

MANAGING **METABOLIC DEFICIENCIES** ASSOCIATED WITH
**DEPRESSION & MOOD DISORDERS,
COGNITIVE DISORDERS, & MIGRAINE**

A PATIENT'S GUIDE TO A NOVEL APPROACH





Your doctor has the option to prescribe an EBM Medical Food for your condition. This brochure explains the advantages of medical foods relating to chronic conditions including mood and cognitive disorders, and migraine.

Contents	Page
What is a Medical Food?.....	1
Depression & Other Mood Disorders.....	2
Mild Cognitive Impairment (MCI)	6
Migraine Headache.....	9
The Role of MTHFR	12
Your Order	Back Cover



What is a medical food?

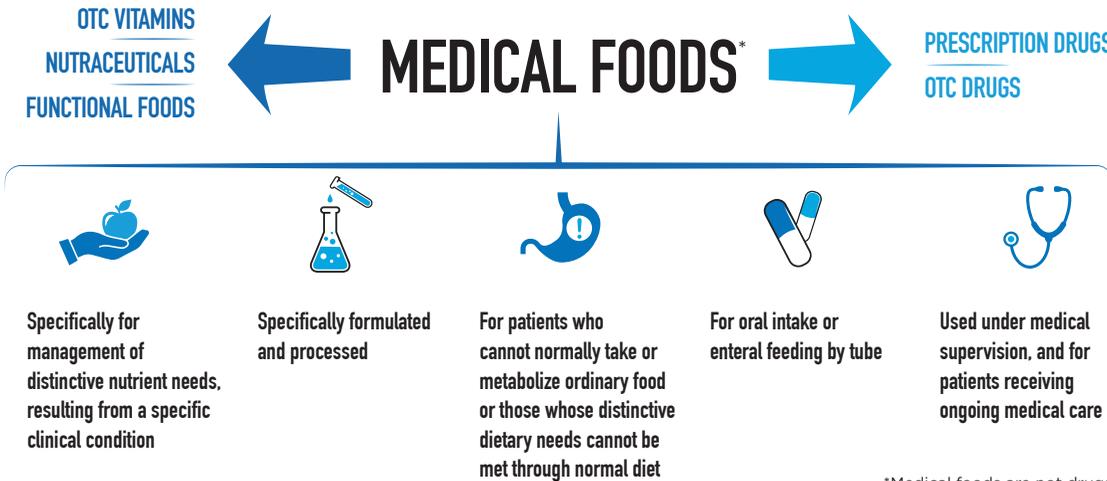
Medical foods help create a healthy environment to repair injured blood vessels and nerves, improve nerve and vascular function, and to help prevent more damage from occurring.

Medical foods may be beneficial for a variety of conditions, including:³¹

- Mood disorders
- MTHFR Genetic Variant
- Fractures
- Cognitive disorders
- Peripheral neuropathy
- Rheumatoid arthritis
- Migraines
- Diabetes complications
- Fibromyalgia
- Peripheral vascular disease
- Chronic pain
- Multiple sclerosis
- Chronic fatigue
- Heart disease

Medical foods are considered a unique category regulated by the FDA. Medical foods can help manage chronic conditions by addressing the metabolic deficiencies associated with diseases. They are intended for use under medical supervision.³²

EBM uses only pharmaceutical-grade ingredients.



³²Medical foods are not drugs.

What are mood disorders?¹⁻³

Mood disorders can disrupt a person's thinking, feeling, daily functioning, and their ability to relate to others.¹ They are often medical conditions that make it difficult to cope with the ordinary demands of life. The good news is that these conditions are treatable.

Mood disorders can affect people of any age, race, religion, or income. They are not the result of personal weakness, lack of character, or poor upbringing.

If you suffer from mood disorders, remember that you are not alone. Mood disorders are treatable. If you are diagnosed with a mood disorder, your healthcare provider might prescribe treatment plans to help you experience relief.

