov-18	<b>NOTE:</b>	<b>Very bad day. Started to talk about dying. Agitated etc. Needed to get him into hospital</b>					

29-Nov-18 **HOSPITAL** Admission to St John of God (Burwood) 29 November 2018 - Psychiatrist Dr Shannon Paisley

01-Dec-18	Psychiatrist Paisley	<b>REMOVE</b> Nortriptyline	Reduce to NIL over 8 days		8/12/20 18	Lithium 1250mg (500mg/750 mg), Agomelatine 25mg. <b>INCREASE</b> 03/12 Latuda 80mg. Neurofolin satchel 1 daily <b>ADD</b> PRN olanzapine 2.5mg	Latuda clumsy and weak. Continued headaches	
10-Dec-18	Psychiatrist Paisley	<b>NEW</b> Parnate	10mg increase to 40mg (morn/mid)	##### ##		Lithium 1250mg (500mg/750 mg), Agomelatine 25mg. Latuda 80mg. Neurofolin satchel 1 daily <b>ADD</b> PRN Lorazapan 1mg. <b>ADD</b> Vitamin D	Diarrhea, weak, low BP, parkinsonian. Numbness in mouth	
18-Dec-18		<b>Released from SJOG Burwood 18th December 2018</b>						

18-Dec-18	<b>NOTE:</b>	<b>Not suicidal. Good communicate and not agitated. Was however very unbalanced, Diarrhea. Not able to drive. Cognitively impaired. Could not make decisions. NO more headaches</b>					
03-Jan-19	Psychiatrist Paisley	Parnate	<b>INCREASE 03/01/19</b> 60mg (30mg/30mg) (morn/mid)			Lithium 1250mg (500mg/750mg), Latuda 80mg. Neurofolin satchel 1 daily. Vitamin D and B6, Evening Primrose <b>CEASE</b> Agomelatine (17/10/18 to 01/01/19).	Diarrhea, weak, low BP, parkinsonian.
15-Jan-19	Psychiatrist Paisley	Parnate	60mg (30mg/30mg) (morn/mid)			Lithium 1250mg (500mg/750mg), Neurofolin satchel 1 daily. Vitamin D and B6, Evening Primrose <b>CEASE</b> Latuda (21/11-15/01/19)	Diarrhea, weak, low BP. Removing Latuda due to parkinsonian symptoms
04-Feb-19	<b>CONSULT</b>	<b>4th Feb 2019 - Consulted Professor Gordon Parker (Parnate to be removed due to side effects). Requested we see Neurologist to run extensive test to rule out other causes</b>					
08-Feb-19	Psychiatrist Paisley/Parker	<b>REMOVE</b> Parnate	<b>REDUCE 8/2/19</b> to NIL over 12 days		17/2/2019	Lithium 1250mg (500/750), Vitamin D and B6 plus Evening Primrose, Zinc, Magnesium. <b>CEASE</b> Neurofolin satchel (21/11/18-8/2/19)	
	<b>CONSULT</b>	<b>13th Feb 2019 - Neurologist A/Prof James Burrell - results came back ALL clear</b>					
		<b>CT scan, MRI (brain), Lumber Puncture (Concord Hosp), RPA Pet Scan (brain and body), Blood Test (auto immune)</b>					
17-Feb-19		NIL	NIL			Lithium 1250mg (500/750). <b>ADD</b> 17/2/19 Tertroxin 40mg. Vitamin D and B6, Evening Primrose, Zinc, Magnesium	



