

SUNY UPSTATE
& University

MEDICAL UNIVERSITY
Hospital Syracuse, New York



Clinical Update

May 2004

Cognitive Behavior Therapy for Depression

**A 12-week group therapy program targets the negative thinking
and avoidant behavior that accompany depression.**

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British Orthopedic Surgeon Joins University Hospital Team

**Michael T. Clarke MD, FRCS, who brings cutting-edge
clinical options in hip and knee replacement, will also continue
his research at the Institute for Human Performance.**

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New Dean of Medicine

**With 20 years of insight into SUNY Upstate, Steven J. Scheinman
MD, formerly chief of nephrology, becomes the institution's
executive vice president and 22nd dean of its College of Medicine.**

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Treating Clinical Depression

With Cognitive Behavior Therapy

Patients with moderate to severe depression are being recruited for a 12-week group program that treats the condition with cognitive behavior (CBT) therapy. The group will be led by Robbi Saletsky PhD, a clinical psychologist and clinical assistant professor in Upstate's Department of Psychiatry, and an advanced-level psychiatric resident.

"A great deal of the research literature establishes CBT as the talk therapy of choice for depression," Dr. Saletsky reports. "While antidepressant medication can be extremely helpful, CBT has been shown to help minimize relapse in the long run. Learning practical, self-initiated strategies – that show results – tends to give patients a tremendous sense of mastery."

The 12-week CBT group will use an established, empirically validated protocol to introduce patients to practical skills aimed at decreasing symptoms of depression. The sessions will be augmented by a patient manual, with review material and at-home practice assignments.

Errors in Perception

Clinically depressed patients are prone to negative thoughts and often jump to negative conclusions, even with no evidence to support them. According to Dr. Saletsky, CBT helps patients recognize and minimize their negative responses. "The goal is not to eliminate all negative thoughts," she says. "The goal is not to give those

negative thoughts as much value. Patients become aware of what they're doing to themselves and develop more constructive reactions."

Since patients with depression can be socially isolated and low in assertiveness skills, they often respond well to group therapy. "It's helpful for these patients to interact with others," Dr. Saletsky says. "Watching others make progress toward their goals can increase their own motivation – and the likelihood that they'll become more active."

Antidepressants, As Needed

Candidates for the 12-week group therapy program will be evaluated by Dr. Saletsky for symptoms of depression (see Physicians' Alert, opposite page). "Patients may already be on antidepressant medication, or they may be placed on antidepressants (per their physician's recommendation) prior to joining the group, especially if they are too depressed to make use of CBT strategies," she notes. "Others may benefit more from an individual therapy approach."

Health insurance carriers often cover CBT group treatment for depression. "The CBT approach is very much liked by managed care companies," Dr. Saletsky reports, "because CBT is time-limited, research-validated and effective."

For more information or to refer a patient to the 12-week group therapy program, please contact Dr. Robbi Saletsky in SUNY Upstate's Adult Psychiatry Clinic, 315-464-3115.



depression

PHYSICAL SYMPTOMS:

- Sleep disturbance
- Significant weight loss/gain or change in appetite
- Anxiety (dry mouth, diarrhea, cramps, sweating, etc.)
- Fatigue, low energy
- Inability to concentrate, make decisions or think clearly

PSYCHOLOGICAL SYMPTOMS:

- Depressed mood
- Loss of interest or pleasure
- Inappropriate guilt/feelings of worthlessness
- Physical agitation or lethargy
- Recurrent thoughts of death
- Suicidal thoughts with or without a plan for committing suicide.

If five or more of the above symptoms persist for more than two weeks, and at least one of the symptoms is depressed mood or loss of pleasure or interest, the patient should seek immediate help, according to Dr. Saletsky.



Clinical Psychologist
Robbi Saletsky PhD

“Like diabetes,
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Physicians' Alert:

Depression affects approximately 19 million Americans, or 9.5 percent of the population in any given one-year period. At some point in their lives, ten to 25 percent of women and five to 12 percent of men will likely become clinically depressed.

According to SUNY Upstate's Robbi Saletsky PhD, a clinical psychologist, 80 to 90 percent of those who seek treatment for depression can feel better within just a few weeks. “But for a variety of reasons, many people do not seek treatment for depression,” she says. “Some believe that depression is the result of a personal weakness or character flaw. This is simply not true. Like diabetes, heart disease or any other medical condition, clinical depression is an illness that should be treated.”

Another reason for not seeking help is that many people do not recognize the signs or symptoms of depression. “That's why it's vitally important for their primary care physicians to be aware of the physical and psychological symptoms of depression,” she adds.

Primary-care physicians are often the first line of treatment for patients with depression. “Patients often go to their doctors complaining of chronic headache or abdominal distress – physical symptoms that are often associated with depression,” says Dr. Saletsky, who offers the above diagnostic criteria for major depression.