25%

Approximately 1 out of every 4 adults are afflicted by a mental health illness in any given year.¹

30 year olds

The median age of onset mood disorders is 30.¹

6.7%

Approximately 6.7 percent of American adults – about 14.8 million people – live with major depression.¹

What is depression?⁴⁻⁷

Depression is a mood disorder that can affect anyone – even a person who appears to live in relatively ideal circumstances. Major depression is disabling and can prevent a person from functioning normally. Some people might experience only a single episode within their lifetime, but more often a person experiences multiple episodes. Depression can disrupt work, sleep, study, eating, and enjoying once-pleasurable activities.

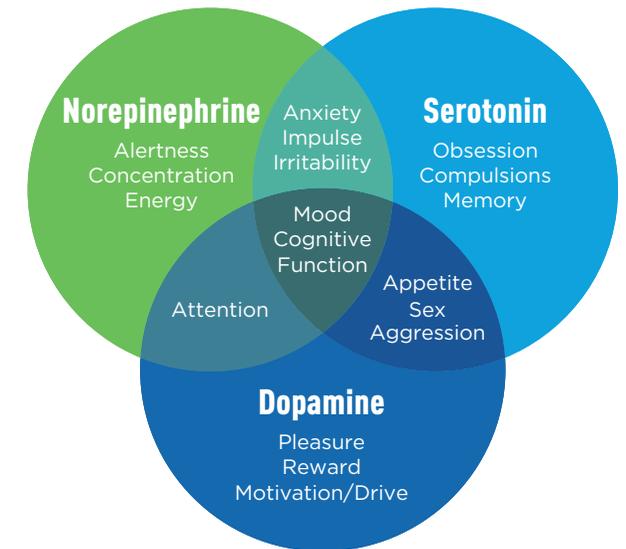
Neurotransmitter deficiencies are believed to be involved in the development of depression and other mood disorders.

What causes depression?

Depression is thought to be caused by a combination of genetic, biochemical, environmental, and psychological factors. Neurotransmitter deficiencies are believed to be involved in the development of depression and other mood disorders.

Neurotransmitters work together for overall mental health

Many commonly prescribed antidepressants work to increase neurotransmitter levels by blocking the reuptake (reabsorption) of neurotransmitters like serotonin in the brain. However, these antidepressants do not provide the essential ingredients or building blocks needed to produce more neurotransmitters.



Traditional mood disorder therapies

Many treatments for mood disorders exist, but not everyone responds to them. Almost two-thirds of people require several different treatments before they feel better.



Many treatments don't work on the first try for the majority of people

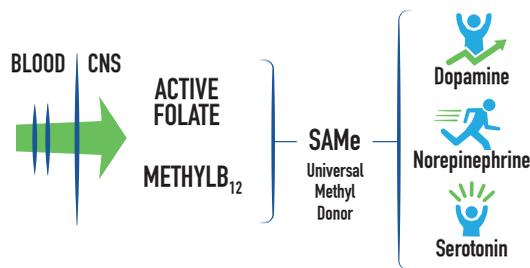


Examining underlying causes⁸⁻¹⁴

The underlying causes of several mood disorders have been linked to genetics, and deficiencies in folate and vitamin B₁₂. In fact, low folate and vitamin B₁₂ levels are associated with

either a higher prevalence or a longer duration of depression. People with depression also tend to have elevated homocysteine levels, a known risk factor for mood disorders.

The critical role of L-methylfolate and Methyl B₁₂ in mood disorders¹¹



Folate and vitamin MethylB₁₂ provide the essential building blocks needed to produce more neurotransmitters associated with mood. SAMe is critical in this process, and is produced as part of a multistep pathway.

The role of genetics in depression¹²

We receive half of our genes from our mother, and the other half from our father. There might be a genetic predisposition to depression — because it often runs in families. One such

genetic variant is called MTHFR c677t. MTHFR is an enzyme needed to convert folic acid and dietary folate to its active form, L-methylfolate [see page 13 to learn more]. Up to 70% of people with depression have the MTHFR variant. As a result, they cannot fully complete this activation, and have additional folate needs.



EB-P1^{DR}



1 capsule daily

90 DAY SUPPLY

Metabolic management of mood disorders^{8,13,14}

Low folate and Vitamin B₁₂ levels increase your risk for mood disorders and may result in a partial response to your antidepressant. EB-P1^{DR} contains both cofactors to restore metabolic deficiencies to help produce more neurotransmitters associated with mood. Our products feature Biofolate® — the patented pure crystalline activated form of folic acid — which is unaffected by MTHFR enzyme variant.



