WPA Sponsors Successful Legislative Advocacy Day at State Capitol

By Kenneth Casimir, M.D., President-Elect, Wisconsin Psychiatric Association

A proposed bill which would allow psychologists to prescribe psychotropic medications in Wisconsin has galvanized and motivated psychiatrists to advocate more strongly for the safety of mentally ill patients. This was strongly in evidence during a Legislative Advocacy Day on Wednesday, January 28, 2009 held at the Madison Club, with associated visits to the State Capitol. The event was sponsored by the Wisconsin Psychiatric Association, and organized by WPA Government Relations Coordinator M. Alice O’Connor, in conjunction with WPA staff, Jane Svinicki and Annette Schott.

At least 42 psychiatrists participated in Advocacy Day activities, meeting at the Madison Club for briefings and discussions, and then members of the group proceeded to visit 44 legislative offices, targeting members of the Joint Finance Committee, Senate Health Committee, Assembly Health and Public Health Committee. Following the afternoon’s visits to the capitol, a legislative reception was held at the Madison Club, which was attended by Senator Jon Erpenbach, (D-Middleton), Chair of the Senate Health Committee, and Lt. Governor Barbara Lawton, who is a staunch advocate for mental health services.

For many psychiatrists, it was their first time participating in such an active way in the legislative advocacy process. Many described feeling enlightened by the briefings and discussions, and excited at the opportunity to participate more actively in government at the state level. Feedback from the legislative offices was also notably positive. Both legislators and staff members reported having a clearer understanding of the differences between psychiatrists and psychologists, the serious side effects which can accompany psychotropic medications, and the unavoidable relationship between medical and psychiatric illness.

The campaign to seek prescribing privileges for psychologists is not new, nor is it confined to Wisconsin. Psychologists have secured prescribing privileges in New Mexico and Louisiana, and at the present time, psychologist prescribing bills have been introduced in at least five other states (Hawaii, Illinois, Mississippi, Missouri, and Montana). Although psychologists operate under the premise that they are seeking improved access to psychopharmacotherapy for their patients, maps of Wisconsin distributed to legislators during Advocacy Day illustrated that psychiatrist practices are geographically distributed more broadly in Wisconsin than are psychologists. Another key problem in the psychologists’ proposal is the lack of adequate training proposed in their bill. Whereas the average psychiatrist receives upwards of 10,000 hours of training during medical school and residency, psychologists propose independent prescriptive privileges after a “crash course” involving 400 hours of didactic training and 100 patient interactions. (In contrast, cosmetologists in Wisconsin are required to obtain 600 hours of training prior to licensure!)

During a meeting with members of the Wisconsin Psychological Association on October 28, 2008, we were informed of their intention to introduce psychologist prescribing legislation in the upcoming legislative session. Interestingly, when asked why they were seeking to incorporate the practice of medicine into their clinical work, the psychologists strongly objected to such an expression. In their opinion, they are not seeking to practice medicine, “only prescriptive authority.” Such a statement clearly illustrates the fallacy which is operating here: namely, that writing a prescription is a skill which can be withdrawn or “carved out” from the practice of medicine. Nothing could be further from the truth.

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APA Advocacy Conference 2009

By Claudia Reardon, M.D., UW Resident Representative to the WPA Executive Council

February 8-11, 2009 saw dozens of psychiatrists descend on Washington, D.C. for the annual American Psychiatric Association Advocacy Conference. These jam-packed 4 days involved in-depth education on legislative issues of importance to psychiatry followed by visits to the Capitol to speak with our legislators about these issues.

The first full day consisted of sessions on ‘public policy affecting your practice’, health information technology and pay-for-performance, communications training, and review of talking points and strategy for Hill visits. There also was a roundtable discussion on healthcare reform, which is likely to be undertaken at the federal level in the near future. On the topic of healthcare reform, increasing numbers of stakeholders agree that greatly expanded access to health insurance is necessary, but much disagreement remains on how best to approach this. Possibilities include a single-payer system (with many Americans cringing at this idea of so-called ‘socialized medicine’), expanded private system (everyone would be forced to purchase health insurance from private insurers, perhaps with tax credits or federal subsidies), or a hybrid of the two.

Issues of importance that psychiatrists took to their legislators on the ensuing days included that of mental health parity. We were profuse in our thanks to those legislators who supported the federal passage of parity last term, but also urged that timely guidance be provided to business owners and insurance companies regarding specific insurance requirements to ensure that there are no delays in this law’s implementation. We also discussed mental health needs of returning soldiers, and in particular the need to address the stigma that such veterans face in reaching out for help for posttraumatic stress disorder symptoms. Finally, we discussed electronic medical records and our specific concern that psychotherapy notes should be afforded extra privacy protection beyond that given to other medical notes. This is somewhat of a divisive issue, with many psychiatrists arguing that extra privacy is necessary given ongoing stigmatization of mental illness (and furthermore, why do the podiatrist, dietician, physical therapist, front desk staff, etc., all need access to psychotherapy notes?). On the other hand, some argue that extra privacy protection will simply serve to perpetuate the stigmatization of mental illness as something to be ‘kept secret’. Of course, some stakeholders are advocating against extra privacy protection for psychiatric notes because this takes more time and money to ensure.

Even for psychiatrists unable to make the journey to the APA Advocacy Conference, access to your U.S. Senators and Representatives is but a mouse-click away. Email, write, or call your legislators (see http://www.usa.gov/Contact/Elected.shtml for contact information) with your concerns today.
Contribute to the Public Debate
By Carlyle H. Chan, MD

Despite the number of hours psychiatrists practice, today’s political environment makes it imperative for psychiatrists to also participate in the public dialogue. Wisconsin psychiatrists should know the efforts made on their behalf by the WPA’s Legislative Committee. Lead by Jerry Halverson, committee members include Molli Rolli, Ken Robbins, Ken Casimir, Art Walaszek, Ed Krall, Clarence Chou, Claudia Reardon, and Carolyn Palmer. The last two are residents from UW and MCW, respectively. This team has already dedicated countless unpaid hours pursuing the WPA’s legislative agenda, particularly for patient safety. They are to be recognized and applauded for their efforts.

