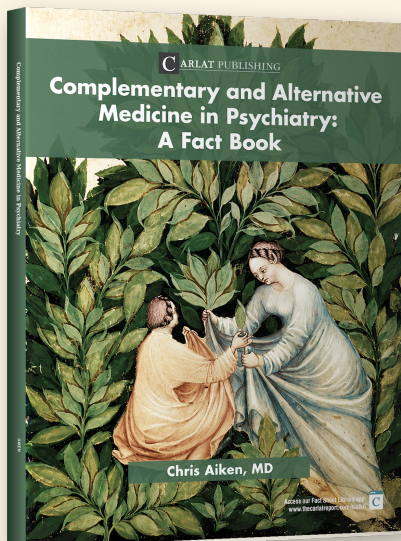


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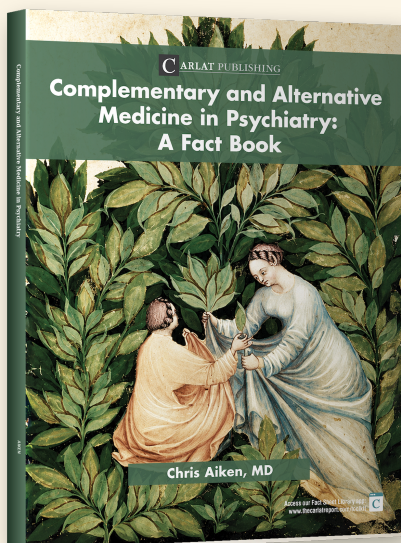
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Chris Aiken, MD

Editor-in-Chief, *The Carlat Psychiatry Report*

Director, Psych Partners

Adjunct Assistant Professor, Department of Psychiatry,
New York University Langone; Wake Forest University



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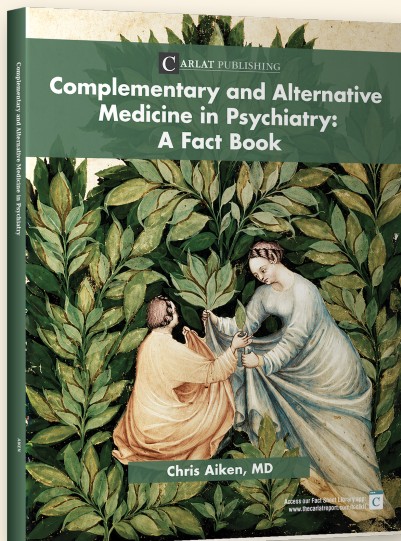
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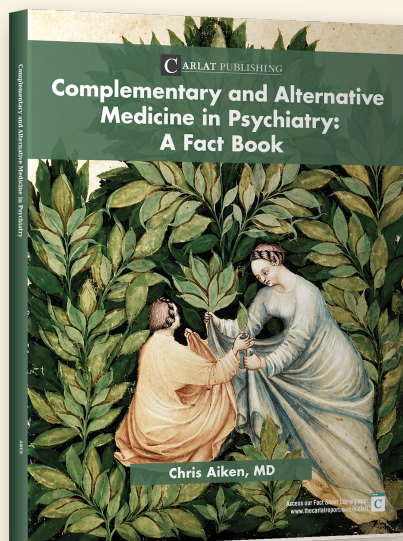
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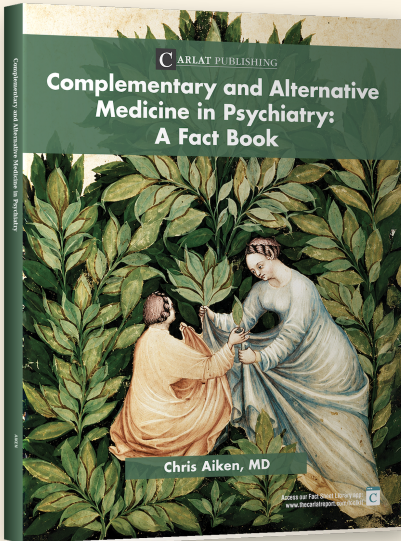
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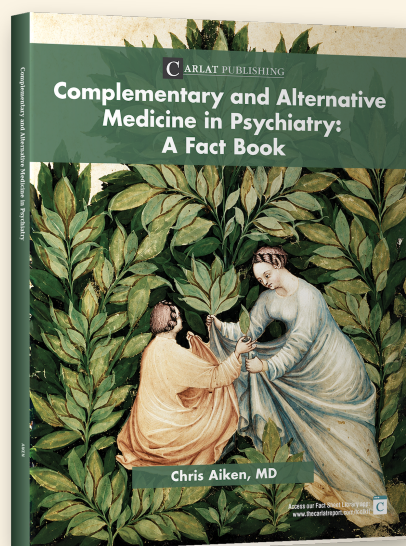
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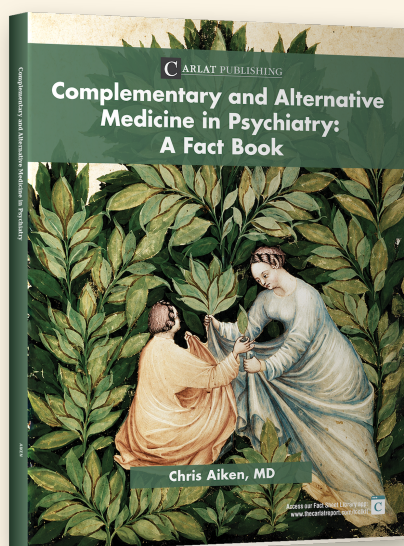


