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# InPsych



## Columbia Psychiatry /NYS Psychiatric Institute First in Region to Offer TMS Treatment for Major Depression

Columbia University Medical Center (CUMC) and New York State Psychiatric Institute (NYSPI) announced the availability of Transcranial Magnetic Stimulation (TMS) for the treatment of major depression on the heels of FDA approval of the NeuroStar TMS Therapy system. TMS is the latest non-invasive therapy for adults with major depression who have failed to respond to medication.

"This is an exciting time in psychiatry," said Dr. Sarah Lisanby, who led the clinical trials at Columbia University Medical Center/New York State Psychiatric Institute, the only program in New York to investigate NeuroStar TMS's safety and efficacy. "We now have the option of treating patients with a new non-invasive device-based therapy which has shown efficacy in randomized controlled trials."

TMS is a non-systemic (does not circulate in the bloodstream throughout the body) and non-invasive (does not involve surgery) form of neuromodulation, which stimulates nerve cells in an area of the brain that is linked to depression, by delivering highly focused MRI-strength magnetic pulses. Patients don't

require anesthesia or sedation and remain awake and alert. It is a 40-minute outpatient procedure that is prescribed by a psychiatrist and performed in a psychiatrist's office. The treatment is typically administered daily for 4-6 weeks.

Dr. David Kahn, Vice Chair for Clinical Affairs at Columbia University Department of Psychiatry, said that "Severe depression unfortunately is a chronic disease for 10 to 15% of patients. We chip away at it by sequences of medications in the hope of finding the right formula for each individual. TMS is a brand new direction that we hope will make a major impact for some people and help reverse the course of their illness.

We are very proud to be among the first clinical programs in the United States to be offering it, and to be doing this under the leadership of Dr. Lisanby, one of the pioneers in the field of brain stimulation."

For more information about TMS programs at NYSPI and CUMC, call 212-543-5767 or log on to [depression@columbia.edu](mailto:depression@columbia.edu).

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Columbia Department of Psychiatry

New York State Psychiatric Institute

### We're Number One!



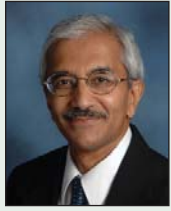
In a testament to the extraordinary ability and productivity of the faculty in the Department of Psychiatry at Columbia and the New York State Psychiatric Institute, it was announced in November that that the Department earned the most NIH-funded grants, more than any other department of psychiatry in the nation, for the year 2007. NIH grants awarded in 2007 totaled nearly \$71 million.

Along with the contributions of the faculty, Dr. Jeffrey Lieberman acknowledged a number of key administrators for their critical role in this significant achieve-

ment: "I also want to commend John Mann for his leadership as Vice Chair and Director of Research in overseeing many of the services that support our research programs, Janelle Dierkens and Jonny Segal for their direction of the RFMH and Columbia Business Offices, which provide grant support pre and post award and process our numerous applications, and David Strauss for his leadership of the IRB, which reviews and monitors our human research protocols."

He added: "I want to express my gratitude to the numerous staff and clinical and support services that are the foundation of our research enterprise and enable us to function so successfully. Although each grant award has a single PI, it is truly a team effort that has enabled us to achieve this remarkable milestone."

# Promotions & Appointments



**Davangere Devanand**

After serving as Acting Director since December 2006, Dr. Davangere Devanand, Professor of Clinical Psychiatry and Neurology at Columbia University College of Physicians and Surgeons, was appointed Director of the Division of Geriatric Psychiatry in the Department of Psychiatry in August 2008.

In his new role, Dr. Devanand will consolidate and unify current operations within the Division as well as expand its research, training and clinical activities in order to make it one of the best programs in geriatric psychiatry in the country. In addition, he will oversee the recruitment and development of faculty to expand research, enhance training and develop clinical services in geriatric psychiatry for New York State Psychiatric Institute (NYSPI), Columbia University Medical Center and New York Presbyterian Hospital.