These recent activities highlight the importance of psychiatrists participating in the democratic process. Parity, the safety issues surrounding psychologist prescribing, access to mental health care, patient safety, adequate mental health services for returning veterans, sufficient NIH funding for research and physician (including psychiatrist) relationships with pharma are all facing legislative scrutiny. We play a vital role in providing input into all these concerns. All of us must maintain an active and continuing dialogue with our legislators, both state and national.

On a related front, patient safety issues take on a new direction. I have previously written about a new type of CME related to performance improvement and how this would be connected to the Performance in Practice portion of Maintenance of Certification (Part IV of MOC). This connection has become more complicated of late.

The accrediting body of CME (ACCME) continues to attempt to transform CME from an emphasis on lectures to documenting improvement in the quality of patient care. It has run into some roadblocks as some specialty societies (Internal Medicine, Pediatrics, and Family Medicine) now require prior authorization. Individual doctors or groups of doctors must gain approval for their projects before they can proceed with their Performance Improvement (PI) CME and also receive credit for Part IV of MOC. There is now an ABMS committee discussing streamlining this process (tentatively dubbed MOC/PI CME). In any case CME continues to evolve from sitting in a chair listening to an expert to reviewing clinical practice experience and designing ways to improve outcomes.

Commercial support for CME is also changing. Grants for approved CME conferences must now go through a competitive application process and most CME providers are seeing a high percentage of rejections (WPA included). I haven’t noticed a decline in the number of non-CME dinner talk invitations, probably because these remain an effective way for pharma to market their drugs.

Iowa Senator Charles Grassley along with Wisconsin Senator Herb Kohl continue to investigate the relationship between physicians and pharma. They represent society’s concern about doctors’ potential conflicts of interest. Some may argue that politicians might not be the best guardians of the social contract, but this is their role. They have reintroduced the Physician Payment Sunshine Act requiring pharmaceutical companies and device manufacturers to report any payments to physicians over $100. In anticipation of such legislation, some pharma companies have already announced their plans to report such payments. Eli Lilly, Merck, GlaxoSmithKline and now Pfizer will be posting records of payments to doctors onto their web site, although most have set the reporting threshold at $500.

Also recently introduced is the Medicare Prescription Drug Savings and Choice Act of 2009 which will establish a government-run prescription drug plan with authority to negotiate lower drug prices.

In these difficult economic times we will also face numerous legislative and administrative challenges. We must contribute to the public debate.

American Psychiatric Association
2009 Annual Meeting
May 16-21, 2009 * San Francisco, California
Staying Culturally Young!

By Jane A. Svinicki, CAE

I was introduced to “Facebook” by an employee. She suggested that I join to post some photos I wanted to share with a number of people.

Up to that day, I had resisted what I thought would be exposing myself on the internet by posting personal information, even to a select group of ‘friends.’

What I did not realize was that this was showing my ‘old fogyness’ and making me ‘culturally old’. Being culturally old for your age is good when you are 10 years old, but bad at 50 years old. I have learned that what I want to be is culturally young.

About 80 years ago a Russian psychologist named Lev Vygotsky, coined the term ‘cultural age.’ It was used to describe the development of children. For children the more cultural (educational, not ethic) connections they can use to solve problems, the older their cultural age.

Now, experts are studying the cultural maturity of adults and deciding that to be culturally old is not a good thing.

If you have a Facebook account, own a cell phone and bank on-line, you are culturally young. If you do not know how to text, go to a barber or have a land-line phone at your house, you are culturally old.

Your cultural age is the age of the youngest adult with who you can have an informed conversation about what is going on in the world—in music or movies as well as policies and literature.

Advancing cultural age is not simply a matter of not being able to communicate with the grand kids, it can lead to social and geographic isolation, which can be tied to loneliness and depression.

One of the best ways to be culturally young is to get wired! Use the internet, get a cell phone, and keep at it. Ask you kids to help you, maybe you will find out what they are up to.

What has been the result of my Facebook experience? I have connected with a number of distant friends – even college classmates. Instant message conversations with my nieces and nephews are frequent, even if I am not that pleased with what I see in their internet profile. Connections with friends and family have been expanded – as I share photos and feelings.

As my group of Facebook friends expands – you only are friends with those you ‘accept’ – I feel connected to a group of people who care about me. Even my definition of ‘friend’ is changing to be more in sync with the cultural youngsters around me.

One area the Wisconsin Psychiatric Association (WPA) Council is struggling with is how to best connect with our members. We want to connect with you on a real time basis, but not in an intrusive way (phone call or fax) but directly to you by quick written communication through email and on the web.

To facilitate that communication, we have created a Facebook group for WPA. To join, you must be a member of Facebook (it is free) and there is more information in an article in this newsletter on how to join. In February you were sent a link to join our Facebook group. Please consider joining – it is very easy.

We still have over 100 members (out of 400) without email addresses. We have 22 members with no phone, fax or email. Please take a moment to send the WPA office your current email address. It is very important that we are able to communicate with all members by electronic means.

WPA is also introducing a new website in the spring with the help of American Psychiatric Association (APA). APA is helping chapters with website updates that will link to the APA membership database.

I look forward to seeing you at our upcoming annual meeting at the American Club in Kohler. Let’s get connected! It might just keep you mentally and physically healthy.

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– Large office alone or in combination with small office and/or waiting room.

– Small office alone or in combination with large office and/or waiting room.

Offices are reasonably priced, have windows, are at ground floor, in pleasant environment and include access to parking and restrooms.

Please leave a message at: 414-550-7362.
Facebook, the world’s most popular online social networking site, now has over 150 million active users, according to a message posted on the Facebook blog by founder Mark Zuckerberg. Almost half of users log onto the site every day, the blog reveals. Facebook users upload more than 700 million photos to the site each month, the average user has 100 friends on the web site and 2.6 billion minutes are spent on Facebook each day.

