

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Happy New Year!

David Fogelson, M.D.



Happy New Year! Ring in the New Year with attendance at the Psychopharm update seminar, participation in SCPS committees, and a review of clinically relevant research

A Happy and Healthy New Year to all!

The New Year holds much promise. We begin January with our 26th annual Psychopharmacology Update Seminar to be held Saturday, January 31, 2015, at The Olympic Collection, 11301 Olympic Blvd.

CLICK HERE TO REGISTER ONLINE: <http://www.socalpsych.org/events.html>

The schedule of speakers is outstanding. My heartfelt thanks to Mike Gales, chair of the Program Committee, and the Program Committee members for creating an outstanding series of lectures. We are fortunate to have so many excellent speakers in this program. Here are the five lectures which will be presented:

9:00 a.m. - Rationale-Based Treatment of Bipolar Disorder - Joseph F. Goldberg, M.D., Clinical Professor of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY. This presentation will review strategies to help clinicians integrate findings from clinical trials in order to devise tailored treatment regimens and thereby "broker" a best fit between the unique profile of a given patient's clinical presentation and viable evidence-based treatment strategies.

Dr. Goldberg is an internationally known expert on Bipolar Disorders treatment and research.

2. 10:00 a.m. - Integrated Care - Paul Summergrad, M.D., Dr. Frances S. Arkin Professor and Chairman, Department of Psychiatry, Professor of Medicine Tufts University School of Medicine; Psychiatrist-in-Chief Tufts Medical Center; President, APA.

Our seated APA president, Dr. Summergrad, will review collaborative care models and limitations in our current evidence base for the implementation of these models.

Dr. Summergrad is an expert in integrated health care and in health care delivery systems. He is a strong advocate for the role psychiatrists should play in leading

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health care “teams of providers.”

3. 11:15 a.m. - Utilization of Pharmacogenomics in Psychiatric Practice - Gerald A. Maguire, M.D., Professor and Chair of Psychiatry and Neuroscience UC Riverside School of Medicine.

The principles underlying pharmacogenomics will be provided with guidelines on how to apply them in one's clinical practice to assist in optimizing patient response to pharmacotherapy.

Dr. Maguire leads one of the outstanding new programs in psychiatry as chair at UC Riverside. He is well known to clinicians in Southern California as an expert in pharmacotherapy of psychiatric disorders.

12:15 p.m. - Lunch Break (Lunch will not be provided; many great venues nearby on Sawtelle Ave.)

4. 1:30 p.m. - Pharmacological Implications of Marijuana: Therapeutic Agent or Target for Therapeutics? - Itai Danovitch, M.D., President, California Society of Addiction Medicine; Chairman, Department of Psychiatry and Behavioral Neurosciences, Cedars-Sinai Medical Center; Associate Clinical Professor, Cedars-Sinai Medical Center.

This presentation will review the pharmacological effects of marijuana, implications for psychiatric disorders, and emerging strategies for treating marijuana use disorders.

As chair at Cedars-Sinai Medical Center, Dr. Danovitch is a leading psychiatrist in the areas of addiction psychiatry and consultation liaison psychiatry.

2:30 p.m. - Eating Disorders: An Update - Joel Yager, M.D., Professor, Department of Psychiatry, University of Colorado School of Medicine; Chair, Workgroup on Practice Guidelines for the Treatment of Patients with Eating Disorders, American Psychiatric Association.

This talk will review recent DSM5 updates in eating disorders diagnoses, summarize current studies and guidance concerning psychopharmacological and general medical management of patients with anorexia nervosa, bulimia nervosa and binge eating disorder, and review recently concluded multi-site psychosocial and psychotherapeutic intervention studies with implications for clinical practice.

Dr. Yager, is the penultimate psychiatric educator. He has been my mentor for 38 years and counting! He works tirelessly for the American Psychiatric Association creating educational and training programs. He is an internationally recognized expert in eating disorders.