A graduate of medical school at Christian Medical College, Vellore, in India, Dr. Devanand trained in psychiatry at the National Institute of Mental Health and Neurosciences, Bangalore, India. He completed psy-

chiatry residency training at S.U.N.Y. Upstate Medical Center, Syracuse, and Yale University School of Medicine. He then did a clinical research fellowship at Columbia University, and has been a member of the faculty at Columbia University since 1987.

Currently, Dr. Devanand is Co-Director of the Memory Disorders Center and Co-Director of the Late Life Depression Clinic at NYSPI. His research studies involve Alzheimer's disease, geriatric depression and electroconvulsive therapy. His research has helped define the clinical features and treatment response in elderly patients with chronic mild to moderate depression, or dysthymic disorder and the development of diagnostic markers of early stages of Alzheimer's disease. His research has also focused on the interface between depression and cognitive impairment, and the treatment of behavioral complications in Alzheimer's disease. He has been principal investigator on several research grants from the National Institute of Aging and the National Institute of Mental Health. He has also been funded by the Alzheimer's Association, NARSAD, and the Dana Foundation. He has published over 180 research papers and articles, and is the author of three books.

## Message from the Chairman and Director: Coping with the Financial Crisis



To paraphrase Dickens, 2008 was "the best and worst of times." In the past year Columbia Psychiatry/Psychiatric Institute was ranked #1 in the country by the all-important measure of NIH grants received. Our training programs underwent significant improvements and the pool of applicants seeking admission is now bigger and better than ever. Our clinical services continued to expand and improve in their variety and quality. We began the pursuit of new initiatives in genetics, women's mental health, geriatric psychiatry and autism. And then the financial crisis hit and the bottom fell out of the economy. These developments have shaken the world and have had a chilling effect on academic medical institutions. Unfortunately ours is no exception.

Reduced tax revenues and the need for a stimulus package will limit the ability of the federal government to allocate funds to the NIH. Foundations that fund research have seen their endowments decline or be completely wiped out. As a result, some of our faculty members have already been informed that grants will not be funded or continued. Consequently, their laboratories, which have taken years to build, will need to lay off personnel or even close. In addition, the sight of accomplished researchers struggling to maintain their labs may discourage students and trainees from pursuing careers in medical research.

The financial crisis has also substantially reduced tax revenues to NY State. This has prompted the Governor to impose a hiring and

spending freeze on state agencies including the Office of Mental Health and to propose cuts in Medicaid reimbursement. The former prevents us from filling positions at Psychiatric Institute and the latter will reduce the revenues of NYPH. This comes at the same time that we will experience an increased clinical burden as greater numbers of people seek mental health care, many after losing their jobs and health insurance.

In recent years, medical schools and hospitals have increasingly relied upon philanthropy to provide support for research and training activities as health care cost containment has reduced clinical revenues; however, philanthropy has declined dramatically.

Thus, the consequences of this economic crisis will impede the progress of medical research, increase the rates and severity of illness in our population and place greater burdens on our health care system in the face of reduced reimbursement.

Despite the economic gloom, I am confident that Columbia Psychiatry and PI will meet these challenges successfully and I am optimistic about our future. However, the financial crisis will deter our progress and make it more difficult to achieve our goals in the near term. Now more than ever we need the support of our alumni, friends and supporters to avert these threats to our outstanding research, educational and clinical programs.

## Research Reported in the News

**Anne Marie Albano** "Cognitive Behavioral Therapy, Sertraline, or a Combination in Childhood Anxiety" (*New England Journal of Medicine*)

While anxiety in children and adolescents is common, few studies have tested the relative effectiveness of first-line treatments cognitive behavioral therapy (CBT) and the selective serotonin-reuptake inhibitor sertraline (Zoloft). Now parents as well as physicians have definitive answers. In a highly-anticipated paper released in October 2008, the researchers Anne Marie Albano and Moira Rynn of Columbia Psychiatry/New York State Psychiatric Institute - and their colleagues at five other sites nationwide - found the combined therapy was more effective in treating anxiety in children than either treatment alone. Results also showed that the treatments were safe.

