



Psychiatry Update

November 2005

Integrating Mental Health & Primary Care

With a \$9 million grant from the U.S. Department of Veterans Affairs, the Syracuse VA Medical Center and SUNY Upstate's Department of Psychiatry are exploring ways to address mental health issues in primary care settings.

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Comprehensive Clinic for Anxiety & Depressive Disorders

Anxiety and depression are common afflictions, often treated by primary care physicians. Since matching patients to the optimum treatments can be challenging, a new SUNY Upstate clinic offers a full range of services, including consultations and new treatment options for treatment-resistant and treatment-refractory depression.

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The Voice of Experience

In a creative and effective long-distance arrangement with Greene County, SUNY Upstate helps alleviate the daunting shortage of child psychiatrists in rural areas.

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Medical and Psychiatric Care Integration, Not Isolation

The tradition of treating medical and mental illnesses in separate settings is the target of a \$9 million, five-year research collaboration by the Syracuse VA Medical Center and SUNY Upstate's Department of Psychiatry.

Funded by the U.S. Department of Veterans Affairs, this collaboration will study the impact of integrating psychiatric and primary care treatment for area veterans. The joint venture builds upon a 50-year history of clinical and research collaboration between Upstate and the Syracuse VA.

Under the grant, the VA Healthcare Network Upstate New York (VISN2) will establish a Center of Integrated Healthcare at the Syracuse VA.

Director of the new center is Upstate's Steven Batki MD '79, professor of psychiatry and director of psychiatry research. Mantosh Dewan MD, chair of psychiatry at Upstate, chairs the center's advisory board.

"Crossover" Issues

Batki, an addiction psychiatrist who has received \$5 million in NIH research funding, conducts what he calls "crossover" clinical studies, exploring the integration of medical and mental health care. In one recently published study, for example, Batki demonstrates the clear benefits of offering on-site TB care at substance abuse treatment centers.

Patients would also benefit if their mental health issues were addressed in primary care settings, Batki surmises. "If you could help primary care physicians treat more behavioral health and substance abuse issues," he says, "you would reduce the need for psychiatric services," which are already overextended.

Initially, the Center for Integrated Healthcare is studying the treatment of alcohol problems, dementia and post traumatic stress disorder, all within the primary care setting. Future research will explore such services as smoking cessation, weight management and dementia prevention.

When the \$9 million grant was announced last year, Anthony Principi, then secretary of Veterans Affairs, noted, "VA healthcare today is about treating the whole patient. In order to be effective and long-lasting, it must address the seen as well as the unseen aspects of patient health."



Psychiatrists
Mantosh
Dewan MD
and Steven
Batki MD

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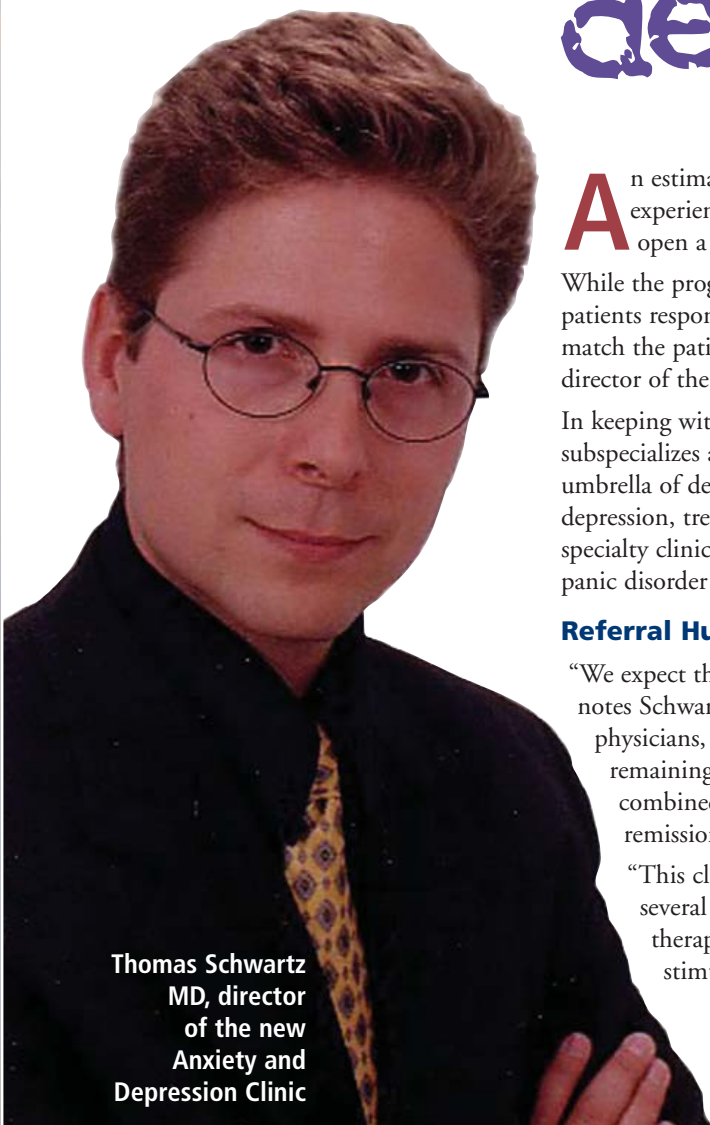
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Comprehensive Care for