British Joint Reconstruction Expert Joins University Hospital

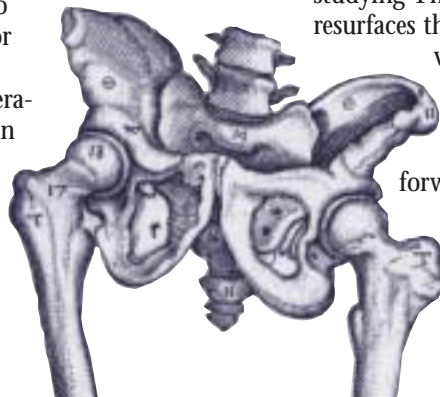
O rthopedic Surgeon Michael T. Clarke MD, FRCS, fellowship-trained in joint reconstruction and widely published for his research in hip and knee arthroplasty, has joined the Department of Orthopedic Surgery at University Hospital, one of Central New York's largest orthopedic practices.

Dr. Clarke, who studied and trained at the University of Cambridge and University of Oxford in England, offers a number of cutting-edge approaches to joint reconstruction, including minimally invasive hip and knee replacements, which reduce incision size and patient discomfort, shorten hospital stays and accelerate recovery.

"Keyhole" Procedure

Dr. Clarke also performs "keyhole" arthroscopy for hip evaluations, having trained under one of the world's foremost authorities in this procedure, Richard Villar. These endoscopic examinations "allow us to have a very good look at the damaged joint," Dr. Clarke reports. "They provide an interior view that is far superior to an MRI. Often, we can clean up some of the damage and prevent or postpone hip replacement." University Hospital has recently purchased a \$10,000 specialized hip distractor for this procedure.

For patients at high risk of damaging hip arthritis – such as those with hip dysplasia or other malformations of the hip – Dr. Clarke also performs pelvic osteotomy. This joint conservation procedure involves redirecting the acetabulum to distribute the pressure more evenly. The intent is to relieve pain in early- to moderate-arthritis and postpone or even prevent the need for a hip replacement. "It's a significant operation," Dr. Clarke notes. "But it can delay hip replacement by 10 to 15 years. It's widely used in Europe as a preventive measure and is increasing in popularity here in the USA."



Michael Clarke MD, MA, FRCS

Board-certified in Orthopedic Surgery

MD, MA – University of Oxford, England

•Residency – University of Cambridge and the University of Texas Health Science Center, San Antonio

•Fellowship in Orthopedic Research, University of Cambridge

•Fellowship in Hip and Knee Arthroplasty, Norfolk & Norwich University Hospital

•Fellowship in Joint Reconstruction and Hip Arthroscopy, University of Cambridge

•Fellowship, Royal College of Surgeons (1996)

•Subspecialization Fellowship Certificate in Trauma and Orthopedics (2000)



Clinical Trials

Dr. Clarke is currently involved in two major clinical trials of cutting-edge implants that are not widely available. The first is a novel knee replacement known as the Zimmer Hi-Flex mobile bearing knee, intended for patients who need to obtain the best possible flexion after knee surgery. "The implant design combines several new features to maximize a patient's chance of obtaining an excellent range of motion after surgery," he explains.

Dr. Clarke's second clinical trial involves resurfacing arthroplasty, a bone-conserving alternative to a total hip replacement. Aimed at younger, active patients, the trial is studying The Cormet 2000, a replacement that simply resurfaces the hip ball and socket joint, rather than violating the marrow cavity like a full hip replacement. According to Dr. Clarke, "It's an exciting prosthesis. If revision surgery is necessary, this makes it much more straightforward. I have had patients with these prostheses who have been able to ski, sky-dive, run marathons and engage in competitive sports such as judo, wrestling and soccer. Essentially their activity has been unlimited."



Proactive Approach To Rehabilitation

IHP: A Major Advantage

The rehabilitation and research facilities at SUNY Upstate's Institute for Human Performance (IHP) played a major role in attracting Dr. Clarke to Syracuse. His joint replacement patients can take advantage of the IHP's state-of-the-art exercise and aquatic therapies. And Dr. Clarke's research interests – particularly his commitment to “making a better artificial hip” – will take full advantage of the IHP's advanced research technology. “The IHP has a \$75,000 computer-controlled machining center to produce better bearing surfaces for research,” Dr. Clarke explains.

The IHP is also home to one of nation's rare radiostereometric analysis (RSA) machines, which uses multiple x-ray images to measure minute changes in motion between joint replacements and the surrounding bone. The RSA machine has been validated as an excellent tool for identifying the joint replacements that are likely to perform best in the long run.

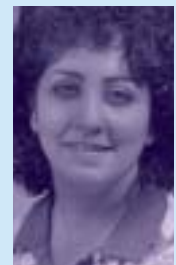
For patients, a major advantage of joint replacement at University Hospital is its proactive – and very comprehensive – approach to rehabilitation. The process begins even before surgery, when the orthopedic case nurse manager, physical therapist and occupational therapist – each highly experienced in joint replacement and recovery – meet with the patient during preoperative testing.