A total of 488 children, ages 7 years to 17 years, were randomly assigned to one of four treatment options for a 12-week period:

- CBT, a specific type of therapy that, for this study, taught children about anxiety and helped them face and master their fears by guiding them through structured tasks;
- the antidepressant sertraline;
- CBT combined with sertraline;
- pill placebo (sugar pill).

Among those children in combination treatment, 81 percent improved. Sixty percent in the CBT-only group improved and 55 percent in the sertraline-only group improved. Among those on placebo, 24 percent improved. A second phase of the study will monitor the children for an additional six months. The children, recruited from six regionally dispersed sites throughout the United States, all had moderate to severe separation anxiety disorder, generalized anxiety disorder or social phobia. Many also had coexisting disorders, including other anxiety disorders, attention deficit hyperactivity disorder, and behavior problems.

The latest findings, published in the *New England Journal of Medicine*, are part of the larger The Child/Adolescent Anxiety Multimodal Study (CAMS), which is sponsored by the National Institutes of Mental Health (NIMH).



**Yaakov Stern** "Survival in Alzheimer Disease: A multi-ethnic, population-based study of incident cases" (*Neurology*)

Using Alzheimer's disease cases from the Washington Heights Inwood Columbia Aging Project (WHICAP), Yaakov Stern and colleagues identified diabetes and hypertension as contributing factors to decreased survival among individuals with Alzheimer's. The provocative new findings attracted worldwide attention and were featured in reports by Reuters and the *US News & World Report*.

Researchers followed 323 individuals, who developed Alzheimer's during the study, for an average of 4 years and up to about 13 years. The results showed that for individuals who had co-occurring Alzheimer's disease and hypertension, the mortality risk was more than two and half times greater when compared to patients who only had Alzheimer's disease. For patients with co-occurring Alzheimer's and diabetes, the mortality risk was twice as high when compared to Alzheimer's patients without diabetes.

The research also yielded interesting data about the impact of race/ethnicity on survival rates among people with Alzheimer's disease: non-Hispanic whites in the sample had the highest mortality rate with an average length of survival post-diagnosis of four years compared to eight years among Hispanics and five years among African-Americans.

Study participants were culled from the WHICAP's multi-ethnic cohort of 4300 Medicare recipients in upper Manhattan. Assessments were done at baseline and at subsequent follow-up visits.

The study was published in the November issue of the journal *Neurology*.

## NARSAD Symposium A Success



It was a beautiful sunny Sunday afternoon, but people turned out in droves for NARSAD's Healthy Minds Across America campaign on September 14, 2008 at New York State Psychiatric Institute/Columbia University Medical Center. Researchers, consumers and family members were among those who showed up to listen to some of the most noteworthy scientists studying schizophrenia today: Drs. Eric Kandel, Nobel Laureate ("A New Perspective on Schizophrenia"), Anissa Abi-Dargham, Director, Clinical & Imaging Research ("A Decade of Imaging Dopamine in Schizophrenia: What We Have Learned") and Jeffrey Lieberman, Chairman and Director Columbia University Dept. of Psychiatry & NYS Psychiatric Institute ("Treatments for Brain Disorders: Prospects for Preventing and Recovering from Mental Illness"). Dr. Herbert Pardes, President and CEO of New York Presbyterian Hospital delivered the closing remarks.



Anissa Abi-Dargham

## Bringing Cultural Competence to Psychiatry

Healthcare disparity in our communities is nothing new, but its sting is particularly painful for those who identify as Latino, African-American, or another underserved ethnic minority and who live with a serious mental illness. People with serious mental illness (SMI) have higher rates of morbidity and mortality, and they die, on average, 25-30 years younger than the general population. Sixty to seventy percent of this increase in morbidity and mortality is due to “natural causes” which are treatable physical illnesses and modifiable risk factors. For African-Americans and Latinos, who are more likely to suffer from diabetes and hypertension than their white peers, being diagnosed with a psychiatric illness will increase their risk of adverse outcomes even further.

“Providing the best possible help to the seriously mentally ill in underserved ethnic and linguistic communities means first addressing treatment within a framework that is sensitive to the cultural and linguistic characteristics that define these groups,” said Dr. Roberto Lewis-Fernández, Director of the Center of Excellence for Cultural Competence at the New York State Psychiatric Institute.

