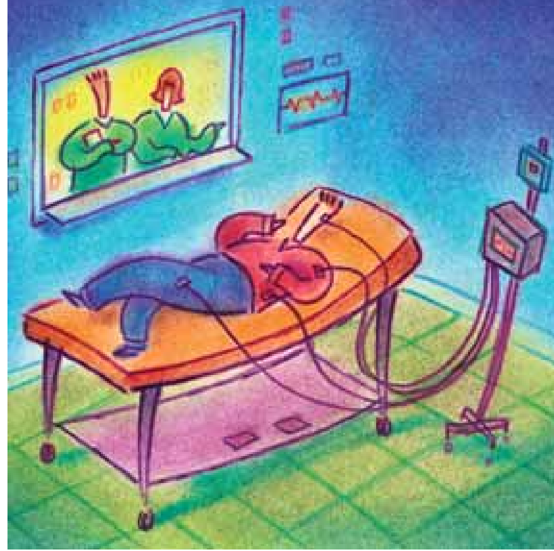
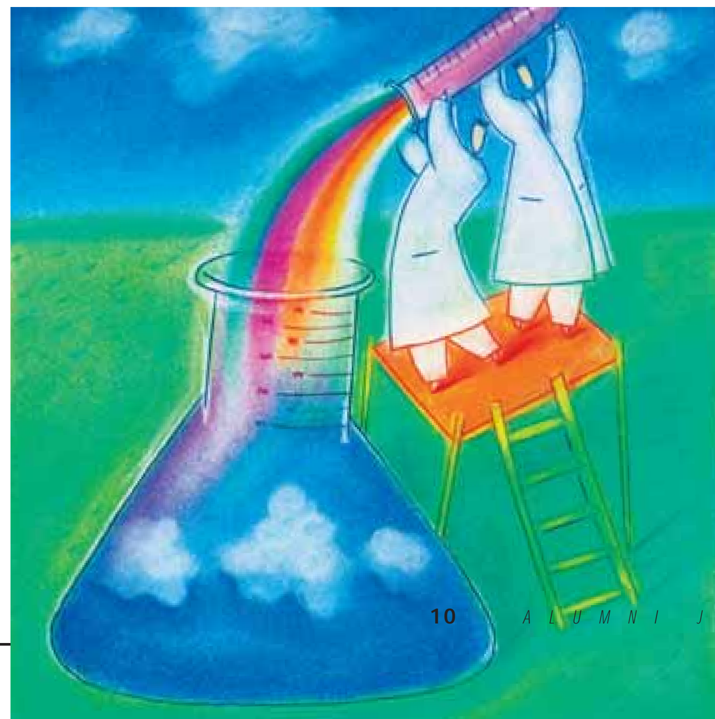


No Simple Solutions

The fluidity of psychiatry demands expert orchestration of new knowledge and trusted traditions.

By Denise Owen Harrigan

While fascinated by human behavior, Professor Steven Batki, MD '79, entered psychiatry "with some ambivalence about not practicing medicine per se." His affinity for the physical certainty of medicine helped steer him toward addiction—one of the first mental illnesses conclusively linked to biological abnormalities. Dr. Batki's clinical research has continued to keep him grounded in both medicine and psychiatry: with multi-million dollar research grants, he explores medical issues that overlap with mental illness. After a quarter-century, Batki still sees a division between psychiatry and medicine. But he has also seen an avalanche of physical evidence demonstrating that the two are more alike than different.



With brain scans, blood tests, and DNA sequencing, Batki says, "We can now confirm what we've long suspected: Behavior has a physical, chemical, biological, and molecular basis. Even a thought is a biological event."

Psychiatry's migration toward medical certainty—and its ever-expanding roster of treatment options—inspires spirited discussion among Batki and his three dozen colleagues at SUNY Upstate's Department of Psychiatry and Behavioral Sciences. Orchestrating these discussions is Professor and Chair Mantosh Dewan, MD, HS '75, who relishes his role as conductor of a department growing in size and stature. "We encourage discussion and cherish dissent," says Dr. Dewan.

The department's discussions are not academic. "People are very complex," he says. While there is more biological evidence in psychiatry today, there are still few definitive answers."

SIGNATURE TRAIT

Psychiatry faculty, students, and residents have been engaging in friendly debate since the department was founded in 1953. Its original clinical site was the Syracuse VA Hospital, still flooded with the psychiatric casualties of World War II.

"Back then, the department was more psychosocial," remembers Professor and Chair Emeritus Eugene Kaplan, MD '57. "It was the heyday of psychoanalysis, with heated discussions about newer forms of psychotherapy."

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Psychoanalysis, the brainchild of Sigmund Freud, explores the unconscious and its influence on thoughts and behaviors. It's a painstaking process that has fallen out of fashion—as actor Woody Allen suggests in his classic line, "If psychoanalysis were a stock, I wouldn't buy it right now."