During this meeting and in subsequent sessions, patients are thoroughly informed about what to expect during their surgery, hospitalization and rehabilitation – as well as when they return home. “Studies have shown that recovery is much smoother when patients know what to expect,” reports Sharon Klaiber MS, RN, and CNA, patient service director for Orthopedics and Physical Medicine and Rehabilitation at University Hospital. “We've produced a video that explains the surgery and recovery process. We take a very proactive approach, right down to setting up an individualized plan for discharge prior to hospital admission.”

After joint replacement surgery at University Hospital, many patients transition from the Orthopedic Surgical Unit to the Physical Medicine and Rehabilitation unit, for comprehensive rehabilitation. Here



Above: University Hospital physical therapist Lynn Logan with patient in the IHP pool right: Sharon Klaiber, patient services director of Orthopedics and Physical Medicine and Rehabilitation at University Hospital.



they continue to have full access to their surgeon and joint replacement team. Outpatient rehabilitation therapy is also available at University Hospital's Manlius, Harrison Center and Institute for Human Performance satellite sites. “We also help with admission to rehabilitation centers closer to home or assistance with home health care agencies,” notes Klaiber, “since our main goal is always to meet the patient's needs.”



Steven J. Scheinman MD

Named Executive Vice President and
Dean of the College of Medicine,
SUNY Upstate Medical University

Steven J. Scheinman MD, chief of the nephrology division and professor of medicine and pharmacology at SUNY Upstate Medical University, has been named executive vice president and dean of the College of Medicine. The appointment, effective March 1, was announced by SUNY Upstate President Gregory L. Eastwood MD.

Dr. Scheinman succeeds William J. Williams MD as dean and becomes the 22nd dean of the College of Medicine since its establishment in 1834 as Geneva Medical College.

"Dr. Scheinman brings exceptional accomplishments and abilities to this position," said Dr. Eastwood. "He is a remarkably talented medical scientist, a gifted educator and a highly respected physician. I look forward to working with Dr. Scheinman to achieve the goals we have set to make SUNY Upstate a first-tier, nationally recognized academic medical center."

In accepting the dean's post, Dr. Scheinman said, "I am honored and excited to be asked to serve Upstate in this important role. We have a wonderful faculty and staff, and talented students. This is a campus full of energy and ideas, and I am confident that together we can chart a course to bring us a future of growth and opportunity."

As dean and executive vice president, Dr. Scheinman will oversee a college that has gained significant ground in attracting top-tier medical students and increased research funding. Last fall the college enrolled its top academically performing class in the last decade and continues to see increases in applications. On the research front, SUNY Upstate faculty have increased their research productivity,



and research expenditures at SUNY Upstate have risen more than 80 percent in the last six years, exceeding \$34 million this year. Additionally, the college is in the midst of implementing mission-based management, a budgeting concept that will assist the college in better aligning resources with key institutional priorities or missions. The college currently enrolls more than 600 students and supports a faculty of 480 representing 18 clinical and five basic science departments.

Dr. Scheinman's association with SUNY Upstate began in 1980 when he served as chief resident in internal medicine; he was named a nephrology fellow in 1981. After a nephrology fellowship at Yale-New Haven Hospital, he was named assistant professor of medicine at SUNY Upstate in 1984 and has been a member of the faculty ever since.

In 1994, he was appointed chief of the nephrology division and was named a professor of pharmacology and medicine. He also serves as a lecturer in the Program in Medical Humanities.

He has served on dozens of SUNY Upstate committees addressing nearly every facet of campus operations, including curriculum, research, space allocation, finances and recruitment.

As a researcher, Dr. Scheinman has been recognized for his work on kidney disease. He received the SUNY Chancellor's Research Recognition Award (2002), SUNY President's Award for Excellence and Leadership in Research (2001) and the Charles R. Ross Research Award (1992), among others.



Dr. Scheinman's research has concentrated on the genetics of kidney disease, and particularly kidney stones. Much of this work focuses on hypercalciuria— or excessive urinary calcium excretion—the most common identifiable cause of kidney stones. His research has been funded by the National Institutes of Health since 1985.

He has authored more than 60 scholarly publications. Most are reports of original scientific research, published in such journals as *Nature*, the *New England Journal of Medicine*, the *American Journal of Physiology*, the *Journal of the American Society of Nephrology*, *Kidney International* and the *Journal of Clinical Investigation*, among others. They also include invited reviews, book chapters, and monographs. Dr. Scheinman has served on several editorial boards and currently is an associate

editor of *NephSAP*. He is an ad hoc reviewer for many journals, including *Science* and the *New England Journal of Medicine*.

A board certified physician, Dr. Scheinman has been featured in *Best Doctors in America* and *Who's Who in America*. He is an attending physician at University and Crouse hospitals and at the Veterans Administration Medical Center.

Dr. Scheinman earned his undergraduate degree at Amherst College, *summa cum laude*, in 1973 and was elected to Phi Beta Kappa. In 1977, he received his medical degree, *cum laude*, from Yale University where he received the Lange Award. He served his medical residency at the Yale-New Haven Hospital before coming to SUNY Upstate.