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PSYCHIATRIC NEWS

The First and Last Word in Psychiatry

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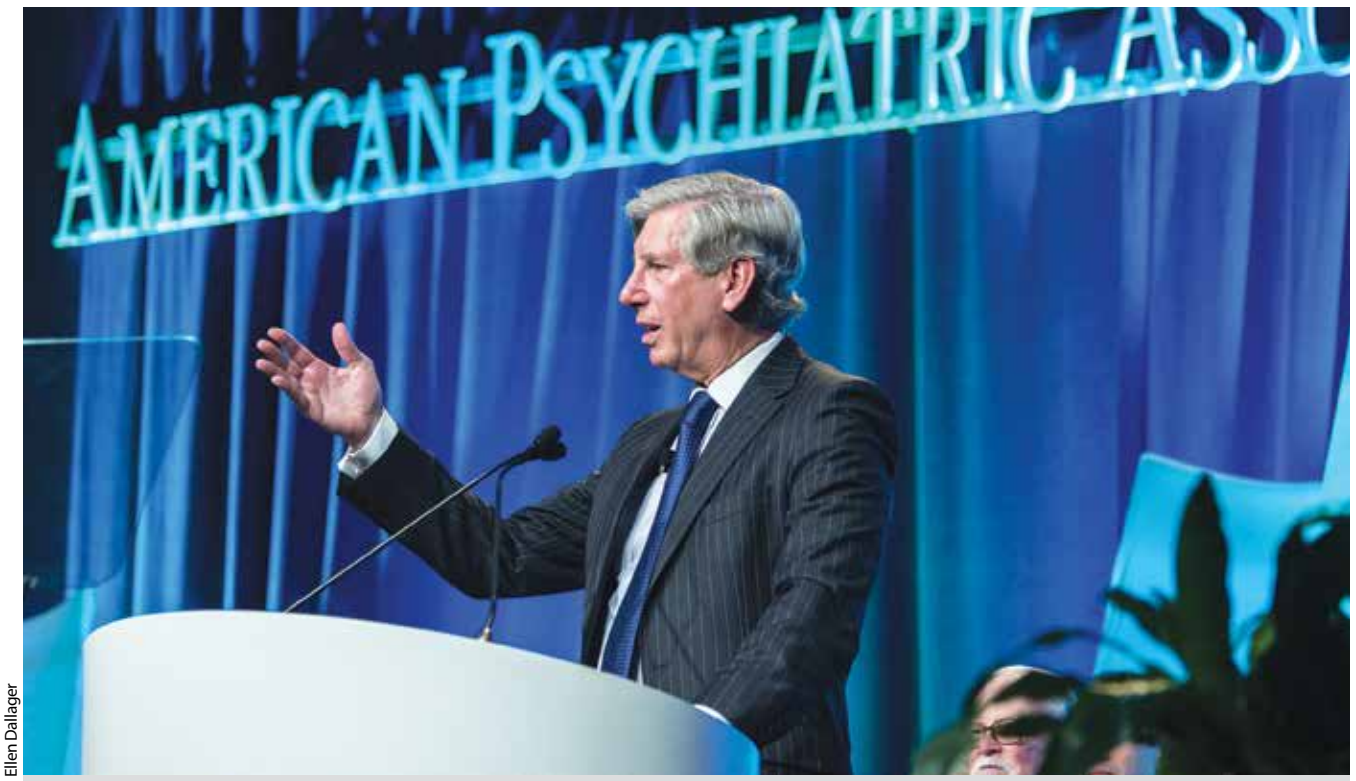

Ellen Dallager

In his presidential address at the Opening Session of APA's annual meeting in New York last month, Jeffrey Lieberman, M.D., recounted recent successes for APA and confidently predicted new ones in the future.

Lieberman Sees Promising Future For Psychiatrists, Patients

The outgoing APA president cites 10 goals as landmarks that APA will achieve in the future, including the end of the ambivalent relationship society has traditionally had with psychiatry.

BY MARK MORAN

The future is now, outgoing APA President Jeffrey Lieberman, M.D., told APA members during his presidential address at APA's annual meeting in New York in May.

He began by citing recent APA successes including the publication of *DSM-5*; effective lobbying involving the Affordable Care Act, the Mental Health Parity and Addiction Equity Act, and the Excellence in Mental Health Act; reversal of the proposal by the Centers for Medicare and Medicaid Services to restrict medication formularies for antidepressant and antipsychotic drugs; securing an increase in reimbursement values for Medicare coverage of psychiatric services; and serving a watchdog role to protect patients and psychiatrists from insurance companies that were not complying with the parity law.

And he urged members to look toward a bright and promising future. "I believe we are fortunate that the convergence of scientific progress and the government's focus on health care reform has put psychiatry in a unique position," he said. "Add to this the increased public attention to mental health care, and you will agree that psychiatry has reached a point of a distinctive opportunity.

"But if we want to take advantage of the biggest scientific, economic, and legislative changes in mental health care in

see ***Lieberman*** *on page 31*

Author of House Mental Health Bill Addresses APA Assembly

After the Newtown, Conn., shooting, a congressional committee chaired by Rep. Tim Murphy launched a review of the U.S. mental health system, which found a patchwork of programs and ineffective policies across agencies.

BY MARK MORAN

Patients with serious mental illness have a right to treatment and a right to get better.

That's what Rep. Tim Murphy (R-Pa.) said in an address last month to the APA Assembly in which he discussed the bill he is sponsoring in Congress titled the Helping Families in Mental Health Crisis Act (HR 3717).

Murphy received a standing ovation from the Assembly representatives following an impassioned talk in which he discussed the need to fix the country's broken mental health system.

Prior to Murphy's address, Assembly members viewed a brief video of him at a congressional hearing grilling an official with the Centers for Medicare and Medicaid Services about the administration's proposal earlier this year to eliminate antidepressants and antipsychotics from the Medicare Part D prescription drug program's six protected classes of clinical concern. That proposal was rescinded after vigorous protests from Murphy, APA, and other medical and mental health organizations (*Psychiatric*

see ***Murphy*** *on page 32*

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Telephone: (703) 907-7860
E-mail: cbrown@psych.org
Web site: psychnews.org

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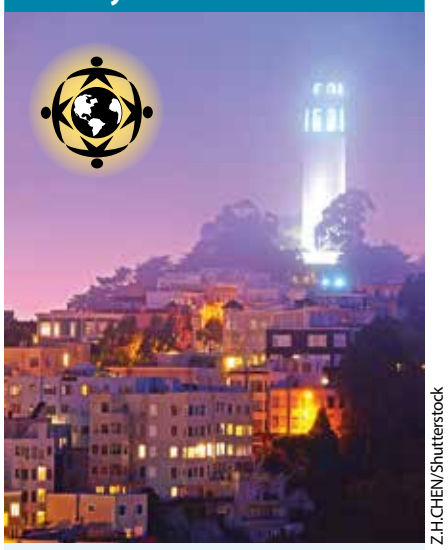

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APA's next major meeting—the Institute on Psychiatric Services—is being held October 30 to November 2 in San Francisco at the San Francisco Marriott Marquis. The meeting is often referred to as APA's "little gem" because of its high quality and intimate size compared with the annual meeting. The theme of this year's institute is "Integrating Science and Care in a New Era of Population Health." Watch this space for more information about advance registration and housing options.

Departments

ANNUAL MEETING

Summergrad Says Psychiatry Has 'Once-in-a-Generation' Opportunity

The incoming APA President calls on members to speak up for science, advocate for patients, communicate with the public, and embrace a global role in mental health leadership.

BY MARK MORAN

Psychiatry, psychiatric patients, and APA are all at a turning point, incoming APA President Paul Summergrad, M.D., said during his address at the Opening Session of APA's 2014 annual meeting in May. Increased public attention to mental health, extraordinary scientific opportunities, and the unfolding of health care reform mark this as a crucial time in history, he stated.

"We are in a unique period in the history of psychiatry," he said. "The recognition and understanding that psychiatric illnesses are the most common disabling and preeminent disorders of young people is now widespread. We are on the cusp of what has been a complex and difficult journey to discover the fundamental mechanisms of what have been among the most feared disorders of humankind. . . . As psychiatry stands at a cusp, so does APA. We are the oldest medical specialty organization in the United States and the only one that fully bridges the worlds of medicine and psychiatry. . . . We now have a once-in-a-generation opportunity. We can set a course for our field to allow us to be effective for the next 20 years or we can miss the possibilities embedded in this moment.

"What makes this moment so special?" Summergrad asked. "Mental health today is both in the spotlight and under a microscope. Public interest in mental health issues has never been more intense, triggered in part by events that make for tragic headlines and leave us all sick at heart."

David Hatchcox

Incoming APA President Paul Summergrad, M.D., said the convergence of scientific discovery, intense public interest in psychiatry, and health care reform policies makes for a transformative moment in mental health history.

At the same time, he said, the scientific opportunities available today are unprecedented. "We have never before had the capacity to image the brain, to see the impact of genetic abnormalities on neurodevelopment, or begin to understand the complex ways our brains shape our perceptions of the world and in turn are shaped by them. We also live in a world where health care reform is finally being realized and providing opportunities to fully integrate the care of so many of our patients. . . . These developments are truly once-in-a-lifetime moments that we dare not waste."

At this crossroads, APA and the profession of psychiatry have several tasks, he said. They are to

- **Speak up for the science.** "This means helping others understand what we know so well as physicians—that these illnesses are real, disabling, and strongly associated with medical comorbidity, but also amenable to care, treatment, and the power of contemporary science," he said. "To that end, we have a special responsibility to put aside internecine battles, especially those driven by ideology, and go where the science takes us."

- **Advocate for patients and the profession**. "Our patients live with stigma, and we do as well," Summergrad said. "We cannot act in their best interest if we do not speak fully in support of equity and parity. . . . With regard to our research and academic mission, it goes without saying that their future is dependent on our creativity and imagination, and we must continue our vigorous support for them."

- **Find a simple and direct language to communicate among ourselves and with our patients and the American public.** "We should take advantage of the increased public interest in mental health and partner with allies in the media to amplify our message," he said.

- **Embrace a role as global leaders in psychiatry.** "Many parts of our world are undergoing enormous social, economic, and political development and discovering both the importance of mental health in their own countries, in addition to the burden that the stigma of mental illness places on their populations," he said. "Colleagues from around the world who are experiencing these cultural upheavals have much to teach us as well."

As he concluded, Summergrad looked to the future. "As we set our course to achieve these goals, we must remember that none of these are the work of one president or one board or one moment in time," he said. "These are the ongoing tasks that must animate this great organization and profession for years to come. None of this will come quickly. Indeed we have already been on a long journey for knowledge and justice. In his quest for civil rights, the words of Martin Luther King Jr., ring just as true about our work today and in the future: 'The arc of the moral universe is long, but it bends toward justice.' " PN

To view a video of an interview with Summergrad by *Psychiatric News* Editor-in-Chief Jeffrey Borenstein, M.D., go to http://www.youtube.com/watch?v=BlkLfSM0UUo&feature=youtu.be.

ANNUAL MEETING

All-Star Roster Discusses How to Communicate About Science

A Nobel-Prize winner, an APA president, and an Emmy-winning actor have a dialogue about how crucial it is to communicate scientific and medical breakthroughs to the public and how best to accomplish that.

BY MARK MORAN

David Hathcox

It was a laughter-filled evening as actor Alan Alda, Nobel Prize-winning psychiatrist Eric Kandel, M.D., and APA President Jeffrey Lieberman, M.D., discussed communicating with the public about science.

When scientists explain their work in ways that "regular folks" use to express themselves—through storytelling, humor, and emotion—people will listen, learn, and be changed.

That was the consensus that emerged from a remarkable hour-long "Dialogue on Science, Psychiatry, and the Media" among APA President Jeffrey Lieberman, M.D., Nobel Prize-winning psychiatrist Eric Kandel, M.D., and Emmy Award-winning actor Alan Alda.

In a lively, laughter-filled dialogue, they kept a huge audience at the Opening Session of APA's 2014 annual meeting at rapt attention. Lieberman prompted the conversation with questions, but it moved naturally and seamlessly across a range of topics: the value that society places on science, scientific discovery, and scientists; the history of Kandel's groundbreaking research on memory and the neurobiology of mental illness; Alda's lifelong interest in science and scientists, as well as his personal and family experience with mental illness; the history and persistence of stigma against psychiatry and mental illness; and the ways in which scientists can communicate and express sophisticated concepts to laypersons.