CLICK HERE TO REGISTER ONLINE: <http://www.socalpsych.org/events.html>

And this is only the first event of many great SCPS events to come this year. I encourage you to visit our website: www.socalpsych.org for a comprehensive listing of events. I will highlight a couple. SCPS' women's committee will be hosting Teas and Brunches this year. Please contact the committee if you would like to become involved in programming and planning activities, <mailto:scps2999@earthlink.net>. The art of psychiatric medicine committee is chaired by Dr. Furuta. Their next project is an oral history-taking project. The committee will train interviewers in the art of oral history-taking. The plan is to create an oral history of Southern California psychiatry by interviewing individuals who have been seminal in many different areas of psychiatry. Please contact Dr. Furuta for more information.

We will be holding an election for new officers and councillors. Please see the announcement of the slate of candidates in the February issue of this newsletter.



The APA annual meeting is only a few months away. It is entitled: PSYCHIATRY: INTEGRATING BODY AND MIND, HEART AND SOUL

Join the Annual Meeting conversation on Twitter @APAAM15

The scientific program will consist of many broad areas of interest, including:

Child & Adolescent Psychiatry, DSM-5 - APIRE/APA Office of Research-Sponsored, Forensic Psychiatry, Geriatric Psychiatry, Psychosomatic Medicine, Research - NIAAA, Addiction Psychiatry, Diversity & Cultural Psychiatry, DSM-5, Ethics, Integrated Care, International Psychiatry, Military Psychiatry, & many more. Do not miss it!

Now, on to my monthly review of an article, from a recent journal, relevant to our daily clinical practices. In the October, 2014 issue of JAMA Psychiatry, Hollon et. al. write about the:

“Effect of Cognitive Therapy With Antidepressant Medications vs Antidepressants Alone on the Rate of Recovery in Major Depressive Disorder
A Randomized Clinical Trial”

Their objective was to determine the effects of combining cognitive therapy (CT) with antidepressants (ADM) vs ADM alone on remission and recovery in major depressive disorder (MDD). A total of 452 adult outpatients with chronic or recurrent MDD were randomly assigned to ADM treatment alone or CT combined with ADM treatment. Treatment was continued for up to 42 months until recovery was achieved.

This study used powerful methodology to achieve their objective. The ADM therapy followed a rigorous algorithm defined in the article:

“A principle-based algorithm was implemented that could involve up to 4 different classes of ADMs and any of the augmenting or adjunctive agents commonly used in clinical practice. Dosages were raised as rapidly as possible and kept at maximum tolerated levels for at least 4 weeks. Treatment in patients who exhibited only a partial response was augmented with additional medications, and treatment in those who showed minimal response (or little additional response following augmentation) was switched to another ADM. Most patients were given multiple trials with easier-to-manage selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors before treatment was switched to more difficult-to-manage tricyclic antidepressants or monoamine oxidase inhibitors. Patients who experienced remission usually received the same medications during treatment continuation, but the prescribing practitioners were free to adjust the doses and augment or switch medications as needed to forestall relapse. The goal was to provide personalized antidepressant therapy using the best clinical practice. These principles were followed in both treatment conditions.”

CT followed guidelines established by Dr. Aaron Beck in his seminal 1979 book on the subject.

The authors demonstrated that “Cognitive therapy combined with ADM treatment enhances the rates of recovery from MDD relative to ADMs alone, with the effect limited to patients with severe, nonchronic depression.” The elegance of their study was that it was powered to demonstrate this effect. The authors were able to show that combined treatment was no better than ADM alone for the treatment of patients with mild acute nonchronic depression and chronic depression. The effect size was impressive with the number needed to treat being 4. This translated to a difference in recovery rates of 29% (81.3% vs 51.7%) in severe nonchronic patients treated with combined therapy v. ADM alone!

Letter from the Editor

Dog Flies Home

Colleen Copelan, M.D.

Madeleine was born in rural British Columbia but, like many who live in northern climes, her heart went to southern California when she saw her first sunny Rose Bowl Parade.

Well sorta.

