

April 5, 2017

To: The Honorable Mitch Greenlick, Chair
The Honorable Rob Nosse, Vice-Chair
The Honorable Cedric Hayden, Vice-Chair
Members of the House Health Care Committee

Testimony in Opposition to HB 3355

My name is Meghan Caughey and I am Senior Director of Peer and Wellness Services at Cascadia Behavioral Healthcare. Today I am testifying as a private citizen.

When I was 19 I was diagnosed with schizophrenia. Over the last forty years I have been treated pharmacologically for psychosis, major depression, anxiety, mood swings, and insomnia.

I have taken many of the medications that are currently used to treat those conditions, including antidepressants, anti-anxiety drugs, insomnia drugs, and mood stabilizers (which are also classified as anti-convulsants and used in the treatment of seizure disorders besides as mood stabilizers).

I have also acted in the capacity of consultant to several major pharmaceutical companies.

What I want to share with you is how profound the effects of psychiatric medications are. I have personally experienced a long list of side-effects, including akathisia, a condition in which a person feels like they are going to jump out of their skin, pseudo - parkinsonism, in which a person shakes and has trouble walking or moving, drooling, blurry vision, massive weight gain (over 100 pounds with several medications), metabolic issues, including pre-diabetes, somnolence, where I slept over 18 hours a day, and tardiness dyskinesia, in which one cannot control involuntary movements. Of particular note is prolactinemia and galactorrhea, where the drug causes a person's prolactin levels to rise. Prolactin is a hormone that women produce which allows their breasts to produce milk to feed their child. With prolactinemia, a non-pregnant person, including males, may experience hypertrophy, or abnormal growth of the breasts and production of milk. I can tell you that this is extraordinarily disturbing.

Many of these side effects are as bad or worse than the conditions that they are prescribed to treat.

Also, or addiction or tolerance develops to many of these drugs and when a person goes to discontinue their use the withdrawal symptoms can be simply terrible and debilitating.

I was told by a doctor once that he would not prescribe one of the my medications to treat the symptom of being suicidal because it was more likely that the patient would die from the diabetes that it would most likely cause than from the act of suicide.

I personally know personal friends who have taken psychiatric medications for many years who have kidney and liver failure because these are systems where many medications are metabolized. A friend who is also a major advocate just was put on the kidney transplant wait list and he is going to be on disability because he is not able to work because of his iatrogenic, or medically induced illness.

These are profound drugs that effect much more than the symptoms for which they are prescribed. I would not be comfortable personally having a prescriber who has not had extensive training and experience in all aspects of medicine and I wouldn't want this for my peers.

The state is right to be concerned about people with mental illness getting care--our current systems are inadequate. As a patient, I would ask that money and energy be directed to developing non-pharmacological alternatives. Psychologists are a natural to lead the way on doing this.

I ask that you please protect me and my peers from unsafe prescribing practices as described in HB 3355. We deserve it.

Thank you.

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