

Help for Depression

*New approaches
finding success 2*

ALSO INSIDE...

Updates 1

Groundbreaking
Study 3

ADHD Brain Study 4



OUT OF A TOTAL POPULATION of about 320 million, 61.5 million Americans—almost 20 percent—suffer from mental illness. About 20 percent of youth have a severe mental illness, and mental disorders are among the leading causes of disability in the United States. Even more troubling, 60 percent of adults and 50 percent of youth with mental health disorders have not received treatment in the past year.

Given those statistics, it's no surprise that we in the Department of Psychiatry and Behavioral Neuroscience and UC Health Psychiatry receive hundreds of calls for help each week. It's a seemingly impossible situation, but we're working as hard as we can to help everyone who reaches out to us. In the past year, we've improved access for outpatient and inpatient services, and our patient

OUR MISSION To acquire and refine medical and scientific knowledge and then to apply it through education and clinical service toward high-quality, evidence-based treatment of people suffering from mental illnesses.

OUR VISION To be international leaders advancing the diagnosis and treatment of psychiatric disorders.

satisfaction numbers bear us out: They've gone from as low as 66 percent just a few years ago to consistent readings in the 90th percentile and above since 2013. Ease of scheduling numbers have also risen into the 90s.

At a recent State of the Department presentation, I laid out our clinical goals for the coming year. In the short term, they include fine-tuning our existing novel clinics, including collaborative care, transplant, HIV and transitional care, and adding transplant and collaborative care services. As you will read elsewhere in this newsletter, we are tackling treatment-resistant depression by instituting transcranial magnetic stimulation (TMS) and ketamine dosing and expanding electroconvulsive therapy (ECT). We're also looking to optimize outcomes by identifying clinical pathways for Psychiatric Emergency Services patients (over 8,800 visits last year).

In the long term, we must broaden the spectrum of care to reduce reliance on inpatient hospitalization. This can be done through support of prevention programs,

an increased presence for psychiatric services through the UC Health system and Greater Cincinnati region with collaborative care clinics, and development of a telepsychiatry program. Closer to home, we're looking to expand student mental health services at UC, including addiction services.

Our faculty and provider numbers are growing, but so is demand for our services. We need your ongoing support in our struggle against mental illness and hope that you will continue to follow our progress on our website (psychiatry.uc.edu), through Twitter (@UC_Psychiatry) and with these letters.

Melissa P. DelBello, MD, MS
Dr. Stanley and Mickey Kaplan Professor and Chair
Department of Psychiatry and Behavioral Neuroscience

On the cover: Faculty members Stephen Rush, MD (left), Cheryl McCullumsmith, MD, PhD, and Cal Adler, MD, are part of the UC Mood Disorders Center team that is bringing new approaches to treatment-resistant depression. *Story, Page 2.*

CONTACT:
Voice 513-558-0448
Fax 513-558-2910
Email richard.puff@uc.edu

Director of Development
Allen Chapa
Voice 513-556-6374

Editor
Keith Herrell

Published by:
UC Academic Health Center
Public Relations and Communications
PO Box 670550
Cincinnati, OH 45267-0550

Photography by UC AHC Photography

For address changes or to unsubscribe:
513-556-6374 or a.chapa@uc.edu

www.psychiatry.uc.edu

AFFILIATES:



CINCINNATI
PSYCHOANALYTIC
INSTITUTE
Resolving Life's Issues through In-depth Understanding



TO MAKE A DONATION TO THE DEPARTMENT, please call 513-556-6374 or send your gift to:
UC Department of Psychiatry & Behavioral Neuroscience, Office of Development, P.O. Box 670570, Cincinnati, OH 45267-0570

NAMI SW Ohio Honors Adler as 2015 Exemplary Psychiatrist

Professor Cal Adler, MD, co-director of the UC Mood Disorders Center, was honored with the NAMI 2015 Award in Excellence for Exemplary Psychiatrist. Adler and awardees in other categories were honored Oct. 28, 2015, at NAMI Southwest Ohio's "Evening of Hope" annual benefit at Xavier University's Cintas Center.

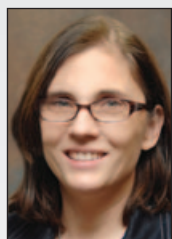


Adler

NAMI, the National Alliance on Mental Illness, is the nation's largest nonprofit, grassroots mental health education, advocacy and support organization.