Madeleine's actually Labrador puppy and I've had my eye on her since she and her littermates first paraded on YouTube. YouTube is her breeder's window to the wider world, where prospective buyers can get a weekly progress report.

Madeleine was the self-confident, composed, personable, and highly likable one in the red collar. Perfect for a career as a therapy dog.

And focused, agile, athletic and motivated. Perfect for a career in agility competition.

We're a perfect match!

Now, YouTube makes it look easy but British Columbia is actually pretty far away. It's not even in this country! We need airplane tickets, a doggie carry-on bag, passports and shots and even a letter of permission from the U.S. Center for Disease Control (they worry about rabies).

But now she's here. She's everything she looked to be and even more in person. She's a born again California girl! cocopelan@aol.com



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What do I care? I won't be there!¹

by: Steve Frankel

So I was chatting with a mental health professional about the issue of the provision of continuity of care for his patients/clients in the event that he becomes disabled or passes away. As he looked at me, his eyes widened and a smile came over his face. And then, he said: "what do I care? I won't be there!," and he actually started to walk away from me.

Oh, I'd actually heard that line before – many times, in truth. But, on this occasion, with this colleague, I just had to respond. He was so self-satisfied and cock-sure of himself, that unlike my typical response, which would be to smile sadly to myself and move on, I took a few minutes, grabbed my "iPhone," and went to the website of the Medical Board of California, the state where he and I both lived and practiced.

The Medical Board's website has links that the public can use to get information about such things as how to access their records, and I clicked on that link and input: "how do I get my records if my doctor dies?" Here's what came up:

"How do I get my medical records if my doctor moves away/retires/dies?"

I focused on the third paragraph, which said:

"If the doctor died and did not transfer the practice to someone else, you might have to check your local Probate Court to see whether the doctor has an executor for his or her estate. You could then contact the executor to see if you can get a copy of the records. Depending on how much time has passed, whoever is appointed as the custodian of records can have the records destroyed."

And I thought to myself: "should I show this to my colleague? Will it just make him mad? Will he 'get it?'" Well, had he not been so casual in his response, had he paused and reflected a bit, had he remained in the interaction with me, I might have just walked away, but I thought about his wife, his children and his staff, and I decided to see if I could break through his denial. I waited until I saw him again, approached him and held my phone out to him, suggesting that it might be helpful if he took a look at what I wanted him to see.

How does "outrage" strike you? He realized that the Medical Board was advising patients to contact the executor of his estate (his wife, in this case), and to pursue her to get a copy of their records. Well, the scales fell from his eyes and he "got" what I was trying to show him. While *he* may not be there, *she* would. And, in the midst of her grief, and the grief of his children, patients would be making contact (in the middle of their grief as well) so as to secure records for any of a variety of good reasons.

It was more than reassuring that he came to realize that the problems associated with preparation for practice transitions and continuity of care could be managed in a step-wise approach that begins with an email to info@practice-legacy.com.