Established earlier this year, the Center is embarking on a five-phase community outreach project in Northern Manhattan that will develop culturally competent, person-centered best practices for delivering physical health care to patients with serious mental illness. This project is being conducted in collaboration with diverse community stakeholders, including consumers, family members, providers, representatives of faith-based organizations and community residents. The five phases of the project consist of the following:

**Phase One - Program-Needs Assessment:** The Center will carry out an initial evaluation of six mental health programs across Northern Manhattan. One of the goals of this phase is to start to develop alternative models for integrated physical and mental health services.

**Phase Two - Cultural Competence:** The Center will collaborate with community members, programs and clinics on a plan to choose interventions to enhance culturally competent management of physical health problems in a way that addresses patients' needs.

**Phase Three - Evaluation:** After carrying out a thorough baseline assessment of each clinic, the Center will assess the cultural competence of existing services, detection/ management of physical health problems, patient engagement, patients' management of lifestyle choices that affect health - such as diet, exercise, and smoking - and patient outcomes.

**Phase Four - Intervention:** The Center's team will assist each mental health clinic with implementing the chosen intervention.

**Phase Five - Post-Intervention:** The research team will assess the intervention's impact and sustainability in terms of physical health outcomes, financial feasibility, and enhancement of culturally and linguistically-appropriate services.

In Washington Heights and Inwood, about 72% of the community is of Latino origin, while in Harlem, 67% is African American with 20% Latino. “These demographics have created challenges in understanding how culture, race, language, religion and ethnicity impact patient care and treatment,” said Dr. Lewis-Fernández. Ultimately, the Center's goal is to work with each individual and his/her provider(s) to ensure that a culturally-sensitive approach is incorporated in the physical and mental health treatment plan.

For now the five-phase outreach project will concentrate efforts in the communities surrounding the Psychiatric Institute. Eventually the work will expand into a statewide initiative.

## New Grants:

### National Institute on Alcohol Abuse and Alcoholism

Jonathan Morganstern: *NIH support for conference and scientific meetings*

Mark Underwood: *Dorsal raphe nucleus serotonin neurons in alcoholism (R-01)*

### National Institute of Biomedical Imaging and Bioengineering

Dongrong Xu: *An integrated package for the processing and analysis of diffusion tensor imaging*

### National Institute on Drug Abuse

Nicole Barbarich-Marsteller: *Adolescent vulnerability to psychostimulants: effects of sex and food restriction (K-Award)*

Margaret Haney: *Modafinil and DRD4 genotype in a human laboratory model of cocaine relapse (R01)*

Frances Levin: *(1) Research fellowship in substance abuse disorder; (2) Multi-site controlled trial of cocaine vaccine (6 of 6) Columbia University site*

Ned Nunes: *Treatment Studies Using Depot Naltrexone (4/6) Columbia Protocol Treatment Site (R01)*

### National Institute of Health

Michael Myers: *Developmental Neuroscience and Behavior*

### National Institute of Mental Health

Allegra Broft: *Bulimia nervosa and dopamine: a link to addictions?*

Alan Brown: *(1) Epidemiology of prenatal factors and adult psychopathology (K-Award); (2) Prenatal factors and risk of schizophrenia in a Finnish national birth Cohort (R01)*

Jimmy Choi: *Motivation and learning in schizophrenia*

Michael Drew: *Analyzing the role of adult hippocampal neurogenesis in contextual fear memory (K-Award)*

Joshua Gordon: *Neural mechanisms of increased anxiety in serotonin 1A receptor-deficient mice*

Jonathan Javitch: *Structure and function of dopamine receptors (R01)*

Mark Opler: *Paternal germ line effects and the risk of schizophrenia in offspring (K-Award)*

Sapana Patel: *Patient-centered care for underserved minorities in primary care*

Anthony Pinto: *Phenomenology of obsessive compulsive personality disorder (K-Award)*