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Introduction



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Inside this book are 67 treatments that fall outside the lines of psychopharmacology. Some have been used for decades, others for thousands of years. Many are recommended in practice guidelines, and all are supported by RCTs. They fall under the umbrella of complementary and alternative medicine (CAM), but that term does more to confuse than clarify. I've divided them into sections that emphasize their differences:

LIFESTYLE

These therapies address environmental and lifestyle factors that contribute to psychiatric disorders. Many of these factors are relatively new to our species: the Western diet, nocturnal light, and sedentary, indoor living.

Mind-body therapies, part of this same section, operate through the senses. Acupuncture and massage affect sensory nerves, a pathway shared by an FDA-approved treatment for depression that modulates cranial sensory nerves (ProlivRx). Aromatherapy, air ionization, and breathwork alter the air we breathe or the way we inhale.

NUTRACEUTICALS

These supplements are already inside the body, where they play critical roles in the CNS. Taking extra might correct a deficiency or activate new pathways that improve mental health. They include vitamins, minerals, amino acids and proteins, fats and phospholipids, enzymes, antioxidants, neurohormones, and probiotics.

Nutraceuticals differ from medications in two ways. As endogenous agents, they are likely safer than medications, and the agents in this book are generally low risk. They operate in the background, enhancing physiological pathways that complement medications, rather than overlap.

PHYTOCHEMICALS

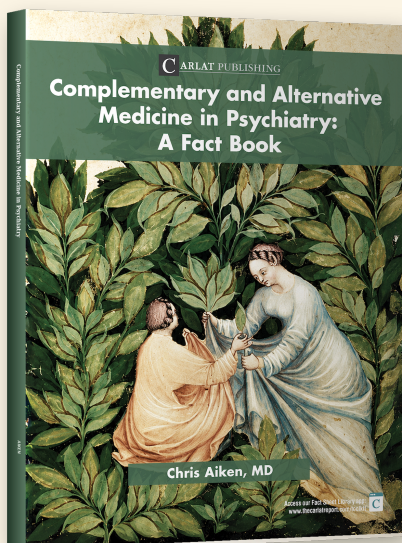
These plant medicines include herbs, roots, and food extracts. Though not endogenous to the body, some are found in the diet, lending a little support to their safety. Those with a history of dietary use are sectioned off together, along with extracts from medicinal teas like lavender, chamomile, and valerian.

Some phytochemicals are single ingredients, such as sulforaphane from broccoli or L-theanine from tea. Others are multi-ingredient extracts of a single plant, like lavender, saffron, and ginkgo. These extracts come in various ratios, making it hard to replicate successful trial results. In most cases, I've identified a research-grade product or a close approximation.

Phytochemicals act more like medications than nutraceuticals, binding to receptors and inhibiting neurotransmitter reuptake. Their risks are also closer to those of medications, including hepatotoxicity (ashwagandha, cannabidiol, curcumin, kudzu, and valerian), mania (ginseng, St. John's wort), and allergic reactions (chamomile).

SCIENCE AND REGULATION

Why is lithium a medication, while magnesium is a supplement? The distinction has more to do with regulation than their scientific properties. In the US, natural products are classified as dietary supplements until proven otherwise. This legislation, created in 1994 through the Dietary Supplement Health and Education Act, allows natural products to enter the market without proof of safety or efficacy. However, they can be removed if safety concerns emerge during



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LIFESTYLE

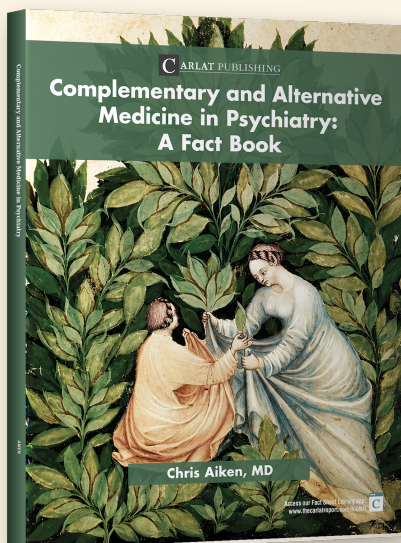
Mind-Body Therapies

INTRODUCTION

Mind-body therapies could fill a whole book, but I've focused here on the ones that don't require much effort or training for patients to get started. Aromatherapy, air ionization, and breathwork can be taught in a brief session, and acupuncture and massage can be accomplished through the hands of a skilled practitioner.