McCullumsmith Gains New Role Overseeing Hospital Services

Associate Professor Cheryl McCullumsmith, MD, PhD, has been appointed



McCullumsmith

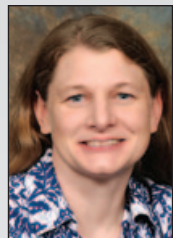
responsible for orienting and overseeing

associate vice chair for hospital services and integration in the Department of Psychiatry and Behavioral Neuroscience. Department Chair Melissa DelBello, MD, said McCullumsmith will be

the complex responsibilities of hospital-based providers. She will report to Charles Collins, MD, senior vice chair and director of clinical operations.

Wilder Named Clinical Director in Addiction Sciences Division

Christine Wilder, MD, has accepted the position of clinical director in the Addiction Sciences Division (ASD). She began her duties Sept. 1. As clinical director, Wilder will be responsible for designing, implementing and managing addiction programs and services. Planned future services include a co-occurring disorders clinic, an intensive outpatient program (IOP) and a maternal-fetal opioid addictions clinic.



Wilder

Wilder brings a wealth of experience to the Clinical Director position, including having served as the medical director for the Raleigh VA IOP Substance Use Disorders Clinic and for North Carolina Recovery Support Services, a community substance abuse treatment program. She also brings research expertise to the ASD, having completed a two-year Addiction Psychiatry fellowship at UC, and having conducted research focused on opioid

use disorders, with projects on perinatal opioid use and treatment and naloxone for opioid overdose reversal.

Stein Elected to Faculty Senate

Assistant Professor Amanda Stein, PhD, was elected as a College of Medicine representative to the UC Faculty Senate for the 2015-2017 term. She succeeds Professor Robert Krikorian, PhD, who served for the previous four years.



Stein

Both College of Medicine representatives are from the Department of Psychiatry and Behavioral Neuroscience; the other is Professor Cal Adler, MD (2014-16), who serves as the Senate's vice chair.

Fodor Returns as Interim EDDBA

Joe Fodor, former executive director, business administration (EDBA) for the Department of Psychiatry and Behavioral Neuroscience, has returned to the position on an interim basis. He replaces Jim Woodrum, who returned to Cincinnati Children's Hospital Medical Center. As interim EDDBA, Fodor will participate in an assessment of the department's organizational structure led by Department Chair Melissa DelBello, MD. A permanent EDDBA is expected to be hired by July 1, 2016.



Fodor

Chapa Director of Development

Allen Chapa has joined the UC Foundation as a director of development for the College of Medicine, with primary responsibilities in the Department of Psychiatry and Behavioral Neuroscience. A graduate of Northern Arizona University and Xavier University, he most recently was a major gift officer for the Flagstaff (Arizona) Medical Center Foundation.



Chapa

Chapa has an office in the Stetson Building and can be reached at a.chapa@uc.edu or 513-556-6374. ■

In Unexpected Circumstances, Faculty Help Save a Life

Two faculty members in the UC Department of Psychiatry and Behavioral Neuroscience and a former colleague were in the right place at the right time, and it led to a life-saving situation.

While attending the American Academy of Child and Adolescent Psychiatry annual meeting Oct. 26-31 in San Antonio, Jeffrey Strawn, MD, Sergio Delgado, MD, and former UC colleague Heather Adams, DO, responded to a security guard outside a local restaurant who had been "found down" and was unresponsive.

When the three arrived, the officer was unresponsive, not breathing and without a pulse. The three began CPR and defibrillated the patient. After approximately 12 minutes of CPR and defibrillation, the officer regained a normal cardiac rhythm and was taken to a local hospital.

"We were told later that he was recovering in the hospital," Strawn said after returning to Cincinnati. "We're just glad we were there at the right time." ■



Strawn



Delgado



Adams

New Approaches Offer Hope for Treatment-Resistant Depression

By Cal Adler, MD
Co-Director, UC Mood Disorders Center

The author William Styron once described the pain of depression as "...quite unimaginable to those who have not suffered it..." The relatively benign word "depression" doesn't do justice to very real pain described by the over 15 percent of the population that will suffer from this psychiatric disorder at some point in their life. In addition to the dark moods that give depression its name, these individuals often lose all ability to find joy in their lives; experience changes in energy, sleep and appetite; and find themselves so unable to concentrate that they may be mislabeled as suffering from dementia. Fortunately, the past few decades have seen an explosion in the number of treatments available to treat depression, including newer medications with fewer and less dangerous side effects. The range of psychotherapeutic approaches has expanded as well, to include new, effective cognitive and behavioral approaches. Nonetheless, depression remains a major source of

disability—and suicide the 10th-leading cause of death in the United States.