"Today, a patient is more likely to lie on an MRI bed than a couch," says Dewan.

"The process of talk therapy has been massively modified," he explains. "The patient goes once a week instead of five times a week, for 12 weeks instead of two years. We've learned to accomplish more in much briefer forms of psychotherapy. It's much more efficient."

But more efficient still, at least in the eyes of many who reimburse for mental health care, are psychiatric medications, especially the well-tolerated antidepressants, such as Prozac and Paxil.

"It's more expensive to practice psychotherapy than psychopharmacology," concedes Dewan. "Medication and talk therapy are two different tools. Medications may be indispensable for management of severe mental illness. But studies show that psychotherapy, well-done, is more effective in the long term."

"To make a patient feel better," Dewan says, "you use everything available. Often you need to combine both tools."

PLURALISTIC

To cover all currents in a very fluid field, Upstate's Department of Psychiatry takes a pluralistic approach, training its psychiatry residents and psychology interns according to the bio/psycho/social model.

"Some mental illness is genetic and can be attributed to clear biological issues," explains Assistant Professor Thomas Schwartz, MD '95, HS '99. "Some of it is learned behavior—if you have a chaotic family, you tend to have a chaotic child. And some of it is due to social stressors: loss of a loved one, loss of job, divorce. A person may be biologically stoic, but given enough stressors….

"So each case is a unique combination of biological, psychological and social factors." Dr. Schwartz says. "That's why we're trained in all three approaches."

Nationally, the department is known for this holistic approach—for training its psychiatrists in psychotherapy as well as psychopharmacology. As one former facul-

ty member noted, "Upstate is one of the few departments where residents not only know their patients, they know the names of patients' family members."

Dewan—who labels himself a general psychiatrist—also seeks balance when allocating resources to the Department's education, research, and clinical missions. Clinical services continue to multiply, as evidenced by comprehensive new clinics for depression and anxiety. Still, the demand for clinical services seems to perpetually outpace the supply—in Central New York and nationwide—exerting relentless pressure on the department.

"It's tempting to focus on immediate clinical needs," admits Dewan. "But we cannot neglect our education and research missions.

As an academic medical center, we have specific commitments."

RAISING THE BAR

When Dewan became chair in 1999, he placed research at the top of his agenda. The department has historically been recognized for its prolific faculty, but their publications often featured what Dewan terms "elegant ideas, rather than scientific studies.

"In our earlier years, we were much like Freud," he explains. "We proposed theories but did not necessarily subject them to scientific scrutiny. We were not researchers in the modern sense. We did not have NIH funding. It was time to focus on more rigorous, scientific, empirical examination of our theories."

The faculty had already been gradually moving in that direction. In 1977, for example, Professors Seymour Fisher, PhD, and Roger Greenberg, PhD, collaborated on *The Scientific Credibility of Freud's Theories and Therapy*, named one of the year's top books by the *Library Journal* and *Psychology Today*. In 1989, they published *The Limits of Biological Treatments for Psychological Disorders*, a scholarly research review widely covered in the national media, including *The New York Times* and *Newsweek*.

To bolster the department's NIH funding, in 1999 Dewan recruited Upstate alumnus Batki—then at the University of California, San Francisco, with a major NIH clinical research grant.

"I can understand the pressure to prescribe a pill—it is a seemingly simple solution, and there's a significant financial incentive," says Dr. Greenberg. "But relapse rates are much lower for patients on medication plus psychotherapy and even for those on psychotherapy alone."

For the past five years, Dewan has continued to attract high-profile researchers with NIH grants: including ADHD authorities Steven Faraone, PhD, from Harvard and Russell Barkley, PhD, from the University of South Carolina, and velocardiofacial syndrome expert Wendy Kates, PhD, from Johns Hopkins.

With their NIH-funded studies and their collaborations with existing faculty, the Department of Psychiatry at Upstate soared in five years from no NIH funding to 28th out of 125. But more significant than national stature are the department's long-range contributions to the field of psychiatry.

"We try to focus on meeting our community's clinical needs," says Dewan, "but as a university we also have a commitment to educate future clinicians and to find more effective, more efficient ways to treat psychiatric disorders." ■

A Better Way

Psychiatry research is growing exponentially at SUNY Upstate as is the community's need for mental health services. Why spend today's limited resources on tomorrow's problems? It's a question often fielded by Steven Batki, MD '79, professor and director of psychiatry research and recipient of Upstate's 2005 President's Award for Excellence in Research.

"Through research we create new knowledge," Dr. Batki explains. "We develop more targeted, more efficient, more effective treatments. We figure out how to make better use of our limited resources."

To illustrate, Batki points to antidepressant medications, especially the selective serotonin reuptake inhibitors (SSRIs) on the market since the late 1980s. These drugs, such as Prozac, are widely prescribed, well-tolerated and often effective in relieving depression and anxiety.

