"We Do Not Guess, *We Test!*"

"When it comes to patient care, we have a very simple and time-tested philosophy," says Dr. Dan Chartier. "That is, we do not guess, we test."

Dr. Chartier of Life Quality Resources in Raleigh, with his wife and partner Dr. Lucy Chartier, have been in practice together for nearly 20 years. During this time, they have honed expert skills in patient evaluation, and in the use of valuable tools to guide their diagnostic and treatment decisions.

"When people come to us with aches or pains or psychological distress—depression, anxiety, other mood related disturbance—we use various methodologies to objectively identify the biomarkers that are reflected in their symptom patterns," he explains.

"We do this in a number of ways, but central to this process are actual physical measurements, things like the amount of tension being generated by the muscles in the forehead, the jaw, or the trapezius muscles. These measurements, taken with surface EMG sensors and described in microvolts, give us an indication of the stress load the person is carrying. Something as simple as the surface skin temperature at of the tip of the index finger, for example, indicates the degree of autonomic nervous system reactivity. At the most basic level, cool fingers equal stress or anxiety. So, assessing skin temperature at the fingertip is an objective measure of the degree of distress a person is carrying in his or her life—be it historical trauma from childhood, a recent job disturbance, or family conflict.

"The point is," he continues, "we use those numbers—the actual data—to guide the direction of care in order to help resolve stressors and make adjustments to life so that a patient can proceed with his or her life experience in a more functional way."

GENETIC TESTING

Testing at Life Quality Resources took an exciting new direction a few years ago when Dr. Lucy Chartier, a psychiatric nurse practitioner with a PhD in clinical psychology, started using genetic testing to take some of the guess-work out of prescribing psychotropic medications.

"Historically, prescribing psychotropic medications—by necessity—had been completely symptom-driven in terms of the drug choices we made," she notes.

For further information about neurofeedback, biofeedback, and psychotherapeutic services offered by Drs. Dan and Lucy Chartier and their associates, contact:

LIFE QUALITY RESOURCES
5613 Duraleigh Road, Suite 101
Raleigh, NC 27612
Telephone: (919) 782-4597
www.LifeQualityResources.org

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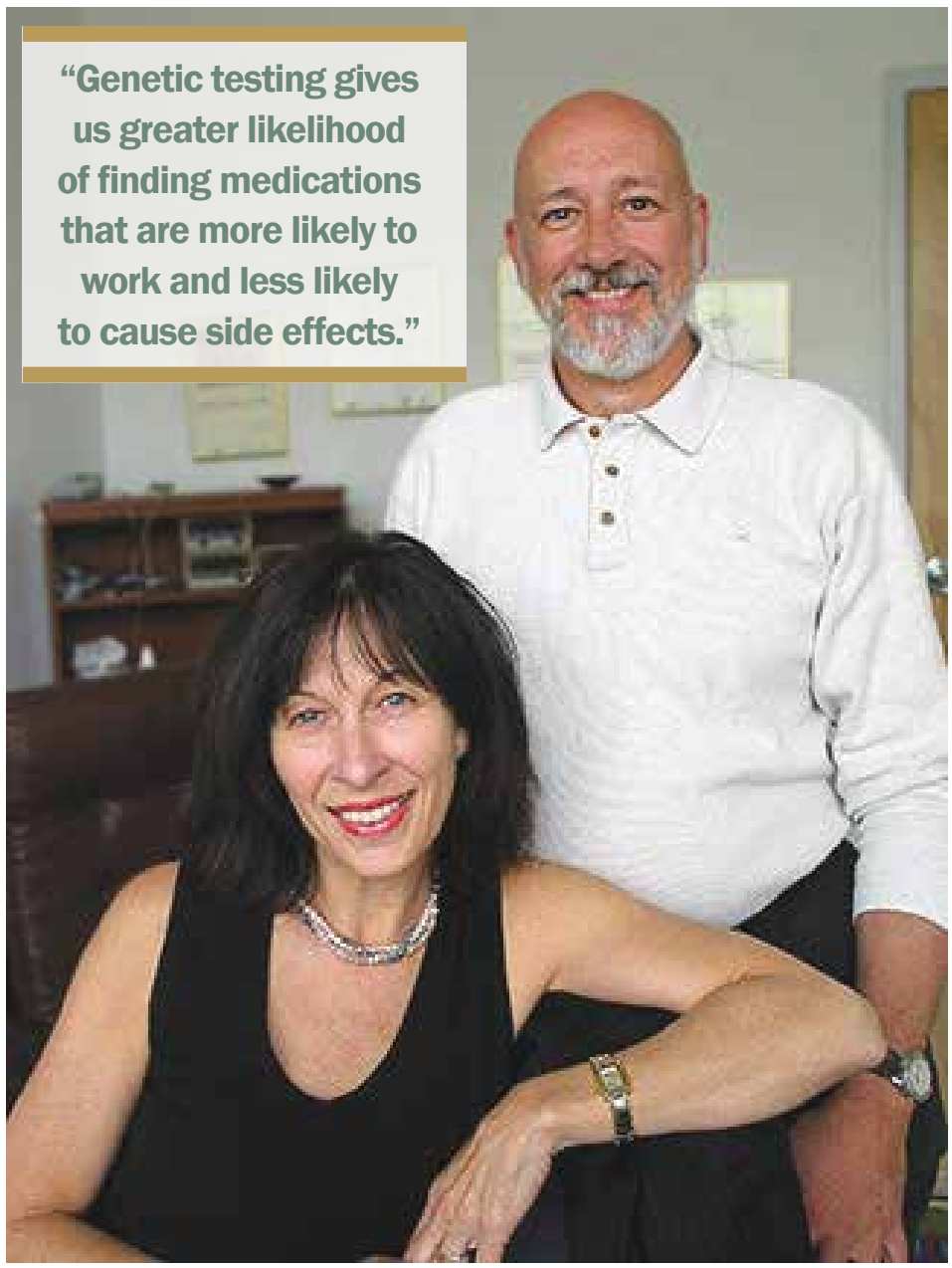

