Southern California

PSYCHIATRIST

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President's Column

Hello Summer!

Galya Rees, M.D.

Dear SCPS Members,

I hope you are all enjoying the longer daylight hours and pleasant weather. Here in West Los Angeles, it's been cloudy and gloomy for a while, but it's finally starting to feel more like summer. I also hope you're not suffering from unbearable "heat dome" highs. I hear some very hot days are coming ahead.

But why am I writing about the weather? As you know, the SCPS council typically takes a two-month hiatus in the summer, resuming its monthly meetings in the fall. For many of us, in addition to going on vacation, spending time with loved, and/or cooking, cleaning, and entertaining young kids for extra hours, summer is an opportunity to take a temperature check. It's a time to pause and reflect on how we are doing, both mentally and professionally—a time to recharge, dream, and plan. On the council, many of us will use this time to reflect on the organization's progress and set goals for the coming year.

Last month, we held the first SCPS leadership transition meeting. The goal was to review the effectiveness of SCPS's representation in CSAP and APA and identify opportunities for improvement. We concluded that our representation has been very productive over the past year. Notable SCPS accomplishments include the CSAP sponsorship of SB 1184 (Eggman), a bill aiming to eliminate gaps between Riese hearings; strong opposition leading to the eventual death of the psychedelics bill (SB 1012 - Wiener); and the passage of an SCPS action paper regarding the repudiation of the Moynihan report in the APA assembly. The transition meeting identified some opportunities for improvement at the CSAP and APA level. A new APA representation workgroup, chaired by Drs. Heather Silverman and Anita Red, will further explore ways to enhance SCPS's representation in the APA.

Many committees and workgroups are also using this time to review their achievements and challenges from the past year and set new goals. The newsletter committee is working on a new format and submission guidelines. The Access to Care and Private Practice Committee will discuss the ongoing stimulant shortage with APA representatives to plan next steps. The Alternatives to Incarceration group has written a letter regarding SB 1400 (Stern) - Criminal Procedure: Competence to Stand Trial, and the Unhoused Workgroup is holding final meetings with experts on the topic. The advocacy outreach team is scheduling advocacy talks at various training programs, aiming to visit all programs by year's end. Our Resident Fellow representatives are planning the annual career fair and other activities for our members in training. If you have suggestions for the committees or would like to join a committee, even for just one meeting, please let us know!

Here are some dates and events planned for the next few months:

8/6/24 at 11 am: UCLA Grand Rounds on Psychiatric Advocacy (In-Person)

10/30/24 at 8 am: Ventura Grand Rounds on Psychiatric Advocacy (Virtual)

10/30/24 at 7 pm: Access to Care Program presented by Drs. Casalegno and Hunag (Virtual)

11/13/24 at noon: Charles Drew University Grand Rounds on Psychiatric Advocacy

12/12/24 at 4 pm: Kaiser Residency Talk on Psychiatric Advocacy

5/17/25-5/21/25: APA Annual Conference in LA. Stay tuned for information about an SCPS reception

Enjoy your summer!

Galya

In This Issue...

Remember, No August Issue

Watch for new format with the September issue.

Neuromodulation: An Innovative Approach to Treating Substance Use Disorders

By: Anu Bodla, MBBS

Substance use disorders (SUDs) pose a significant challenge in psychiatric practice, affecting nearly 48.7 million Americans aged 12 and older, as reported in the 2022 National Survey on Drug Use and Health. The consequences are severe, with nearly 108,000 drug-related overdose deaths in the US in 2022 alone, a number that has been steadily rising (1).

Despite advances in pharmacotherapy and psychotherapy for SUDs, success rates vary, and relapse rates remain high. For instance, approximately 50% of individuals with opioid use disorder (OUD) relapse to opioids or other substances, despite receiving medication treatment (2). Given these challenges, exploring innovative approaches such as neuromodulation is crucial. Neuromodulation, a technique that modifies nerve activity through targeted stimulus, shows promise in treating SUDs.This article reviews the current state of neuromodulation for SUDs, highlighting key techniques, mechanisms, clinical implications, and potential drawbacks.

What is Neuromodulation?

Neuromodulation involves direct stimulation of the nervous system to modify nerve activity through electrical, magnetic, or chemical stimuli. The goal is to modulate specific neural circuits to achieve therapeutic effects in various conditions such as SUDs. Neuromodulation acts through different mechanisms than pharmacotherapy, offering an alternative approach where medications have failed. Techniques such as transcranial magnetic stimulation (TMS), transcranial direct current stimulation (tDCS), deep brain stimulation (DBS), and vagus nerve stimulation (VNS) are being explored as potential treatment for SUDs.