08-Mar-19	Psychiatrist Paisley	<b>NEW</b> Dosulepin (Dothiepin)	25mg daily to 200mg (morn/night) (50/150)	8/3/2019		Lithium 1250mg (500/750). Tertroxin 40mg. <b>ADD 8/3/19</b> Ritalin 10mg increase to 40mg every 5 days. Vitamin D and B6, Evening Primrose, Zinc, Magnesium	1st weak suicidal 10/10, Bad headaches (migraine), constipation, dry mouth, lots of dreams
10-Mar-19	<b>NOTE:</b>	<b>Bad headaches (likely migraine) which did not stop. likely Dothiepin side effect</b>					
21-Mar-19	Psychiatrist Paisley	Dosulepin (Dothiepin)	<b>INCREASE</b> 21/3/19 to 225mg (75/150)			"as above"	Bad headaches (migraine), constipation, dry mouth, lots of dreams
25-Mar-19	<b>CONSULT</b>	<b>25th March 2019 - Consulted Professor Gordon Parker - suggested Franco "COME OFF" all medication</b>					
		<b>Prof thoughts was Pseudo melancholic - totally deconstructed himself (catastrophised) Perfectionistic - Stress Response - Progressive rehab model recommended</b>					
27-Mar-19	Psychiatrist Paisley/Parker	<b>REMOVE</b> Dosulepin (Dothiepin)	<b>REDUCE 27/3/19</b> to NIL over 9 days		1/4/2019	Vitamin D and B6, Evening Primrose, Zinc, Magnesium. <b>REDUCE 29/3/19</b> Lithium by 250mg every 3 days until 750mg, <b>REMOVE 26/3/19</b> Ritalin, <b>REMOVE 26/3/19</b> Tertroxin.	Increase Suicidal risk. Very bad migraines
04-Apr-19	<b>NOTE:</b>	<b>High SUICIDE risk. Left his earring with daughter and told her he was doing a "chicken run". Everyday got worse. Made a call to Prof Parker 9th April and he told us to see him straight away</b>					
09-Apr-19	<b>CONSULT</b>	<b>9th April 2019 - Consulted Professor Gordon Parker - Reduction of meds made Franco "SUICIDAL"</b>					
		<b>Wrote letter to Marie Bashir (our local Hospital) to admit him</b>					
10-Apr-19	<b>HOSPITAL</b>	<b>Admission to Marie Bashir 10th April 2019 - Dr Shannon Paisley consulted re MEDS</b>					
	Hospital Psych - Dr Medi	NIL				Temazepam 10mg, Diazepam 5mg <b>CEASE</b> Lithium to NIL (25/7/18 to 2/5/19).	

	<b>NOTE:</b>	One psychiatrist wanted to move him to Concord for further ECT another wanted to start him on meds. In the end it was decided to monitor him and take Prof Parker advise of no meds and instead therapy. First 4 weeks were not great at all. Fifth week showed promising signs of improvement and was stable enough to go home. Mental health team to keep an eye on him					
17-May-19		Released from Marie Bashir 17th May 2019 (not feeling great but LOW risk of Suicide)					
22-May-19	Psychiatrist Paisley	NIL				Olanzapine 5mg, Lorazepam 5mg	Very unwell, agitated, pacing
03-Jun-19	<b>CONSULT</b>	<b>3 June 2019 - Consulted Professor Gordon Parker - Script Alprazolam 2mg twice daily</b>					
	Psychiatrist Gordon Parker	NIL				Olanzapine 5mg, Alprazolam 2mg twice per day	Very unwell, agitated, pacing
17-Jun-19	<b>CONSULT</b>	<b>17th June 2019 - Consulted Professor Gordon Parker - suggested Quest for life "Healing your Life" - suggested getting back to work</b>					
25-Jun-19	<b>NOTE:</b>	Moved to mothers to give me a break as he was constantly talking about wanted to end his life. His condition worsened and the mental health team came in to assess him and referred him to Canterbury Hospital for further assessment. Psychiatrist felt he was at risk. I made a call to Dr Paisley and Franco was assessed as safe enough to go to St John of God instead of Concord. Franco was given Lorazepam 3 times per day which calmed him down but needed to come off before ECT started. It was a little rough but managed					
27-Jun-19	<b>HOSPITAL</b>	<b>Admission to St John of God 27th June 2019 - Psychiatrist Dr Shannon Paisley care</b>					
	Psychiatrist Paisley	<b>NEW</b> Duloxetine (Cymbalta)	60mg	27/6/2019		Olanzapine 15mg, Lorazepam 2.5mg up to 3 times per day	
01-Jul-19	<b>PROCEDURE</b>	<b>Commenced ECT at St John of God Burwood (total 29 sessions bilateral) 1st July to 21st August 2019</b>					
		<b>23 sessions inpatient and 7 as outpatient (1 per week)</b>					
17-Jul-19	<b>NOTE:</b>	After 8th ECT he had a better "seizure". He started to improve a little. Less agitated and able to start talking a little					