Kandel is the only American psychiatrist to have received the Nobel Prize, which he did in 2000 for his discoveries about the cell and molecular mechanisms of learning and memory. He has been a frequent lecturer at APA annual meetings on topics such as how to simulate symptoms of mental illness in laboratory animals for the purposes of research and how neuroscience can inform psychoanalysis.

Born in Vienna, he and his family left Austria in 1939 after Hitler came to power and just days before World War II broke out.

During the annual meeting dialogue, he described how he entered the field of intellectual history in an attempt to understand human motivation, then later (at the behest of friend and psychoanalyst Ernst Kris) became a psychoanalyst. But Kandel was interested in a more empirical understanding of the human mind and began to explore a territory that was largely unexplored—neuroanatomy, neurobiology, and genetics of learning and memory.

Kandel stressed that scientists do not do their work for recognition. "I don't think scientists are out to get attention for themselves. It's the science that gets the attention," he said. "Take care of your science, and your science will take care of you. . . . That's really a philosophy I have tried to adopt. I think the problem is trying to make progress in understanding the brain. The rest will take care of itself."

He gave a vivid description of the joy and pleasure he has derived from scientific discovery. "I found to my amazement that doing science is so different from reading books about it. Doing experiments is so fantastically interesting. You work with your own hands; there is a sensual pleasure involved; you discuss your findings with other people."

Alda is a seven-time Emmy-Award winner who played surgeon Hawkeye Pierce in the classic television series "M*A*S*H*" and appeared in continuing roles on "ER," "The West Wing," and "30 Rock." He hosted the award-winning PBS series "Scientific American Frontiers" for 11 seasons, for which he interviewed hundreds of scientists from around the world. In 2010 he hosted a science series called "The Human Spark" and in 2013 hosted "Brains on Trial," both on PBS. He is a visiting professor at the Alan Alda Center for Communicating Science at Stony Brook University, where he helps develop innovative programs that enable scientists to communicate more effectively with the public.

"I was always curious and did experiments as a kid," Alda said. "In my early 20s, I started reading about science because it was so fascinating, a wonderful detective story. I was asked to host this science program [on PBS], and I said I was only interested if I could really talk to the scientists. . . .

"In the course of [working on the series], I realized we were developing a new way to communicate science, which is to do what we are doing tonight—by having a real conversation. Not one where you ask questions you already know the answers to, but where you are willing to be changed by the answer, where you learn something that contradicts what you thought you knew. . . . By being there and naively asking questions, I brought out the real 'them' in the scientists."

Alda expressed what emerged as a theme of the dialogue. Science, he said, becomes accessible when scientists "find a way to communicate that includes storytelling and emotion, the things that ordinary people are accustomed to taking part in when they exchange information. . . . The more scientists can express themselves in a personal way, and the more people who are in treatment do that, we are making common, simple humanity available to everyone." PN

A video of the conversation among Lieberman, Alda, and Kandel is posted at http://www.psych.org/.

Biden Hails 'Astounding Possibilities' Ahead for Psychiatry

Understanding of the brain and treatment of mental illness and brain diseases are at a transformative crossroads, said Vice President Joe Biden in the William C. Menninger Memorial Convocation Lecture at APA's 2014 annual meeting May 5 in New York. Biden said passage of the mental health parity law and the release last year of regulatory guidance for the law, along with the new Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) Initiative, announced by the Obama administration last year, is creating a transformative moment for psychiatry and patients with mental illness.

David Hathcox

"We are on the cusp of astounding possibilities," he said. "I know that we are poised to create the tools to find new ways to treat, cure, and even prevent conditions affecting the brain. And we are on the cusp of identifying the biomarkers for mental illness, designing early prevention treatments for psychosis, and revolutionizing the understanding of the brain circuitry and function. Imagine the possibilities for millions of young people right at the age when they want to explore the world if we have these tools of early detection to prevent mental illness from taking over their lives."

Biden continued, "Just as we couldn't imagine how the moon landing would yield technologies for semiconductors and the iPhone, I don't think we can begin to imagine the breakthroughs that will occur tomorrow as a consequence of this BRAIN Initiative."

Read more about Biden's speech at http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1872256. Watch a video of it at http://vimeo.com/94082947.

ANNUAL MEETING

Landmark Events Highlight New York Annual Meeting

The more than 16,000 attendees who came to New York last month for APA's 2014 annual meeting found much to be excited about as they chose from hundreds of presentations on cutting-edge research and clinical care, a stirring speech by Vice President Joe Biden, a conversation among Alan Alda, Eric Kandel, M.D., and Jeffrey Lieberman, M.D., and many other special events. New York itself was, as always, a major draw as well, beckoning meeting goers with its culinary treats, Broadway theater, and world-class museums.

APA's next scientific meeting, the Institute on Psychiatric Services, will be held October 30 to November 2 in San Francisco, another of APA's most popular meeting cities. It's not too early to plan!


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1 Connie and Steve Lieber receive an award for their "generous philanthropy and support of psychiatric research" from APA President Jeffrey Lieberman, M.D.

2 Annual meeting goers explore career opportunities at the JobCentral kiosk in the APA Member Center.

3 APA CEO and Medical Director Saul Levin, M.D., M.P.A., talks with attendees at a breakfast reception for international members.

4 The product theaters drew huge crowds to hear updates on medications to treat psychiatric disorders.

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ANNUAL MEETING

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5 Erik Mol, M.D., Gerda Van Aalst, M.D., and Harro Spitsbergen, M.D., all psychiatrists from the Netherlands, confer in the Javits Convention Center during the meeting's opening day.

6 Smita Bhatt, M.B.B.S., of Nassau University Medical Center, a resident-fellow member, peruses offerings in the *DSM* suite of books at the American Psychiatric Publishing booth.

7 Andres Mega, M.D., and Maria Diaz, M.D., of Buenos Aires, Argentina, talk with an exhibitor in the Exhibit Hall.

8 Charles Blair, M.D., of West Hartford, Conn., and Rasha Elkady, M.D., of Columbia, Md., discuss research findings presented during one of the poster sessions at the annual meeting.

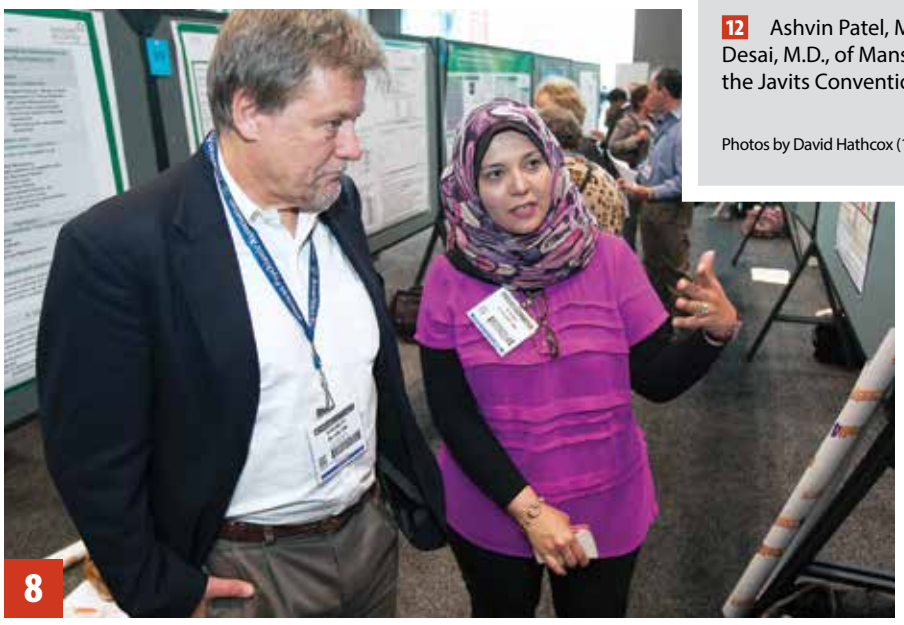
9 Anson Liu, M.D., a resident-fellow member training at the University of Maryland Sheppard-Pratt program, poses for a photograph as he leaves the registration area.

10 Eric Williams, M.D., president-elect of the South Carolina Psychiatric Society, sends a letter to his congressional representative urging support for the Ensuring Veterans Resiliency Act, as Christopher Whaley of APA's Department of Government Relations looks on.

11 Astrid Rusquellas, M.D., of Berkeley, Calif., and Habib Nathan, M.D., of San Antonio, Texas, enjoy the many works of art submitted for this year's APA Art Association exhibit.

12 Ashvin Patel, M.D., of Richmond, Va., and Yogesh Desai, M.D., of Mansfield, Ohio, greet each other in the Javits Convention Center.

Photos by David Hathcox (1-3,5-8,10,12) and Ellen Dallager



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GOVERNMENT NEWS

FDA Proposes Rule to Regulate E-Cigarettes

An FDA proposal is aimed at correcting public misperception that certain tobacco products, including increasingly popular e-cigarettes, are safe alternatives to traditional cigarettes.

BY VABREN WATTS

As an addition to the Family Smoking Prevention and Tobacco Control Act signed by President Obama in 2009, the Food and Drug Administration (FDA) has proposed a new rule that would extend the agency's tobacco-regulating authority to cover additional tobacco-related products, including electronic cigarettes (e-cigarettes), which over the last several years have grown enormously in popularity.

"The tobacco-product marketplace is evolving at a dizzying pace, with many unanswered questions about the health

*see **E-Cigarettes** on page 18*

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E-Cigarettes

continued from page 17

effects of novel products," noted FDA Commissioner Margaret Hamburg, M.D., in the blog *FDA Voice*.

Hamburg stated that in the midst of the "alarming" rise in the number of youth using unregulated products such as e-cigarettes (*Psychiatric News*, April 15), "it's more crucial than ever to help prevent early tobacco use that could lead to a lifetime of nicotine addiction."

Products that are subject to FDA regulation are those that meet the statutory definition of a tobacco product, including e-cigarettes as well as cigars, pipe tobacco, nicotine gels, and waterpipe (hookah) tobacco.

The new proposal, consistent with current regulations governing tobacco products, requires makers of the unregulated products to

- Register with the FDA and report product and ingredient listings,
- Only market new tobacco products after they have undergone FDA review,
- Only make direct and implied claims of reduced risk if the FDA confirms that scientific evidence supports the claim and that marketing of the product will benefit public health as a whole, and
- Not distribute free samples.

In addition, under the new pro-

GOVERNMENT NEWS

posal, minimum age and identification restrictions will be implemented to prevent sales to underage youth, as will requirements for health warning labels. Also included is a prohibition against vending-machine sales of the products in facilities that admit youth.

Hamburg predicted that the proposed rule will help to correct misperceptions by consumers that the unregulated tobacco products are safe alternatives to regulated, more traditional tobacco products.

In 2009, after a laboratory analysis of two leading brands of e-cigarette samples, the FDA released a statement reporting that e-cigarettes contained toxic chemicals such as diethylene glycol—an ingredient used in antifreeze—and carcinogens such as nitrosamines, exposure to which can pose a threat to humans.

Moreover, the Centers for Disease Control and Prevention announced that calls related to poisoning from the liquid nicotine used in the electronic devices were being reported at a rate of one per month in 2010, but jumped to 215 in February alone. Of those poisoning calls, 51 percent involved children aged 5 and younger, while 42 percent involved people aged 20 and older.

"This is a very important step by the FDA to extend its authority and oversight of these currently unregulated tobacco and nicotine-delivery products," said Douglas Ziedonis, M.D., M.P.H., a substance abuse expert and chair of the Department of Psychiatry at the University of Massachusetts Medical School, in an interview with *Psychiatric News*. "There is so much

see ***E-Cigarettes*** *on page 22*

GOVERNMENT NEWS

House Democrats Introduce Mental Health Reform Bill

The bill, which is less supportive of assisted outpatient treatment than Rep. Tim Murphy's bill, is regarded as a response to the Republican-sponsored Murphy bill.

BY MARK MORAN

The Strengthening Mental Health in Our Communities Act (HR 4574) was introduced in Congress May 6 by Rep. Ron Barber (D-Ariz.), calling for the creation of a White House Office of Mental Health Policy and the development of what he calls a "national strategy for mental health."