Each delayed-release, vegan capsule is allergen and dye free.

EB-P1^{DR} Ingredient Guide

ACTIVE INGREDIENT	DESCRIPTION
L-methylfolate* Calcium [active folate] <small>*The only form of folate that crosses the blood brain barrier</small>	Active ingredients work together to effectively: - Homocysteine levels, a known risk factor for mood disorders + Natural chemicals in the brain that affects mood
Methylcobalamin [active Vitamin B ₁₂]	

+ increase - decrease

L-methylfolate Calcium 15 mg
 Methylcobalamin.....0.4 mg

Dosage: Adult dose is 1 capsule daily or as directed by physician.



Manufactured in compliance with current Good Manufacturing Practices [cGMP]
 Products feature delayed-release capsules for targeted delivery to promote tolerability.

What is mild cognitive impairment?

Mild cognitive impairment (MCI) describes problems with memory and thinking beyond what can be explained by age alone, but the decline has not affected daily functions to the extent that it would be classified as dementia.

Risk factors for MCI¹⁵

The strongest risk factors for MCI are:

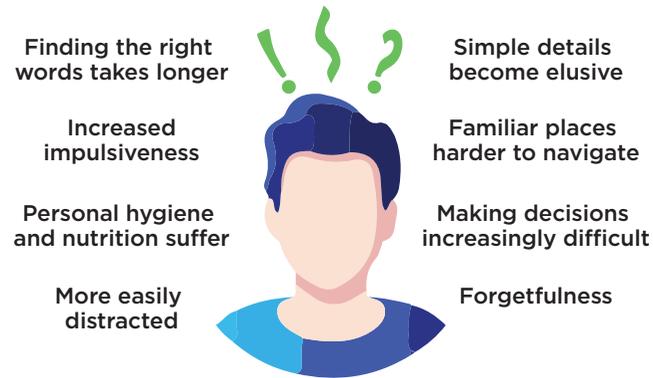
- Increasing age
- A gene known as APOE-e4, also linked to Alzheimer’s disease (although having the gene doesn’t always result in cognitive decline)

Other medical conditions and lifestyle factors have been linked to an increased risk of cognitive change, including:

- Diabetes/smoking/high blood pressure
- Elevated cholesterol/obesity
- Depression
- Lack of physical exercise
- Low education level
- Infrequent participation in mentally or socially stimulating activities
- Nutritional deficiencies
- Elevated homocysteine
- MTHFR genetic variant

Most risk factors for cognitive impairment are within your power to control, so it is important to keep your brain and body as healthy as possible.

COMMON SIGNS OF MILD COGNITIVE IMPAIRMENT



The role of genetics and homocysteine in cognitive impairment¹⁶

Identification of modifiable risk factors provides a crucial approach to management of cognitive disorders. One such risk factor is an elevated homocysteine level which reflects the functional status of folate, and Vitamins B₁₂, B₆.

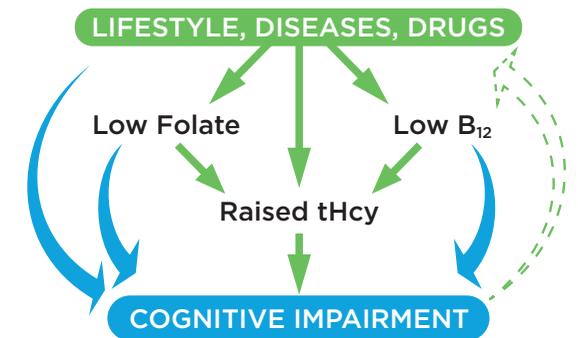
People with cognitive impairment tend to have the MTHFR c677t genetic variant and are significantly more likely to have folate deficiency, lower acetylcholine



[a neurotransmitter associated with memory] levels, and elevated levels of an amino acid in their blood called homocysteine. These elevated levels damage blood vessels and nerves, which may lead to cognitive impairment.

Parallel pathways for cognitive impairment involving homocysteine (Hcy)¹⁶

- Raised Hcy may directly cause cognitive impairment (green arrows).
- Nutritional deficiencies may directly cause cognitive impairment (blue arrows) as well as causing cognitive impairment indirectly by raising tHcy.
- Reverse causality (dashed green line) could also explain the association of Hcy with cognitive impairment.