	Psychiatrist Paisley	Duloxetine (Cymbalta)	<b>INCREASE</b> 23/7/19 to 120mg			" as above"	
14-Aug-19	<b>NOTE:</b>	After 20th ECT he was able to interact with other patients and participate in group therapy. Sleeping well					
21-Aug-19		Released from St John of God 21st August 2019 (feeling OK)					
28-Aug-19	<b>NOTE:</b>	After 24th ECT he was not so good. Had a few bad days on/off					
13-Sep-19	Psychiatrist Paisley	Duloxetine (Cymbalta)	120mg			<b>REMOVE</b> Olanzapine	
16-Sep-19	<b>NOTE:</b>	After 28th ECT started to improve and was engaging and started exercising etc. Franco still said he didn't feel right but that he wanted to live					
20-Sep-19	Psychiatrist Paisley	Duloxetine (Cymbalta)	120mg			<b>ADD</b> Abilify 5mg	
18-Oct-19	Psychiatrist Paisley	Duloxetine (Cymbalta)	120mg			<b>INCREASE</b> Abilify to 10mg	
17-Dec-19	Psychiatrist Paisley	Duloxetine (Cymbalta)	120mg			<b>ADD</b> Ritalin 10mg (for energy) no change after a week so stopped. Abilify 10mg	
17-Feb-20	<b>RETREAT</b>	Quest for Life 5 day retreat 17th Feb 2020 - "Healing your life" as per Prof Parker recommendation - No change					
16-Mar-20	<b>NOTE:</b>	Becoming negative, losing hope, no motivation, stopped exercising					
03-Apr-20	Psychiatrist Paisley	<b>REMOVE</b> Duloxetine (Cymbalta)	<b>REDUCE</b> 4/4/20 to Nil by 30mg every 4th day		15/4/20 20	Abilify 10mg	Brain "zaps", not good
16-Apr-20	Psychiatrist Paisley	<b>NEW</b> Vortioxetine (Brintellix)	5mg increase to 20mg every 4 days		16/4/20 20	Abilify 10mg	no symptoms
26-May-20	Psychiatrist Paisley	Vortioxetine (Brintellix)	<b>REDUCE</b> 26/5/20 to 10mg		4/6/20 0	Abilify 10mg. Lorazepam 2.5mg PRN	Started to need Lorazepam 28/5/20
02-Jun-20	<b>HOSPITAL</b>	Admission to Northside St Leonards - Psychiatrist Professor Phillip Mitchell care					

05-Jun-20	Psychiatrist Prof Phillip Mitchell	<b>NEW</b> Bupropion	150mg	5/6/2020		Abilify 10mg. Lorazepam 2.5mg PRN	no symptoms
10-Jun-20	Psychiatrist Prof Phillip Mitchell	Bupropion	<b>INCREASE</b> 10/06/20 to 150mg/150mg			<b>CEASE</b> <b>12/6/20</b> Abilify 10mg. Lorazepam 2.5mg PRN	no symptoms
22-Jun-20	Psychiatrist Prof Phillip Mitchell	Bupropion	<b>INCREASE</b> 22/06/20 to 300mg/150mg			-	bad headaches
27-Jun-20	Psychiatrist Prof Phillip Mitchell	Bupropion	<b>REDUCE</b> 27/6/20 to 300mg			<b>ADD</b> Lithium 250/250 increased Lithium 3/7/20 to 500/500	bad headaches, very weak and extremely agitated
	Psychiatrist Prof Phillip Mitchell	Bupropion	CEASED to start ECT		8/7/2020	<b>Ceased</b> Lithium at the same time	
09-Jul-20	<b>PROCEDURE</b>	<b>Commenced ECT at Northside (total 20 sessions before moving to RNS) 9th July to 3rd September 2020</b>					
	<b>Prof Colleen Loo consulted</b>	<b>Only done twice weekly Tuesday (Prof Colleen Loo administering) and Thursday</b>					
		<b>12 sessions bi-frontal with Ketamine anesthetic, 7 bi-temporal no ketamine, 1 high dose bi-temporal with ketamine)</b>					
05-Sep-20	Psychiatrist Prof Phillip Mitchell	<b>NEW</b> Clomipramine	25mg INCREASE daily by 25mg until 150mg	1/9/2020		PRN either Lorazepam 5mg, Serequol 150mg and Olanzapine 10mg	started to become extremely agitated, very weak, confusion
06-Sep-20	<b>HOSPITAL</b>	<b>Transferred 6th September 2020 under mental health act to Royal North Shore Hospital</b>					