Drs. Lucy and Dan Chartier

"Antidepressants are a good example because there are so many medication classes and medications within each class. So how do you choose?

"The honest answer to that question," she says, "is that the choice has generally been a bit of a guess in the dark. If family members with similar problems have found a particular drug helpful, that may offer some guidance and would put that drug high on our first-choice list. We would also look at things like cost of drugs; if I've had good success with a particular one in other patients with similar symptoms, but the patient's insurance company won't cover it, we have to take that into consideration. These medications can be really expensive."

COMPLIANCE A KEY ISSUE

The biggest issue then, notes Dr. Lucy Chartier, "particularly with medications like antidepressants and mood stabilizers, becomes medication compliance. These drugs take four to six weeks to start really working well. If you try one and it produces no results, then you pick another and perhaps experience unacceptable side effects. Now you are months down the road without relief. It isn't unusual for patients to be tried on two, three, or more medications for depression or anxiety before finding the right one that is truly effective. This process can be difficult, discouraging, and often patients give up on medications all together before ever attaining a therapeutic benefit."

The capabilities of genetic testing however, have changed the face of Dr. Lucy Chartier's prescribing practice, and revolutionized the patient experience of starting psychotropic drugs.

"Pharmacogenomic testing helps us identify greater genetic compatibility, both in terms of how the liver metabolizes drugs, and the coding for brain receptors that help identify which drugs are more likely to be a good match," she says.

And, while few things in life offer a hundred percent guarantee, Dr. Chartier explains that genetic testing narrows the field for trial and error dramatically. "The test gives us greater likelihood of finding medications that, because of their genetic compatibility with a particular patient's own chemical make-up, are more likely to work and less likely to cause side effects."

What's even more appealing, she notes, is the overall simplicity of the test. A simple in-office cheek swab is all it takes to process this wealth of valuable, individual, genetic information.

"Once processed, what I get back is a list of medications," she says. "Three lists actually. Perhaps the most important is the list of drugs to avoid, as these are more likely to cause side effects and/or are least likely to be effective. The other two lists identify the drugs that are more genetically compatible for the patient. By choosing drugs using this data, we have a two and a half times greater likelihood of finding the right medication the first time, according to the research."

Expanding the perspective on the use of genetic testing for medication compatibility, Dr. Dan Chartier adds: "It's also relevant that it may not be a change of medication; it may be a change in dosing that's needed, because what the test might tell the prescriber that the drug is a good choice, but this person is a fast or a slow metabolizer. Or, that there is some other genetic factor contributing to how this person is responding to and utilizing the medication he or she has been taking.

"The overall clinical outcome as a result of this genetic testing," he says, "is—unsurprisingly—higher rates of medication compliance leading to better long-term patient outcomes."

"Additionally," observes Dr. Lucy Chartier, "patients are much more likely, consistent with the research, to get the right medication early on. Most often it will happen with the first drug. This matters in no small part because alleviating symptoms of depression or anxiety sufficiently, with the right medication, can give the patient space to focus on true healing.

"Medication," she emphasizes, "is often best used as a temporary bridge to healing. Once in a more comfortable and stable state of mind, a patient is better able to engage in the process of therapy, to work through traumas or stress, and be more able to regain control over the autonomic nervous system through biofeedback training and psychotherapy. In short, patients are better able to do the work of walking across that bridge leading them to the other side where those medications are no longer needed.

"This, of course, is our ultimate goal; to use all these methods of testing to help move our patients towards whole-body healing, and a more peaceful life experience." H&H

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