EB-C3^{DR}



1 capsule daily

90 DAY SUPPLY

Metabolic management of cognitive disorders^{16,19-21}

Metabolic deficiencies in the brain reduce the substances that protect the brain, and have been identified as independent risk factors for memory loss. The pharmaceutical-grade active ingredients in EB-C3^{DR} work together to provide the necessary nutrients to help nourish and protect the brain against such impairment.



Each delayed-release, vegan capsule is allergen and dye free.

EB-C3^{DR} Ingredient Guide^{16,19-21}

ACTIVE INGREDIENT	DESCRIPTION
L-methylfolate* Calcium [active folate] <small>*The only form of folate that crosses the blood brain barrier</small>	+ Acetylcholine, a natural substance in the brain associated with memory
Methylcobalamin [active Vitamin B ₁₂]	+ Methylation, a process in the brain required for neuroprotection
N Acetyl L-Cysteine [active antioxidant]	- Substances harmful to the brain
Pyridoxal 5'- Phosphate [active Vitamin B ₆]	+ Methylation, a process in the brain required for neuroprotection

+ increase - decrease

L-methylfolate Calcium6 mg
 Methylcobalamin2 mg
 N Acetyl L-Cysteine600 mg
 Pyridoxal 5'- Phosphate 1.7 mg

Dosage: Adult dose is 1 capsule daily or as directed by physician.

Manufactured in compliance with current Good Manufacturing Practices [cGMP]
 Products feature delayed-release capsules for targeted delivery to promote tolerability.



What is a migraine?²²⁻²³

A migraine is a neurological condition that is characterized by a severe headache, often affecting only one side of the head.

A migraine can occur with or without aura (sensory disturbances). If you have a migraine with aura, you might experience disturbing symptoms before the headache starts. If you experience recurrent, long-lasting headaches, you might be suffering from a headache without migraine aura. This is the most common form of migraine.

What are the symptoms of a migraine?

A migraine headache can cause all or some of the following symptoms:



Intense throbbing or pulsating pain, often on one side of the head



Nausea, vomiting, or diarrhea



Increased sensitivity to light, noise, or smell

What Causes Migraines?

Researchers aren't entirely sure what causes migraines, but they know it involves reduced blood flow to the brain.

Possible Causes

- Hormonal fluctuations
- Sleep dysfunctions
- Artificial sweeteners
- Caffeine
- Sex
- Alcohol
- Emotional stress
- Certain medications

Possible Solutions

- Identify and avoid triggers
- Regulate stress and sleep
- Nutritional supplements
- Prescription medications
- Surgical procedures



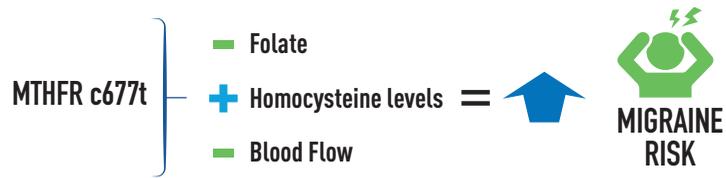
The role of genetics in migraine²⁴

You get half of your genes from mom and the other half from dad. It is thought that there may be a genetic predisposition to migraine as it often runs in families.

One such gene variant is called MTHFR c677t, an enzyme needed for conversion of folic acid and dietary folate to its active form, L-methylfolate.

Up to 50% of people have the MTHFR genetic variant and are unable to fully complete this activation and have additional folate needs.

L-methylfolate Calcium is unaffected by the MTHFR variant and is the only form of folate that crosses the blood brain barrier.



People who suffer from migraines tend to have the MTHFR c677t genetic variant and are significantly more likely to have folate deficiency and elevated levels of an amino acid in their blood called homocysteine. These elevated levels damage blood vessels and nerves and may lead to migraines.

The EB-H4 formulation was researched and developed in collaboration with the Diamond Headache Clinic. www.diamondheadache.com



Metabolic management of migraines^{25-28, 30}

Decreased levels of riboflavin, magnesium, and coenzyme Q10 and deficiencies in folate in plasma and in the brain might play a role in the development of migraines. The pharmaceutical grade active ingredients in EB-H4[†] work together to provide the necessary nutrients to help correct the deficiencies associated with the frequency, duration, and intensity of migraines.