anxiety and depression



Thomas Schwartz
MD, director
of the new
Anxiety and
Depression Clinic

An estimated 10 to 20 percent of the Central New York population will experience anxiety or depression at some point, prompting SUNY Upstate to open a comprehensive Anxiety and Depressive Disorders Clinic Program.

While the prognosis is generally good for these disorders – about 30 to 70 percent of patients respond to medication, psychotherapy or both – it can be challenging to match the patient to the optimum treatment, according to Thomas Schwartz MD, director of the clinic and assistant professor of psychiatry.

In keeping with Upstate's commitment to tertiary and specialty care, the new clinic subspecializes and will focus its efforts on very specific mental illnesses. Under the umbrella of depression, for example, there will be clinics dedicated to postpartum depression, treatment-resistant and treatment-refractory depression. The anxiety specialty clinic may further focus on certain anxiety disorders such as social anxiety, panic disorder and post-traumatic stress disorder.

Referral Hub

“We expect this clinic to be a referral hub for difficult-to-treat or refractory illness,” notes Schwartz. Seventy percent of depressed patients are treated by primary care physicians, and 30 to 70 percent of patients will do well in this setting. The remaining patients will need to have their medications changed several times or combined with other drugs and/or psychotherapy in order to achieve a remission of their symptoms.

“This clinic will offer strategies to treat the most difficult patients by using several different forms of psychotherapy plus medication, electroconvulsive therapy and the newest FDA-approved treatment of vagus nerve stimulation,” explains Schwartz.

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Comprehensive Care for

anxiety

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He anticipates many calls for consultations – which the clinic is pleased and able to provide to area clinicians. “We are happy to evaluate refractory patients and discuss our findings with their physicians,” Schwartz says. “Many doctors are treating these patients and doing a good job. We can offer fine tuning of current treatments and suggest alternative treatments where appropriate. As far as complex polypharmacy is concerned, we may be able to offer a minimum of input on how to select or combine appropriate medications in order to better a patient’s outcome.”

Counter-Culture

The new clinic is designed to maximize the time the patient spends with a psychiatrist. Traditionally, much of their interaction has been focused on charting and evaluating the patient’s symptoms and response to treatment. The new clinic streamlines these steps. Upon arrival, the patient will interact briefly with a laptop computer to report on his or her symptoms. This consistent reporting approach allows more thorough care and well documents the patient’s perception of his or her symptoms, according to Schwartz.

The patient may next meet with a specially trained clinician, who discusses and rates the symptoms. “Once again, this is done in the very consistent manner usually used in research settings,” Schwartz notes. “This allows a second window of opportunity to evaluate the patient’s symptoms from the clinician’s point of view.”

Finally the patient meets with a psychiatrist or nurse practitioner. Both are specially trained in the treatment of anxiety

or depression. All of the symptom information that has been collected is “beamed” into the psychiatrist’s computerized medical record for evaluation. By the time the patient is sitting across from the psychiatrist, symptoms have been evaluated. The focus in session can take a partnership approach, where information about treatment options is exchanged.

“The patient will spend 30 to 60 minutes with us, instead of the usual 10 to 15 minutes afforded by the usual medication management visit,” Schwartz explains. “Supportive, cognitive and interpersonal therapy occurs. We can better focus on rapport and patient adherence to prescribed treatments.

“This specialty clinic approach is used at well-established research universities like Harvard and Columbia,” he adds. “However our model fuses the research organization model but keeps the clinical, patient-centered orientation. It allows the psychiatrist to focus on building rapport with the patient – something many clinics are eliminating, due to time and cost constraints.”

Upstate’s model also allows the clinic to offer many treatments in one setting, including individual or group psychotherapy, cognitive or dynamic psychotherapy, complex pharmacotherapy, electroconvulsive therapy and vagus nerve stimulation.