These therapies have a long history of use in Eastern and Western medicine. Psychiatry began to take notice in the 1980s and 1990s, when clinical trials found they brought meaningful benefits in depression, anxiety, stress, and other psychiatric disorders. Many activate sensory nerves, a mechanism shared by FDA-approved neuromodulation devices like ProlivRx and Modius Spero.

The therapies I've left out are no less effective than the ones within, but require more skill and training. They are summarized in the table below.



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Acupuncture

Overview

Acupuncture may seem like an unlikely treatment for psychiatric disorders, but over 500 randomized trials support it in depression, anxiety, insomnia, and other disorders.

The idea is that needle stimulation triggers the release of endogenous opioids (like beta-endorphin and enkephalin); modulates neurotransmitters including serotonin, noradrenaline, dopamine, and GABA; and dampens the overactive stress-hormone axis (the HPA axis). In functional brain imaging studies, acupuncture activates regions involved in mood regulation—the amygdala, anterior cingulate cortex, and hippocampus—in patterns that overlap with those seen with antidepressant medications. It also lowers neuroinflammation and promotes the release of BDNF, a protein critical for neural plasticity.

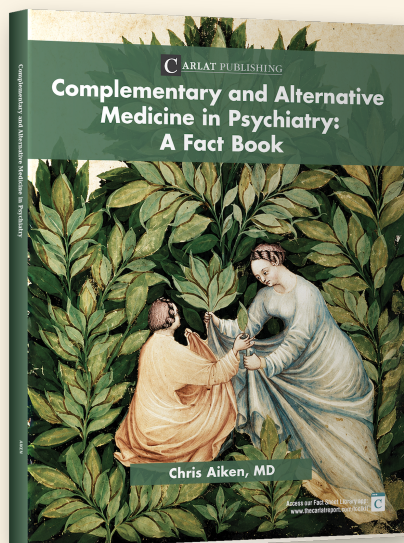
Most trials compared acupuncture to a sham procedure or an active control like medication or psychotherapy. Still, there are reasons to doubt. Some studies relied on a wait-list control, which inflates the benefits. Most were conducted in China, where belief in the treatment is stronger. Acupuncture is a low-risk adjunctive option for patients interested in integrative approaches, not a replacement for first-line treatments.

Psychiatric Benefits

Condition	Rating	Notes
Major depressive disorder	Confirmed	Reduced depression as monotherapy or augmentation in 64 controlled trials with 7,104 participants. Equaled antidepressants in head-to-head trials. Populations included pregnancy, postpartum, perimenopause, adolescents, geriatrics, vascular depression, and treatment-resistant depression. ¹
Insomnia	Confirmed	Improved insomnia and sleep quality, and outperformed hypnotics, in a meta-analysis of 73 RCTs (n=5533) and another 63 RCTs involving insomnia due to menopause, cancer, or other causes. ²
Generalized anxiety disorder	Confirmed	Reduced anxiety in 27 RCTs (n=1,782). ³
Schizophrenia	Confirmed	Improved positive and negative symptoms as adjunct to antipsychotics in 38 RCTs (n=3,143). ⁴
Dementia	Confirmed	Improved cognitive, sleep, and mood symptoms in 110 RCTs of Alzheimer's and vascular dementia. ^{19,20}
Delirium (prevention)	Confirmed	Prevented delirium in 26 RCTs (n=2,309), usually delivered prior to surgery. ²²
Nicotine cessation	Confirmed	Improved short-term but not long-term abstinence in 10 systemic reviews of 74 RCTs. ¹⁶
PTSD	Probable	Outperformed SSRIs and compared well to psychotherapy or sham in 8 RCTs (n=656) involving civilian and military trauma. ¹⁷
Autism	Probable	Improved social, language, and behavioral symptoms in meta-analysis of 38 RCTs (n=2,862). ¹⁸
Traumatic brain injury	Probable	Improved cognitive and motoric recovery in 4 RCTs (n=296). ²¹
Sexual function	Probable	Improved erectile dysfunction (3 RCTs), female sexual dysfunction (4 RCTs), and vulvodynia (3 RCTs). Also has observational data for antidepressant-induced sexual dysfunction. ⁵⁻¹⁵

Possible

- Benzodiazepine withdrawal^{24,25}



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Vitamin E (Tocopherol)

Overview

Vitamin E is the brain's primary fat-soluble antioxidant. Oxidative damage is linked to tardive dyskinesia, and vitamin E improved this antipsychotic side effect in 14 small trials. Unfortunately, the only large trial was negative, leaving its role unclear. Meta-analyses suggest that vitamin E prevents further deterioration in patients who already have tardive dyskinesia but does not improve active movements. Whether it prevents tardive dyskinesia in patients who do not have the movements is unknown.

Vitamin E deficiency is rare and presents with severe neurological consequences, including cerebellar ataxia and sensory neuropathy.