The bill is similar to—but in some areas significantly different from—the Helping Families in Mental Health Crisis Act (HR 3717), sponsored by Rep. Tim Murphy (R-Pa.). While the Barber bill opts for a White House Office of Mental Health Policy, for example, the Murphy bill would create an assistant secretary of mental health and substance use within the Department of Health and Human Services (HHS). In addition, the new bill introduced by Barber contains many fewer reforms to the Substance Abuse and Mental Health Services Administration (SAMHSA) and is not as supportive of assisted outpatient treatment as the Murphy bill is. For instance, the Murphy bill would encourage states to adopt a "need-for-treatment" standard for assisted outpatient treatment (*Psychiatric News*, April 25).

The new bill is regarded as a response by Democrats in Congress to the Republican-sponsored Helping Families in Mental Health Crisis Act—the Murphy bill— and will likely serve as a negotiating tool for compromise legislation on mental health care.

In a May 15 letter to Barber, APA CEO and Medical Director Saul Levin, M.D., M.P.A., emphasized that the United States is at a historic crossroads in its treatment of individuals with serious mental illnesses and its ability to deal with the personal, economic, and moral consequences of untreated psychiatric disorders. "Your Strengthening Mental Health in Our Communities Act contains several reforms that are important to improving this untenable situation," he wrote.

"As you are aware," Levin added, "comprehensive mental health legislation (HR 3717, the Helping Families in Mental Health Crisis Act) has been introduced by Representative Tim Murphy that emphasizes the provision of evidence-based psychiatric services and research supports. It is APA's hope that lawmakers in both parties, in collaboration with the mental health advocacy community, can move forward with bipartisan expansive mental health legislation that significantly and positively reforms our nation's severely flawed mental health system."

Among the provisions in the new bill, sponsored by Barber, are the following:

- Creation of the White House Office of Mental Health Policy to monitor and coordinate federal mental health activities, make recommendations to HHS and the National Institute of Mental Health on federal-level mental health issues, develop and update an annual "national strategy for mental health"

*see **Bill** on facing page*

Bill

continued from facing page

report, and make recommendations related to federal budgets affecting mental health programs.

- Development of the "national strategy for mental health," which will involve an annual comprehensive plan to make recommendations and improve outcomes for individuals with mental illness and maximize the efficiency and effectiveness of community-based mental health services. The strategy's annual plan is required to include goals and performance measures and to assess prior national strategy reports to review their outcomes.

- Reauthorization of block grants and several SAMHSA programs and services through Fiscal 2019, including the National Child Traumatic Stress Initiative, mental health training grants, and the Protection and Advocacy for Individuals With Mental Illness program, among others.

- Authorization of a new SAMHSA national media campaign to reduce stigma associated with mental illness and its treatment.

- Expansion of the Medicaid home- and community-based services waiver to include youth in need of services provided in a psychiatric residential treatment facility.

- Authorization of additional funding for behavioral and mental health professionals serving in the National Health Service Corps.

- Authorization of $40 million for NIMH to support research into the determinants of self- and other-directed violence associated with mental illness and to help fund the Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) initiative, announced last year by President Obama.

- Authorization of a comprehensive SAMHSA grant program for the provision of school-based mental health services based largely on the goals of the Mental Health in Schools Act (HR 628) sponsored by Rep. Grace Napolitano (D-Calif.). PN

Summaries of the Strengthening Mental Health in Our Communities Act (HR 4574) and the Helping Families in Mental Health Crisis Act (HR 3717) are posted at http://www.psych.org/advocacy--newsroom/advocacy/h-r--3717-helping-families-in-mental-health-crisis-act.

Psychiatrist Helps Returning Soldiers Cope With Violence

Therapists treating combat veterans need to understand the mixture of wartime violence compounded by acute grief that can make the homeward transition difficult.

BY AARON LEVIN

Maybe it is a cliché to say that someone who has gone off to war will return home "changed," but it should not be a surprise.

The adjustment back to life in the United States may be smoother for some and more difficult for others, like the soldiers that psychiatrist Marvin Oleshansky, M.D., sees at the U.S. Army's Tripler Medical Center in Honolulu.

"I call that change 'postdeployment stress disorder,' " he said. "They have sleep problems, road rage, family issues, drink a lot, and it's not unusual for things to escalate to a dangerous level."

The sanctioned form of violence that soldiers experience in training and combat can form the backdrop for violence on returning home, whether in the form of homicide, suicide, domestic violence, or sexual violence, said Oleshansky, who retired as a colonel from military service in 2001 and then worked as a civilian psychiatrist at Tripler until retiring again June 1.

Disturbing as such violence may be, it should not necessarily be equated with posttraumatic stress disorder (PTSD), Oleshansky emphasized in a presentation at APA's annual meeting in New York in May.

"A lot of soldiers are surprised that they don't have symptoms right away, so they don't think they have PTSD," he said. "Symptoms may be acute or they may be delayed or chronic or intermittent. Often there are periods of higher functioning, and then something leads to a relapse."

Grief and mourning are often overlooked as keys to diagnosis and treatment. Loss of one's friends and the resultant grief may be inevitable in war, but onset of PTSD symptoms may be delayed until something else triggers memories of previous losses, he pointed out. "Soldiers don't understand why it starts later and not right away."

David Hathcox

"The stress of grief can precipitate the onset or exacerbation of existing emotional or physical problems, including those unmourned losses" among soldiers returning from war, said Marvin Oleshansky, M.D., until recently a psychiatrist at the Tripler Medical Center in Honolulu.

Acute grief, especially if it is not mourned, can persist as complicated grief, a chronically debilitating condition, Oleshansky said. Then the stress of grief can precipitate the onset or exacerbation of existing emotional or physical problems, including those unmourned losses.

Noting that guilt is closely associated with grief, Oleshansky said that he tries to help his patients overcome the "hindsight bias" that torments them over what they might have done to prevent the deaths of others. To help correct irrational beliefs, he asks soldiers what they would have done differently had they known in advance what the outcomes of their actions would be.

"This is a critical approach in treating grief," he said. "It sounds simplistic, but it's surprisingly effective."

Red flags in these discussions with soldiers crop up from many directions. Among these are older age at entry into military service, a high tempo of operations, financial and partner-related problems, and exposure to combat and random violence—all of these can increase the risk of character pathology.

"I can't think of a soldier I've treated who wasn't near a mortar explosion," Oleshansky said. "And the fact that someone else died in the same explosion is a huge factor."

To effectively treat soldiers who have experienced combat, a therapist needs to understand the soldier's background and how various aspects of that history have contributed to his or her experiences.

"But it is hard to figure out when to ask: 'What did you do? Did you shoot and kill people, including children?' " said Oleshansky. "If you ask too soon, they'll think you're callous, and if you're a civilian, they'll decide that you don't know what you're talking about. This is the hardest part of a clinical interview."

In addition, he noted, alcohol use is a constant concern because it is socially sanctioned in the short term for symptom relief of anger or sleep problems, although it only perpetuates the soldier's symptoms.

Any unresolved adverse childhood experiences may also be recalled by the stressors of the military experience and contribute to the distress that brings soldiers to treatment, he added. "If there's one predictive factor, that would be it."

Persistence is essential. "It's not uncommon that you have to redo the therapeutic process," he pointed out. "These individuals have very strong defenses, and they will find a way to undo what you accomplish in one session, but you stay with it." PN

Applications Invited for Congressional Fellowship

The American Psychiatric Foundation is inviting nominations for the Jeanne Spurlock, M.D., Congressional Fellowship. This fellowship provides psychiatry residents, fellows, and early career psychiatrists a unique opportunity to work on Capitol Hill in a congressional office on federal health policy, particularly policy related to child and/or minority issues. The fellowship was established in honor of the late Jeanne Spurlock, M.D., who was deputy medical director and head of APA's Office of Minority/National Affairs and an advocate for child and minority issues.

The fellowship is open to all psychiatry residents, fellows, and early career psychiatrists. Applicants must be APA members and U.S. citizens or permanent residents. Applications, in the form of a letter, three letters of recommendation, and a CV, should be sent by July 10 to Marilyn King, APA Division of Diversity and Health Equity, 1000 Wilson Boulevard, Suite 1825, Arlington, Va. 22209.

PSYCHIATRY & INTEGRATED CARE

How a VA Facility Integrates Primary and Mental Health Care

BY SHAILI JAIN, M.D., DANICA SKIBOLA, M.D., AND STEVEN LINDLEY, M.D., PH.D.

A big part of providing effective integrated care is knowing who your population is. With more than 1,000 outpatient clinics, the Veterans Health Administration (VA) is the largest health care system in the United States, and the VA has a very clear sense of its population. Over the past 15 years, the VA has not only participated in some of the biggest studies of integrated care, but has made a commitment to provide patient-centered integrated care to its population. This month's column provides a wonderful introduction to integrated care as it is practiced in the VA.

—Jürgen Unützer, M.D., M.P.H.



In 2007, the Veterans Affairs (VA) health system started an initiative to integrate primary care with mental health services and developed PC-MHI programs nationwide. Along with integration of care, the goals were to improve access to mental health care, provide high-quality mental health care, enhance treatment adherence, promote an accepting atmosphere for patients, and reserve mental health specialty settings for treatment of more severe mental illness. In fact, to "develop a collaborative care model for mental health disorders that elevates mental health care to the same level of urgency/intervention as medical health care" is a goal embedded in the VA's 2004 Mental Health Strategic Plan.

The VA PC-MHI model, in place for several years, is a well-developed and well-funded model offering an ideal example of a collaborative care program.

At the VA Palo Alto Health Care System (VAPAHCS) in California, seven of the primary care clinics offer the PC-MHI program, which has adopted a blended model of care that combines co-located collaborative care with care management. A clinical psychologist and psychology technician are embedded full time in the primary care clinic. In addition, at some clinics, a psychiatrist is embedded in the primary care clinic on a part-time basis. These clinicians collaborate with the primary care staff and offer a wide range of mental health services, including same-day "walk-in access" for patients referred by a primary care provider, initial psychological/psychiatric assessment, referral management such as appointment reminders and transitioning patients to other services if needed, watchful waiting—which encompasses motivational interviewing, psychoeducation, and supportive techniques—and psychologist-led brief therapies to facilitate the fastest attainment of maximal and enduring improvement.

The psychiatrist's role, currently held by the first author of this article, is partly clinical and partly administrative. The psychiatrist acts as a consultant to her primary care colleagues in the PC-MHI program by being "embedded" in primary care two days a week. She offers psychiatric evaluation and medication management services for primary care patients struggling with mild to moderate signs and symptoms of mental illness.

The psychiatrist also provides administrative direction and oversight as the medical director of the entire PC-MHI team. This includes ongoing collaboration with administrative leaders in specialty mental health (the third author), in addition to the chiefs of primary care, engaging in overall program evaluation and quality-improvement strategies, standardization of services across clinics to ensure provision of evidence-based services, and hiring, recruiting, and training program staff.

The care-management aspect of the model is typically provided by the psychology technician team members and focuses on patient symptoms, treatment engagement, and treatment response monitoring.

The PC-MHI program at VAPAHCS typically serves veterans with mild to moderate psychological symptoms and psychosocial problems that can be addressed using brief interventions. The PC-MHI program does not provide long-term therapy, and interventions can be as infrequent as one session. We've found that individuals with complex histories or a diagnosis of serious mental illness are best treated in specialty mental health settings. However, the PC-MHI team can act as a bridge for some patients and provide brief services focusing on engaging and preparing patients for a specialty mental health referral.

So, here's what we want our colleagues to know about integrated care:

- Our colleagues in primary care place very high value on psychiatric and psychological consultation from colleagues who are available, affable, and able.

- VA clinics are excellent sites for psychiatry residents to learn about integrated care and models of how to provide this service. Our clinic has served as a teaching clinic for psychiatry residents (second author), fellows, and physician assistant trainees to learn about integrated care.

- The clinical work is very rewarding and in many ways bypasses a lot of the frustrations we often feel as physicians working in fragmented health care systems.

- As a specialist, your experience and knowledge can add enormous benefit in making health care more streamlined and patient-centric. There are many opportunities for psychiatrists to act as educators to both colleagues and patients about common misperceptions surrounding mental disorders and mental health care.

- Being a consultant for and working closely with a team of professionals from various specialty backgrounds helps your own career development. It prevents you from getting rusty in areas of medicine other than psychiatry and keeps you on the cutting edge of how health care systems are evolving to meet the needs and demands of all stakeholders. PN

Shaili Jain, M.D., is medical director of the Primary Care-Behavioral Health Team at the VA Palo Alto Health Care System and a clinical assistant professor in the Department of Psychiatry at Stanford University. Danica Skibola, M.D., is a fourth-year resident in the Department of Psychiatry at Stanford University. Steven Lindley, M.D., Ph.D., is medical director for outpatient mental health at the VA Palo Alto Health Care System and a clinical associate professor in the Department of Psychiatry at Stanford University. Jürgen Unützer, M.D., M.P.H., is an internationally recognized psychiatrist and health services researcher. He is professor and chair of psychiatry and behavioral sciences at the University of Washington School of Medicine, where he directs the Division of Integrated Care and Public Health and the AIMS Center, dedicated to "advancing integrated mental health solutions."