Many of the patients referred to the UC Mood Disorders Center have been failed by even these new treatments for depression. A common approach in these cases, rotating or combining different medications to target separate chemicals in the brain, can often be helpful. The debilitating symptoms of some patients, though, are not adequately treated by any combination of medications. These patients may be experiencing what is often termed "treatment-resistant" depression or TRD. One challenge for researchers and clinicians at the Mood Disorders Center has been to identify and apply additional clinical interventions to treat patients with TRD.

Repetitive transcranial magnetic stimulation

Repetitive transcranial magnetic stimulation (rTMS) is a new approach to treating depression that employs a powerful electromagnet to stimulate a portion of the brain, using indirect electromagnetic induction. Based on research showing that an area termed the prefrontal cortex is

involved in regulating mood, rTMS treats symptoms of depression by increasing neural activity in this region. rTMS is usually well tolerated, and has been approved by the FDA for treating TRD. The Mood Disorders Center has the newest rTMS machine available, one of only two in the region.

Electroconvulsive therapy (ECT)

In contrast with rTMS, electroconvulsive therapy (ECT) is one of the oldest treatments for depression. The natural discomfort most of us have with the idea of using electric current to treat depression has limited its use, but this visceral response reflects just how poorly understood ECT remains. Despite rather frightening portrayals in popular media, ECT can be an extremely effective and well-tolerated treatment for TRD. Many patients who elect treatment with ECT regret not having started sooner.

Intranasal ketamine

In addition to these FDA-approved treatments for TRD, the Mood Disorders Center is also starting a program to make intranasal ketamine available to patients with otherwise non-responsive symptoms of depression. Ketamine is an anesthetic medication recently found to have strong and rapid antidepressant effects for many patients, at substantially lower doses than those used during surgery.

Depression is all too often dismissed as somehow less real or debilitating than other serious medical illnesses. The continued stigma often faced by patients with depression and other psychiatric illnesses can also stand in the way of their getting the most effective treatments, but individuals facing the pain and disability of depression deserve the most rigorous and evidence-based treatments available. Most patients will respond to some combination of medications and psychotherapy. However, for those individuals whose symptoms persist there are increasing numbers of new approaches that patients can discuss with their mental health professional. There is less reason than ever for anyone to have to endure the pain of severe depression without relief. ■



Professor Cal Adler, MD, is co-director of the Mood Disorders Center at the UC Neuroscience Institute. He will be involved with the intranasal ketamine program.



McCullumsmith

Associate Professor **Cheryl McCullumsmith, MD, PhD**, associate vice chair for hospital services and integration, will be involved with the ketamine program.



Rush

Assistant Professor **Stephen Rush, MD**, will lead efforts to establish a repetitive transcranial magnetic stimulation program.



Purganan

Assistant Professor **Kristina Purganan, DO**, is leading efforts to expand the electroconvulsive therapy program.

The UC Mood Disorders Center can be reached at 513-558-MOOD (6663).

MOBILITY Study Takes Patient-Centered Approach

The announcement in April 2015 of a \$12.9 million contract award to assess strategies for minimizing obesity and weight gain in children with bipolar disorders made a big splash on the UC medical campus and beyond. Now, researchers have laid the groundwork and are enrolling the first volunteers in what is expected to be a groundbreaking clinical study.

The study, titled “MOBILITY: Metformin for Overweight and Obese Children and Adolescents with Bipolar Spectrum Disorders Treated with Second-Generation Antipsychotics,” was approved for the award from the Patient-Centered Outcomes Research Institute (PCORI), an independent, nonprofit organization authorized by Congress in 2010. It will assess whether healthy lifestyle interventions plus the diabetes drug metformin are more effective than lifestyle interventions alone in reducing weight gain and metabolic problems and improving the mental health of overweight and obese youth with bipolar disorders.

Studies have shown that patients with bipolar disorder are at greater risk than the general population for being overweight and obese, partly because of treatment with Second Generation Antipsychotic (SGA) medications associated with weight gain.