Gorazd B. Rosoklija: *Morphology of hippocampal neurons in depression*

Barbara Stanley: *Treating suicidal behavior and self mutilation in BPD (R01)*

### National Institute of Neurological Disorders and Stroke

Kathleen Friel: *Mechanisms of cerebral palsy recovery induced by balancing motor cortex activity*

### New York State Health Foundation

Ilana Nossel: *Critical time intervention for frequent users of the comprehensive psychiatric emergency programs*

### Tibotech REACH Initiative

Joanne Mantell: *Beliefs about male circumcision and HIV prevention at primary care clinics in Kwazulu-Natal, South Africa*

# Awards & Recognitions

Beginning November, 2008, **Kelli Harding** was appointed to a two year term on the Association of American Medical Colleges board of directors.

**Jonathan Amiel** was selected as one of two resident representatives by the American Association of Directors of Psychiatric Residency Training to the American Association of Medical Colleges Organization of Resident Representatives. This appointment is for a three-year term. The committee recognizes Dr. Amiel's leadership potential in academic medicine and his interest in residency education and leadership issues.



**Stan Arkow** is one of four physicians to earn NY Presbyterian's Physicians of the Year award, which was formally presented in October, 2008.

**Katherine Elkington** is the recipient of the Dr. Joseph E. and Lillian Pisetsky Award for clinical research on serious adult mental disorders. Dr. Elkington's project - "The Reliability and Validity of the Mental Illness Stigma-Sexual Health Questionnaire" - was chosen from among 17 impressive applications.



**Katherine Keyes** is the recipient of two national awards: One was the Enoch Gordis award for outstanding student research from the Research Society on Alcoholism on the role of binge drinking in alcohol dependence. The other was the Society for Epidemiologic Research 2008 Lilienfeld Student Prize on methods to investigate age-period-cohort effects in aggregated data collected over time.

The Wilfred Hulse Award from the NY Council on Child and Adolescent Psychiatry was presented to **Owen Lewis** for outstanding contributions to child and adolescent psychiatry.



**Kelly Posner** was invited to give remarks on June 12 during a day-long European Union High-Level Conference, "Together for Mental Health and Wellbeing." She spoke during the session on "Depression and Suicide - Tackling the Public Health Challenge."

Irving Institute for Clinical and Translational Research awarded **Scott Schobel** and **Tiziano Colibazzi** an Imaging Pilot Award. It will support direct brain imaging work in the Center of Prevention and Evaluation (COPE), Columbia's prodromal psychosis research clinic. Drs. Schobel and Colibazzi are piloting combined longitudinal high-resolution structural and functional fMRI of the hippocampus in youths at risk for psychosis to understand the relation of hippocampal function to structure through the transition to psychosis.

**Mary Sciuotto** is one of five Columbia physicians (and the only psychiatrist) named as an Advisory Dean to the College of Physicians and Surgeons. In this role, she will be working closely with first through fourth year medical students as a mentor and academic and career advisor.



In May 2008, the HIV Center's **Theo Sandfort's** body of scientific work was honored by the Society for the Scientific Study of Sexuality, which presented him with its "John Money Award," named for a pioneering scholar of sexuality.

**David Sulzer** and his collaborator won the McKnight Award in Neuroscience for Technological Innovations. Each of them will receive \$100,000.

**Myrna Weissman** has been named the 2009 Thomas William Salmon Medalist by the Board of Trustees of the New York Academy of Medicine. The Thomas William Salmon Medal is given to promote research and to honor notable contributions to the advancement of psychiatry, mental hygiene and related subjects. The medal, first awarded in 1942, is given in memory of Thomas W. Salmon (1876-1927), a gifted and beloved physician whose contribution to the cause of the mentally ill and distressed was one of the most notable and fruitful of his generation. In addition, Dr. Weissman was named one of the ten epidemiologists in the United States who has had an impact on public policy and public health by the Dana Alliance for Brain Initiatives. A summary of her work in depression will be featured in a special issue of the Annals of Epidemiology titled "Triumphs in Epidemiology."

## Compassionate Care

Dear Dr. Lieberman,

I am writing in reference to my father... a retired professor ...of Columbia University. My dad trained at P&S many years ago and was a venerated physician throughout the course of his years of service... My dad suffered a psychotic episode at home where I also reside along with my spouse and children. We are his primary caregivers...