Compared to earlier psychiatric medications, they are revolutionary. But they are nowhere near what they might be, according to Batki. "Today's antidepressants are very blunt tools, because depression involves much more serotonin."

Without research, those blunt tools will never be sharpened. "Through the data we collect, our imaging of the brain, the tests we conduct—we continually learn more about depression," says Batki. "What we learn today will be used tomorrow to develop more targeted treatments."

Batki has found his research niche in what he terms "crossover issues"—mental disorders that impede medical care and medical issues that interfere with mental health care. Batki has settled here in part because he likes to keep a foot in both medicine and psychiatry, and also because this terrain is overlooked by researchers.

In the past decade, Batki has secured more than $8 million in NIH and other grants to study issues such as hepatitis C treatment in injection drug users and onsite TB care at substance abuse treatment centers.

Now, Batki is targeting the larger, long-standing tradition of treating medical and mental illness in separate settings. Batki is the director of the new Center for Integrated Healthcare, a collaborative research venture between the Syracuse Veterans Administration (VA) Medical Center and Upstate's Department of Psychiatry.

Their five-year research project is funded by a $9-million grant from the U.S. Department of Veterans Affairs. The joint venture builds upon a 50-year history of clinical and research collaboration between Upstate and the Syracuse VA.

Batki and his colleagues are studying the impact of integrating psychiatric and primary care treatment for veterans locally and throughout the VA's VISN2 Healthcare Network in Upstate New York. Based on his past research, Batki surmises that outcomes will improve if primary-care physicians recognize and treat behavioral and substance abuse issues such as alcohol problems, dementia, and post-traumatic stress disorder.

The Great Debate: Medication vs. Psychotherapy

Mantosh Dewan, MD, HS '75

Arguably the greatest debate in the history of psychiatry pits psychotherapy against psychopharmacology. Mounting physical evidence proves that many mental illnesses are biologically based—and suggests they could be cured or controlled through medication rather than talk therapy.

It's not that simple.

As an example of the ambiguity that persists in psychiatry, Mantosh Dewan, MD, HS '75, chair of the Upstate Department of Psychiatry, points to bipolar and obsessive compulsive disorders. "Both are well-established biological conditions, which suggests they would both be best treated with medication," he says. "This is true for bipolar disorder. But obsessive-compulsive disorder, characterized by irrational fears, is more responsive to cognitive behavioral therapy.

"If you pursue this form of talk therapy and then image the brain, you can actually see that the experience has normalized the brain," explains Dr. Dewan. "We can now demonstrate that a conversation, a relationship, even a thought, triggers biological reactions."

"Psychotherapy is a biological event, as are all interpersonal relations," agrees Roger Greenberg, PhD, professor and chief of psychology. "Our research shows that talking to yourself or writing about a traumatic event is physically healing."

Despite this evidence, psychiatry continues to become "more and more enamored with medication for mental disorders," says Professor and Chair Emeritus Eugene Kaplan, MD '57, who taught the department's first psychopharmacology course in 1961. "At that point," he remembers, "there were only three or four psychotropic drugs. They asked me to teach the course because my father was a pharmacist."

Today's medications, Dr. Kaplan says, "are very useful, especially for severe anxiety and psychosis. But to relate to patients only with a prescription pad? No. You bring all resources to bear."

Full-Service Clinic

Roger Greenberg, PhD

To offer patients all available treatment options, Upstate recently opened an Anxiety and Depressive Disorders Clinic Program.

"Medications are often very effective for mild to moderate depression," confirms the clinic's director, Assistant Professor Thomas Schwartz, MD '95, HS '99. "Psychotherapy is also an effective tool."

While protracted psychoanalysis may be less available today, Dr. Schwartz says Freud's concept is still valid. "It helps to tie the past and the present together, in order to change destructive patterns," he says. "We can now do that in short-term psychotherapy. But it's still more expensive than medication."

According to Dr. Schwartz, medications can also change patterns by changing mood. "But if destructive patterns resurface, it may be time to address the cause and seek closure, through psychotherapy," he says.

"I can understand the pressure to prescribe a pill—it is a seemingly simple solution, and there's a significant financial incentive," says Roger Greenberg, PhD. "But relapse rates are much lower for patients on medication plus psychotherapy and even for those on psychotherapy alone. Research on depression has also been showing that, in the long run, psychotherapy turns out to be less costly than medication.

"Often both are used," he adds. "Pills help patients sleep and eat better. But you can't obliterate everything unpleasant with a pill."

A pill won't resolve problems in a marriage, conflicts about self-image, or job stress, for example. And there is often the erroneous expectation that medication alone is going to do the work.

"Preventing someone from falling back into depression is very dependent on what they learn about coping and the distortions they may be unnecessarily employing about themselves and their world," Dr. Greenberg says. "It is important not to leave out the option of working on the underlying problem."