Melissa DelBello, MD, is the principal investigator at UC for the study, which also involves researchers at Cincinnati Children’s Hospital Medical Center and Long Island Jewish Medical Center in New York. Michael Sorter, MD, a professor of psychiatry and pediatrics at the College of Medicine and director of the Division of Psychiatry at Cincinnati Children’s, leads the efforts at Cincinnati Children’s, and Christoph Correll, MD, a professor at Hofstra North Shore-Long Island Jewish School of Medicine, leads the efforts at Long Island Jewish Medical Center.

“The whole basis of PCORI is that it’s patient centered,” says Jenna Nott, MOBILITY’S project director, who came to UC in July and has worked in clinical research for eight years. “A lot of the study design was driven by and developed from



Jenna Nott (right), MOBILITY’S project director, with Christy Klein, clinical research manager and direct contact for the study’s clinical sites.

The mission of the **Patient-Centered Outcomes Research Institute (PCORI)** is to fund research that will provide patients, their caregivers and clinicians with the evidence-based information needed to make better informed health care decisions. While traditional medical research is obviously important, PCORI says, “pragmatic” studies are needed to answer pressing clinical questions in the real-world setting where care occurs.

Historically, pharmacological research has been based on a strict protocol, and usually patients or participants have no say in the study design. But the MOBILITY study was modified based on feedback received from a family advisory panel, which includes five children who have been diagnosed with bipolar disorders aged 8-20 and their parents. They provide feedback to study organizers, who make changes based on what they recommend.

feedback that we received from patients and parents of children and adolescents with bipolar spectrum disorders.”

In addition to patients and family members, the MOBILITY study team is composed of representatives of national advocacy groups and major third-party payers as well as academic researchers. MOBILITY is partnering with numerous regional and national mental health facilities, including community mental health sites and agencies such as the Depression and Bipolar Support Alliance (DBSA) and NAMI (National Alliance for

Mental Illness) Southwest Ohio and the American Academy of Child and Adolescent Psychiatry. Over 20 clinical sites, many based in community settings rather than academic research centers, will participate.

MOBILITY will employ cutting-edge statistical methods to understand how treatment outcomes relate to each other and whether they differ among clinical and demographic subgroups. Co-investigator Jeff Welge, PhD, will lead a group of biostatisticians and data management experts from UC and Cincinnati Children’s. ■

Researchers Awarded \$3.23M to Study Brain Changes in ADHD Treatment

Researchers in the Department of Psychiatry and Behavioral Neuroscience received a five-year, \$3.23 million grant from the National Institute of Mental Health to investigate brain changes in response to standard psychostimulant treatment in adolescents who are experiencing symptoms of attention deficit hyperactivity disorder and have a familial risk for developing bipolar disorder.

Melissa DelBello, MD, MS, and Robert McNamara, PhD, are co-principal investigators for the study, which is recruiting up to 240 volunteers ages 13-17. They will work with Jeff Epstein, PhD, professor in the Department of Pediatrics and director of the Center for ADHD at Cincinnati Children's Hospital Medical Center, and sub-investigators from the Department of Psychiatry and Behavioral Neuroscience.

Volunteers are being recruited in three categories:

- Adolescents who are experiencing ADHD symptoms or have been diagnosed with ADHD and do not have a biological parent with bipolar I disorder.
- Adolescents who are experiencing ADHD symptoms or have been diagnosed with ADHD and have a biological parent with bipolar I disorder.
- Adolescents who do not have a personal or family history of mental illness to serve as control subjects.

The researchers plan to examine brain changes in subjects with ADHD over a 12-week period of treatment with a psychostimulant commonly prescribed for adolescents with ADHD. Volunteers will be divided into four groups, each with 60 members: ADHD subjects without a bipolar parent will receive open-label psychostimulant, ADHD subjects with a bipolar parent (high-risk) will receive a double-blind treatment with either a psychostimulant or placebo, and healthy controls (no treatment).

- For information about study participation, contact Laura at 513-558-6205.



Robert McNamara, study co-PI with Melissa DelBello.