Dad was admitted to 9 Garden North. From the moment he was released to the care of Dr. [Stan] Arkow, Dr. [Larry] Amsel, Dr. [Marina] Benaur and his team of caregivers it was clear that my father was in a safe and nurturing environment. I greatly appreciated the deferential and respectful way that he was treated by all concerned. Dr. Arkow impressed me as a "mensch" who is both accessible

and egalitarian. Leading by example, his entire staff reflected that sensibility.

Drs. Amsel and Benaur did an excellent job in tandem with Dr. Lucien Cote to arrive at a cocktail that would help to stabilize my father's overall behavior. The fact that my father was given the benefit of time so that the medical experts could work slowly and methodically made all the difference in achieving their desired result. Sonia Gilbert was also a great resource for facilitating my father's [discharge].

Dad had more socialization in the time he was on 9 Garden North compared to the three years we have cared for him at home...I'm so grateful that he was able to blossom in such a special garden!... I am truly grateful that my dad was the lucky beneficiary of such wonderful care, professionalism and the extra bonus of tender loving care.

## Psychiatric Care Across the Reproductive Life Cycle

Where can women go for help when post-partum depression strikes? If they live in New York City, women can call upon the expertise of the Women's Program in Psychiatry at Columbia. The program was established to address the mental health needs of women across the reproductive life cycle.

Mood disorders are twice as prevalent in women compared to men particularly in the childbearing years. This vulnerability suggests a need for specialized services in order to address mood, anxiety and other psychiatric disorders associated with the menstrual cycle, childbearing and menopause.

Renowned post-partum expert Dr. Margaret Spinelli developed a teaching program to instruct residents and other psychiatrists about diagnosing and treating pregnant women who presented with psychiatric disorders. The teaching program evolved into a full-fledged treatment program in 2006. Directed by Dr. Spinelli, the Program provides expert perinatal and reproductive psychiatric evaluations. The Women's Program is located in the Intensive Outpatient Department (IOP) at New York Presbyterian Hospital (NYPH). IOP director Dr. Mary Sciotto is passionate about the support patients receive: "First and foremost, we provide women, particularly those in crisis, with short-term, rapidly accessible treatment."

### Services include:

- Comprehensive evaluation
- Obstetrics/gynecology and neurological consultation
- Medication consultation during pregnancy and breastfeeding
- Crisis intervention with referral for inpatient treatment at New York Presbyterian when indicated
- Medication treatment
- Support groups
- Psychotherapy
- Family education and support

A multidisciplinary team of expert clinicians, including reproductive and perinatal psychiatrists Drs. Elizabeth Fitelson, Eileen Kavanagh and Kristen Leight, provide help to women who need treatment for not only post-partum depression, which affects between 15 to 20% of women, but also depression during pregnancy that occurs in more than one in 10 women. Prenatal psychopharmacology consultations are provided in addition to treatment for premenstrual and perimenopausal mood disorders.

With easy access to some of the best psychiatry researchers at Columbia University Medical Center/New York State Psychiatric Institute and the clinical expertise of New York Presbyterian Hospital, patients will enjoy the added benefit of breakthrough science in reproductive psychiatry. One such advantage is the proximity to non-traditional techniques for treating depression in pregnant women. Non-medication treatments like light therapy and interpersonal psychotherapy are being explored in research studies in which patients can enroll.

"The Women's Program fills a major public health gap" says Dr. Spinelli."It also provides our residents with unique educational, clinical and research experience. The academic arm of the program also provides the potential for a clinical and research fellowship in reproductive psychiatry. Weekly psychopharmacology rounds are held every Wednesday at 3pm where faculty, residents and medical students are invited to present their cases."

The Women in Psychiatry program currently has a liaison psychiatrist to the Department of Obstetrics and Gynecology, a great bonus for patients in the program.

Affordable payment options-including insurance, self-pay and sliding scale-are also available. There is a 24-hour crisis hotline and callers can speak to a board-certified attending who will triage each case. That number is 212-305-6001.



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