Psychiatric Benefits

Condition	Rating	Trials	Notes
Tardive dyskinesia	Probable	1 lg, 14 sm, 73% positive	Prevents worsening, but does not treat active tardive dyskinesia. The large trial was negative. ³⁻¹⁶

Possible

- Sleep quality in postmenopausal women²
- Premenstrual syndrome (physical and psychological symptoms)¹

Ineffective

- Dementia
- Mild cognitive impairment

To access references cited in this material, visit: www.thecarlatreport.com/CAMS1eVitaminEDosageGuidance

Dosage Guidance

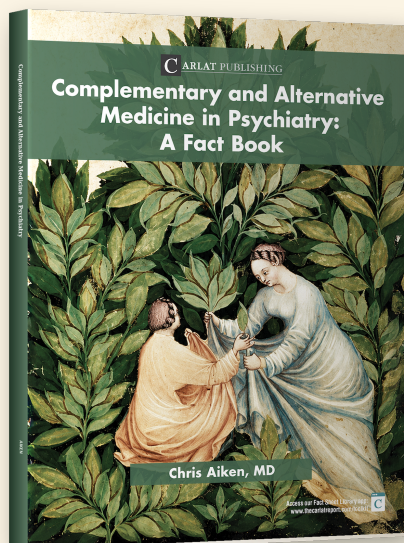
- Tardive dyskinesia: 600–800 IU BID (start 300–400 IU BID, raise after 1–2 weeks).
- Insomnia: 400 IU QD (morning or night).
- Premenstrual syndrome: 200 IU daily for entire month. Alternatively, use the gamma-tocopherol form as 180 mg BID for 1–2 weeks during the luteal phase (the 2 weeks after ovulation).

Recommended Products

- The natural form (D-alpha-tocopherol) is preferable as it is more bioactive than the synthetic (DL-alpha-tocopherol).
- Lowest price: GNC 100% Natural.
- Other options: Healthy Origins Natural Sunflower, Metagenics E Complex 1:1, NOW Dry E, Puritan's Pride Natural E, Solgar Liquid, Source Naturals, and Unique E.
- Also known as: Alpha-tocopherol. Tocotrienol is a form of vitamin E with antioxidant properties.
- **Monthly Cost:** \$12 for 1,000 IU daily.

Dietary Sources

- Nuts, seeds, chickpeas, whole grains, dates, papaya, spinach, avocados, vegetable oils (such as wheat germ).



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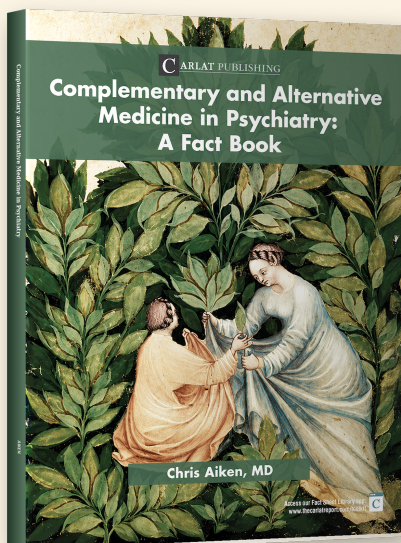
NUTRACEUTICALS: NATURAL TO THE BODY

Fats and Phospholipids

INTRODUCTION

The brain is roughly 60% fat by dry weight. Fats shape how neurons signal, grow, and protect themselves. Among them, omega-3 fatty acids have the strongest track record in psychiatric disorders. They may have synergistic benefits when combined with phosphatidylserine, a phospholipid concentrated in neuronal membranes.

Palmitoylethanolamide is the least endogenous of the phospholipids in this section. It is natural in the body, but is only produced in response to injury and pain, where it acts as an analgesic and anti-inflammatory.



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Omega-3s

Overview

Omega-3s are healthy fats that coat neuronal membranes and lower neuroinflammation. We can only get them from the diet, and if we don't get enough, the brain substitutes saturated fats, resulting in neurons that are less flexible. People are also less flexible: Omega-3s reduce depression and irritability across broad populations.

A string of negative trials cast doubt about their mood benefits, but several meta-analyses have clarified the picture. Omega-3s work in clinically diagnosed major depression, but they do little for mild depressive symptoms. There are two types of omega-3s: EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid). In mood disorders, a higher ratio of EPA achieves better results, while cognitive decline requires more DHA.

Their biological roles may explain this divergence. DHA plays a more structural role, coating neuronal membranes, particularly in gray matter and synapses. Higher circulating DHA levels are consistently associated with larger hippocampal volumes, better abstract reasoning, and reduced dementia risk in population studies.

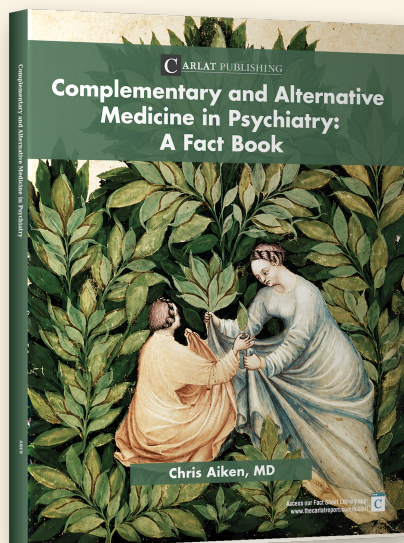
EPA, by contrast, is present in the brain at lower concentrations, where it promotes anti-inflammatory signals. One of those signals (18-HEPE) rises in concert with the clinical response to EPA in depression (Lamon-Fava S et al, *Neuropsychopharmacology* 2023;48(6):929–935).

