Southern California

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President's Column

Mary Ann Schaepper, M.D



February is a favorite month. Valentine's Day, President's Day, here in Southern California we have an early spring with rains, flowering trees and daffodils. For a "girl from Ohio," I always marvel at the beauty of winter in the Inland Empire. The avocado trees are full, oranges are bright and ready to pick, the mountains are snow covered, and I love the fresh morning walk/runs through the orchards.

Since our last newsletter, SCPS has been in full action. The Psychopharmacology Update pulled in record numbers of members and nonmembers. Congrats to our fine program committee and many thanks to the excellent lecturers who presented. Members enjoyed meeting with Dr. John Oldham, our APA President, at the reception after his very up to date lecture on Borderline Personality Disorder and Treatments.

The elections are in full swing, and soon the APA results will be announced. Tim Murphy, MD and Don Hilty, MD, candidates for CPA President-Elect, came to SCPS Council last week and shared their platforms and took questions. The consensus of Council is that we have two excellent candidates and that both bring strengths to our profession. Their positive campaigning style and breadth of experience and knowledge is remarkable. I am honored to serve in such an organization with leaders of such quality.

Now to my story. Last newsletter I shared that I was sitting for the Maintenance of Certification (MOC) in early February. I studied. I took the exam. I won't know the result for 6-8 weeks. But what happened on Sunday night before the exam on Tuesday made it all worthwhile.

I decided to take a short break after rounding on call Sunday and went to Yoga. Just walking into the studio sets the tone and I started to relax. This night I noticed a small sign on the counter, "Please send compassion and give to your ability to ..." where the name of an instructor was written. Somehow I knew what this was about and almost went in, ignoring my impulse to stop and ask about her. Thoughts came in my mind that I could walk on by, that I had enough on my mind with the test, being on call, I was taking care of so many people, etc... I stopped.

"Her twenty -year old son committed suicide Friday night." My response was (Continued on page 2) automatic, "I am so sorry, what can I do for her?" No-one is exempt. I re-

solved to donate. As I walked into the studio to lie down on my mat I felt sadness, and my thoughts drifted to "...what do I do with this? I came to relax, I need to study, there is so much pain everywhere..." Class began, my mind calmed, my body loosened up.

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During the last five minutes the instructor commended the class on our strong work and urged each of us to enjoy the calm and peace we had created after a strenuous workout. In the quiet I realized how preoccupied I was with my worries and stress of passing the MOC, with my teaching duties, and my professional responsibilities. I felt shame, and then was deeply moved that I am a psychiatrist who treats each patient with dignity; who seeks knowledge to heal; who is compassionate and shares in life changing moments and especially in the difficult ones.

Take a moment today and appreciate who you are and what you give to your patients, colleagues, families and communities.

Gratefully,

Mary Ann

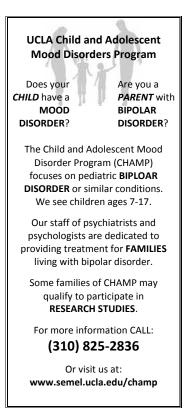
Installation and Awards Ceremony will be held on April 21, 2012.

> Le Merigot Hotel in Santa Monica.

More information will be sent soon by email.

We hope to see you there!

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Letter from the Editor

3PHP Leaves Port Colleen Copelan, M.D.



On the eve of the final day for submission of new bills, Darrell Steinberg has introduced legislation to create the Public Protection and Physician Health Program, known as 3PHP to its longtime friends.

It's been a long time. The former Diversion Program--run by the Medical Board of California--was allowed to "sunset" at the end of June, 2008, after a scathing report from the State Bureau of Audits the year before.

Since then, California has been one of a few states with no diversion program for monitoring and treating physicians at risk for impairment due to substance abuse or mental illness.

A coalition comprised of the California Psychiatric Association, the California Medical Association, the California Society of Addiction Medicine and the California Hospital Association has created a non-profit corporation to replace the defunct MBC program but--for various reasons--no bill has been floated, until now.