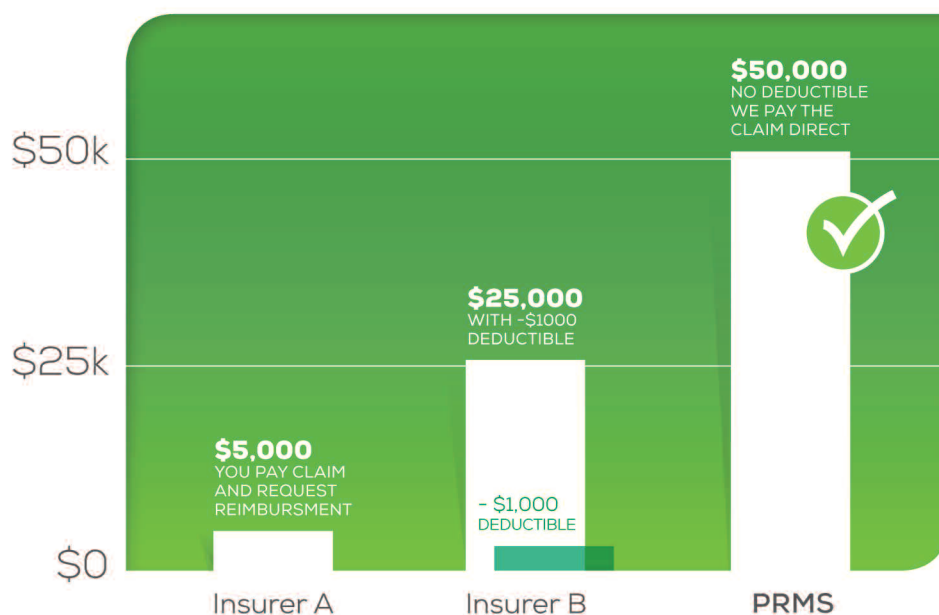
¹ 11/11/14

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Pixie Dust

By Walter Haessler, M.D.

Years ago, a recently-retired friend said something I've never forgotten. He said we are told that the best thing about retirement is that you have lots of time for golf, fishing, or whatever — but that is not the case. He said the best thing about retirement is that you don't have to be nice to anyone anymore.

So true, Ed. So true. But I have found another great, unheralded benefit: you don't have to set the alarm anymore. How very nice it is, after decades of regular employment, to drift off knowing that you will wake up, and get out of bed, when you feel like it. In fact, each evening Ellaine and I clink glasses to the same toast: "To Friday night!"

On weekdays, my routine upon awakening is to check the business channels, then the news channels. CNBC generally comes first, and that's how I first became aware of Melissa Francis. She is now with Fox, but several years ago, before the Affordable Care Act became law, had a daily business news program with co-anchor Lori Rothman.

She has been in the news lately, after talking about something that happened to her off the air at CNBC. I should say, actually, that she has been in the news on Fox, and on the internet. CNN, MSNBC, PBS, and the major networks may have covered it as well, but not that I ever saw.

I recently heard (not on Fox) that more Americans get their news from Fox than from any other TV source, but I wonder how many psychiatrists watch it regularly. It is clear to me that Fox carries important news stories that would otherwise be ignored, or at least underreported. I see it over and over.

Melissa Francis did not want to be just another pretty face, doing interviews and reading the news. As she put it, she feels a sense of responsibility for informing and educating her viewers on economic issues. A successful child actress, best known for her role as Cassandra Cooper Ingalls on *Little House on the Prairie*, she then went to Harvard, graduating with a BA in economics. While there she served as executive editor of *Harvard College Economist*.

During the deliberations on the ACA she knew, as an economist, that ACA's proponents were not being straight with the American people. She spoke of the impossibility, in economic terms, of including more sick people while reducing premiums, not raising taxes, and allowing everyone to keep their then-current health plans and doctors.

What she said on the air, in essence, was that while we may decide to prohibit exclusion from insurance coverage because of pre-existing conditions, while reducing premiums for many insureds, that would be a *political* decision. But that wasn't what she was talking about. She was talking about the *economics* of it — that you can't pay hospital bills with pixie dust.

We all know by now, of course, that she was right. Premiums for many have doubled, or worse; co-payments and deductibles are up; there are about 20 new or increased taxes because of ACA (including the special tax on medical devices, which has driven thousands of jobs overseas); and the President's repeated assertion that, "If you like your health plan, you can keep your health plan." won him Politifact's Lie of the Year for 2013.

And in case anyone was still under the influence of the administration's Kool-Aid, there is Jonathan Gruber. (If you are asking who is Jonathan Gruber, you *must* watch Fox, or perhaps add a conservative-leaning publication to your regular reading list.)

Jonathan Gruber is an MIT professor whose name was mentioned with pride by both President Obama and then-Speaker Pelosi to assure us as to the great minds that were serving as architects of ACA. (Some say he was *the* architect.)

He recently has admitted that those who put together and sold ACA deliberately deceived the Congressional Budget Office and what he referred to as the “stupid” American voters on the very economic issues on which Melissa Francis tried to inform us.