Each capsule is allergen and dye free.

EB-H4 Ingredient Guide^{25-28, 30}

ACTIVE INGREDIENT	DESCRIPTION
Riboflavin [active Vitamin B ₂]	+ Production of energy in the cells
Coenzyme Q10 [antioxidant]	+ Production of energy in the cells - Damage to cells
L-methylfolate* Calcium [active folate] <small>*The only form of folate that crosses the blood brain barrier</small>	+ Blood flow to the brain
Magnesium Bisglycinate [mineral]	+ Production of energy in the cells

+ increase - decrease

- Riboflavin 400 mg
- Coenzyme Q10 100 mg
- L-methylfolate Calcium 0.4 mg
- Magnesium Bisglycinate 350 mg

Dosage: Adult dose is 2 capsules daily or as directed by physician.



[†]Researched and developed in collaboration with Diamond Headache Clinic.

Manufactured in compliance with current Good Manufacturing Practices [cGMP]



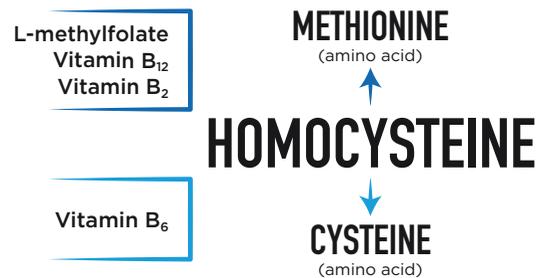
Homocysteine and MTHFR³¹

Risk factors for neuropsychiatric conditions include elevated homocysteine levels and the MTHFR genetic variant.

Homocysteine is an amino acid that is produced as a byproduct of consuming meat. Homocysteine is normally converted into other amino acids. An abnormal accumulation of homocysteine is believed to damage the cells that line the arteries, and is a marker for the development of many chronic conditions including mood & cognitive disorders and migraine.

Drugs that increase homocysteine levels and related vitamin deficiencies include:

- Methotrexate
- Fenofibrates
- Nicotinic acid
- Metformin



How do I lower homocysteine levels?^{16,33,28}

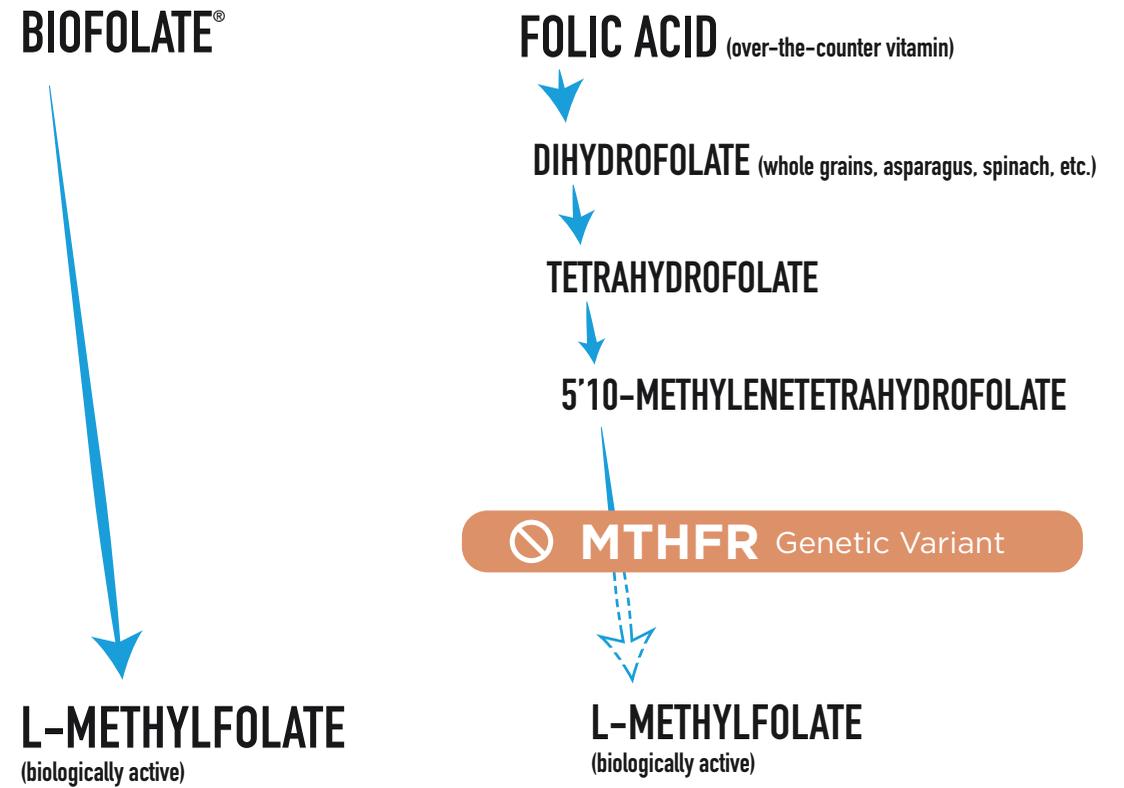
You can lower your homocysteine levels by eating less meat. You can also take the B vitamins folic acid (folate), B₆, B₁₂, and B₂. However, it is important that your body be able to break down and utilize these vitamins, **and that is where MTHFR becomes important.**