The Neurobiology of Substance Use Disorders

SUDs arise from complex interactions between genetic, environmental, and neurobiological factors. Reviewing the neurobiology of substance use disorders can help in appreciating the application of neuromodulation for SUDs. The following are some key neurobiological factors involved in addiction:

- **Reward Circuitry:** The mesolimbic dopamine system, our brain's primary reward pathway, plays a central role in SUDs. This system, which includes the ventral tegmental area (VTA) and nucleus accumbens (NAc), becomes significantly altered with substance abuse. Drugs of abuse cause an abnormal surge in dopamine levels within the NAc, thereby reinforcing and promoting compulsive use patterns (3). This hijacking of the natural reward system contributes to the persistent and compelling nature of SUDs.
- **Prefrontal Cortex Dysfunction:** The prefrontal cortex (PFC) serves as the brain's command center for decision-making, impulse control, and self-regulation. Chronic drug exposure disrupts PFC function, leading to impaired judgment and diminished control in those with SUDs (4).
- **Stress and Anti-reward Systems:** Chronic substance use activates the brain's stress systems, particularly the hypothalamic-pituitary-adrenal (HPA) axis. This activation contributes to the

development of negative emotional states and heightened stress sensitivity. As a result, individuals with SUDs may experience increased anxiety, irritability, and dysphoria, especially during withdrawal. These stress-related changes can significantly increase the risk of relapse, as substances may be used as a maladaptive coping mechanism. (5)

Neuroplasticity: SUDs induce long-lasting neuroplastic changes in the brain. These adaptations occur in circuits related to reward processing, stress response, and executive function. Such changes can persist long after substance use has ceased, contributing to the chronic, relapsing nature of addiction. These neuroplastic alterations underscore why recovery from SUDs often requires long-term, multifaceted treatment approaches. (6)

Understanding these neurobiological underpinnings of SUDs provides a foundation for appreciating how neuromodulation techniques may offer therapeutic benefit. Neuromodulation approaches aim to restore more normal patterns of brain activity and potentially mitigate the neurobiological drivers of addiction by directly targeting and modulating these affected neural circuits.

Mechanisms of Action

Neuromodulation offers several promising approaches for treating substance use disorders (SUDs). Each technique targets specific neural circuits implicated in addiction, aiming to restore normal brain function and reduce substance use. Key mechanisms include:

Modulation of Dopaminergic Pathways: Neuromodulation can regulate dopamine transmission, which is crucial for reward processing and addiction (3).

Enhancement of Cognitive Control: Particularly with TMS and tDCS, neuromodulation can improve prefrontal cortex function, potentially enhancing impulse control and decision-making (4).

Reduction of Cravings: Neuromodulation can reduce the intensity and frequency of substance cravings by targeting specific brain regions (7; 8).

Neuroplasticity Induction: Repeated neuromodulation sessions may promote beneficial neuroplastic changes, potentially reversing some of the maladaptive brain changes associated with chronic substance use.

Table: Visualizing Neuromodulation Techniques and Their Applications in SUDs

Technique	Target Brain Region	Mechanism of Action	Primary Effect	Evidence
TMS	Prefrontal Cortex	Induces electric currents, modulates neuronal activity	Reduces cravings, improves abstinence	Zhang et al. (2019)
tDCS	Dorsolateral Prefrontal Cortex	Enhances/inhibits neuronal activity	Reduces craving, modulates impulsivity	Boggio et al. (2008)
DBS	Nucleus Accumbens	Continuous electrical stimulation	Reduces intake, prevents relapse	Müller et al. (2015)
VNS	Vagus Nerve	Stimulates vagus nerve	Reduces withdrawal symptoms, cravings	Nesbitt et al. (2019)

Key Techniques in Neuromodulation

Transcranial Magnetic Stimulation (TMS)

Mechanism: TMS uses focused magnetic pulses to induce electrical currents in specific brain regions, particularly the prefrontal cortex. This modulation aims to enhance executive function and self-regulation.

Clinical Evidence: A meta-analysis by Zhang et al. (2019) demonstrated TMS's efficacy in reducing cravings and improving abstinence rates in alcohol and cocaine dependence. Notably, TMS reduced alcohol cravings by approximately 30% (7).

Practical Application: Non-invasive and well-tolerated, TMS shows promise as an adjunct to traditional SUD treatments.

Transcranial Direct Current Stimulation (tDCS)

Mechanism: tDCS applies a low electrical current to the scalp, enhancing or inhibiting neuronal activity. It modulates cognitive control and impulsivity, critical factors in SUDs.

Clinical Evidence: A randomized controlled trial by Boggio et al. (2008) found that tDCS significantly reduced craving and led to a 20% reduction in alcohol consumption in patients with alcohol use disorder (8).

Practical Application: Cost-effective and portable, tDCS could potentially be used in various clinical settings or even for home-based treatments under medical supervision.