Before the House Investigations Committee, he apologized for his “arrogance.” (It did truly sound more like bragging than confessing when Professor Gruber was seen and heard delivering these comments on three different occasions, as broadcast on Fox.) But he did not apologize, as far as I heard, for the deception itself. The congressmen pretty much raked him over the coals, as would be expected in a Republican-controlled Congress. The committee’s liberal, Elijah Cummings (D-MD), also raked him over the coals — not for the deliberate deception, but for admitting what he had done, thereby giving ACA’s opponents such great material. (You can’t make up this stuff!)

Back to Melissa Francis. So what was her thanks for trying to educate us, to warn us? Management reprimanded her for, as it was put to her, “disrespecting the President,” and told her to stop the educating and warning.

She was in a bad spot. As the rebuke was from management, she could lose a very good job over this. In addition, she describes herself as a “pleaser” type, not inclined by virtue of her personality to stand up to authority and face disapproval. So she ended up playing ball with management, has some regrets over doing so, and now is talking about what happened to her. And we now know how CNBC management stopped her from trying to educate us and warn us.

If you believe her, that is. And when you read CNBC’s official response to her assertion, you will not only believe her, but be mad as hell, as am I.

It’s not exactly a shock that NBC and its subsidiaries (think MSNBC) would have a liberal bias. That is indeed annoying, but is not what set me off. What set me off was CNBC’s response, as reported by Erik Wemple in a *Washington Post* blog, which does not exactly deny her assertion but *does* demean and trivialize her — and, by extension women in general. Here it is:

“That’s laughable, but we take notice, because as the fastest-growing network in prime time, we’re always on the lookout for high-quality comedy writers and actresses.”

Not so much the glass ceiling, as a slap in the face. Couldn’t you just strangle that misogynistic creep? Except that he (I assume it was a “he”) was identified only as “a CNBC representative,” so you don’t know whom to strangle.

So, just in case you didn’t know, sexism is alive and well in high places. And it’s not even subtle. Can you imagine “a CNBC representative” putting down a black person that way? What’s the difference? A number of things, I would say — too many to go into in this article — but here are a few thoughts in the political area:

Women don’t have an Alice Sharpton logging in 80-plus visits to the Obama White House, with the requisite emotionality, tenacity and verbosity to rouse the troops.

The National Organization for Women is, in practice, the National Organization for Liberal, Pro-abortion Women, and thus not very interested in being there for a conservative woman who ran into a liberal media bias. (Where were they when Sarah Palin was repeatedly trashed? One night we counted seven Sarah Palin jokes in Letterman’s monologue.)

APA has a Caucus of Women Psychiatrists. SCPS has a Women’s Committee. Advancing the rights, status and well-being of women is a priority of our professional organizations. So if a relatively old-fashioned, conventional fellow like me is angered by learning what Ms. Francis had to endure, how would this sad tale affect a more feminist/activist type? I would love to know. I hope another member will write on this subject.