Joining Facebook is easy! Go to:

www.facebook.com

You will need to provide:

- Full Name
- Gender
- Email
- Birthday
- Password

Facebook requires all users to provide their real date of birth as both a safety precaution and as a means of preserving the integrity of the site. You will be able to hide this information from your profile if you wish.

Once you are a member, go to the right hand side under application and click on the word ‘groups’. That will take you to a screen where you can search for groups.

Mark Zuckerberg said in the blog: “If Facebook were a country, it would be the eighth most-populated in the world, just ahead of Japan, Russia and Nigeria.” He added: “Today, people of all ages - grandparents, parents and children - use Facebook in more than 35 different languages and in 170 countries and territories.”

The social networking site was launched in 2004 in a Harvard University dormitory and was initially created for students.

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Legislative Update

By Alice O'Connor, WPA Legislative Advisor

Psychologists prescribing is coming

Psychologists have been busy lobbying state lawmakers to allow them to prescribe medications, a significant expansion of their current duties now permitted under state law. As yet, there is no public legislative proposal to review, but we know legislation is coming that will authorize psychologists with woefully inadequate training to be able to prescribe medications to patients. Meetings with WPA leaders and members of the Wisconsin Psychological Association (WpA) have not resulted in any movement leading some lawmakers to say, “You two groups have to work out a compromise or find some middle ground.”

To date, we know Senator Judy Robson, (D-Beloit) is the primary Senate sponsor while the Assembly main author is not yet known. Many lawmakers who have met with psychiatrists share our concerns about patient safety and quality of care. Psychologists are hammering on the need for their expanded scope to prescribe medicine to help reduce access to mental health services, particularly in rural and underserved areas. Interestingly, in New Mexico where psychology prescribing passed, less than ten psychologists moved to rural areas once the legislation passed. In other words, despite promises, access to care did not change once psychologists were given the chance to prescribe medicines. Wisconsin maps show psychologists tend to be located in identical locations as physicians, including psychiatrists.

A handful of WPA member psychiatrists are working with me as we craft multiple talking point papers that any psychiatrist should use in communicating with your own lawmakers. We need more voices. The voice of every individual psychiatrist is critical. Many legislators are still confused about basic differences between a psychologist and a psychiatrist, something psychologists love to use to their advantage. (“There really isn’t much difference, that is why we should prescribe.”) As physicians, you know otherwise but lawmakers need to hear from you.

The WPA Advocacy Day held January 28th in Madison provided physicians a chance to target legislative members and their staff who serve on the Senate or Assembly Health Committees, and the Joint Finance Committee, important stops for any legislation introduced. Feedback was extremely helpful and we are continuing with state capitol and in-district visits so lawmakers travel to you. If you would like to invite a lawmaker to your area, your hospital or office, let me know.

Please help the WPA win this legislative battle by doing just one thing – commit to learning how to contact your own lawmakers so we can strengthen the voice of psychiatry and defeat this legislation once it is introduced. If you aren’t sure how to do this – send me an email, or contact the WPA office and we will get you all the background materials, talking points, and

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Legislative Update

continued from page 5

correct phone and email addresses for your lawmakers. You don’t have to know them. You just have to have a desire to express your concern and develop a relationship with them. Make sure they know you are paying attention. Many laws pass when no one objects which is why the voice of every psychiatrist needs to be loud and constant. If this battle is lost, the erosion of your medical practice will be difficult to reverse. The ounce of participation on your part now will be worth more than the pounds of pain that will be inflicted upon your medical practice if the psychologists are successful because of weak opposition by every Wisconsin psychiatrist.

Governor Budget Bill

Lawmakers are extremely bogged down with billions of dollars in state debt, massive job layoffs and a poor economy. Lawmakers are focused on using federal dollars provided by President Obama’s economic stimulus bill that Congress passed along with activity associated with passage of the Governor’s budget bill to address a $5.5 billion dollar budget hole. We are watching for psychologists who may try to slip a budget amendment into the massive 1,000 page budget bill where no public debate or scrutiny would occur. This would be horrible, but it is possible.

Legislators who have not yet heard from psychiatrists in their district say, “This must not be important to them.” We need to dispel myths, misstatements and arguments being used by psychologist who are defining what your medical practice is all about.

Mental Health Parity- Impact Of Federal Legislation

Because the federal government is still working on writing regulations for the federal law and the Wisconsin Office of the Commissioner of Insurance (OCI) is waiting for these to be finalized (which is not anticipated to occur until October) there is no official word on how the federal law will impact Wisconsin companies. Because the federal law and Wisconsin law apply to different types of employers and group sizes, whether and how an individual would be affected will depend upon a current employment situation. Additionally, the rules are different for people who are in public benefit programs.

A summary of the federal Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008 can be found at: http://www.apapractice.org/apo/in_the_news/parity_summary.html. A summary of current Wisconsin law related to coverage of MH/SA treatment services can be found at: http://oci.wi.gov/pub_list/pi-008.htm

A few examples:

Employers of 50 or fewer employees who purchase commercial group insurance plans are not affected by the federal law. They are subject to state law only. They must continue to provide a minimum of $7000/year in MH/SA inpatient services (if they provide any inpatient services) and outpatient services (if they provide any outpatient services) plus transition treatment benefits. There are “internal” caps on the outpatient benefit (up to $2000) and the transitional treatment benefit (up to $3000).

Employers with more than 50 employees who self-insure are subject only to the federal law. Therefore they are not required to offer MH/SA benefits, but if they do, they must be offered at parity with coverage of other benefits. The definition of the mental health benefit is defined by the plan; that is, they determine which conditions are covered.

Please contact me if I can be of further assistance to you and if you would be able to invite some lawmakers to a meeting. Work: 608-255-8891 or via email at: aoc@dewittross.com.

Congratulations!

The American Psychiatric Association Board of Trustees, acting upon the recommendation of the Membership Committee, has approved the following WPA members for Fellow status in the American Psychiatric Association. The honor of Fellow reflects your dedication to the work of the APA and the psychiatric profession.