MTHFR is an enzyme involved in the metabolism of folate. Traditional folic acid (folate) must be broken down in the body before it can be used, and variants of the MTHFR gene lead to decreased enzymatic activity.

MTHFR genetic variant facts:^{16,33,28}

- Variants of the MTHFR gene are prevalent in up to 50% of the population, and even higher in those with neuropsychiatric conditions
- Reduces folate levels and increases homocysteine levels
- Is an independent pharmacogenetic risk factor for the development and severity of depression, cognitive impairment, and migraine
- Is associated with other conditions including vascular disease, peripheral neuropathy, anxiety, renal disease, and osteoporosis

Biofolate^{®†}, the patented pure crystalline activated form of folate, is unaffected by the MTHFR genetic variant



[†]Featured in EB-P1^{DR}, EB-C3^{DR} and EBH4 products

A simple DNA swab of your saliva can determine whether you have the MTHFR genetic variant.
Visit www.EBMmedical.com or call 844-360-4095 for a requisition form for your doctor.

Now that I have been prescribed an EBM Medical product, what are the next steps?



1 Your provider will send your prescription to EBM Medical



2 You will receive a text or email to confirm your order —
To expedite your order, call us at 1-844-360-4095



3 An EBM representative will contact you to answer your questions and process your payment



4 Within 24 hours, your prescribed formula will be shipped to your door



5 You will receive a confirmation text 10 days before your prescription needs to be refilled



Questions? Contact EBM at 1-844-360-4095, support@EBMmedical.com, or, visit our website at www.EBMmedical.com