These differences aside, both omega-3s modulate serotonergic and dopaminergic transmission, support hippocampal neurogenesis, and promote synaptic plasticity.

Omega-3s are safe and well tolerated at doses up to 5 g/day, and they come with health benefits that are relevant in psychiatry. They reduce metabolic side effects of antipsychotics, psoriasis on lithium, and common medical comorbidities like migraines, arthritis, fatty liver, inflammatory bowel disease, acne, and menopausal symptoms.

Psychiatric Benefits

Condition	Rating	Trials	Notes
Major depressive disorder	Confirmed	8 lg, 38 sm, 59% positive	All age groups, including patients with diabetes, heart disease, as augmentation or monotherapy. Effect size 0.4–0.6. ²⁷⁻⁷²
Mild cognitive impairment	Confirmed	2 lg, 6 sm, 88% positive	Improvement in short-term and working memory, verbal learning, fluency, and executive function over trials lasting 6–12 months. Also increase in gray matter volume in frontal, temporal, hippocampal, and limbic areas. Better cognitive effects with high DHA formulations; better mood effects with EPA. ⁷³⁻⁸⁰
Aggression and irritability	Probable	12 lg, 14 sm, 81% positive	Reduced aggression and antisocial behavior in all age groups. Meta-analyses are positive and included trials of ADHD, autism, substance use disorders, borderline personality, mood disorders, psychosis, prisoners, and healthy people under stress. Evidence downgraded as most were secondary outcomes. ¹⁻²⁶
Anxiety	Probable	5 lg, 17 sm, 59% positive	Reduced anxiety in all age groups. Meta-analyses are positive and included trials of ADHD, depression, generalized anxiety disorder, medical illnesses, and healthy people under stress. Evidence downgraded as most were secondary outcomes. ⁸¹⁻¹⁰³
Bipolar disorder	Probable	1 lg, 12 sm, 54% positive	Benefits are more consistent for the depressed and maintenance phase, with largely negative findings for mania. ¹¹⁸⁻¹²⁹



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Lion's Mane

Overview

Lion's mane is a shaggy culinary mushroom that grows on dead trees. It has ancient roots in Chinese medicine, where it is thought to enhance mood and cognition.

Its key bioactive compounds, hericenones (found in the fruiting body) and erinacines (found in the mycelium), stimulate the production of nerve growth factor and BDNF—proteins essential for neuronal survival, growth, and repair. Lion's mane promotes hippocampal neurogenesis, reduces neuroinflammation, activates antioxidant pathways like Nrf2, and produces anxiolytic and antidepressant-like effects in animal models.

The clinical trials are in the preliminary stage. In older adults with mild cognitive impairment, 16 weeks of lion's mane significantly improved cognitive scores compared to placebo, and the benefits disappeared within 4 weeks of stopping. A systematic review of human studies found some enhancement of mood and cognitive function in middle-aged and older adults, but the evidence was inconsistent.

Psychiatric Benefits

Possible

- Cognition in mild cognitive impairment, early-stage dementia, and healthy adults¹⁻⁶

To access references cited in this material, visit: www.thecarlatreport.com/CAMS1eLionsManeDosageGuidance

Dosage Guidance

- Start at full dose.
- Cognition: 1,000–3,000 mg daily, divided BID–TID.

Recommended Products

- Look for products that contain the fruiting body of the mushroom. Studies use various extracts, and it is not clear which is best.
- Lowest price: Real Mushrooms Lion's Mane.
- Other options: Gaia Herbs, Host Defense, Mind Lab Pro, Om Mushrooms Superfood, and Oriveda.
- Also known as: *Hericium erinaceus*, yamabushitake, mountain monk mushroom. Active ingredients include hericenones, erinacines, and beta-glucan polysaccharides.
- **Monthly Cost:** \$14 for 1,000 mg QD.

Dietary Sources

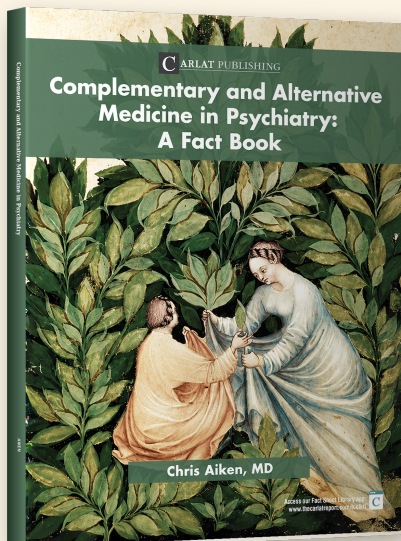
- The mushroom is found in gourmet markets and used in teas, smoothies, and herbal drinks.