Mohamoud Ahmed, MD
Juan Miguel Hernandez, MD

This spring, the new Fellows will be publicly acknowledged. The ceremony will be held during the APA’s Annual Meeting in San Francisco, CA on Monday, May 18, 2009, at 5:30 p.m.,
Despite our concerns for patient safety, it is not, nor has it ever been the intention of the Wisconsin Psychiatric Association to disparage the valuable clinical expertise which many of our psychologist colleagues have acquired. Indeed, many of us work very intimately and cooperatively with psychologists on interdisciplinary treatment teams, and in the co-management of patients in the outpatient environment. However, as was expressed very eloquently by Dr. Jon Gudeman during Advocacy Day, “it is not the validity of psychologists’ expertise which we call into question; rather, it is the qualitative difference in their background and training.” Without sufficient training within a medical paradigm, psychologists are unprepared to interpret laboratory and other diagnostic data, to consider medical causes of psychiatric symptoms, and to anticipate possibly life-threatening drug-drug interactions with both psychotropic and somatic medications.

The Wisconsin Psychiatric Association stands committed to exploring strategies which will improve access to psychiatric care for mentally ill patients in a safe and effective manner. Telepsychiatry offers an option which is already being pursued by both institutional organizations such as DOC, Marshfield Clinic, and DHFS, as well as by individual practitioners. Another important and underdeveloped systems element is that of consultation by psychiatrists to primary health care providers, including primary care physicians, nurse practitioners, and physicians’ assistants. WPA encourages the funding and development of telepsychiatry and consultation networks which will make it possible to extend the existing pool of psychiatric expertise more broadly and effectively throughout the state of Wisconsin.

In summary, as incoming President of the Wisconsin Psychiatric Association, I am asking you to join with us in our efforts to defeat the psychologist prescribing bill which will come before our state legislature this year. Please consider the detrimental effect which such legislation would have on the quality of psychiatric care in the state of Wisconsin. In other states, such legislation has been effectively defeated, but in all such cases it has required broad engagement by psychiatrists at the grassroots level, and an organized approach by the state psychiatric association. We will be organizing additional legislative advocacy days at the capitol. Also, visits with your state legislator in your home district, or at the state capitol, are interpersonally very effective in getting our message across to state legislators. If you’ve not engaged in such a visit before, feel free to contact Alice O’Connor at (608) 252-9391 for further information and details. If your schedule does not allow time for personal involvement in the advocacy process, financial donations to the WPA legislative advocacy fund is a very meaningful and effective way to contribute to the cause. Again, Alice O’Connor can be contacted for advice regarding the best way to structure a financial contribution.

The time to act is now. Never before has there been a cause more important to psychiatry at our state level, or more worthy of your attention and involvement. With your help, we can continue to define the practice of psychiatry as a branch of medicine, avoid unnecessary pain and suffering due to insufficiently trained practitioners, and maintain the safe and effective standard of care which our patients deserve.

Go to page 8 for more photos!
More Legislative Advocacy Day Photos!
Returning veterans will undoubtedly seek treatment both within and outside the VA system. The purpose of the conference is to update professionals with the latest information on research, prevention, and treatment interventions for depression, PTSD, and suicide. This conference is intended for individuals involved with or providing services to returning veterans such as psychiatrists, psychologists, public health professionals, social workers, psychiatric nurses, and other psychotherapists and health professionals.

At the end of this conference, participants will:

- Use a case conceptualization model that informs assessment and treatment decision-making in a collaborative fashion with clients
- Recognize the core tasks of psychotherapy to address the many needs and challenges of returning soldiers and their families
- Provide integrative treatment for soldiers with comorbid disorders
- Bolster resilience in soldiers and their family members
- Assess for “risk” for violence to self (suicide) and towards others (intimate partner violence-IPV) and how to intervene accordingly
- Appreciate the stressors encountered by soldiers and become familiar with current pharmacological treatment

For more information, please contact Brenda Albanese in the Department of Psychiatry at the Medical College of Wisconsin (414) 955-7250
Or visit our website: www.mcw.edu/psych
The Clinical Treatment of Psychotic and Behavioral Symptoms in the Dementias – The Issue of “Black Boxes”

By Harold H. Harsch, M.D., FAPM

The Clinical Treatment of Psychotic and Behavioral Symptoms in the Dementias – The Issue of “Black Boxes”

The last few years have been notable in Geriatric Psychiatry for the publication of numerous studies questioning the safety and effectiveness of antipsychotics in the older adult. The use of antipsychotics in the elderly has never been more controversial than today. With the publication of the CATIE-AD study, many physicians began questioning their use of atypical antipsychotics in patients with Alzheimer’s disease with psychotic symptoms. What is the history behind these concerns?

In 2005 the FDA instituted a Black Box warning on atypical antipsychotics warning of increased mortality in patients given these drugs that have dementia. Numerous studies looking at behavioral and psychotic symptoms in this patient population reported a higher death rate in the atypical antipsychotic arms versus the placebo arms. The newest headline from a study published in the Journal of the American Geriatrics Society is: “Antipsychotic Drug Use and Risk of Pneumonia in Elderly People.” The FDA also mandated a Black Box warning about the use of atypical antipsychotics and the increased risk for cerebrovascular events.

The conclusion of the CATIE-AD study published in 2006 was: “Adverse effects offset advantages in the efficacy of atypical antipsychotic drugs for the treatment of psychosis, aggression, or agitation in patients with Alzheimer’s disease.” So why would any psychiatrist ever use antipsychotics in the elderly? Have these warnings changed my prescription practices – yes. Do I use antipsychotics in the elderly – yes. Let me present two cases.

Case 1: An 84 y/o man presented with complaints of visual and auditory hallucinations in the face of memory impairment that have been increasing in frequency over the past year. A retired funeral director, he began having visual hallucinations seeing his dead wife partially cremated. He lives alone and reports this occurring any-time of the day and they had become more unpleasant and disturbing. He recognized that these were unusual experiences but they still distressed him. He lost his apartment keys four times over the last year and his PMD made a diagnosis of early dementia and started him on rivastigmine 1.5mg BID several months prior to his clinic visit. Antipsychotics were discussed but we felt a trial of memantine and an increase of the rivastigmine to a therapeutic dose would be worth a trial. MMSE was 26 of 30.