06-Sep-20	RNS consulting Psychiatrist Dr Amanda Brae	Clomipramine	150mg	6/9/2020		PRN Lorazepam	extremely agitated, very confused
	<b>NOTE:</b>	suicidal - Acute Care 1 on 1 nurse 7th Sept to 18th Sept					
	<b>PROCEDURE</b>	Involuntary high dose (pulse width 1 level 8) Bi-Temporal ECT with Ketamine anesthetic (15 sessions).					
		Commenced Monday 11 Sept 2020 - finished 26th Oct 2020 at RNS before transferring to St John of God					
22-Sep-20	<b>NOTE:</b>	Moved to general ward 22nd Sept 2020					
25-Sep-20	RNS consulting Psychiatrist Dr Amanda Brae	Clomipramine	<b>REDUCE 25/9/20</b> to NIL over 15 days		9/10/2020	PRN Lorazepam	Shaking of legs stopped and not having the urge to move all the time
06-Oct-20	<b>NOTE:</b>	Cognitively very bad and at times delusional during my visits 6th October to 21st Oct					
27-Oct-20		27 Oct 2020 - Released from RNS into Dr Shannon Paisley care as an outpatient of St John Of God - continue ECT					
28-Oct-20	Psychiatrist Paisley	NIL	28/10/2020			PRN Lorazepam 2.5mg	No executive function. Could not take any instructions. Very docile
	<b>PROCEDURE</b>	Continued ECT as Outpatient at St John of God Burwood (total 6 sessions bilateral twice weekly) 30th Oct to 16th Nov. None of the sessions were effective					
03-Nov-20	<b>NOTE:</b>	3rd November - Cognitive ability improved and was able to take instructions					
05-Nov-20	<b>NOTE:</b>	5th November felt extremely distressed. Did not want to do anything. Said it was all too hard and that he can't do it. Complained that life was no longer worth living. Unable to manage him					
06-Nov-20	<b>NOTE:</b>	After ECT morning of 6th November no change in his mood at all. Dr Paisley prescribes Alprazolam (Zanax 2mg)					
06-Nov-20	Psychiatrist Paisley	NIL	6/11/2020			PRN Alprazolam 2mg up to 3 times per day if needed. Started with 1 tablet but now needs 1 in morning and 1/2 around 12	His mood is shocking in the morning. He is unbearable to be around. Within minutes of taking Zanax he is pacified & sleepy for a few hours
06-Nov-20	<b>NOTE:</b>	Mood shocking. Unbearable to be around. Vanessa unable to deal with him - request he be admitted					

06-Nov-20	HOSPITAL	Admission 6th November 2020 - St John of God (Burwood) - Treating Psychiatrist Dr Shannon Paisley					
	Psychiatrist Paisley	NIL				Alprazolam 2mg 3 times daily and Olanzapine for sleep	
16-Nov-20	<b>NOTE:</b>	<b>Not suicidal. Mood still very low. Good communicate but still shaking leg</b>					
18-Nov-20		<b>Released from SJOG Burwood 18th November 2020</b>					

18-Dec-20	Psychiatrist Paisley	<b>NEW</b> Desvenlafaxine 400mg (Pristiq)	50mg increased to 400mg (50mg increase every 5 days)	##### ##			No side effects
08-Jan-21	Psychiatrist Paisley	Desvenlafaxine	150mg			<b>ADD</b> Olanzapine 15mg reduced to 7.5mg after 7 days	Unable to sleep so Olanzapine was given. Reduced to 7.5mg as too groggy next day
13-Jan-20	<b>NOTE:</b>	<b>Sounds a lot better on phone. Does not talk of Suicide. People saying his body language better. Not shaking Is however twisting hair on forehead</b>					
09-Feb-21	Psychiatrist Paisley	Desvenlafaxine	400mg			Olanzapine 7.5mg	BLOOD TEST done all ok. Blood Pressure 140/95 normally 115/75
13-Feb-21	Psychiatrist Paisley	Desvenlafaxine	400mg			<b>ADD</b> CBD Oil (1 drop 3 times daily increase drop each time weekly until 5 drops 3 times) Olanzapine 5mg	Blood pressure a little high
15-Feb-21	<b>NOTE:</b>	<b>Continues with OK Mood. STOPPED twisting hair at front (did however have a cut). He is not fiddgy</b>					

19-Feb-21	Psychiatrist Paisley	Desvenlafaxine	400mg			Olanzapine 5mg plus CBD Oil	Blood pressure a little high
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05-Mar-21	<b>HOSPITAL</b>	<b>Admission 5th March 2021 - Marie Bashir RPA- Treating Psychiatrist Dr</b>					
	<b>NOTE:</b>	<b>Suicidal thoughts - has plan to go to Railway Station. Visited stations 3 times this week</b>					
08-Mar-21	Marie Bashir	Desvenlafaxine - Commence reduction					Nil side effects withdrawing 50mg every 4th day
18-Nov-20		<b>Released from 10th March 2021</b>					
<b>GallBladder emergency surgery - RPA - 13th to 15th March 2021</b>							