We have languished in port these four long years but now, with Captain Steinberg at the helm--Senate President Pro Tem these same four years--we hope for smooth sailing.

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Psychopharmacology Update 23- Photo Gallery



Mark Rapaport, M.D., begins the day talking about Bipolar Spectrum.



Deborah Yaeger, M.D., taught about HRT and Depression.



Thomas Strouse, M.D., taught about long-term side effects from SSRIs.



Lorrin Koran, M.D., taught about OCD Spectrum including skin picking and compulsive shopping.



JOhn Oldham, M.D., APA President, gave an update on Borderline Personality Disorder.



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Psychopharmacology Update 23

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	M.D.		
	Consequences of Long Term Treatment With SSRI's: What do we know about		
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Beethoven: Creative Genius and Psychiatric Illness

Performance & Talk by Richard Kogan, M.D



7:00 -10:00 p.m., April 14, 2012 Zipper Hall, Colburn School of Music. Los Angeles

Second Annual Fundraiser sponsored by The PER Foundation FOR THE ADVANCEMENT OF PSYCHIATRIC EDUCATION & RESEARCH

Richard Kogan, M.D., is a gifted concert pianist and practicing psychiatrist. The Artistic Director of the Weill Cornell Music & Medicine Program, Dr. Kogan is a graduate of Harvard Medical School and the Juilliard School of Music. For over 10 years, Dr. Kogan has been playing piano for audiences nationally and internationally, while masterfully detailing the life and psychic suffering of famous musicians. His performances humanize mental illness while deepening our understanding of the creative role that music plays in life.

See the write-up by Lloyd Sederer, M.D. or a performance by Dr. Kogan on YouTube: <u>http://www.huffingtonpost.com/lloyd-i-sederer-md/music-madness-and-medicin_b_852867.html.</u> <u>http://www.youtube.com/watch?v=4_DmRi3Hxkl.</u>

The PER ADVOCATE AWARD will be presented to Sharon Dunas, MFT, President of the National Alliance on Mental Illness (NAMI) in Los Angeles County & Westside Los Angeles.

Registration for this event will open in January 2012 through the PER website: <<u>http://www.perfoundation.org</u>>, where tickets can be purchased and donations made. For questions, email <u>MGlazerPERCoord@aol.com</u>, or call Mindy Glazer at 310-889-7200.

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Council Highlights January 12, 2012 Anita Red, M.D., Secretary



The meeting was called to order by Dr. Schaepper. A motion was made to accept the December minutes. All voted in favor. None opposed. The Council meeting was held at a new location at the Life Adjustment Team's offices. Dr. Pete Linnet, Executive Director, gave an overview of the Life Adjustment Team. Dr. Red gave a Website Committee's report. The appearance of the website is evolving to enhance appeal, organization, and availability to others. Also online payments will be possible. A discussion regarding fees and online payments will be tabled until March's meeting. Dr. Schaepper reported that the APA granted \$7,500 to the SCPS, which will fund a diverse group of people and projects. Dr. Schaepper and Dr.

Munzig gave a Women's Committee report. Dr. Schaepper and the Council discussed managed care issues and APA assistance. CPA candidates are invited to attend February's Council meeting. Currently, Drs. Murphy and Hilty are attending. SCPS members are invited. Ms. Thelen gave an update regarding the building pass thru fees on the SCPS lease. The Council discussed allocating money to our annual budget in order to accommodatebuilding pass thru fees. The Installation and Awards event will be April 21, 2012 at Le Merigot. The Council discussed the budget for this event, which is tabled for discussion until February's meeting. Dr. Lawrence gave a President-elect's report. The Nominating Committee has been seeking nominations for the remaining vacancies that have not been previously approved. Dr. Thurston gave the legislative report, which included the SGR. The mandated Essential Health Benefits package beginning January 2014 will be determined on a state level. The physician health plan will replace the physician diversion program. Laura's Law is in effect in Nevada County. Finally, quality patient care was discussed relating to any reorganization of state/ DMH facilities. Dr. Forgey gave the Treasurer's report. A motion was made to accept the report. All voted in favor, and none opposed. Dr. Lawrence gave the Membership Committee's report, which included discussions about annual dues. Next, the committee recommended new members and an inactive status of one. A motion was made to accept the committee's recommendations. All voted in favor, and none opposed. Ms. Thelen gave the Program Committee's report. There was no new business. Dr. Schaepper adjourned the meeting.