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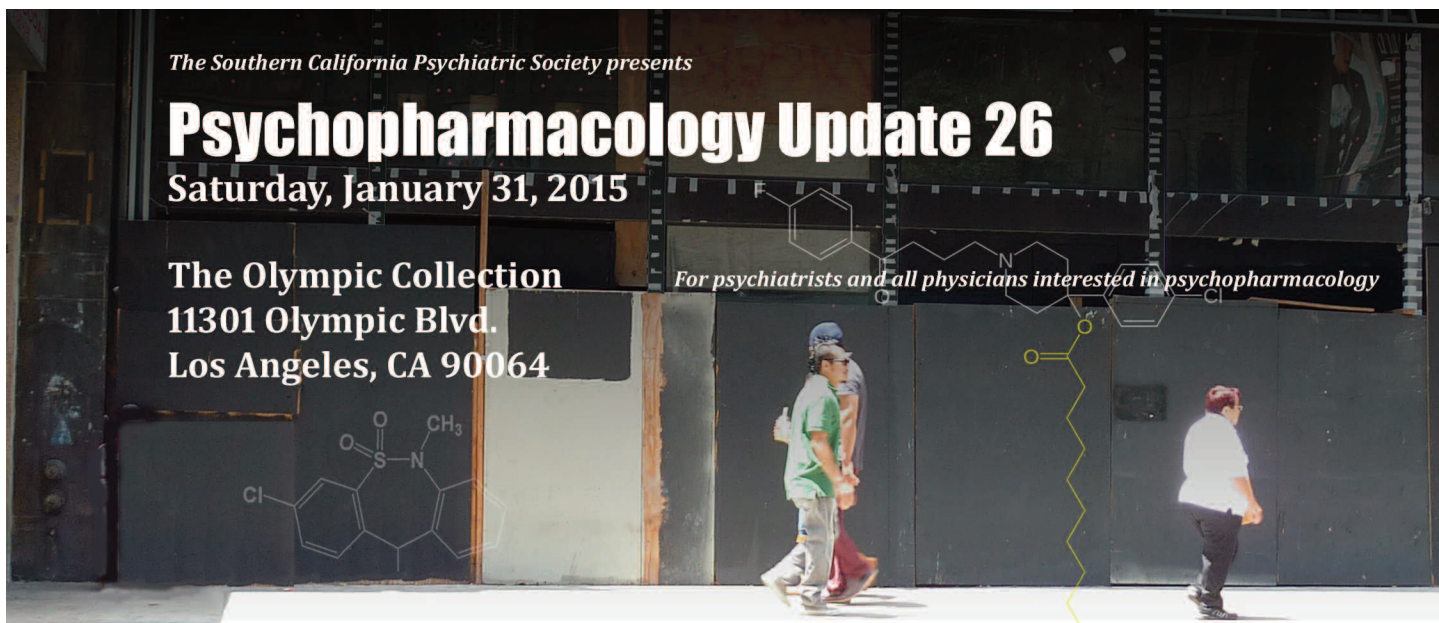
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Psychopharmacology Update 26

Saturday, January 31, 2015

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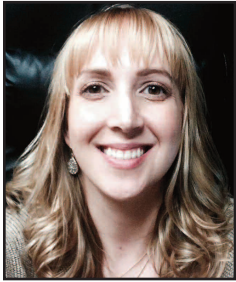
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Council Highlights

December 11, 2014

Anita Red, M.D., *Treasurer-elect*



The meeting was called to order with quorum by Dr. Fogelson at 7:13 pm.

Minutes from the November meeting were approved by Council.

President's Report (Dr. David Fogelson):

Dr. Fogelson reported the nominations for 2015. A motion was made to accept these nominations, seconded, and approved by all Council members.

Drs. Rees (participating by tele-conference) and Stroman proposed a survey for all residents and fellows. A motion was made to send out the survey, seconded, and approved by all members.

Dr. Furuta reported on the Art of Medicine Committee, which finished their second project, which is a video "Life is a Song." This video is available on YouTube. They are starting their third project, an oral history workshop. Candidates for interviewing were discussed. The video may be shown at the APA convention.

Dr. Solding recommended having another APA Presidential Debate, where Drs. Barton J. Blinder, Maria A. Oquendo, and Charles F. Reynolds III will be invited to speak to Council. Dr. Schaepper encourages everyone to vote in the APA election. A motion was made regarding the above, seconded, and approved by all council members.

Dr. Fogleson reported the APA has offered to teach council how to be advocates at the state and federal levels. A representative will come to the Council meeting. There is a question if Council plus other members are invited. This issue is postponed in order for Mindi Thelen to get more information from the APA.

Executive Director Mindi Thelen reported the SCPS psychopharmacology meeting has multiple sponsors. Also, the SCPS is being audited by the state board of equalization.