Medical Benefits

- Possible benefits in cardiovascular and liver health.

Side Effects

- Most common: Well tolerated with rare GI symptoms.
- Serious but rare: Allergic reactions.



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Resveratrol

Overview

Red wine is rich in resveratrol, from the skin of grapes. This polyphenol provides some of red wine's health benefits without its health risks, improving vascular health and age-related cognitive impairment.

Resveratrol's mechanisms are broad. It reduces inflammation (via NF-kappa-B inhibition), combats oxidative stress (via the Nrf2/HO-1 pathway), and promotes neuronal survival and hippocampal neurogenesis. In animal models, it has antidepressant, anxiolytic, and cognitive-enhancing effects, but it's not clear how well those translate to humans.

Most of its clinical trials enrolled healthy or older adults, where resveratrol improved memory, mood, and energy, although some meta-analyses cast doubt on these effects. Resveratrol is safe and well tolerated but has poor bioavailability. Although about 70% of oral resveratrol is absorbed, extensive liver metabolism reduces its bioavailability to roughly 0.5%.

Psychiatric Benefits

Condition	Rating	Trials	Notes
Cognition in older adults	Probable	1 lg, 5 sm, 100% positive	Small benefits on cognitive function, also positive for biomarker changes ¹⁻⁶

Possible

- ADHD (augmentation of stimulants in children)⁷
- Schizophrenia (positive and negative symptoms)⁸

Ineffective

- Autism (irritability)

To access references cited in this material, visit: www.thecarlatreport.com/CAMS1eResveratrolDosageGuidance

Dosage Guidance

- 100–250 mg BID (sometimes dosed QD).

Recommended Products

- Available as cis- and trans-resveratrol (trans- is the most researched). Some brands include quercetin, a flavonoid that improves absorption.
- Lowest price: MRM Nutrition, Puritan's Pride, and ResVital. Other options: Bulk Supplements, Life Extension, Longevinex, M98, Progressive Professional, Pure Encapsulations, Solgar, Spring Valley, Toniiq, and Vitamin World.
- Also known as: 3,5,4'-trihydroxystilbene.
- **Monthly Cost:** \$15 for 250 mg daily.

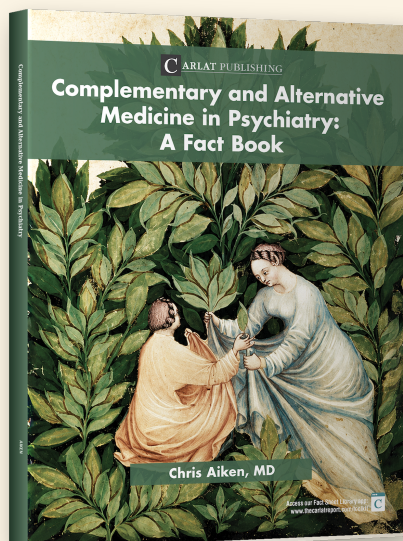
Dietary Sources

- The skin of red grapes, red wine, berries, peanuts, and dark chocolate.

Medical Benefits

- Cardiac health, hypertension, dyslipidemia, and glycemic control.

Side Effects



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Galphimia glauca (Galphimine)

Overview

Galphimia glauca is a Mexican shrub long used in traditional medicine for anxiety, asthma, and allergies.

Its key active compound, galphimine-B, is a nor-seco-triterpene with a mechanism of action quite different from benzodiazepines. Galphimine-B selectively modulates dopaminergic neurons in the ventral tegmental area by blocking the effect of glutamate on NMDA receptors. It also interacts with the serotonergic system in the dorsal hippocampus. Preclinical studies suggest potential antipsychotic-like properties, with galphimine improving positive and cognitive symptoms.

Its most robust support is in generalized anxiety disorder. There, galphimia is as effective as benzodiazepines but better tolerated, causing less sedation and no tolerance or withdrawal. While supported by several large trials that compared it to benzodiazepines (alprazolam 1 mg QAM or lorazepam 0.5–1 mg BID) or an SSRI (sertraline 50 mg QD), there are no placebo-controlled trials. I have therefore downgraded it from “confirmed” to “probable.”

Psychiatric Benefits

Condition	Rating	Trials	Notes
Generalized anxiety disorder	Probable	3 lg, 100% positive	Onset within a week. Benefits similar to or greater than benzodiazepine with better tolerability. No tolerance, dependence, or withdrawal. ¹⁻³

Possible:

- Social anxiety disorder⁴

Practice guidelines

- Generalized anxiety disorder as monotherapy (WFSBP, CANMAT)

To access references cited in this material, visit: www.thecarlatreport.com/CAMS1eGalphimiaGlaucaDosageGuidance

Dosage Guidance

- Start at full dose.
- Generalized and social anxiety disorder: 0.175–0.70 mg of galphimine-B BID or 0.375 mg QAM.