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When is Shyness a Hole in the Brain? by David Fogelson, M.D.

A few months ago a 29 year old woman came to my office four months after her father died unexpectedly from a venous thrombosis. She seemed oddly disconnected from her father's death and focused on being extremely shy which she attributed to bullying by classmates in first grade. She was born in Asia and at age 7 moved to the United States because her parents had been recruited to work for an American corporation. She graduated from a well respected four year university seven years ago with a 3.5 GPA. Her future seemed bright, but then depression developed and she found herself working as a waitress and suffering from such severe social anxiety that she was in jeopardy of losing her job for missed days of work.

She asked me if I could explain why she had suffered from such severe feelings of worthlessness and despair over the past nine years. While she described all the signs and symptoms of a major depression, what struck me was her oddness. Her blouse and pants were mismatched patterns and colors and hung loosely and awkwardly from her thin body. She appeared disheveled and said she showered but twice per week. She said her depression emanated from fear that everyone was laughing at her, that everyone knew she was painfully shy and self conscious. She avoided coffee houses, small groups of people, and speaking with her manager at work. She could not write a check to pay for merchandise because she felt awkward doing so in front of the store clerk.

She was obsessed with African religions. She spent her free time reading about geology and cooking while listening to classical jazz recordings. While she told me her story her cheeks turned bright red and she avoided making eye contact with me. She was painfully labored in answering questions. Her speech was slow and halting and at first she did not seem to hear questions. There was a tremendous lag between my asking a question and her labored brief answer. Her answers were often not responsive to the question. She denied experiencing hallucinations or delusions.

Given her worries that others were thinking and commenting about her, her odd speech, her inappropriate affect, her odd eccentric appearance, her deterioration in work functioning, and extreme social anxiety, I made a diagnosis of schizotypal personality disorder. I recommended a medical work up to exclude organic causes of psychosis spectrum disorders. I ordered a series of blood tests and a brain scan. Most often these tests come back as normal and I make a diagnosis of a psychiatric disorder. This time I was surprised when the brain scan revealed she was missing the anterior half of her left temporal lobe! This defect had been caused by a congenital arachnoid cyst. I discovered that there were several case reports in the medical literature of arachnoid cysts presenting with a schizophrenia-like psychosis responsive to antipsychotic medication. I believe this case is the first description of an arachnoid cyst associated with schizotypal personality disorder.

My patient had not been responsive to serotonin selective antidepressants. I recommended treatment with fish oil rich in EPA as this is a treatment that has decreased progression from borderline psychosis to full blown psychosis. I also recommended treatment with an atypical antipsychotic medication, quetiapine, for its antidepressant properties as well as its antipsychotic properties.

Schizophrenia spectrum disorders must be carefully evaluated for organic etiologies. Infectious disease, autoimmune disorders, tumors, rare genetic disorders, and even fluid filled cysts may masquerade as psychiatric illness. Some of these are treatable causes of mental disorders. We do our patients a disservice if we don't conduct a thorough investigation of their illness. We owe our patients the best explanation of their symptoms which can then drive best treatment.

Editor's Note: Information included in this article has been changed to protect confidentiality. Hence, the situations presented are constructs provided for educational purposes.

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Ballots for the 2012-2013 election will be mailed on March 1, 2012.

Please be sure to vote.

Ballots are due back at SCPS by March 27, 2012.

Your return envelope must be signed (legibly) in order to be counted.

For those members who have not yet paid their SCPS 2012 dues, statements will be mailed on April 1, 2012.

Please remember that you must pay your SCPS, CPA, and APA dues in order to maintain your membership.

We hope you decide to re-join!

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