Using magnetic resonance brain imaging, the researchers have two specific aims:

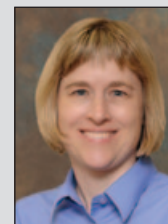
- **To examine the effects of standard psychostimulant treatment for ADHD in high-risk adolescents, defined as those having at least one biological parent with bipolar disorder.** "Although psychostimulants are standard treatment for ADHD, it is not known whether the children of bipolar parents with ADHD are at increased risk for developing bipolar disorder when exposed to psychostimulants," says DelBello. "This represents a significant knowledge gap, and in the absence of more definitive data these high-risk youth will continue to receive psychostimulants for symptoms of inattention, which could potentially place them at increased risk for developing mania."
- **To investigate the influence of omega-3 fatty acid in the body as a moderator of negative brain changes in high-risk ADHD adolescents.** "Omega-3 fatty acids are primarily found in certain fish and have been found to play a crucial role in brain development and resilience to a variety of different insults," says McNamara. "Previous research has shown that adolescents at high risk for bipolar disorder exhibit low omega-3 fatty acid levels. We'll be testing the hypothesis that higher levels of omega-3 fatty acids will be protective against negative brain changes occurring in response to psychostimulant treatment compared with lower levels." ■

Clinical Trial to Test Novel Medication for Smoking Cessation

A clinical trial currently enrolling volunteers at UC will test a novel smoking-cessation investigational medication for women who want to break the habit.

AstraZeneca, a multinational pharmaceutical company with headquarters in London, is partnering with the National Institute on Drug Abuse (NIDA) to conduct the phase-2 trial, in which an investigational drug is tested for effectiveness and evaluated for safety. The investigational drug, known as AZD8529, is taken orally in pill form.

UC is one of nine sites nationwide that were selected to participate in the trial. The principal investigator at UC is Theresa Winhusen, PhD, a professor in the Department of Psychiatry and Behavioral Neuroscience and director of the department's Addiction Sciences Division. Co-directing the study is Anne Autry, MD, a UC Health physician working in the field of substance abuse.



Winhusen

Winhusen says three types of smoking-cessation pharmacotherapy are currently approved by the U.S. Food and Drug Administration, but none works with the same mechanism as AZD8529.

In the study, volunteers will be randomly assigned to two different doses of AZD8529, one of which is a very low dose.

Researchers are enrolling women between 18 and 75 years old who smoke 10 or more cigarettes a day and want to quit smoking. The trial is limited to women because animal studies found some negative effects on male reproductive organs.

Women who would like to learn more about the study should call 513-659-9741. ■

Professor Emerita Roslyn Seligman, MD, Passes Away

Roslyn Seligman, MD, professor emerita in the Department of Psychiatry and Behavioral Neuroscience, died in Cincinnati Oct. 15, 2015. She was 80 years old.

Dr. Seligman was born in Augusta, Georgia, and was valedictorian of her high school class in Claxton, Georgia. Following graduation from the University of Georgia in 1957, she attended the Medical College of Georgia, graduating in 1961. She served her internship at Michael Reese Hospital and Medical Center in Chicago and completed specialty training in general psychiatry,



child and adolescent psychiatry and community psychiatry at the UC College of Medicine from 1962 to 1967. She joined the College of Medicine faculty in 1967 as an instructor in child psychiatry in what was then the Department of Psychiatry and rose to full professor status in 2007. She became an emerita professor in 2011.

Dr. Seligman's expertise included general psychiatry; child, adolescent and family psychiatry; forensic psychiatry; psychotherapy and psychopharmacology; and diagnostic and therapeutic matters. She served as a consultant to adolescent medicine of Cincinnati Children's Hospital Medical

Center, the Cincinnati Center for Developmental Disabilities and the Shriners Hospitals for Children–Cincinnati.

Dr. Seligman was the first woman to serve as president of the Cincinnati Psychiatric Society (1975-76) and the first woman to serve as president of the Ohio Psychiatric Physicians Association (1981-82). From 1967 to 1972, she served on the Executive Committee of Shriners Hospitals for Children–Cincinnati. She was also a Distinguished Life Fellow of the American Psychiatric Association and a Life Fellow of the American Academy of Child and Adolescent Psychiatry.