Recommended Products

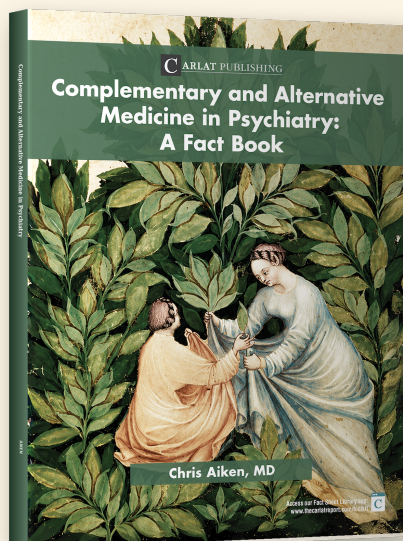
- The trials used in-house preparations, and we don't have lab-tested products.
- Brands include Boiron, Homeomart, and Schwabe India; anecdotal successes with Boiron and Schwabe.
- Also known as: Rain of gold, golden showers, and thryallis.
- **Monthly Cost:** Unknown.

Dietary Sources: None.

Medical Benefits: Asthma, allergies, diarrhea, gastroenteritis, and malaria.

Side Effects

- Most common: Sedation (5%) and motoric slowing.



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Micronutrients

Overview

Micronutrients are supplements that combine minerals, vitamins, and amino acids. The “micro” distinguishes them from larger macronutrients like fats, carbohydrates, and proteins. The Western diet is rich in macronutrients from animal fats and simple carbohydrates, but food processing and industrial farming have stripped away the micronutrients.

Mental health improves when these micronutrients are replenished, whether by shifting to a Mediterranean diet or taking a capsule. The dietary route is preferable, but the capsule is portable and easier.

The capsules contain nearly all known vitamins and essential minerals at doses between the RDA and upper tolerable intake. They are thought to work by supporting mitochondrial function, enabling enzymatic reactions in neurotransmitter synthesis, reducing neuroinflammation, and assisting with cellular detoxification.

In ADHD, the most-studied psychiatric application, trials of broad-spectrum micronutrients have shown clinician-rated global improvement in roughly 47–54% of children versus 18–28% on placebo, with particular benefits for emotional dysregulation, aggression, and inattention—though not hyperactivity. Most trials, however, were conducted at a single center.

Souvenaid, which is marketed for Alzheimer’s disease, takes a different approach, combining omega-3 fatty acids, uridine, choline, and cofactor vitamins specifically designed to support synaptic membrane formation in dementia. In one trial, it slowed hippocampal atrophy, but its clinical support is less robust than micronutrients in ADHD.

Long-term safety data are reassuring but preliminary, with one observational study finding 94.6% of blood tests within normal ranges after an average of 2.7 years of use, though elevated B12 levels were nearly universal.

Psychiatric Benefits

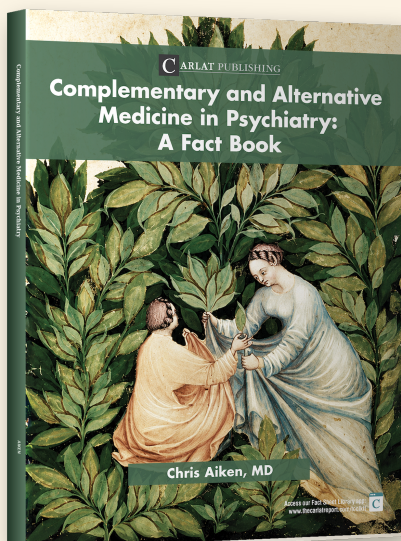
Condition	Rating	Trials	Notes
ADHD	Probable	1 lg, 2 sm, 100% positive	Tested as monotherapy for core symptoms in children and adults, with benefits in irritability and emotion regulation, but not hyperactivity. However, outcomes were not universally positive within trials. ¹⁻³
Dementia	Probable	2 lg, 1 sm, 67% positive	Improved cognitive, social, and behavioral symptoms in mild to moderate Alzheimer’s and frontotemporal dementia. Changes associated with increased EEG functional connectivity and decreased brain atrophy. ⁵⁻⁸

Possible

- Autism (children and adults, overall symptoms including language, tantrums, and hyperactivity)⁴
- Psychological functioning after a trauma (start within three months of trauma exposure)^{9,10}
- Premenstrual syndrome (physical and psychological symptoms)¹⁵
- Prevention of depression in pregnant women¹²⁻¹⁴
- Stress management in healthy adults¹¹

Observational

Single-blind, 16



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Recommended Products

- Daily Essential Nutrients (hardynutritionals.com, \$86/month).
- EMPowerplus Advanced (truehope.com, \$144/month; EMPowerplus Ultimate is double the price).
- ANRC Essentials Plus (autismnrc.org, \$84/month).
- Souvenaid (available outside US at nutricia.com, \$130/month).
- **Monthly Cost:** \$84–144.

Dietary Sources

- Varies by ingredient.

