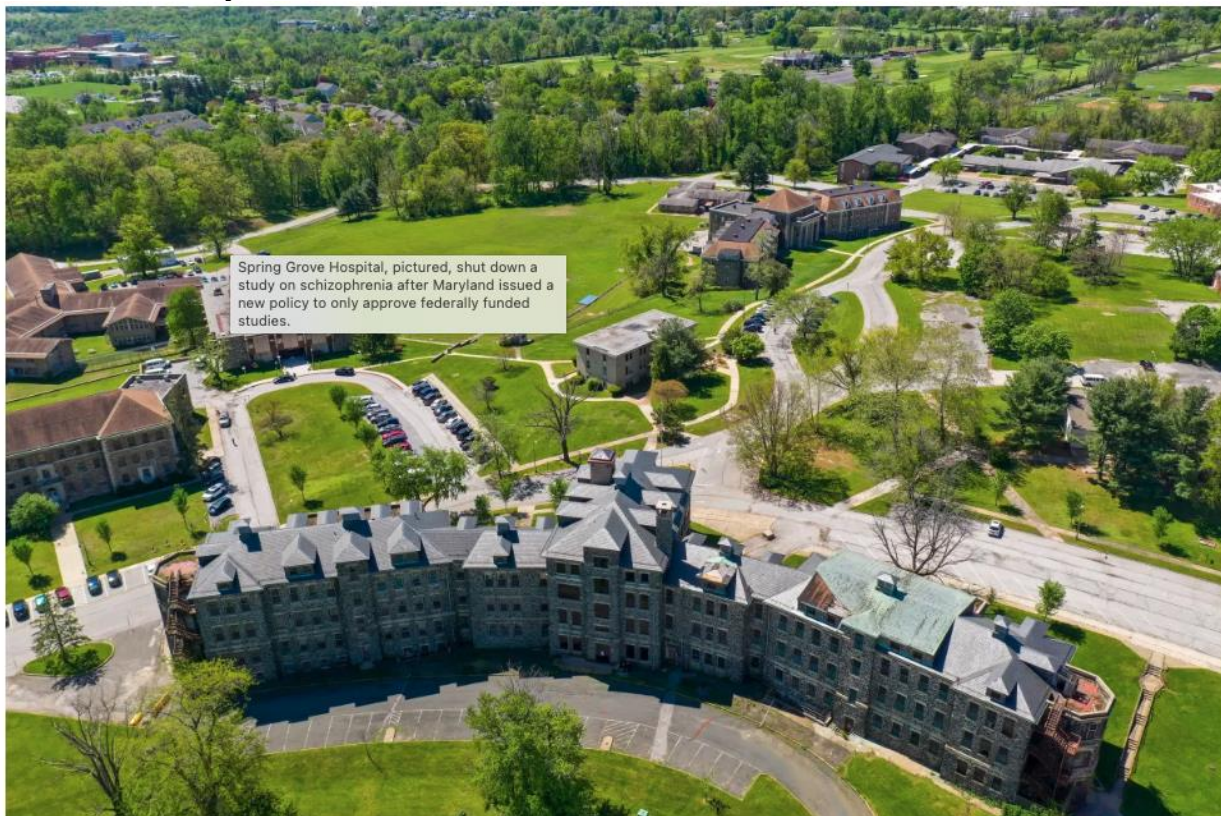


THE BALTIMORE SUN

Why is Maryland scrapping valuable schizophrenia research? | GUEST COMMENTARY

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PUBLISHED: July 9, 2024 at 6:03 AM EST



Spring Grove Hospital, pictured, shut down a study on schizophrenia after Maryland issued a new policy to only approve federally funded studies.

Last month, Maryland Health Secretary Dr. Laura Herrera Scott shut down a first-of-its-kind inpatient study that's shown promise for treating schizophrenia. On behalf of the patients who volunteered to join this study — and the millions of Americans desperate for any help they can get treating severe mental illness — Herrera Scott should reverse her decision immediately and allow the trial to continue.

At best, the health secretary's decision is difficult to understand. By her office's own admission, a 16-week review of Dr. Deanna Kelly's landmark study, which examined the benefits of a high-fat, low-carb, medical ketogenic diet in treating schizophrenia, found no health and safety concerns. Indeed, Kelly is a nationally recognized researcher with two decades of experience running inpatient clinical trials in schizophrenia. Her study was approved by the University of Maryland Institutional Review Board and overseen by both the Spring Grove Hospital Research Committee and an independent Data Safety and Monitoring Board. What's more, Kelly's patients freely chose to join the study after their psychiatrists independently recommended ketogenic therapy as a promising treatment — and four patients had successfully participated in the study before it was halted.

Considering the scarcity of federal funding for mental health research, privately funded studies like Kelly's are a lifeline—not a line item. Among the dozen ketogenic diet trials for serious mental illness undertaken to date, Kelly's work was uniquely valuable as the only study of ketogenic therapy for schizophrenia being offered to inpatients, who are often the most severely ill. As a rule, these patients cannot afford a dietitian, let alone a private metabolic psychiatrist. If Herrera Scott stands by her decision to prevent them from participating in this trial, it is unlikely they will ever have access to this potentially life-changing therapy again.

If the stakes sound personal, they certainly are for families like ours. After our son Matt was diagnosed with bipolar disorder in 2016, we tried everything. In five years, Matt was treated by 41 clinicians, prescribed 29 psychiatric medications, hospitalized five times and spent two terrifying weeks wandering the streets in a manic psychosis. At the end of a heartbreaking odyssey through modern psychiatry, doctors labeled Matt “treatment-resistant” and advised our family to work on acceptance.

Instead, we reached out to a Harvard-trained psychiatrist who was pioneering the use of a medical ketogenic diet in treatment-resistant cases of mood and psychotic disorders. Matt agreed to give it a shot. After six weeks, Matt's mood was noticeably stabilizing. Within four months, Matt's bipolar cycling had resolved, never to return. Today, more than three years later, our son has reclaimed his life and remains largely symptom-free.

If that sounds like a miracle or a medical mystery, then psychiatric researchers clearly have more to learn. In fact, a century of evidence supports the efficacy of ketogenic interventions in brain-based disorders—specifically, refractory seizure disorders. Emerging data in psychiatry, including a recent [Stanford trial](#) that made headlines worldwide, point to ketogenic metabolic therapy as a safe, effective intervention for severe mental illness.

Just as our family could not give up on Matt, public health leaders like Herrera Scott have a duty to keep alive every viable hope for people with schizophrenia, bipolar disorder and other serious mental illnesses. These are people whose suffering is

severe, if not fatal, and whose treatment options are limited, high-risk and egregiously under-researched. If something as straightforward as a medical ketogenic diet could help more people like Matt get better, then the government at a bare minimum should not interfere with clinical research that costs the state nothing and is already underway.

For five years, our son battled his symptoms daily. If someone had told us then that there is hope for treatment-resistant mental illness — and that it wouldn't destroy his physical health the way many psychiatric medications do — then we would have done anything to give that hope to our son. The secretary of health should not make it even harder for people with severe mental illness to find hope for themselves.

We are in constant communication with families who are desperate to help their loved ones try medical ketogenic therapy. Families like ours don't just depend on pioneering researchers like Kelly to ask better questions about the complex interactions between metabolism and mental health. We're also depending on public health leaders to allow scientific research and innovation to move forward so that we can follow the data — wherever it leads.

Herrera Scott should permit this potentially lifesaving research to continue without further delay.

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