Deep Brain Stimulation (DBS)

Mechanism: DBS involves surgically implanting electrodes in specific brain areas, providing continuous electrical stimulation. The nucleus accumbens, a key area in the brain's reward circuitry, is a common target.

Clinical Evidence: Müller et al. (2015) reported that DBS targeting the nucleus accumbens led to substantial reductions in alcohol intake and relapse rates in alcohol-dependent patients. Approximately 50% reduction in alcohol intake was observed in patients undergoing DBS (9).

Practical Application: While invasive, DBS may offer a solution for severe, treatment-resistant cases of SUDs.

Vagus Nerve Stimulation (VNS)

Mechanism: VNS stimulates the vagus nerve, modulating brain areas associated with mood and reward processing.

Clinical Evidence: A study by Nesbitt et al. (2019) indicated that VNS could reduce withdrawal symptoms and cravings in opioid-dependent patients. VNS resulted in a 25% reduction in opioid cravings (10).

Practical Application: VNS could be particularly beneficial for patients with comorbid mood disorders and SUDs.

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Clinical Implications and Future Directions

Integrating neuromodulation into clinical practice for SUDs holds significant potential but requires further research to optimize protocols and understand long-term effects. Key considerations include:

- **Individualized Treatment:** Tailoring neuromodulation approaches based on patient-specific factors, such as the type of SUD and comorbid conditions.
- **Combination Therapies:** Exploring synergistic effects of neuromodulation with pharmacotherapy and psychotherapy.
- **Longitudinal Studies:** Conducting long-term studies to assess the sustainability of treatment effects and potential side effects.

Potential Drawbacks

- **Invasiveness:** Techniques like DBS are invasive, requiring surgical implantation of electrodes, which carries risks such as infection and bleeding (9).
- **Side Effects:** Neuromodulation can cause side effects, including headaches, dizziness, and mood changes, varying with the modality used (8; 10).
- **Cost and Accessibility:** Neuromodulation treatments can be expensive and may not be widely accessible, limiting their use in routine clinical practice (Müller et al., 2015).
- **Variable Efficacy:** The efficacy of neuromodulation can vary significantly between individuals, necessitating personalized treatment plans and further research to identify predictors of response (7).

Conclusion

Neuromodulation represents an innovative frontier in SUD treatment. While neuromodulation shows promise, future research needs to be conducted to optimize protocols, assess long-term outcomes, develop personalized approaches, and explore novel techniques for treating substance use disorders. As research progresses, it is important for psychiatrists to stay informed about these emerging therapies and consider their potential integration into comprehensive treatment plans. By learning about advanced approaches like neuromodulation, we can enhance our ability to combat SUDs and improve patient outcomes.

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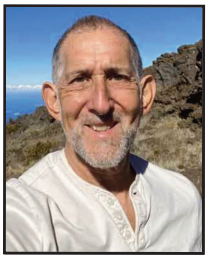
The First 45 Years as a Psychiatrist

By: Daniel E. (Dan) Fast, M.D.



It's hard to comprehend that I began practice in 1979, 45 years ago! So much has happened, so much has changed but one thing remains constant - a fascination with the intricacies of human mental function.

My first defined psychiatric encounter was with a psychotic bipolar patient admitted to the University of Arizona Medical School inpatient ward. When he shared his grandiose, pressured word salad and demanded to know what I thought, I replied, without any clinical preparation, "You must be very depressed" and he burst into tears. I was hooked!

Residency at LA County + USC Medical Center exposed me to the breadth of psychopathology, with superb supervision and education. Psychotherapy with a beloved professor opened my eyes to my own maladaptive ("wounded healer") motivation to save the world and develop better sublimated professional skills than just "love and effort."

Post-residency was at an LA-County contracted program at Saint John's Health Center in Santa Monica (sadly, no longer in existence) providing inpatient, partial hospital and outpatient care, part of a now-lost network of community mental health care. My favorite anecdote was helping a woman overcome years of chronic depression, with lithium, to give her a few happy senior years.

Simultaneously I started a private practice, which I have maintained, with about 100 new patients a year, over 4500 at this point. Some folks have been under my care for over 30 years! I have seen mostly adults but also adolescents in group homes, couples, families, served as an Expert Witness and consulted for the Medical Board. At one time, I was traveling across town to several inpatient facilities (Brentwood, Cedars-Sinai, Saint John's - now all gone; UCLA still exists). I served on hospital committees and as Chair and Medical Director, honored to guide my fellow professionals. Psychoanalytic training at the New Center for Psychoanalysis (after the American Psychoanalytic Association rescinded its policy to disallow openly LGBT candidates) deepened my ability to hear unconscious sub-text.