Medical Benefits

- See fact sheets for individual ingredients. Micronutrient combinations may also be beneficial for patients who are HIV+ or have risks for vitamin deficiencies, such as from malabsorption or strict vegetarianism.

Side Effects

- Most common: Nausea, headache, and insomnia.
- Serious but rare: None known.
- Pregnancy/breastfeeding: Unknown.

Mechanism, Pharmacokinetics, and Drug Interactions

- See chapters for individual ingredients.
- Interactions: No CYP effects; no known interactions.

Clinical Context

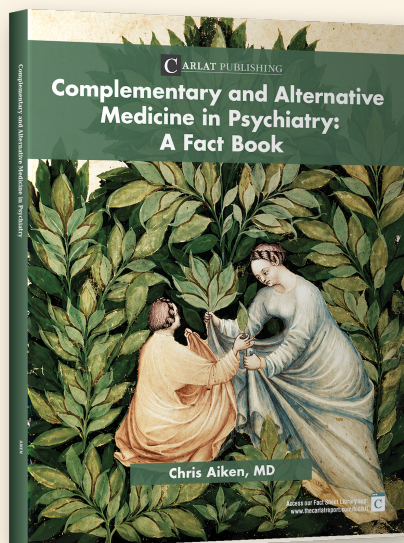
- When to consider it: ADHD in children and adults, particularly when stimulants are not tolerable. Patients with bipolar and autism who have comorbid ADHD are good candidates.
- Who might benefit most: In the ADHD trials, patients with more severe symptoms, lower IQ, and higher BMI benefited the most. Baseline vitamin deficiency did not predict response.
- How to implement it: If the price is prohibitive, patients may get similar benefits by adopting a Mediterranean diet.

Fun Fact

Farmers have long used micronutrients to reduce aggression in livestock, inspiring the first human trials in the 1990s.

Table 13.4: Micronutrients

Brand	Vitamins	Minerals	Other
Daily Essential Nutrients	A, B1, B2, B3, B5, B6, B7, B9, B12, C, D, E, K	Boron, calcium, chromium, copper, iodine, iron, magnesium, manganese, molybdenum, nickel, phosphorous, potassium, selenium, trace lithium, vanadium, zinc	Acetyl-L-carnitine, alpha-lipoic acid, choline, ginkgo, grapeseed extract, inositol, methionine, N-acetylcysteine
EMPowerplus Advanced	Same as above (without vitamin K)	Same as above (without lithium)	Acetyl-L-carnitine, alpha-lipoic acid, choline, citrus bioflavonoids, germanium sesquioxide, ginkgo, grapeseed extract, inositol, L-glutamine, methionine, N-acetylcysteine, phenylalanine



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Complementary and alternative medicine approaches can add new insights and results in difficult-to-treat patients. Dr. Aiken is the right physician to endorse and prioritize these multiple approaches.

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INSIDE THIS BOOK, YOU'LL FIND:

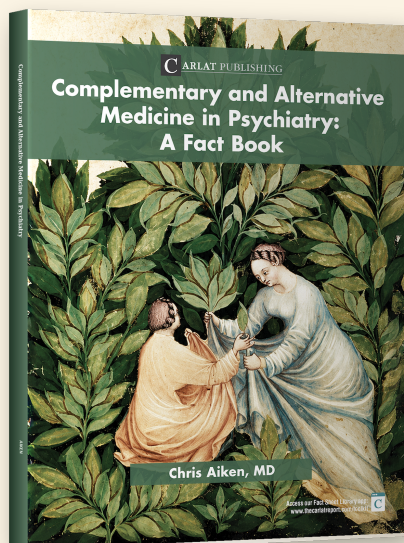
- ✓ 67 fact sheets covering lifestyle, nutraceutical, phytochemical, and combination-supplement treatments
- ✓ Evidence ratings and dosing guidance drawn from RCTs and current practice guidelines
- ✓ Lifestyle and mind-body therapies: Diet, exercise, circadian treatments, acupuncture, aromatherapy, and breathwork
- ✓ Nutraceuticals: Vitamins, minerals, amino acids, fats, and other compounds natural to the body
- ✓ Phytochemicals and adaptogens: Herbs and plant extracts, with safety and drug interaction guidance
- ✓ A clear-eyed appraisal of lower-evidence and discouraged supplements, so you can steer patients away from ineffective or unsafe options
- ✓ Appendices mapping CAM treatments to practice guidelines, detailing cosmetic benefits, and providing visual evidence summaries by diagnosis

AUTHOR



Chris Aiken, MD, is the editor-in-chief of *The Carlat Psychiatry Report*, the mood disorders section editor of *Psychiatric Times*, and an adjunct assistant professor of psychiatry at New York University and Wake Forest schools of medicine. He has authored numerous books and peer-reviewed articles in psychiatry, including *Prescribing Psychotropics* (2022) and *Difficult to Treat Depression: A Carlat Guide* (2026).

He began his career as a research assistant at the National Institute of Mental Health and completed his training at Yale, Cornell, and Duke medical centers. He has directed neuromodulation and esketamine centers in North Carolina, and his current



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