E-Cigarettes

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unknown about the short- and long-term consequences of the use of these products. . . . The public and health care providers would benefit from knowing what's in these [new] products and from the FDA reviewing product claims."

While Ziedonis praised the efforts of the FDA to extend tobacco regulation to additional nicotine and tobacco products, he emphasized as well that it is time for the academic community to devote more research efforts toward studying unregulated tobacco products—especially e-cigarettes, which are steadily gaining popularity among youth.

The FDA has made the proposed rule available for public comment until July 8. PN

The FDA announcement regarding the new proposed rule is posted at http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm394667.htm

Assembly Elects New Officers

At their meeting last month in New York, APA Assembly representatives voted to make Glenn Martin, M.D., their next speaker-elect and Daniel Anzia, M.D., their next recorder. Martin, of Forest Hills, N.Y., just completed a term as Assembly recorder. Anzia, of Forest Park, Ill., had been the Area 4 representative. Both took office at the close of the annual meeting, at which time Jenny Boyer, M.D., became Assembly speaker.

David Hathcox

Glenn Martin, M.D. (left), and Daniel Anzia, M.D., were elected to the APA Assembly's top offices in May.

Australian Youth Get a 'Soft Entry' Into Mental Health System

Early intervention can help lessen the burden on young people of mental illness or its symptoms, but the problem is getting them into the mental health system in the first place.

BY AARON LEVIN

The most critical period for the onset of mental disorders extends from puberty to the mid-20s, yet that is also the most challenging time of life for teens and young adults to access treatment services, said Patrick McGorry, M.D., Ph.D., at APA's annual meeting in New York in May.

In the developed world, at least, that cohort is probably in the best physical health in human history, but they still face a surge in risk for depression, anxiety, mood disorders, psychosis, and substance use.

However, if those conditions are identified and treated early enough, it is possible to reduce or eliminate years of ensuing morbidity, said McGorry, executive director of Australia's Orygen Youth Health and a professor of youth mental health at the University of Melbourne.

Physical health needs rise in middle and older age, but onset and prevalence of mental health problems peak much earlier. Yet systems are designed as if mental and physical health care needs peaked at the same times, McGorry noted.

Early intervention might help, but stigma, fear of being labeled, lack of confidence in the value of interventions, and serious underfunding have led to major access problems, inappropriate and delayed treatment, and reduced quality and effectiveness of care, he emphasized.

Concepts that are the norm in general medical care—like preventive care or treatment of transient illness, age-related conditions like asthma, or even pregnancy—are too often resisted when discussing mental health care, he noted.

Early intervention with young people at risk for psychosis, for instance, might have enormous value, he said. One-third of such individuals transition to full psychosis, compared with the 5 percent to 10 percent of people with high blood sugar who become diabetic. Furthermore, most of those who don't actually become psychotic will likely still need care for mood, anxiety, or substance use disorders during their lifetimes.

There should be no fear of overtreating these patients, he said.

However, engaging these young people requires a "soft entry," a way of getting into a system of care without the usual steep threshold of the traditional system, he said. In Australia, that has come in the form of Headspace, an enhanced, informal, drop-in setting.

"Headspace is the National Youth Mental Health Foundation," says the program's website. "We help young people who are going through a tough time. Headspace can help you with general health; mental health and counselling; education, employment, and other services; and, alcohol and other drug services."

Those initial services are backed up by specialists to whom young people with serious symptoms can be referred.

Those with subthreshold symptoms are not dismissed, said McGorry, who helped develop the program. "Young people present with less-specific complaints and symptoms, and so we need a sequential approach with clinical staging to treat them appropriately."

Headspace has been enthusiastically received both by its young clients and by the 70 communities in which it has been embedded, said McGorry. "At first, communities fought against having mental health services, but now they compete to house Headspace centers."

This broad-based public support has served as a model for expanding Headspace throughout Australia and for bringing similar programs to other countries, he said.

"When the public wants it, the politicians will respond," he stated. "You have to expect naysayers and respect, but challenge, the incrementalists. However, in the future, early intervention will be a fundamental aspect of mental health care." PN

Information about Australia's Headspace program is posted at http://www.headspace.org.au.

Organization Honors Several Who Are Helping Achieve Its Mission

Give an Hour promotes better mental health care for U.S. troops and veterans and recently honored lawmakers who have worked to help reach its goal.

BY AARON LEVIN

Sens. Debbie Stabenow (D-Mich.) and Richard Burr (R-N.C.), and former U.S. Marine Corps Sgt. Brendan O'Toole were honored in April by Give an Hour, an organization that connects veterans and their families with volunteer mental health service providers. The American Psychiatric Foundation is a major supporter of the organization.

"Senator Stabenow has a social-work degree and has been a tireless advocate for access to care and reducing stigma," Give an Hour President Barbara Van Dahlen, Ph.D., told *Psychiatric News*.

She also praised Burr, chair of the Senate Committee on Veterans Affairs, for "his interest and his recognition of the importance of community-based responses, [which] led to hearings that led the Department of Veterans Affairs to hold 152 mental health summits around the country last year."

O'Toole left the Marine Corps two years ago and decided to raise awareness about military mental health concerns by running across the country. His Run for the Veterans started in California and ended in Maine, by way of Texas, said Van Dahlen. "That really shows the passion, dedication, and commitment of young people."

The wars in Iraq and Afghanistan have raised attention to mental health issues both among American troops and the U.S. population as a whole, she said. "We have the opportunity to harness that energy and really get rid of stigma," she said.

The awards were part of a larger three-day program in Washington, D.C., called a Celebration of Service, which also included a conference to educate the next generation of mental health professionals about issues affecting military service members, veterans, and their families.

The American Psychiatric Foundation (APF) helped sponsor and support the Celebration of Service event for the second consecutive year. "We are very proud to join with Give an Hour to support its extraordinary efforts to mobilize civilian constituencies to respond to the mental health issues facing our returning veterans and their families," said APF Executive Director Paul Burke.

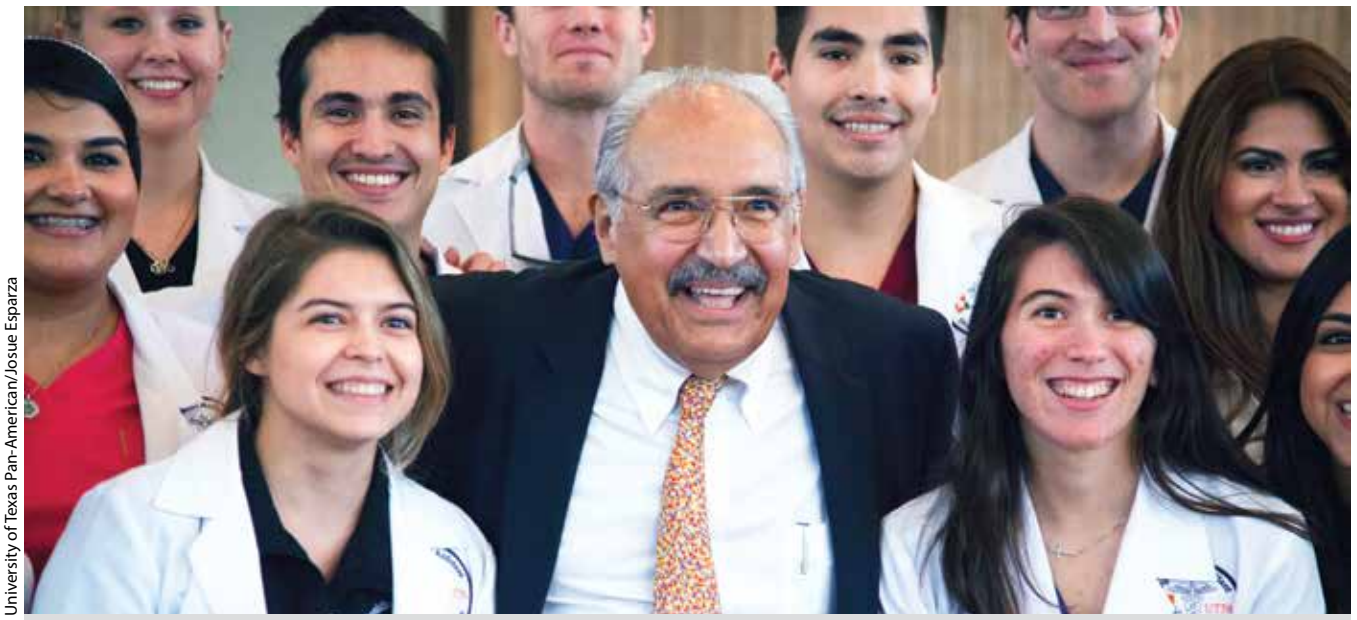
"If we expect these young men and women who come home from war to raise their hands and say they need help, we as a nation must do a better job of providing the services they need to return to the productive lives they deserve," said Van Dahlen. PN

John Whitman

(From left) Sen. Richard Burr (R-N.C.), Marine Corps veteran Brendan O'Toole, Sen. Debbie Stabenow, (D-Mich.), and Barbara Van Dahlen, Ph.D., pose at the Give an Hour celebration.

Information about Give an Hour's Celebration of Service is posted at http://connected.giveanhour.org/show/2014-a-celebration-of-service. Information about the American Psychiatric Foundation's programs is posted at http://www.americanpsychiatricfoundation.org.

MEMBERS IN THE NEWS



University of Texas Pan-American/Josue Esparza

Francisco Fernandez, M.D., with students from the University of Texas-Pan American's Physician Assistant Program during a visit to the campus in February.

Psychiatrist to Be Founding Dean Of New Medical School

In becoming dean of a new medical school in Texas, Francisco Fernandez, M.D., is in a sense coming home—not just to Texas, where he formerly worked, but to a Hispanic culture reminiscent in many ways of his native Cuba.

BY JOAN AREHART-TREICHEL

The Rio Grande Valley—located at the southernmost tip of Texas, next to the border with Mexico—has a largely Mexican-American population and is one of the poorest regions in the country. But the people there have been given a gift of great worth—a new medical school in their area, called the University of Texas Rio Grande Valley School of Medicine. And the founding dean chosen to lead the new school is psychiatrist Francisco (Frank) Fernandez, M.D.

"Frank seems perfect for this new position," Francine Cournos, M.D., a professor of clinical psychiatry (in epidemiology) at Columbia University, told *Psychiatric News*. "He's brilliant, has had a long career in academia, and is an incredibly gifted teacher. His warmth, humor, outgoing personality, and understanding of Latin culture are other great strengths he'll bring to this historic undertaking. And fortunately he even likes hot weather," said Cournos, who has known Fernandez for many years.

Fernandez, who until recently was chair of psychiatry at the University of South Florida, applied for the founding dean position last spring. After going through several interviews with a search committee and with legislators, community practitioners, and other constituents of the Rio Grande Valley, he learned in January, from the dean of the University of Texas Health Sciences Center in San Antonio, that he was chosen.

"That was a very exciting day, a once-in-a-lifetime opportunity—starting from scratch with a new medical school with a regional focus," Fernandez said during a recent interview. "And as I told the folks in the Valley when we made the announcement, I felt like the Pointer Sisters, from their 1980s hit, 'I'm so excited, and I just can't hide it! I'm about to lose control, and I think I like it.' I promised them, though, that with all my years of training in psychiatry, I wouldn't really lose my cool!"

What, then, are some of the challenges that he anticipates in his new position? "Well, first is to get a senior management team in place. Fortunately, a lot of good lead work has already been done in this regard by people in Austin, San Antonio, and the regional academic health centers. We also need to get accreditation and hire clinical and basic-science faculty in time to matriculate the first class of students in 2016. And we'll also need to get residencies up and running by the time the first class of medical students reaches their third year."

Some of the health issues of the people in the Rio Grande Valley that he will especially focus on, he said, include alcohol dependence, degenerative diseases, depression, developmental pediatrics, diabetes, domestic violence, infectious diseases, and obesity.