The clinic also emphasizes interaction, education and treatment option selection, according to Schwartz. “We think this approach assigns more value and understanding to the treatments offered, and patients will likely maintain their

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and depression

treatment regimens. The level of adherence to a regimen is highly correlated to a good treatment outcome.”

Full Menu

“In the first session, during our evaluation, we offer patients a brochure, so they can go home and consider their options,” explains Schwartz. “In addition to about 20 different medications, the clinic offers many forms of psychotherapy. Different treatments address different aspects of anxiety and depression. We discuss many of these options at the first visit. Many times patients are overwhelmed with information. We provide much of this in writing, so they may better understand their options after they go home.

“We are able to treat the biological, psychological and social causes of depression and anxiety,” Schwartz continues.

“In general, medications tend to address symptoms, while psychotherapy may address symptoms or root causes,” he says. “Often both forms of treatment are helpful – medication to reduce the patient’s anxiety or sadness, and talk therapy to explore issues or patterns that might be causing the symptoms.

The clinic also offers electroconvulsive or “shock therapy” for certain types of depression. “It’s still the most effective initial treatment for refractory depression, according to clinical and research literature,” Schwartz reports.

Upstate is also the only CNY site offering vagus nerve stimulation (VNS) for depression. “We were part of the research study that evaluated this option, which is now FDA-

approved,” Schwartz notes. “This is another option for patients who have failed to improve after various medications and psychotherapy.”

Modeled after a research clinic, the anxiety and depression clinic will record outcomes (with patient consent). “This data will help us determine which treatment, or combination of treatments, works best,” Schwartz says. “The next step will be to design more studies and apply for NIH funding to further this naturalistic research.”

Some of Each

Schwartz is especially interested in collecting data on patients who suffer from depression and anxiety simultaneously.

“There’s very little research into comorbid depression and anxiety, as the FDA and pharmaceutical industry focus on pure conditions, not combined conditions,” he explains. “We know about 50 percent of patients with depression also have anxiety. A lot of medications help both, but very few have taken a hard scientific look into this.

“This is my personal research interest – these patients in the middle, suffering from both depression and anxiety,” says Schwartz. Other research endeavors will include investigating the factors that make patients more or less likely to stick to a regimen; combining medication to improve outcomes or to decrease medication side effects; and possibly creating a clinical manual to providing psychotherapy and medication management with an efficient, outcomes-based approach.

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SUNY UPSTATE MEDICAL UNIVERSITY
& University Hospital Syracuse, New York

The Voice of Experience

From the telephone in his urban SUNY Upstate office, Jud Staller MD addresses a daunting rural challenge: the delivery of psychiatric services to children in rural New State.

In much the way he trains Upstate's psychiatric residents, Staller, a child and adolescent psychiatrist, and assistant professor of psychiatry, supervises and tutors nurse practitioners in rural Greene County, three hours away. Due to distance, most of their weekly sessions take place via telephone.

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National Dilemma

There are far too few child psychiatrists in rural New York – and in rural America. Psychiatric nurse practitioners can be licensed to provide services and prescribe medication, but they must be supervised by a child psychiatrist.

In a groundbreaking arrangement between SUNY Upstate's Department of Psychiatry and Greene County, Staller has been providing this supervision for the past three years.

In their weekly sessions, the nurse practitioners present a succinct patient history, then discuss the case with Staller, who makes recommendations for medication management, improved assessment, diagnosis, record keeping and collaboration with therapists and schools.

Staller also addresses such issues as job stress and role definition with the nurse practitioners.

To date, the supervision has primarily focused on the nurse practitioners' role as psychopharmacologists. But the conversations could cover psychotherapy, should the nurse practitioners be utilized in that capacity.

Periodically, Staller visits the clinic to present clinically relevant seminars. He also communicates with community physicians, who may have concerns about the psychiatric drugs prescribed for their patients.

"I personally call these physicians to explain our close collaborative relationship with the nurse practitioners and our adherence to standard-of-care procedures," says Staller. "This helps to allay their anxiety and keep communication channels open."

Multiple Challenges

According to Staller, the young patients under discussion – a total of 219, to date – represent a complex and challenging population, even for a child psychiatrist.

"These are children who are often from dysfunctional families, with separated, divorced, drug addicted or incarcerated parents," he reports. "Many have experienced violence, poverty, mental illness, repeated relocations, foster placement, failure in school and multiple medication trials.

"And yet, through this weekly collaboration, many youngsters and teens have made progress," Staller reports.

The success of the Greene County arrangement has led to discussions for similar supervision in Jefferson and other counties.



Child and
Adolescent
Psychiatrist
Jud Staller MD

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