Assessment: Suspicion of Lewy Body dementia with psychotic symptoms

Result: Six week f/u visit he reported his memory was subjectively better. Visual and auditory hallucinations had gone away entirely: “The whole mess is fading.”

Case 2: An 86 y/o woman presented a history of cognitive decline over the last two years. She recently was treated for depression and reports that her children are stealing things from her. Some auditory hallucinations were present (knocking at the door and door bell) but not distressing. Depressive symptoms improved on sertraline – MMSE was 21 of 30. Antidepressant dose was increased. Antipsychotics were discussed but not started. Galantamine and memantine were started.

Six months later her family reported increasing paranoia although she had relocated to an assisted living facility two months before. She now reported her neighbors stealing from her and began hiding possessions in drawers around her room. Her socialization had decreased and there was delusional thinking of people plotting to harm her. Mood was fine but clearly more consistently anxious and fearful of others. Risperidone was started at 0.25 mg at night. Three weeks later family reported some sedation but no improvement in paranoia or anxiety. Risperidone was stopped and aripiprazole was started at 5mg a day.

Assessment: Alzheimer’s dementia with psychotic symptoms

Result: Paranoia and auditory hallucinations resolved over the next three weeks. She has continued on the aripiprazole for the past year without any further evident psychotic symptoms.

What are the risks that are associated with the use of antipsychotics in the older adult with dementia? In 15 of 17 placebo controlled trials with atypical antipsychotics there was around a 1.7 fold increase in deaths in the active drug groups compared to placebo (4.5% vs. 2.6%). Most of these deaths were from heart failure, sudden death and pneumonia. Cerebrovascular adverse events (primarily TIAs and CVAs) also increased in dementia patients given atypical antipsychotics relative to patients on placebo. In about 1700 patients with dementia taking part in studies with risperidone, 3.3% experienced a cerebrovascular adverse event on drug compared to 1.1% of patients on placebo. Other atypical antipsychotics studied in this patient population showed similar trends. In some reviews the risk of ischemic stroke was reported from 1.7 to 3.5 times as likely in older patients taking antipsychotics. In 2008 the FDA extended the Black Box warnings to typical antipsychotics after two Canadian studies suggested a that a higher mortality rate was seen in the elderly prescribed typical antipsychotics compared to the second generation antipsychotics. Both drug groups, however, showed higher mortality rates than matched elderly not taking antipsychotic agents.

Do these warnings make clinical sense? It has been long known that dopamine blockade causes neurological effects similar to those seen in Parkinson’s disease and with those changes also comes swallowing abnormalities increasing the risk of aspiration pneumonia. Most antipsychotics have some alpha--noradrenergic blockade that results in postural hypotension – a possible mechanism for TIAs and ischemic stroke. Many antipsychotics interfere with cardiac conduction leading to increased
An Update on Psychiatry at the University of Wisconsin

By Art Walaszek, M.D.

Headed by its Chair and Hedberg Professor of Psychiatry Ned Kalin, M.D., the UW Department of Psychiatry continues to expand its clinical, educational and research missions. New Vice Chair of Clinical Services, Rick Hafner, Ph.D., is developing clinical programs to meet the growing demand for mental health services. Our new Immediate Treatment Clinic includes two Masters-level therapists and a psychiatrist (Bob Salinger, M.D.) who assess and triage patients needing to be seen urgently. The Department has hired a number of staff psychologists and this summer will be adding two adult outpatient psychiatrists (Andy Moore, M.D., Alexander Fritz, D.O.) to our UW clinic and one (Rachel Molander, M.D.) to a new integrated primary care and mental health clinic at the William S. Middleton Memorial VA Hospital.

The Lane Family Neuroimaging Lab, which opened in January, will aid in the clinical evaluation of patients and will also provide opportunities for new research studies exploring the neurobiology of mental illness. Marilyn Essex, Ph.D., runs the Life Stress and Human Development Lab at UW, which explores psychological and biological risk factors for the emergence of mental health problems in childhood and adolescence; to extend this work, her group recently received a grant to develop the Conte Center for Interdisciplinary Research on Brain, Behavior and Mental Health. The Department of Defense recently award Tracey Smith, Ph.D., faculty member at the VA, a grant to study the efficacy of web-based treatment of post-traumatic stress disorder.

The Department’s new Addiction Psychiatry Fellowship, based primarily at the VA, and run by Dean Krahm, M.D., M.S., is currently training Angela Haliburda, M.D., and in July will welcome two new fellows. We are also developing a Psychosomatic Medicine Fellowship, under the direction of Naheed Akhtar, M.D.

The General Psychiatry Residency was pleased to have two of its residents named to receive national awards: Jen Alt, M.D., received the American Association of Directors of Psychiatry Residency Training (AADPRT) Ginsberg fellowship, recognizing her educational achievements; Fred Langheim, M.D., Ph.D., received the Group for the Advancement of Psychiatry (GAP) resident fellowship. The Child & Adolescent Psychiatry Residency will welcome three new residents, Sanjay Agarwal, M.D., Todd Mages, M.D., and Sid Siahpush, M.D., Ph.D., M.P.H., in July 2009, while the General Psychiatry Residency eagerly awaits the outcome of the 2009 Match – Match Day is March 19.

Dr. Laura Roberts elected president of international psychiatry association of chairmen

Laura Roberts, MD, MA, Chairman and the Charles E. Kuby Professor of Psychiatry and Behavioral Medicine and Professor of Population Health (Center for the Study of Bioethics) at the Medical College of Wisconsin, has been elected president of the American Association of Chairs of Departments of Psychiatry (AACDP). When she began her 2-year term on Nov. 1, 2008, she became the first woman elected to president of the organization.

The AACDP, which was formed in 1967, includes the leaders of the departments of psychiatry at every medical school in the United States and Canada. The organization works to advance the diverse missions of academic departments of psychiatry, to support the professional development of psychiatrist leaders in academic medical institutions. It holds two meetings annually – one coinciding with the annual meeting of the American Psychiatric Association and a second adjacent to the annual meeting of an academic medical organization such as the American Association of Medical Colleges or the Association for Academic Psychiatry. AACDP is also one of four professional societies that sponsor Academic Psychiatry, a psychiatric education journal for which Dr. Roberts has served as Editor-in-Chief since 2002.