"Frank is a creative, passionate educator and exceptional clinician who demonstrated as chair of psychiatry at the University of South Florida that he was also an outstanding administrator," Jeffrey Akman, M.D., dean of the George Washington University School of Medicine and Health Sciences, commented. "He brings the whole package with him as a new dean, including the cultural sensitivity required to be a success in south Texas. Frank Fernandez is a terrific choice."

"Frank is the perfect fit to be the founding dean of the new medical school in the Rio Grande Valley," added Stuart Yudofsky, M.D., chair of neuropsychiatry at Baylor College of Medicine, also in Texas. "First and foremost a consummate consultation/liaison psychiatrist, he is a superb physician who is experienced and adept at working with physicians of all medical specialties. Second, Frank is a gifted leader who is both beloved and respected by all with whom he interacts. Third, Frank is sensitive to and knowledgeable about the rich Hispanic culture and health needs of the Rio Grande Valley and is certain to bring

see ***Fernandez*** *on facing page*

IMGs Called Good-Will Ambassadors to U.S., World Health

Every year APA and the American Psychiatric Foundation recognize a physician who has made significant contributions to the enhancement of the integration of international medical graduates (IMGs) into American psychiatry with the George Tarjan Award. Named after APA's first IMG president, the award recipient receives a plaque and a $500 honorarium and presents an award lecture at the APA annual meeting or Institute on Psychiatric Services.

Last year's recipient, psychiatrist Jagannathan Srinivasaraghavan, M.D. ("Dr. Van"), pictured at right, delivered the Tarjan Award lecture "International Medical Graduates: Enriching American Psychiatry and Good-Will Ambassadors Enhancing World Mental Health," at the 2013 annual meeting. In his lecture, he recounted the growth of the IMG community in American medicine and recalled that Tarjan—whose 1984 presidential address was titled "American Psychiatry: A Dynamic Mosaic"—urged IMGs to maintain their own identity and forge a new identity as APA members. And Dr. Van drew upon his experience coming from India to forge a multifaceted career in American psychiatry as a clinician, educator, researcher, and administrator. Today he is a professor emeritus of psychiatry at Southern Illinois University School of Medicine and a forensic psychiatrist in Carbondale, Ill.

He also described his extensive travels around the world; he was featured in an August 17, 2012, *Psychiatric News* article, "Most Travelled Psychiatrist Completes Epic Quest," detailing his travels to all of the 195 "officially designated nations on the planet."

Jagannathan Srinivasaraghavan, M.D.

Drawing on the example of IMGs from countries around the world, he said that IMGs are "good-will ambassadors" to American and world health. "American medicine has evolved to include nearly 25 percent IMGs," he said. "IMGs come from nearly every part of the world and have enriched American psychiatry, while at the same time many IMGs are giving back to their countries and regions and enhancing world mental health."

The 2014 George Tarjan Award lecture was delivered at the annual meeting last month by Jose Canive, M.D. Recent award winners have included Milton Kramer, M.D. (2012), Renato Alarcon, M.D. (2011), Mantosh Dewan, M.D. (2010), Nyapati Rao, M.D., M.S., (2009), Albert Gaw, M.D. (2008), Nalini Juthani, M.D. (2007), and past APA President Dilip Jeste, M.D. (2006).

MED CHECK

BY VABREN WATTS

Company Describes Encouraging Outcomes of Schizophrenia Drug Trials

Mark Lerman, M.D., principal investigator and medical director at the Center for Psychiatric Research at Alexian Brothers Behavioral Health Hospital in Illinois, presented positive results from the clinical trial titled ***Paliperidone Palmitate*** Research in Demonstrating Effectiveness (PRIDE), which is funded by Janssen Pharmaceuticals, a subsidiary of Johnson and Johnson. The study is the first trial comparing the efficacy of Janssen's once-monthly injectable antipsychotic ***Invega Sustenna*** with other daily oral schizophrenia medications in the context of "real-world" situations—such as comorbid substance abuse disorder or a recent incarceration—that are experienced by some patients with schizophrenia.

PRIDE evaluated more than 400 patients with schizophrenia who had been taken into the criminal justice system at least twice within the previous two years, with at least one such incident resulting in incarceration. The participants were randomized to receive Invega Sustenna or commonly prescribed oral antipsychotics, such as aripiprazole, olanzapine, or risperidone, for 15 months.

The findings, which were presented last month at the APA annual meeting, showed Invega Sustenna to be statistically superior in delaying relapse in patients with schizophrenia compared with other commonly used antipsychotics (416 days versus 226 days). In addition, risk for relapse was 1.4 times higher in the oral-medication group than the Invega Sustenna group. Side effects included injection-site pain, insomnia, weight gain, akathisia, and anxiety.

Lynn Starr, M.D., director of clinical development at Janssen, said in a press statement that the PRIDE study "helps address a critical need for all individuals living with schizophrenia by delaying relapse, even for those patients typically excluded from clinical trials, such as those with a history of incarceration and substance abuse." The company is conducting phase 3 clinical trials of a three-month formulation of Invega Sustenna.

FDA Approves First Drug For Sleep-Wake Disorder In People Who Are Blind

The Food and Drug Administration (FDA) has approved a melatonin receptor agonist, ***Hetlioz*** (***tasimelteon***), to treat non-24-hour sleep-wake disorder—a chronic disorder in completely blind individuals whose body clock cannot distinguish between 24-hour light-dark cycles because light is unable to enter their eyes. This is the first medication for such condition approved by the FDA.

"Non-24-hour sleep-wake disorder can prevent blind individuals from following the normal daily schedule that we all take for granted," said Eric Bastings, M.D, deputy director of the Division of Neurology Products in the FDA's Center for Drug Evaluation and Research. "Hetlioz can improve the ability to sleep at night and to be active during the day."

The effectiveness of Hetlioz was evaluated in two clinical trials with 104 participants who were totally blind. Treatment with the drug, compared with placebo, resulted in increased nighttime sleep and decreased daytime sleep durations. The most common side effects reported included headache, elevated liver enzymes in the blood, bizarre dreams, upper respiratory or urinary tract infection, and drowsiness.

Hetlioz was reviewed under the priority review process, which "provides for an expedited review of drugs that treat serious conditions and have the potential to provide significant improvement in safety or effectiveness of the treatment, diagnosis, or prevention of such serious conditions," according to the FDA. Hetlioz is manufactured by Vanda Pharmaceuticals.

Hand-Held Device To Rapidly Reverse Opioid Overdose Gets FDA OK

The FDA approved ***Evzio***, a ***naloxone hydrochloride*** auto-injector, for emergency treatment of opioid overdose outside of hospital settings.

"Over the past 10 to 15 years, we have been experiencing a staggering epidemic of opioid overdose deaths," Petros Levounis, M.D., M.A., chair of psychiatry at Rutgers New Jersey Medical School and a member of the APA Council on Addiction Psychiatry, said in an interview with *Psychiatric News*. "The approval of a naloxone auto-injector. . .will make a big difference in saving lives. It essentially gives patients, their friends, and their families the power to instantaneously reverse a near-fatal event."

Evzio, which is injected into muscle or under the skin, rapidly delivers the equivalent of a single dose of naloxone injection from a standard syringe. Evzio injections can be easily administered by family members or caregivers of those with opioid addiction. Once the auto-injector is turned on, it provides verbal instructions to the user describing how to deliver the medication, similar to automated defibrillators. The FDA recommends that caregivers of people known to abuse opioids become familiar with the instructions or practice with a device trainer before use of the auto-injector is needed.

The FDA emphasizes that Evzio is not a substitute for immediate medical care and that the person administering Evzio should seek immediate medical attention on the patient's behalf. Repeated Evzio injections may be needed, since naloxone may not work as long as opioids do.

Schizophrenia Drug Shows Positive Results

Alkermes reported positive results in its phase 3 clinical trials for the once-monthly medication ***aripiprazole lauroxil,*** indicated for schizophrenia.

A total of 623 patients with schizophrenia were randomized to receive once-monthly intramuscular injections of aripiprazole lauroxil (441milligrams or 882 milligrams) or placebo for 12 weeks. Once in the body, aripiprazole lauroxil converts to aripiprazole, which is commercially known as ***Abilify***.

Data analysis showed that patients given the drug had statically significant reductions in positive (hallucinations and delusions) and negative (depression and social withdrawal) symptoms, as assessed by the Positive and Negative Syndrome Scale. Reported side effects included insomnia, akathisia, and headache. The safety profile of aripiprazole lauroxil was similar to that reported with oral aripiprazole.

Based on the results of the phase 3 study, Alkermes plans to submit a New Drug Application to the FDA later this year.

BMS Acquires Alzheimer's Drug Developers for $725 Million

On April 29, Bristol-Myers Squibb (BMS) announced its acquisition of iPierian, a privately held biotechnology company focused on the development of new treatments for neurodegenerative disorders such as Alzheimer's disease (AD). BMS paid $175 million for iPierian, with the potential for additional development and regulatory milestone payments totaling $550 million.

While the majority of therapeutic developments intended for AD have been aimed at reversing or halting build-up of amyloid-beta, iPierian has focused on developing drugs that reduce aggregation of Tau protein—in particular extracellular tau (eTau)—in the brain.

The recent acquisition gives BMS full rights to iPierian's lead asset IPN007, a preclinical monoclonal antibody that represents a new approach to treating progressive supranuclear palsy, a neurodegenerative disorder that progresses much more quickly than AD but is also characterized by tau aggregation.

BMS plans to initiate phase 1 clinical trials with its newly acquired antibody in 2015. PN

Fernandez

continued from facing page

transformational benefits to the health care of this important community."

Fernandez was born in Cuba in 1951, grew up in New York City, attended medical school at Tufts University, and did his psychiatry residency at Massachusetts General Hospital. After finishing his training in 1984, he went to M.D. Anderson Hospital in Houston to start his first job. And it was while there that he started his work with AIDS patients, which he then continued at Baylor College of Medicine. After that he served as chair of psychiatry at Loyola University in Chicago and then became chair of psychiatry at the University of South Florida.

Each experience, he said, was a different learning opportunity, and all of them, he anticipates, will help him in his new position as founding dean. PN

Submissions Invited for Schizophrenia Research Award

The American Psychiatric Foundation (APF) invites submissions for the Alexander Gralnick, M.D., Award for Research in Schizophrenia. Named after the late Dr. Gralnick, the award acknowledges research achievements in the treatment of schizophrenia, emphasizing early diagnosis and treatment and psychosocial aspects of the disease process. Preference will be given to researchers working in a psychiatric facility.

Applicants should submit the following: a statement summarizing the nature of his or her research relevant to the award, emphasizing its internal consistency and scientific implications; a list of publications (or articles accepted for publication) relevant to the award; an up-to-date curriculum vitae; and an up-to-date bibliography. Applications may be emailed in PDF format to apf@psych.org using "Alexander Gralnick, M.D. Award application" as the subject line. Applications not emailed by August 1 will not be considered.

An expert committee in the field of schizophrenia research will confer the award. The award, along with a lecture by the recipient, are presented at APA's Institute on Psychiatric Services meetings in October. All applications will be acknowledged, but will not be returned. The award is based upon a biannual competition; resubmission is permitted and encouraged. An endowment for this award was provided by the Gralnick Foundation in memory of Gralnick's work and interest in the field of schizophrenia.

Use of Antipsychotics Tied to Lower Rates of Violent Crime

Reductions in rates of violent crime appear to be associated with the use of antipsychotic and mood-stabilizing medications.

BY AARON LEVIN

Patients who have been prescribed mood stabilizers or antipsychotic medications for mental illness symptoms are less likely to be convicted of violent crimes when they are taking their medications than when they are not, according to British and Swedish researchers.

That may seem obvious, but while there is already good evidence for the value of those drugs in preventing relapse and relieving psychiatric symptoms, "evidence about the effects of pharmacotherapy on other important outcomes, including violent behavior, is scarce," wrote Seena Fazel, M.D., a Wellcome Trust Senior Research Fellow and an honorary consultant forensic psychiatrist at the University of Oxford, in England, and colleagues online May 8 in *The Lancet*.

"This is another piece of evidence that treatment works and that it's important to get people connected with psychiatric services," commented Marvin Swartz, M.D., a professor of psychiatry and behavioral sciences at Duke University, who was not involved with Fazel's study.

The researchers looked at linked national population, medical, and criminal registers in Sweden to collect data on 82,647 patients who were prescribed the medications from 2006 to 2009. They adopted a within-individual approach, comparing rates of violent crime in the same person when that individual was on and off the medication. During the study, 3,261 of the patients were convicted of violent crimes.