References: 1. National Alliance on Mental Illness. <https://www.nami.org/Learn-More> Accessed May 11, 2019. 2. <http://www.nlm.nih.gov/health/topics/depression> Accessed May 11, 2019. 3. Stonington Institute. <http://stoningtoninstitute.com/recovery-resources/learning-center/depression/>. Accessed May 11, 2019. 4. American Psychiatric Association. <http://www.psychiatry.org/depression>. Accessed May 11, 2019. 5. Sathyanarayana Rao T. S. et al. Understanding nutrition, depression and mental illnesses. *Indian J Psychiatry*. 2008; 50(2): 77–82. 6. Trivedi MH et al. Evaluation of outcomes with citalopram for depression using measurement-based care in STAR*D: implications for clinical practice. *Am J Clin Psychiatry*. 2006;163:28–40. 7. Stover PJ et al. Folate Nutrition and Blood-Brain Barrier Dysfunction. *Curr Opin Biotechnol*. 2017 April ; 44: 146–152. 8. Hintikka J, Toiminen T, Tanskanen A, Viinamäki H. High vitamin B12 level and good treatment outcome may be associated in major depressive disorder. *BMC Psychiatry*. 2003;3(17):1–6. 9. Thorne Research. Methylcobalamin Monograph. *Alternative Medicine Review*. 1998;3(6). 10. Mischoulon D, Fava M. Role of S-adenosyl-L-methionine in the treatment of depression: a review of the evidence. *Am J Clin Nutr*. 2002;76(5):1158S–61S. 11. Wan L et al. Methylene tetrahydrofolate reductase and psychiatric diseases. *Translational Psychiatry*. 2018; 8:242. 12. Miller AL. The methylation, neurotransmitter, and antioxidant connections between folate and depression. *Altern Med Rev*. 2008;13:216–226. 13. Stahl S. L-methylfolate: a vitamin for your monoamines. *J Clin Psych*. 2008;69(9):1352–1353. 14. Peterson RC. Mild cognitive impairment: an overview. *CNS Spectr*. 2008 Jan;13(1):45–53. 15. Smith DA et al. Homocysteine and Dementia: An International Consensus Statement. *Journal of Alzheimer's Disease* 62 (2018) 561–570. 16. Klerk M et al. MTHFR 677CT polymorphism and risk of coronary heart disease: a meta-analysis. *JAMA*. 2002 Oct 23;30:288(16):2023–31. 17. Regland B. The role of the polymorphic genes apolipoprotein E and methylene-tetrahydrofolate reductase in the development of dementia of the Alzheimer type. *Dement Geriatr Cogn Disord*. 1999 Jul-Aug;10(4):245–51. 18. Chan A et al. Dietary and genetic compromise in folate availability reduces acetylcholine, cognitive performance and increases aggression: critical role of S-adenosyl methionine. *J Nutr Health Aging*. 2008 Apr;12(4):252–61. 19. Hara Y et al. Evaluation of the neuroprotective potential of NAC for Prevention and Treatment of Cognitive Aging and Dementia. *J Prev Alz Dis* 2017;4(3):201–206. 20. de Jager CA et al. Cognitive and clinical outcomes of homocysteine-lowering B-vitamin treatment in mild cognitive impairment: a randomized controlled trial. *Int J Geriatr Psychiatry* 2012; 27: 592–600. 21. Headache Classification Subcommittee of the International Headache Society. International Classification of Headache Disorders, 3rd edition beta. *Cephalalgia*. 2013;33:629–808. 22. Charles A. "Head Talks: Pathophysiology." *Scottsdale Headache Symposium*, November 21, 2014. 23. Rainero I et al. Targeting MTHFR for the treatment of migraines. *Expert Opin Ther Targets* 2019 Jan;23(1):29–37. 24. Colombo B, Saraceno L, Comi G. Riboflavin and migraine: the bridge over troubled mitochondria. *Neurol Sci*. 2014;35 Suppl 1:141–4. 25. TD Rozen, ML Oshinsky, CA Gebelke, KC Bradley, WB Young, AL Shechter & SD Silberstein. Open label trial of coenzyme Q10 as a migraine preventive. *Cephalalgia*. 2002. 22, 137–141. 26. Azimova JE et al. Effects of MTHFR gene polymorphism on the clinical and electrophysiological characteristics of migraine. *BMC Neurology*, August 5, 2013. 27. Mauskop A, Altura BM. Role of magnesium in the pathogenesis and treatment of migraine. *Clin Neurosci*. 1998; 5:24–27. 28. Liew SC, Gupta ED. Methylene tetrahydrofolate reductase (MTHFR) C677T polymorphism: epidemiology, metabolism and the associated diseases. *Eur J Med Genet*. 2015. 30. Gaul C et al. Improvement of migraine symptoms with a proprietary supplement containing riboflavin, magnesium and Q10: a randomized, placebo-controlled, double-blind, multicenter trial. *Gaul et al. The Journal of Headache and Pain* (2015) 16:32. 31. Bolander-Gouaille Christina. Focus on Homocysteine and the Vitamins Involved in its Metabolism. Second edition. Sweden: Springer Verlag France 2002. 32. <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/ucm054.htm>. Accessed May 9, 2019. 33. N. Fikih-Mrissa et al. Methylene tetrahydrofolate Reductase (MTHFR) (C677T and A1298C) Polymorphisms and Vascular Complications in Patients with Type 2 Diabetes. *Can J Diabetes*. 2017.