Dr. Roberts is a National Institutes of Health (NIH) Career Scientist who has secured more than $10 million in competitive research funding for empirical studies examining ethical issues related to clinical care, research, and public policy concerning vulnerable populations. She has also conducted evidence-based studies of medical student and physician health care, rural health, stigma, and professionalism education.

A prolific writer, Dr. Roberts has written or edited seven books, has three more in development, and has written more than 150 peer-reviewed publications and scholarly chapters. She has served as president of the Association for Academic Psychiatry, an association in which she is also a Distinguished Life Fellow, and is recognized as a fellow in three other national psychiatric associations.

Dr. Roberts has been a scientific reviewer, guest editor, advisor and board member for numerous organizations, including the NIH, the Department of Health and Human Services, American Psychiatric Publishing, and community, regional and national boards.
The Wisconsin Psychiatrist

The Issue of “Black Boxes”

continued from page 9

incidence of cardiac arrhythmias. What is the best approach to the patient with dementia and psychotic symptoms?

Clinicians need to be aware that there are certain risks with the use of any antipsychotic in the elderly patient. Treatment options and these risks need to be discussed with the patient and family. There is no psychoactive drug that has zero potential for exaggerated side effects in frail elderly. One major concern, much more common than the black box issues, is the increase of fall risk with any sedating drug be it an antipsychotic agent or sleep aid.

What are the options for someone presenting with dementia and psychotic or other behavioral symptoms. Studies report that 40 to 50 percent of all patients with Alzheimer’s disease will experience psychotic symptoms sometime during their disease progression. As in the first case illustrated, memantine, in our hands has improved psychotic symptoms in a number of patients at our Senior Health clinic at Froedtert Memorial Lutheran Hospital. We are now considering this drug as more of a first line agent before turning to antipsychotics. If hallucinatory experiences are not distressing we often defer treatment.

Visual hallucinations from a medical cause, such as seen in the Charles Bonnet syndrome, do not respond well to antipsychotic agents and are generally not used. “Non-specific” agitation and aggression can often improve with anticonvulsants such as divalproex. In animal models increasing serotonin decreases aggression. Antidepressants that increase serotonin and buspirone are another approach for behavioral symptoms in dementias. It has been our experience; however, that clear paranoia and delusional thinking responds best to the antipsychotic agents as illustrated in the second case.

Some behavioral problems can not be medicated, for example wandering, hoarding, and inappropriate voiding. Although our clinic’s use of antipsychotic agents has declined, if necessary, they have the potential of increasing quality of life substantially as in the case outlined above. There is a suggestion that the risk of a cerebrovascular event is dose related. If the risk of aspiration pneumonia is related to central dopamine blockade in the basal ganglia, it would also be dose related. Conservative dosing is indicated in the dementia patient. In conclusion there are real risks in the use of antipsychotic agents in the elderly and should not be first-line drugs for “agitation.” They, however, have a role for some patients with psychotic symptoms.

Selected bibliography


Harold H Harsch MD, FAPM
Geriatric Psychiatrist
Director of the Geriatric Psychiatry Fellowship Program, Medical College of Wisconsin

Corrections Psychiatry

Opportunities available in outpatient clinics and our new Tele-psychiatry clinic

The Department of Corrections is seeking board eligible and board certified psychiatrists for part time work. Positions are available in a variety of settings from maximum to minimum security. Psychiatrists will work with a multidisciplinary team treating inmates in an outpatient clinic. There are no call responsibilities.

The DOC is also starting a telemedicine clinic. Positions are currently available in Madison and will soon be available in Milwaukee.

To learn more contact Molli Rolli MD at 608 240-5131.
Depression and Anxiety to Headline Annual Meeting in Kohler March 27, 28 2009

By Jerry Halverson, M.D., Program Chair

You should have received your invitation to the 2009 Annual Spring Meeting of the WPA in your mail by now. Hopefully, you have already sent it in or registered online. If not, there is still time to do so. The program committee has worked diligently to deliver to you a clinically relevant and practice enhancing program. Hopefully you will agree that we succeeded. We will be examining the current understanding of the development, pathogenesis and treatment of depression and anxiety with a collection of experts, from both near and far. There will be opportunities to hear about the latest treatments and the latest research in mood and anxiety disorders across the lifespan. Ned Kalin MD, from the University of Wisconsin, will discuss his fascinating research into the neurobiology of depression and anxiety as the factors that put people at high risk for development of mood and anxiety disorders. Alan Gelenberg MD, from the University of Wisconsin and Healthcare Technology Systems and the Editor in Chief of “The Journal of Clinical Psychiatry”, will discuss the development of evidence based guidelines for treatment of MDD (as he chairs the APA workgroup) and GAD.

David Fassler MD, a child and adolescent psychiatrist, author and expert in childhood depression will speak about depression in adolescents and the effect black box warning. Harold Harsch MD will discuss the antidepressant/anxiolytic medication “pipeline”, and I will give an update on the newest somatic treatments being used for depression and anxiety including the recently FDA approved transcranial magnetic stimulation, deep brain stimulation and will also discuss some of the latest work that we are doing at MCW and UW with direct cortical stimulation. Michael McBride MD from the Milwaukee VA will discuss the development and treatment of depression and anxiety in the battle zone. John Greist MD, from Healthcare Technology Systems and the University of Wisconsin will speak about OCD, a topic that he is one the world’s most renowned experts in. We will also have an open panel discussing the proposed bill to grant psychologists independent medical practice and discuss how psychiatrists can affect the political process.

We hope to see you at the American Club, in Kohler Wisconsin for this interesting and educational event.

Are you among the 44 percent of Americans who reported knowing only a little or almost nothing at all about mental illnesses? If so, here are some facts you ought to know:

Mental illnesses are common. One out of five Americans suffers from a diagnosable mental disorder during any given year. Severe and persistent mental illnesses are less common, but still affect 3 percent of the population.