Violent crime fell by 45 percent when patients were taking their antipsychotic medications and by 24 percent when taking a mood stabilizer, reported Fazel. A nonsignificant reduction in crime also occurred among those talking clozapine, but use of selective serotonin reuptake inhibitors did not affect rates of criminal convictions.

The difference in risk of committing a violent crime was similar regardless of whether a treated patient stopped taking medication or an untreated one started. Greater reductions in crime were associated with higher dosages of antipsychotics but not with the dosages of mood stabilizers or clozapine.

Despite having been prescribed antipsychotics or mood stabilizers, only about 40 percent of the patients in the study had been diagnosed with schizophrenia, other psychoses, or bipolar disorder, noted Fazel and colleagues

"Nevertheless, the consistency of our findings across diagnostic boundaries suggests the mechanism of the antipsychotic action in risk reduction might not only include psychotic symptoms, but also behavioral traits of anger and hostility."

Swartz noted that there are many pathways to violent crime and offered several possible explanations of why being treated with these medications may lessen violent crime.

"It could be that the drug might make a person less aggressive or less impulsive or might treat some other underlying condition," he suggested in an interview with *Psychiatric News*. "Or perhaps they are not using substances when they are taking their medications." Substance use coupled with mental illness has been shown in several studies to be more strongly associated with violence than the presence of mental illness alone.

There may be an element of reverse causation that accounts for some of the effects shown in the study, Swartz added. "Perhaps people taking the drugs are more tractable, more ready to change their lives and so less likely to commit crimes," he said. "But these are not mutually exclusive explanations."

Other processes might be at work, Fazel also acknowledged. "Antipsychotic or mood-stabilizing medication might lead to nonpharmacological benefits, such as more regular contact with health care staff, psychological interventions, or support from family and [caregivers]."

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Revolution in Psychiatric Genetics Rapidly Gains Steam

A "sea change" in the genetic understanding of psychiatric disorders has been extraordinarily productive over the last decade.

BY AARON LEVIN

The long era of nonreproducible findings in the genetics of mental illness is over—or should be, said Matthew State, M.D., Ph.D., a professor and chair of psychiatry at the University of California, San Francisco, in a lecture at APA's 2014 annual meeting in New York in May.

The use of the candidate-gene approach produced results that were difficult, if not impossible, to be duplicated by other labs and led to "genetics fatigue," said State. However, a shift to genome-wide association studies (GWAS) led to significant—and replicated—discoveries over the last decade.

In addition to the GWAS approach, larger sample sizes and advances in high-throughput screening technology have offered novel insights into pathophysiology, he said. The most recent study from the Psychiatric Genetics Consortium (consisting of 60 groups in 17 countries) reported on the sequencing of 21,000 individuals.

David Hathcox

Psychiatric genetics has made great strides in recent years, said Matthew State, M.D., Ph.D., "but it's still a long way from a region on a chromosome to explaining human behavior."

Costs are now lower, too. Sequencing a complete human genome cost $3 million in 1998, compared with $550 today.

By one standard, at least, genetics is easy, said State. After all, there are 100 billion neurons and 100 trillion synapses in the brain, but a mere 3 billion base pairs in the human genome.

"We're looking not for a gene but for differences in the sequences or structure of the DNA that changes the instructions on how a protein is created, operates, or regulates," he said.

Genetic understanding of autism and schizophrenia is the most advanced of all mental disorders at present, with bipolar disorder close behind, he noted. Advances have been slower in studies of depression and attention-deficit/hyperactivity disorder.

In autism, early successes came with monogenic syndromes like Fragile X, but recent progress has come from gene variants with small effects. Studies of submicroscopic chromosome structure and de novo copy-number variations in autism, for instance, have led to well-replicated identification of 10 genes, most involved in chromatin modification and the regulation of gene expression. A forthcoming paper will add another 25 genes to that list, he said.

If rare de novo variations appear to produce larger effects in autism, discoveries so far in schizophrenia seem to show more numerous common variations, each with small effects. Perhaps 6,000 to 10,000 single nucleotide polymorphisms contribute to schizophrenia risk, but odds ratios rarely exceed 1.2—"tiny increments overall," he explained.

Another key finding is the significant overlap in de novo gene mutations across several diagnostic categories, including schizophrenia, autism spectrum disorder, major depression, epilepsy, intellectual disability, and bipolar disorder.

"Genes haven't read any version of the *DSM*," said State. "The same variation can lead to classic autism in one person or classic schizophrenia in another, and this is exploding our notion that genes equal diagnosis."

Discovery of a gene variant isn't enough, State pointed out. Researchers have to know in which cells, in which brain region, in combination with which other genes, and at what time during development it is turned on or off. Autism gene variants discovered so far appear to operate during mid-fetal development, not an easy time for intervention, he noted.

"The challenges are new, but the field is moving quickly to meet them," State said. "This bottom-up approach offers a way to build from the genome through neurons and the brain, to complex behavior in a way that will lead to a new fundamental understanding of psychiatric disorders." PN

More Clinical Focus Needed on Youth With DMDD

Youth who erupt with anger on a regular basis are at heightened risk for an anxiety or depressive disorder as young adults, but anxiety or depression treatment at an early age might head off many of their problems.

BY JOAN AREHART-TREICHEL

The outlook for youngsters who are persistently irritable and who frequently erupt in anger is "bleak," a new study published April 29 in *AJP in Advance* has found.

The study was conducted by researchers at Duke University and the University of North Carolina. The lead researcher was William Copeland, Ph.D., an assistant clinical professor of psychiatry and behavioral sciences at Duke.

In 1992, researchers involved in the current study launched the Great Smoky Mountains Study to evaluate the mental health of children living in the western Smoky Mountains region of North Carolina and followed participants' mental and physical health as they grew up. The participants lived in either rural or urban areas, and many of the youth were Native Americans, a minority that has been underrepresented in mental health studies.

Persistent irritability punctuated by frequent temper outbursts is a hallmark of disruptive mood dysregulation disorder (DMDD). Although DMDD was only officially recognized with the publication of *DSM-5*, its criteria overlap with those of oppositional defiant disorder and depression. Thus the researchers decided to use mental health interview results from 1,420 Great Smoky Mountains Study subjects when they were aged 10 to 16 to ascertain how many of the subjects would have met criteria for DMDD at those ages.

About 4 percent of the subjects would have met the criteria, the researchers learned.

They then compared the outcomes from the subjects when they were aged 19 to 25 who would have met criteria for DMDD as children with the outcomes at ages 19 to 25 of subjects who would not have met DMDD criteria.

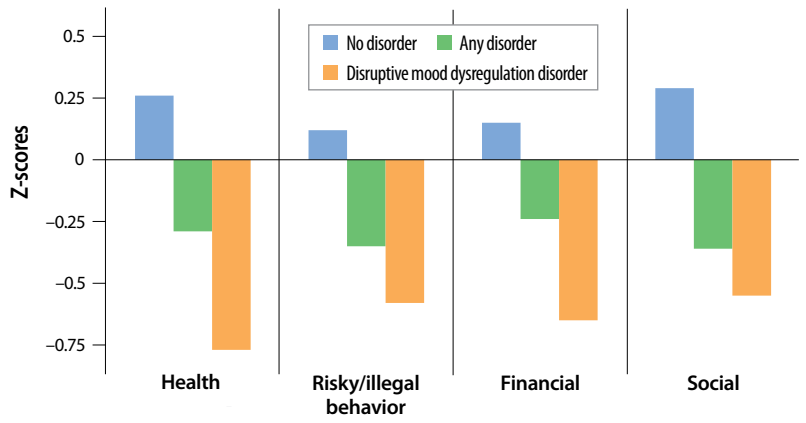
Subjects who would have met the DMDD criteria were significantly more likely to have a depressive or anxiety disorder as young adults than were subjects who as children had had no mental disorders and subjects who as children had had other types of mental disorders.

In addition, subjects who would have met the DMDD criteria as children were significantly more likely as young adults to have experienced a serious illness, a sexually transmitted disease, police contact, physical fighting, felony charges such as breaking and entering,

*see **DMDD** on page 31*

The Outlook for Youth With DMDD Can Be Troubling

Youth with DMDD fared worse as young adults in the health, finan ce, social, and risky/illegal behavior domains than did peers with no mental disorders. Youth with DMDD also did worse as young adults in these domains than did those with other types of mental disorders.



Source: William Copeland, Ph.D., et al, *AJP in Advance*, April 29, 2014

Lithium Use in Pregnancy May Contribute To Birth Defects, Miscarriages

Choosing the best treatment for expectant mothers with bipolar disorder is not a "one-size-fits-all" situation.

BY VABREN WATTS

Auremar/Shutterstock

Researchers from the Israel Ministry of Health in Jerusalem and the Motherisk Program at the Hospital for Sick Children in Toronto evaluated the impact of lithium exposure on pregnancy and the likelihood of birth defects in offspring.

The lifetime prevalence of bipolar disorder is approximately 1 percent to 2 percent, which puts women with the disorder at risk for episodes throughout their reproductive years, and increases the risk for congenital abnormalities in offspring associated with maternal use of mood stabilizers during pregnancy, said Orna Diav-Citrin, M.D., lead author and a researcher at the Israel Ministry of Health, in an interview with *Psychiatric News*.

Since the 1970s, multiple studies have suggested a link between lithium exposure during pregnancy and pathophysiologies that are present at birth, such as Ebstein's anomaly—a rare heart abnormality characterized by a defective tricuspid valve. "However," said Diav-Citrin, "studies seeking to confirm this risk and other teratogenic risks of lithium have been inconsistent."

In the current study, published April 29 in *AJP in Advance*, Diav-Citrin and colleagues evaluated 183 women with bipolar disorder who were exposed to lithium during pregnancy and 748 pregnant women with bipolar disorder who were not exposed to lithium. Participants were assessed on rates of miscarriage, preterm birth deliveries, and cardiovascular anomalies in their offspring.

Results showed that the lithium-exposed subjects were nearly five times more likely to have a miscarriage or elective termination of pregnancy than their non-lithium-exposed counterparts. In addition, cardiovascular anomalies—assessed by fetal echocardiography—were seven times more likely to occur during the first trimester of pregnancy in women exposed to lithium than those who were not exposed. The rate for preterm delivery was approximately 14 percent in the lithium group, compared with 6 percent in the group without lithium exposure.

The authors emphasized that while outcomes from the current study showed lithium exposure during pregnancy to be associated with higher rates for teratogenic risks—especially for cardiovascular anomalies—than did previous studies, "lithium remains one of the mainstays for therapy of bipolar disorder during pregnancy, since clinical alterna-

*see **Lithium** on page 30*

CLINICAL & RESEARCH NEWS

Link Seen Between Mental Disorders, Diabetes in New Study

Findings about a link between diabetes and both eating disorders and intermittent explosive disorder reinforce the importance of integrating psychiatric and general medical care.

BY JOAN AREHART-TREICHEL

In a large international study, researchers found an association among binge-eating disorder, bulimia nervosa, depression, and intermittent explosive disorder and the later occurrence of type-2 diabetes.

The study was headed by Peter de Jonge, Ph.D., a professor of psychiatry at the University of Groningen in the Netherlands, who along with colleagues conducted face-to-face household surveys of some 52,000 community-dwelling adults in 19 countries. Most of the surveys were based on nationally representative household samples, except for those from Colombia, Mexico, and China, which were based on representative household samples in urban areas.

The results are published in the April *Diabetologia,* the journal of the European Association for the Study of Diabetes.

The World Health Organization Composite International Diagnostic Interview was used to retrospectively evaluate the lifetime prevalence and age at onset of 16 *DSM-IV* psychiatric disorders, including several anxiety disorders, mood disorders, impulse control disorders, and substance use disorders. Anorexia nervosa was excluded because there was too low a prevalence of it in the study population to produce reliable analyses.

Subjects were also asked whether their physicians had diagnosed them for type-2 diabetes, and if so, when the diagnosis occurred.

The researchers then looked to see whether they could find any significant links between the mental disorders of interest and subjects' subsequent diagnosis of type-2 diabetes, while taking comorbidity of the various mental disorders into account.

Their data did point to links between diabetes and four mental disorders—binge-eating disorder, bulimia nervosa, major depressive disorder, and intermittent explosive disorder. The odds ratio for developing diabetes was especially high for individuals with binge-eating disorder or bulimia—3 to 1 in the case of the former and 2 to 1 in the case of the latter.

"These findings support the focus on depression as having a role in diabetes onset, but suggest that this focus may be extended towards impulse-control disorders," the researchers said.