Membership Report (Dr. Solding):

The following individuals were recommended for action:

New RFM: Dr. Joshua Carroll. New General Members: Drs. Xi Chen, Brandon Schneider, and Sherry Yao. Reinstate general members: Drs. Zoe Aron, Lawrence Genen, and Nissa Perez. A motion was made to accept these nominations, seconded, and approved by all Council members.

Treasurer's Report (Dr. Red): A review of current financial status of the organization was presented. A motion was made, seconded, and accepted by all members.

Legislative Report (Dr. Solding): Drs. Solding and Read have volunteers to the state advocacy day.

New Business

Dr. Schaepper, an APA Assembly Representative, recommends creating action papers for the APA. She explained the meaning and importance of action papers. These are issues that can be brought the APA Assembly for consideration by the APA Board of Trustees. Dr. Schaepper will draft a letter for the newsletter. If any SCPS has recommendations, please contact your SCPS Councilor or Executive Director Mindi Thelen.

Dr. Fogleson appointed Dr. Joy Kong as the new San Fernando Councilor.

Dr. Ijeaku discussed the issue of member representation on Council.



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Old Business: None

The meeting was adjourned by Dr. Fogelson at 8:27 p.m.

CLASSIFIED ADS

Positions Available

CONSULTING PSYCHIATRIST

Tarzana Treatment Centers (TTC) currently has openings for consulting psychiatrists to work in the San Fernando Valley at our corporate headquarters in Tarzana. TTC is a leader in integrated healthcare, with program services for substance use disorders, mental health, and primary medical care. TTC has four Joint Commission accreditations, including Hospital and Behavioral Health. We are seeking candidates who have experience with co-occurring disorders and want to work as part of an integrated team with other healthcare professionals. Opportunities exist for work in our inpatient psychiatric hospital and in outpatient settings, or a combination of the two. We have 8 part-time psychiatrists, but are growing and need more. If interested, please contact Dr. Ken Bachrach at kbachrach@tarzanatc.org or at 818-654-3806.

Department of Psychiatry
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We are seeking board-certified or board-eligible psychiatrists to cover evening, night and/or weekend shifts in the psychiatric emergency room and/or the psychiatric inpatient unit at Olive View-UCLA Medical Center, a major teaching hospital affiliated with the University of California, Los Angeles. The position involves direct clinical responsibility as well as supervision of residents and medical students. A minimum of two 8-hour shifts per month is requested although more can certainly be scheduled.

If interested, send or fax your CV to Dr. Alex Kopelowicz, M.D., Chair, Department of Psychiatry, Olive View Medical Center, Sylmar CA 91342, fax # (818) 364-3554. For additional information, you are welcome to call Dr. Kopelowicz at (818) 364-4823 or email him at Akopelowicz@dhs.lacounty.gov.

Services Available

The Renfrew Center, celebrating its 30th anniversary as the Nation's First Residential Eating Disorder Treatment Facility, announces its Los Angeles facility is now open and scheduling assessments; this Renfrew's 16th location in 13 states. The new site is located at 12121 Wilshire Boulevard, Suite 601, Los Angeles, CA 90025.

Like all of our centers, the new site, specializes in the treatment of anorexia, bulimia, binge eating disorder and related mental illnesses in women. Programming at The Renfrew Center of Los Angeles consists of a comprehensive range of services, including day treatment, intensive outpatient and group therapy. Renfrew has contracts with most managed care companies and routinely petitions out-of-network carriers to extend benefits to its patients. For more information please contact The Renfrew Center at 1-800-RENFREW or visit www.renfrewcenter.com.

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 Benjamin Woo, M.D. (2016)
 San Gabriel Valley/Los Angeles-East Hanumantah Damerla, M.D. (2015)
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 Santa Barbara Paul Erickson, M.D. (2015)
 South Bay Mary Read, M.D. (2016)
 South L.A. County Dharmesh Sheth, M.D. (2016)
 Ventura vacant (2017)
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 Michael Gales, M.D. (2016)
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 ECP Deputy Representative Michelle Furuta, M.D. (2016)
 MIT Representative Galya Rees, M.D. (2015)
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