Research shows that mental illnesses are caused by genetic and environmental factors, traumatic events and other physical illnesses and injuries. And according to the National Institute of Mental Health, the rate of successful treatment for depression (70 to 80 percent) is much higher than the rate for other chronic illnesses such as heart disease (45 to 50 percent).

Learn more facts about mental health by visiting www.HealthyMinds.org. You may be able to help yourself or someone you know lead a healthier, happier life.
Wisconsin Psychiatric Association

2009 Annual Spring Conference

Update on Depression & Anxiety

March 27-28, 2009

www.thewpa.org
Wisconsin Psychiatric Association

2009 Annual Spring Conference
Update on Depression & Anxiety

March 27-28 | American Club | Kohler, WI
419 Highland Dr. • Kohler, WI, 53044

Educational Objectives

As a result of attending this conference, participants will be able to:

• Describe new findings in the neurobiology of depression and new treatment options for patients with depression, including adults, children and adolescents.

• Apply the American Psychiatric Association Practice Guidelines for the Treatment of Patients of Major Depressive Disorder to the care of their patients with depression.

• Describe new findings in the neurobiology of anxiety disorders and new treatment options for anxiety disorders such as generalized anxiety disorder, obsessive-compulsive disorder and post-traumatic stress disorder.

Meeting Location:

Our location, the American Club Resort, is the only AAA Five Diamond resort in Wisconsin and features deluxe sleeping rooms, an extensive spa, five restaurants and four award winning golf courses. Hotel rooms have been reserved at The American Club for attendees.

The American Club
Highland Drive • Kohler, WI 53044
920-457-8000 • www.destinationkohler.com

Hotel Room Rates:

For reservations please call 1-800-344-2838. Indicate that you are attending the Wisconsin Psychiatric Association meeting to receive the special hotel rates.

The American Club
$145 single/$175 double

Reservation Deadline
March 9, 2009
The WPA program committee invites you to join your colleagues at the American Club, March 27-28, 2009 for the Annual Spring Scientific Meeting of the Wisconsin Psychiatric Association, “An Update on Depression and Anxiety”. As you can see by the agenda, we will have invited local and well known clinician-researchers who will lead us through their state of the art understanding of depression and anxiety etiology and treatment now and in the future. We will also conduct a very important legislative panel that will discuss a topic that has been causing us some anxiety, the upcoming psychologist prescribing bills, and what you can do to come together with your colleagues from across the house of medicine to help protect Wisconsin’s citizens from this unsafe proposition. So please, come and join your colleagues in Kohler to update your knowledge on depression and anxiety and to arm yourself with the knowledge that you need to become an effective advocate against psychologist prescribing. It may be the most the important meeting that you attend this year, your patients, specialty and career may depend on it.

Jerry Halverson, MD
Program Chair

Speakers

David G. Fassler, MD
Professor of Child Psychiatry from the University of Vermont and member of the APA Board of Trustees.

Alan Gelenberg, MD
From Healthcare Technology Systems and the University of Wisconsin, recent head of Psychiatry at the University of Arizona and current Chair of the working group to revise the APA Treatment Guidelines for MDD.

John Greist, MD
From Healthcare Technology Systems and the University of Wisconsin.

Jerry L. Halverson, MD
Faculty University of Wisconsin Madison, School of Medicine and Public Health.

Harold Harsch, MD
Associate Professor of Psychiatry, Medical College of Wisconsin, Milwaukee.

Ned H. Kalin, MD
Chair of the Psychiatry at the University of Wisconsin Madison.

Michael McBride, MD
A VA Psychiatrist from Milwaukee and veteran who recently returned from a tour of duty.

Ken Robbins, MD
Clinical Professor of Psychiatry, University of Wisconsin School of Medicine and Public Health, Madison Wisconsin.

DISCLOSURE
It is the policy of the MCW to comply with the ACCME standards for commercial support of CME. Planning Committee members and related staff disclosures must be on file annually with disclosures made available on program materials. Faculty participating in sponsored or jointly sponsored programs by MCW are required to disclose to the program audience any real or apparent financial relationships with commercial interests related to the content of their presentation(s). Faculty also are responsible for disclosing any discussion of off-label or investigational use of a product.
### Conference Schedule

**Friday, March 27, 2009**

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<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>0730-0830</td>
<td>Registration and Continental Breakfast with Exhibitors</td>
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<tr>
<td>0830</td>
<td>Introduction and Welcome</td>
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<tr>
<td>0830-0930</td>
<td>The Latest Advances in Understanding the Neurobiology of Depression</td>
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<tr>
<td></td>
<td><em>Ned H. Kalin, MD</em></td>
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<tr>
<td>0930-1030</td>
<td>APA’s MDD Guideline: Content and Process</td>
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<td><em>Alan Gelenberg, MD</em></td>
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<tr>
<td>1030-1045</td>
<td>Break with Exhibitors</td>
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<tr>
<td>1045-1145</td>
<td>Thinking Outside the Black Box: Update on Child and Adolescent</td>
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<td>Depression</td>
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<td></td>
<td><em>David G. Fassler, MD</em></td>
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<tr>
<td>1150-1250</td>
<td>Luncheon and Annual Business Meeting Friend of WPA Award</td>
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<tr>
<td>1300-1345</td>
<td>Major Depressive Disorder: New Treatments and Old Treatments – What’s Up?</td>
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<td><em>Harold Harsch, MD</em></td>
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<tr>
<td>1345-1430</td>
<td>Beyond Pills – An Update on the New Treatments for MDD</td>
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<td><em>Jerry L. Halverson, MD</em></td>
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<tr>
<td>1430-1500</td>
<td>Panel Discussion</td>
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<tr>
<td>1500-1515</td>
<td>Break with Exhibitors</td>
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<tr>
<td>1515-1615</td>
<td>Legislative Update: Psychologist Prescribing</td>
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<td></td>
<td><em>Ken Robbins, MD</em></td>
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<tr>
<td>1615-1730</td>
<td>Reception</td>
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**March 28, 2009 Saturday**