They suggested that the association between binge eating and diabetes and between bulimia and diabetes "point to the importance of glucose dysregulation. . .which may eventually result in later diabetes." As for the link they found between intermittent explosive disorder and later development of diabetes, it's possible that it might be explained by "low levels of HDL cholesterol and decreased serotonin functioning, both of which have been associated with aggression and diabetes."

The findings also have clinical implications, the researchers pointed out. For example, if depression is indeed a risk factor for type-2 diabetes, and if it is successfully treated, could such treatment decrease the chances of people developing type-2 diabetes? "This is theoretically plausible, since the typical age of onset of depression is considerably lower than the typical age of diabetes onset," they noted.

Also, the lifetime rate of major depressive disorder in individuals with eating disorders has been found to be as high as 50 percent to 75 percent, they said. It thus "remains possible for a person to develop an eating disorder, become depressed later on, and in the end develop diabetes. Targeting the eating disorder in this case will theoretically be a far more promising approach [to preventing diabetes] than focusing solely on depression."

"Perhaps further studies could evaluate the possibility that impulse-control disorders, including eating disorders and intermittent-explosive disorder, may serve as risk factors for depression and diabetes, or that these disorders are expressions of an underlying pathology that might lead to diabetes."

"Although affective disorders are well known to be associated with diabetes, this international epidemiological study finds an association between glucose dysregulation and a variety of other psychiatric disorders as well," psychiatrist Thomas Wise, M.D., medical director of Inova Health Systems in Falls Church, Va., and a psychosomatic medicine expert, said in an interview with *Psychiatric News*. The research also "reinforces the urgent need to develop practical models of psychiatric integration into primary and specialty care settings to work as part of a team utilizing disease and behavioral approaches for such serious comorbid disorders."

The study was funded by the National Institute of Mental Health, the John D. and Catherine T. MacArthur Foundation, the Pfizer Foundation, multiple international organizations, and several pharmaceutical companies. PN

An abstract of "Association Between *DSM-IV* Mental Disorders and Diabetes Mellitus: A Role for Impulse Control Disorders and Depression" is posted at http://link.springer.com/article/10.1007/s00125-013-3157-9.

CSF Biomarkers Studied as Factors To Predict Schizophrenia Onset

Biological indications, such as changes in cerebrospinal fluid molecules, in young people at risk of developing schizophrenia might lead to earlier treatment and better outcomes.

BY JOAN AREHART-TREICHEL

Could certain molecules in the cerebrospinal fluid eventually help predict the onset of psychosis?

That is a possibility, a study led by Lindsay Hayes, Ph.D., a postdoctoral fellow at the Johns Hopkins Schizophrenia Center, and Akira Sawa, M.D., Ph.D., director of the center, found. The results were published online April 17 in *Schizophrenia Bulletin.*

Since recent evidence suggests that the immune system in conjunction with infection might play a role in the pathology of schizophrenia, Hayes, Sawa, and colleagues conducted a study to determine whether various immune system molecules in the cerebrospinal fluid might correlate with the presence of schizophrenia or with its prodromal phase.

Lindsay Hayes, Ph.D.

Lindsay Hayes, Ph.D.: "The next critical step will be to determine which markers can accurately predict conversion to a psychotic disorder. . . ."

The study included 46 subjects with *DSM-IV*-diagnosed schizophrenia; 15 subjects at risk of schizophrenia according to one of three criteria—attenuated positive symptoms, brief limited intermittent psychotic symptoms, or a recent decline in function combined with having a first- or second-degree relative with a history of a *DSM-IV* psychotic disorder—and 35 control subjects. None of the subjects with schizophrenia or at risk for the disorder were taking antipsychotic medications, although a few at-risk subjects were taking low-dose benzodiazepines.

Cerebrospinal fluid from each of the subjects was evaluated for levels of 90 different molecules. Most of these molecules had primarily immune-system functions; some, such as testosterone and adiponectin, did not. "However, there is some evidence that testosterone may also have some immune modulatory roles," Hayes told *Psychiatric News.*

The researchers found significant differences between the schizophrenia group and the control group, as well as between the schizophrenia-risk group and the control group, on levels of 15 of the 90 molecules assessed. This led them to the belief that these molecules may play a role in the origins of schizophrenia.

They discovered as well that the levels of six of these molecules—alpha-2-macroglobulin, fibrinogen, interleukin-6 receptor, stem cell factor, transforming growth factor alpha, and tumor necrosis factor receptor two—were even more decreased in the schizophrenia-risk group than in the group that already

see ***Biomarkers*** *on facing page*

'DICE' Rolls to New Approach For Treating Dementia Symptoms

Neuropsychiatric symptoms affect 98 percent of individuals with dementia at some point in the disease course, so an approach that minimizes medication use would be welcome.

BY VABREN WATTS

Lisa F. Young/Shutterstock.

A new approach to alleviate agitation and aggression associated with dementia may help reduce the use of psychiatric medications that are often prescribed to individuals with neurocognitive decline—potentially making life easier for patients and their caregivers.

A team of neurocognitive experts from the University of Michigan and Johns Hopkins University proposed in the April 29 *Journal of the American Geriatrics Society* an alternative method to help reduce unfavorable neuropsychiatric symptoms (NPS) that are often associated with dementia.

"Often, more than memory loss, behavioral symptoms of dementia are among the most difficult aspects of caring for people with dementia," said Helen Kales, M.D., lead author and director of the Section of Geriatric Psychiatry and the Program for Positive Aging at Michigan. "These symptoms are experienced almost universally. . . ."

According to the authors, NPS affects 98 percent of individuals with dementia at some period in the disease course, and NPS management accounts for 30 percent of the cost for caring for patients with dementia in community settings. Symptoms include depression, psychosis, agitation, aggression, apathy, sleep disturbances, and disinhibition.

"These symptoms are often associated with poor outcomes including early nursing-home placement, hospital stays, caregiver stress and depression, and reduced caregiver employment," explained Kales.

The Food and Drug Administration has not yet approved any medications to treat NPS associated with dementia, yet psychotropic medications are frequently prescribed to manage these symptoms. In the limited studies of proven pharmacological efficacy for NPS, it was suggested that significant risks for adverse effects could hamper the benefits of off-label use of the drugs. For this reason, Kales told *Psychiatric News* it's necessary to seek out nonpharmacological treatment modalities.

The newly developed approach, dubbed DICE—which was presented last month to a standing-room-only audience at APA's annual meeting—focuses on the implementation of behavioral and environmental modifications as a first-line method to alleviate neuropsychiatric symptoms.

The components of DICE, which is a four-step approach, are as follows:

- **D: Describe**—Asking the caregiver, and the patient if possible, to describe the "who, what, when, and where" of situations in which problem behaviors occur and the physical and social context for them. These observations will be shared with caregivers.

- **I: Investigate**—Having the health provider look into all aspects of the patient's health, including dementia symptoms and current medications and sleep habits, that might be combining with physical, social, and caregiver-related factors to produce the behavior.

- **C: Create**—Working together, the patient's caregiver and health care providers develop a plan to prevent and respond to behavioral issues, including everything from changing the patient's activities and environment to educating and supporting the caregiver.

- **E: Evaluate**—Giving the provider responsibility for assessing how well the plan is being followed and how it's working, or what might need to be changed.

University of Michigan

Helen Kales, M.D. says it's time to seek out other modalities for treating neuropsychiatric symptoms of dementia than the usual off-label use of psychotropic medication.

The authors recommended that clinicians prescribe psychotropic drugs only after they and the patient and caregiver have made significant efforts to change unfavorable behaviors in dementia patients through environmental modifications and other interventions, with exceptions related to severe depression, psychosis, or aggression that present risks to the patient or others.

Proposed modifications that may aid in easing the burdens of patients with dementia and their caregivers included increasing patient physical activity to reduce boredom and feelings of irrelevance, increasing communication between patient and caregiver, and educating caregivers on underlying factors that may trigger NPS.

"Rather than 'rolling the dice' with the usual care approach of prescribing a medication with 'risk/benefit' concerns. . .

*see **DICE** on page 30*

Biomarkers

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had schizophrenia, while the levels of three of these molecules—interleukin-8, monocyte chemotactic protein 2, and testosterone (in males only)—were more elevated in the schizophrenia-risk group than in the group that already had a schizophrenia diagnosis.

It is thus possible that such excessively decreased or increased levels might serve as predictive biomarkers for the onset of schizophrenia, the researchers hypothesized.

"However, this data is very preliminary and needs to be validated with additional large cohorts and in longitudinal studies to confirm their predictive impact," Hayes cautioned.

"This is an interesting study," Alan Brown, M.D., a professor of psychiatry and epidemiology at Columbia University, said in an interview with *Psychiatric News*. Brown has conducted research on infectious agents that might be linked to development of schizophrenia. "The study's strengths include the fact that the cerebrospinal fluid is being measured, which is directly indicative of neuroinflammation, and the inclusion of subjects with at-risk mental states, which decreases, at least to some degree, the possibility of the influence of confounding factors, such as those associated with lifestyle differences."

However, "Since many analytes were measured, one needs to be somewhat cautious in interpretation given the multiple comparisons," Brown pointed out. Yet the finding that "the abnormalities appeared to be greater in those with at-risk mental states than with schizophrenia suggests that a longitudinal study with cerebrospinal fluid immunologic biomarkers in the same individuals tested at different time points could be very promising."

The study was funded by the National Institutes of Health, the Brain and Behavior Research Foundation, and the Stanley Medical Research Institute. PN

An abstract of "Inflammatory Molecular Signature Associated With Infectious Agents in Psychosis" is posted at http://schizophreniabulletin.oxfordjournals.org/content/early/2014/04/16/schbul.sbu052.abstract.

VIEWPOINTS

A Surgeon's Legacy to Psychiatry

BY MICHAEL MYERS, M.D.

"How could I possibly turn down an opportunity to speak at the annual meeting of APA? I'm responding as fast as I can, before you change your mind." This is the email I received from Dr. Sherwin Nuland when I invited him to give a keynote lecture at the APA annual meeting in Philadelphia in May 2012.

Humility and understated humor were emblematic of this talented, wise, accomplished, and renowned surgeon, writer, and ethicist. As the title of his address—"The Goodness of the Physician: From Hippocrates to High-Tech"—suggests, his words were far-ranging and full of resonance for the audience that ranged from members-in-training to APA Lifers.

Sherwin "Shep" Nuland, who died March 3, at age 83, was a great friend of American psychiatry. I was first "introduced" to him in 1994 when I devoured his groundbreaking book, *How We Die: Reflections of Life's Final Chapter*, which won the National Book Award that year and was a finalist for the Pulitzer Prize in 1995. His thesis was that modern medicine was becoming antithetical to the notion of having a "good death," that our heroic and well-intentioned life-sustaining efforts were preventing many of us from dying with dignity.

Death was very much on my mind in those days, as many of my patients were dying of AIDS and I was attending far too many funerals. Further, at the APA annual meeting in 1994, I had shown my second videotaped interview with a 35-year-old physician who spoke to me about living with and dying of this relentless and incurable disease six weeks before he died. This documentary videotape and sections of Shep's book became companion pieces in my teaching of medical students and residents over the next several years. They both served to highlight and honor the humaneness in the everyday practice of medicine.

Shep and I finally met in person in 2003 when I attended a lecture that he gave in New York City on the life and work of Semmelweis. He had just released another book, his memoir, *Lost in America: A Journey With My Father,* about the very complicated relationship with his father Meyer Nudelman. In the canon of in-depth, dynamic studies of the father-son dyad, this volume is a classic. But *Lost in America* is also about Dr. Nuland's year-long hospitalization in the 1970s for an implacable obsessional disorder and depression.

I invited him to give a keynote address at the next International Conference on Physician Health, which was held in Chicago in 2004. His passionate and heartfelt personal account was the highlight of the three-day meeting. Seized with emotion as he relived that painful period of his life, Shep paused to regain his composure and said, "I apologize. I think I'm going to have to read the rest of my story from my notes."

This lecture and an earlier TED Talks presentation in 2001 in which he described receiving ECT are two further examples of Shep's gift to psychiatry. As a grateful patient, he has joined us in our battle to fight stigma—both by educating the public about the illness of depression and by promoting the life-saving benefits of ECT. A recipient of many awards, he was most proud of being granted the Ken Book Award from the National Alliance on Mental Illness in 2004.