Services were held Oct. 18, 2015, at Bonaventure Cemetery in Savannah, Georgia. ■

Faculty Updates: New Hires, Promotions

NEW HIRES

Shana Feibel, DO, assistant professor of clinical psychiatry (Lindner Center of HOPE)

Ana Franco-Villanuevo, PhD, postdoctoral fellow (Reading Campus)

Elizabeth N. Mariutto, PsyD, assistant professor of clinical psychiatry (Lindner Center of HOPE)

Luis Rodrigo Patino Duran, MD, assistant professor of clinical psychiatry (Research/Outpatient)

Ernest Pedapati, MD, assistant professor of clinical psychiatry—affiliated (Cincinnati Children's Hospital Medical Center)

Debra Beck Schroeck, MS, PA-C, instructor field services (Research/Outpatient)

Thomas A. Schweinberg, PsyD, assistant professor of clinical psychiatry (Lindner Center of HOPE)

Jennifer L. Shoenfelt, MD, assistant professor of clinical psychiatry (Lindner Center of HOPE)

Sarah Hamill Skoch, PhD, adjunct assistant professor of clinical psychiatry (clinical and research for mood disorders)

Erin Thase, PhD, assistant professor of clinical psychiatry (Sickle Cell/Outpatient)

Lorene L. Walter, MD, assistant professor (Lindner Center of HOPE)

Christine Wilder, MD, assistant professor (Addiction Sciences Division)

EMERITUS

Richard Komoroski, PhD, emeritus professor of psychiatry and behavioral neuroscience

Michael Newton, MD, associate professor—clinical emeritus ■

Recent Grants

A multimedia group-based clinical care and support model to increase dual protection

Principal Investigator: **Jennifer Brown, PhD**
Centers for Disease Control and Prevention
One year; \$21,812

Impact of drug use treatment on HIV risk behaviors: An integrative data analysis

Principal Investigator: **Jennifer Brown, PhD**
National Institute on Drug Abuse
One year; \$138,372

Neuroimaging study of risk factors for adolescent bipolar disorder

Principal Investigator: **Melissa DelBello, MD**
National Institute of Mental Health
Five years; \$3,230,092

Mechanisms of Anti-Depressant-Related Dysfunctional Arousal in High-Risk Youth

Principal Investigator: **Melissa DelBello, MD**
National Institute of Mental Health
Five years; \$355,500

Nonlinear Computation Tool to Chart Trajectories of Bipolar Disorder

Principal Investigator: **Susan McElroy, MD**
National Institute of Mental Health
Nine months; \$94,359

Opioids and Impulsivity: Neuroanatomical examination in a novel animal model

Principal Investigator: **Teresa Reyes, PhD**
National Institute of Mental Health
Two years; \$789,375

Glucocorticoid mechanisms of epileptogenesis and comorbid emotional dysregulation

Principal Investigator: **Aynara Wulsin**,
Neuroscience Graduate Program
National Institute of Neurological Disorders and Stroke
Four years; \$45,033 ■

Department of Psychiatry & Behavioral Neuroscience
260 Stetson Street, Suite 3200
University of Cincinnati Academic Health Center
PO Box 670559
Cincinnati, OH 45267-0559

UNIVERSITY OF CINCINNATI

Faculty Members Join UCMC Transplant Team

The process of transplant can be a long and difficult road for many patients, sometimes lasting years, and the medical challenges, physical limitations and day-to-day trials caused by organ failure or the need for transplant can take a tremendous toll on patients psychologically.

To ease that toll, two faculty members in the Department of Psychiatry and Behavioral Neuroscience, Alexandra Gee, PsyD, and David Karol, MD, have joined the transplant services team at UC Health University of Cincinnati Medical Center. They will be working with patients through all phases of the solid organ and bone marrow transplant process, including liver, kidney/pancreas, heart/LVAD (left ventricular assist device) and bone marrow transplant.

“Part of my role as a transplant psychologist is to identify when issues are arising for patients and to assist in

assessment, support and treatment of these concerns,” Gee says. “This can include treatment with me or Dr. Karol, or a referral to a community provider, psychiatrist or other therapist who may be closer to the patient’s home.

“Also, oftentimes a pre-transplant psychological evaluation is required in order for the medical team to feel confident that patients will be able to be successful with transplant both in the pre- and post-transplant phases. These evaluations include in-depth assessment of psychiatric symptoms, support system, medication adherence, substance use and cognitive functioning.”

Gee and Karol will be attending regular transplant services team meetings at which a broad range of issues are discussed, including transplant workup, psychological evaluations and any other issues that have arisen. ■



Gee



Karol