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>0730-0800</td>
<td>Continental Breakfast with Exhibitors</td>
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<tr>
<td>0800-0900</td>
<td>Understanding the Risk for the Development of Anxiety and Depression:</td>
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<td>The Use of Nonhuman Primate Models</td>
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<td></td>
<td><em>Ned H. Kalin, MD</em></td>
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<tr>
<td>0900-1000</td>
<td>Treating Generalized Anxiety Disorder</td>
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<tr>
<td></td>
<td><em>Alan Gelenberg, MD</em></td>
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<tr>
<td>1000-1015</td>
<td>Break with Exhibitors</td>
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<tr>
<td>1015-1115</td>
<td>Bunkertherapy: Psychiatry in a Combat Zone</td>
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<tr>
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<td><em>Michael McBride, MD</em></td>
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<tr>
<td>1115-1215</td>
<td>OCD Treatment: Oldies but Goodies and the Newest of the New</td>
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<tr>
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<td><em>John Greist, MD</em></td>
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*Additional Charge*
Target audience

This program is designed for psychiatrists and other mental health professionals.

CME Information

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Medical College of Wisconsin and the Wisconsin Psychiatric Association. The Medical College of Wisconsin (MCW) is accredited by the ACCME to provide continuing medical education for physicians.

The Medical College of Wisconsin designates this educational activity for a maximum of 9 AMA PRA Category 1 Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Registration & Cancellation Deadlines

- No refunds will be given for cancellations after March 15, 2009.
- A $25 administrative fee will be retained for all cancellations prior to that date.
- Cancellations must be received in writing.

- Registration fee includes continuing education credits.
- Please retain a copy of this form as your receipt. A confirmation will be emailed.

Register Online at www.thewpa.org

Contact Information (Please Print Clearly):

Name: ___________________________ Spouse/Guest: ________________
Address: ________________________ City: __________________ State _______ ZIP _________
Phone: __________________________ Email (required) __________________________

Please indicate any special dietary needs:

☐ Check here if you require special assistance to participate in the conference. (WPA will contact you)

Registration Fees

Before March 15:  ☐ WPA member $175  ☐ WPA non-member $225
After March 15:  ☐ WPA member $200  ☐ WPA non-member $250
☐ Psychiatric Resident Member (no charge) ☐ Spouse/Guest ticket for Friday luncheon ($30)

Member in Training & Early Career Psychiatrist Dinner:

MIT & ECP networking dinner: Friday, March 27, 2009, 18:30 – Horse & Plow at the American Club
(No cost to MIT & ECP Members)

☐ I will attend the MIT & ECP Dinner   Number attending __

Wisconsin Council of Child and Adolescent Psychiatry (WCCAP) Dinner

I will attend the WCCAP Dinner on Friday, March 27, 2009 at 6:30 p.m. (no CME credit)

☐ ($45 WCCAP members)  ☐ ($65 nonmembers)  ☐ ($45 Residents and students)

Number attending _____   Total Amount Enclosed $____

Method of Payment

☐ Check ☐ Visa ☐ MasterCard ☐ Discover

(Please make checks payable to Wisconsin Psychiatric Association)

Credit Card No: ___________________________ Expiration Date: __________
Name on Card: ___________________________ Security Code: __________________________
(last 3 numbers found on back of card)

Return registration form and registration fee by March 15, 2009
The 23rd Annual Door County Summer Institute

The Department of Psychiatry and Behavioral Medicine
Medical College of Wisconsin

**Mark Your Calendars!!**

**Week 1: July 20-24, 2009**

Session 1  Donald Meichenbaum, PhD  Treatment of Victimized Individuals with PTSD and Complex PTSD: New Developments
Session 2  Shawn Shea, MD  Transforming Difficult Clinical Gremlins and the Quest for Happiness: Reaching the People Beneath the Diagnoses
Session 3  Jo Weis, PhD & Linda Blust, MD  Behavioral and Medical Collaboration at the End-of-Life: Better Outcomes for All  *Special 2-Day Session (July 23 & 24)*

**Week 2: July 27-31, 2009**

Session 4  Phil Janicak, MD  Update on Psychopharmacotherapy and Therapeutic Neuromodulation
Session 5  Fred Heide, PhD & Lee Becker  Expand Yourself, Expand Your Practice: Expressive Behavior Skills Training to Enhance Therapist Credibility and Client Satisfaction
Session 6  Grace Thrall, MD  Learning Skills in Evidence-Based Medicine

**Week 3: August 3-7, 2009**

Session 7  Bill O’Hanlon  Positive Psychology: Practical Applications in Clinical Work
Session 8  James Gustafson, MD  Captivity and Deliverance: The Main Subject of Psychotherapy
Session 9  Art Derse, MD, JD, Bruce Ambuel, PhD, Brad Grunert, PhD, Paul Brodwin, PhD, Frederic Steiger, MD  Bioethics, Supervision, Cultural Issues, and Addiction  *Special 2-Day Session (August 3 & 4)*

For More Information, Please Visit Our Website:

www.mcw.edu/psychiatry/doorcounty.htm

or call: (414) 955-7250
### Calendar of Professional & Clinically-Oriented Events

**March 2009**
27-28 – WPA 2009 Annual Meeting “An update on Depression and Anxiety” Ned Kalin, MD, American Club, Kohler Wisconsin

**April 2009**
3-4 – Spring 2009 Psychiatric Update
Nontrivial Neuropsychiatric Nourishment from Noble Notable Nabobs
UW School of Medicine and Public Health and Madison Institute of Medicine, Inc.
Monona Terrace® Community and Convention Center
Madison, WI

**October 2009**
23-24 – Fall 2009 Psychiatric Update

**March 2010**
19-20 – Spring 2010 Psychiatric Update

**November 2010**
5-6 – Fall 2010 Psychiatric Update

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**Note to readers and publicists:** If you wish to have a professional meeting listed in future issues of the *Wisconsin Psychiatrist*, please send it to the WPA Office, 6737 W. Washington St., Suite 1300, Milwaukee, WI 53214, Phone: 414-755-6294 | FAX: 414-276-7704