As a specialist in physician health, I have one final salute to this great man. Shep has helped countless doctors who, because of internalized stigma, are living in fear and silence with untreated mental illness. His words and actions have comforted many of them as they pick up the phone and reach out to us for treatment. I am so grateful that I got the chance to tell him that over breakfast in Philadelphia.

May his memory be a blessing. PN

Michael Myers, M.D., is a professor of clinical psychiatry at SUNY Downstate Medical Center in Brooklyn, N.Y.

Lithium

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tive mood stabilizing medications [such as valproic acid and carbamazepine] are confirmed to be human teratogens or have questionable effectiveness [such as lamotrigine] in the context of mania."

"Treating women with bipolar disorder during pregnancy is a challenge," said Diav-Citrin, "and decisions should be made on an individual basis."

Nada Stotland, M.D., a professor of psychiatry at Rush University in Chicago and an expert in OB-GYN issues in psychiatry, agreed.

"It is not a 'one-size-fits-all' situation," Stotland told *Psychiatric News*. "There are several factors to be considered when treating bipolar disorder in women who are pregnant," she explained. "If the patient has had a history of full-blown manic or depressive episodes, physicians should really think of the mental health consequences that may arise if that patient is taken off medication. In the case of patients with milder episodes and a strong support system, lessening dosages could be considered in the first trimester."

Stotland, a former president of APA, emphasized that choosing the best treatment for expectant mothers with bipolar disorder requires much evaluation and that clinicians should "balance the risks of lithium exposure during pregnancy against the risk and consequences of not treating bipolar disorder." PN

An abstract of "Pregnancy Outcome Following In Utero Exposure to Lithium: A Prospective, Comparative, Observational Study" is posted at http://ajp.psychiatryonline.org/article.aspx?articleID=1866346.

DICE

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the use of the DICE approach provides an evidence-informed pathway to conduct the assessment of behavioral symptoms of dementia . . . that can be integrated into diverse practice settings," Kales stated.

The proposal for the DICE approach was funded by the Program for Positive Aging at the University of Michigan, the Johns Hopkins Alzheimer's Disease Research Center, and the National Institutes of Health. PN

An abstract of "Management of Neuropsychiatric Symptoms of Dementia in Clinical Settings: Recommendations From a Multidisciplinary Expert Panel" is posted at http://onlinelibrary.wiley.com/doi/10.1111/jgs.12730/abstract;jsessionid=D3CF820FE32066294DB57C39315F3EE5.f02t01.

Lieberman

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our lifetime, then we need to seize this opportunity. . . . Our future is now. We have been waiting, many of us our whole lives, for the chance to change the way the world thinks of psychiatry and the way we think of ourselves as psychiatrists. Let's use the momentum we have to plunge ahead into the next year with our confidence brimming, our energy renewed, and our sights set high."

He cited 10 goals, which he described as landmarks that APA will achieve. They are

- **Public perception of mental illness and psychiatry will change.** "We will better educate the public and the media about what mental illness is, what psychiatry does, and what our role in the future of health care in the U.S. will be. As a result, the public will gain a more accurate and respectful understanding of mental illness and psychiatry."

- **Psychiatry will return to its rightful place in the house of medicine.** "Driven by scientific advances and economic forces, psychiatry will increasingly become a scientifically based discipline, achieve capabilities to diagnose and treat patients with mental disorders that previously would have been unimaginable, and in doing so rejoin the family of medicine."

- **APA will be a strong voice and respected presence in the political arena.** Lieberman said APA, with the leadership of CEO and Medical Director Saul Levin, M.D., M.P.A., and through its Division of Advocacy, will proactively develop productive relationships with the White House and Congress. "This will foster constructive legislation and policies favorable to psychiatry and people with mental illness," he said. "Simply put, to win the game, we must be in the game."

- **Psychiatry will benefit from biomedical research.** "Mental illness is right in the sweet spot of the Human Brain Initiative that President Obama announced this year, which will support the development of new, powerful forms of neurotechnology."

- ***DSM* will be a living instrument.** "As the caretaker of the *DSM*, APA will ensure that it is managed responsibly and by the most rigorous scientific and ethical standards. Toward this end, we have convened a *DSM* Steering Committee, chaired by Paul Appelbaum and co-chaired by Ken Kendler and Ellen Liebenluft, composed of elite clinicians and top researchers to iteratively revise *DSM-5* following nosologically significant scientific breakthroughs rather than at decades-long intervals."

- **APA will work with a coalition of mental health organizations to ensure that health care legislation is implemented properly so that mental health care providers and patients receive all the benefits to which they are entitled**. "The goals of providing quality mental health care and eliminating stigma are too important to allow parochial interests to limit progress," he said.

- **Training programs will change to reflect the impact of health care reform and scientific progress**. "APA, working with AADPRT and the American Board of Psychiatry and Neurology will revise and update training programs to prepare future generations of psychiatrists for the roles and services they will be called upon to provide in the brave new world of 21st-century health care," he said.

- **Governments, health care policy makers, and nonpsychiatric medical colleagues will finally understand that "there is no health without mental health."** Lieberman said that as a result, mental health care will be integrated into diverse care settings with an emphasis on primary care, and the changes that will occur in mental health as a result of scientific advances and health care reform will lead to improved quality of care. "As Patrick Kennedy is fond of saying, 'everyone deserves a checkup from the neck up!' " he said.

- **Under the leadership of APA's new CEO/medical director and continued strong elected leadership, APA will more effectively represent the interests of psychiatry and people with mental illness**.

- **We will dispel the ambivalent relationship that our society has historically had with psychiatry**. "Most people, at some point in their life, will need a psychiatrist, although they may not know it or will not admit it," he said. "Yet psychiatry is a mystery to most people, and many are ambivalent about its value."

Lieberman concluded by saying that he believes psychiatry has reached a point in its evolution where "it can break free of the ignorance, mystery, and stigma with which it has been historically associated." He added, "APA must lead the way. Today we celebrate the progress we've made as an organization, as a field of medicine, and the prospect of a better future. This is our opportunity to change the practice and perception of psychiatry for the better and as never before. Last year, standing on the stage in San Francisco, I told you that `our time has come.' Today I say to you that our future is now!" PN

DMDD

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low educational attainment, violent relationships, social isolation, and impoverishment than subjects who had not had any mental disorders during childhood.

And subjects who would have met DMDD criteria as children were significantly more likely to experience serious illness, sexually transmitted disease, police contact, low education, and impoverishment than were subjects who had other types of mental disorders as youth.

Thus, "The long-term prognosis of children with DMDD is one of pervasive impaired functioning that, in many cases, is worse than that of other childhood psychiatric disorders," the researchers said in their report. "Our analysis suggests that this bleak prognosis includes increased health problems, continued emotional distress, financial strain, and social isolation. For most children, development provides a constant series of opportunities for recovery and rehabilitation, but for children with DMDD, the accumulation of early failures may perpetuate a lifetime of limited opportunity and compromised well-being. As such, children with persistent irritable mood punctuated by frequent outbursts—regardless of what we call this cluster of symptoms—should be a priority for clinical care and treatment development."

Commenting on the study for *Psychiatric News*, Ellen Leibenluft, M.D., chief of the Section on Bipolar Spectrum Disorders at the National Institute of Mental Health and an expert on DMDD, said, "What we learn is that children with DMDD are at increased risk for anxiety and depression when they grow up. The fact that they are at risk for anxiety and depression is consistent with research looking at outcomes for irritability generally. But it is helpful to have the finding confirmed in a sample in which the researchers explicitly applied criteria for DMDD."

"Particularly interesting about this study," she added, "is how it demonstrates the severe impairment that children with DMDD experience as adults, even when compared with children who have other psychiatric disorders. We already knew how impairing the condition was in children. Now we know that it continues to have long-term adverse consequences as well."

The challenge now, Leibenluft continued, is to determine whether first-line treatments for anxiety or depressive disorders, such as SRI antidepressants or cognitive-behavioral therapy (CBT), can help children with DMDD. "Actually we are conducting a clinical trial at NIMH to answer this question."

"But until the answer is in, clinicians should feel comfortable about using SRIs or CBT to treat children with DMDD and comorbid anxiety or depressive disorders," she said. "SRIs, of course, are relatively contraindicated in children who have bipolar disorder, but the psychiatric literature suggests that DMDD is not a strong predictor of bipolar disorder."

The study was funded by the National Institute of Mental Health, the National Institute on Drug Abuse, the Brain and Behavior Research Foundation, and the William T. Grant Foundation. PN

An abstract of "Adult Diagnostic and Functional Outcomes of *DSM-5* Disruptive Mood Dysregulation Disorder" is posted at http://ajp.psychiatryonline.org/Article.aspx?ArticleID=1866347 .

Antipsychotics

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Patients of both sexes benefited from antipsychotic treatment when they were diagnosed with a psychotic disorder, but crime declined only among men taking a mood stabilizer, not among women, the researchers pointed out. Finally, crime decreased when an antipsychotic was added to a mood stabilizer but not when the reverse occurred. Depot antipsychotic formulations worked as well as oral drugs.

Aside from the higher adherence implied by the use of depot medications, the physician is alerted if patients do not show up for their next injection and can mobilize resources to find these patients and get them back on their regimen, said Swartz.

"[The] potential effects [of these drugs] on violence and crime should also be taken into account in decisions about management for these groups of patients," concluded Fazel and colleagues. PN

An abstract of "Antipsychotics, Mood Stabilisers, and Risk of Violent Crime" is posted at http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)60379-2/abstract.

Murphy

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News, March 6).

A licensed clinical psychologist, Murphy described his experience working as a volunteer at Walter Reed Army Medical Center with veterans who had posttraumatic stress disorder. He also recounted several case examples from his home state of Pennsylvania of individuals with serious mental illness, who were unable to access treatment and later killed themselves or others.

In January 2013, not long after the deadly Newtown, Conn., elementary school shooting, the Energy and Commerce Subcommittee on Oversight and Investigations (of which Murphy is chair) launched a top-to-bottom review of the country's mental health system. The investigation showed that the approach by the federal government to mental health care is a chaotic patchwork of antiquated programs and ineffective policies across numerous agencies.

"I support an integrated care model of delivering a spectrum of services to people with mental illness," he emphasized in his speech to the Assembly. "Within that context you need medication, evidence-supported psychotherapeutic techniques, community services, employment services, and inpatient care. All of these are critically important. But it's not something we allow in many cases because we don't have the mechanisms working for us. . . . We have almost 10 million Americans with a serious mental illness. Tragically, they wait an average of 112 weeks before they receive care. . .over two years, even though we know that early treatment makes a huge difference in prognosis. . . . These are the cases we are dealing with when we look at the Adam Lanzas and Jared Loughners and others. The question is, are these people getting treatment, and in many cases, the answer is no."

In response to the review's findings, Murphy wrote the Helping Families in Mental Health Crisis Act. Among the things the legislation would accomplish are the following:

- Create an office of the Assistant Secretary for Mental Health and Substance Use Disorders within the Department of Health and Human Services to coordinate federal government programs and ensure that recipients of the community mental health services block grant apply evidence-based models of care developed by the National Institute of Mental Health. The assistant secretary will ensure that federal programs are optimized for patient care and minimize bureaucracy.

David Hathcox

Rep. Tim Murphy (R-Pa.) received a standing ovation at the APA Assembly following an impassioned talk in which he discussed the need to fix the country's broken mental health system.

- Reauthorize funding for mental health courts and require the Department of Justice to collect more data on interactions between the police and people with mental illness. The bill also authorizes grants to be used for mental health training of law enforcement and corrections officers.

- Apply rigorous quality standards for a new class of Federally Qualified Community Behavioral Health Clinics requiring them to provide a broad range of mental health and primary care services.

- Advance telepsychiatry to link pediatricians and primary care physicians with psychiatrists and psychologists in areas where patients do not have access to mental health professionals using a model based on a successful statewide project in Massachusetts.

- Promote alternatives to long-term inpatient care, including court-ordered assisted outpatient treatment (AOT). AOT allows the court to direct treatment in the community for the hardest-to-treat patients—the less than 1 percent of people with serious mental illness—who have a history of arrest, repeat hospitalizations, and violence associated with their mental illness.

"I say let's start changing the environment to give these [patients] the tools they need to get better," Murphy told Assembly members. "They have a right to get better!"

(A report on actions taken by the Assembly at its May meeting will appear in the next issue.) PN

To see a video of Murphy's address to the Assembly and for more information about the Helping Families in Mental Health Crisis Act, go to http://www.psych.org/advocacy--newsroom/advocacy/h-r--3717-helping-families-in-mental-health-crisis-act.