All through this my clinical understanding has broadened and deepened for the varieties of human suffering. I have come to appreciate the deep and complex effects of childhood neglect and trauma to deform ego-capacity, self-concept, self-regulation and communication skills. Many "treatment failures," in retrospect, suffered from complex PTSD along with unstable affective disorders and pervasive developmental disorders. There have been a few tragic outcomes, which I recall in detail even now.

There is such a breadth of mood stabilizer medications now, beyond TCAs, MAOIs, Lithium and Dilantin. We've seen the benefit of SGA augmentation, TMS, ketamine beyond ECT. ADHD is pervasive in reducing productive capacity and practical intelligence and vastly under-diagnosed.

A new awareness has been Autistic Spectrum Disorders complicating seemingly bright, non-psychotic individuals both to express and process emotional information and learning. These patients require immense practical education in communication skills and self/other awareness

5 years ago I left my practice in Beverly Hills and moved to Palm Springs. I am struck by the significant lack of community supportive services, local inpatient care, residential care or Partial Hospitalization or IOPs. There is a proliferation of for-profit substance abuse residential treatment programs, almost none

of which are capable to dealing with significant dual-diagnosis patients. Here in the Coachella Valley, we deal with long-term survivors of prolonged psychiatric illness, well-entrenched in their symptoms; a substantial number of people in (sometimes fragile) substance abuse recovery and a large poorly insured population.

That leads me to the case for working with insured patients. I have done so since I started practice. I feel it is my community and physicianly obligation to care for as many people as I can. (Yes, I had to exclude Medi-Cal due to its abysmally low reimbursement and bureaucratic inability even to pay those fees. I can choose to see those patients on a charity/pro bono basis.)

My summary advice for a long, satisfying career - help as many people as you can, to the depth of your ability; be kind - go the extra mile to remind patients of their appointments and fill out their forms; confront resistance gently (it is unconscious, after all); be patient; years may be needed, sometimes people don't recover but you can be there as the only person with whom they share their suffering. Of course, none of this would have been possible without the support of many friends, colleagues and my wonderful husband of 35 years. Our professions may come and go, but love and friendship are forever.

Psychiatry is the most human of medical specialties - we get to study every culture, every way of life, every personality, every disorder. It is endlessly fascinating. I hope to "practice" many more years.

A Big Apple A Day Does Not Keep The Residents Away:

Presenting at the 2024 APA Annual Meeting in New York City

By So Min Lim D.O., Brooke Stroffolino M.D., Madison Williams M.D., Max Guan D.O.

The 177th Annual Meeting of the American Psychiatric Association was held at the Javits Center in New York City early this May. Around 12,500 attendees participated in over 400 scientific sessions, with the hopes of engaging in thoughtful discourse and eventually bringing that knowledge back to their institutions, practices, and concentrations. A team of residents from Charles R. Drew University were among those in attendance, and the writers of this article had the honor of hosting three separate 90-minute workshops at the conference:

“Break the Silence: Addressing the Void Between Asian Immigrants and Their Children”
“Apocalypse Now! Climate Change and Its Impact on the Practice of Psychiatry”
“Unstuck: Breaking the Bamboo Ceiling’’

Spurred on by difficult, shared patient cases, our program director, Dr. Daniel Cho, had encouraged us to present at APA to further awareness of the gaps we had experienced in Asian American and Immigrant mental health. Similarly, Dr. Anish Dube assembled a panel to highlight the growing impact of climate change on the lives of psychiatrists and our patients, and the urgent need for action. Over the course of ten months, our team gathered with the goals of formulating abstracts, researching, discussing material, and eventually fleshing out what would become our workshops. Everything from speaker order to slideshow flow, to graphics, to handouts, had to be diligently planned and executed. In the end, we managed to fill each of our workshop rooms and engaged with the attendees who were eager to learn, connect, and build on top of what had been presented. We are thankful for our residency’s leaders encouraging us to venture into the APA early in our careers and urge other residents to make their voices heard as well.

Personal Reflections

So Min Lim, D.O. PGY-2
For us PGY1 and PGY2s who have yet to attend a national conference, presenting 90 minute workshops in front of a more experienced group of psychiatrists and experts in the field was daunting at first.

Additionally, much of our discussions at the start were spent recognizing our own biases and acknowledging the importance of the space to discuss the Asian American experience without taking away from the experiences of other communities.

Throughout my training, I've recognized the difficulties Asian American families face in communicating with one another and understanding the struggles of each generation. The impact this divide was having on the overall long-term effects of our patients' mental health was tremendous. We formulated a toolkit with a list of key questions to address this void, and for the audience to utilize on their own patients. Importantly, the toolkit aims to place family dynamics and intergenerational trauma at the forefront. We created pre and post workshop surveys to study the impact of the toolkit.

Another workshop analyzed the internal and external biases contributing to the gap in leadership for Asian Americans in diverse fields. An essential part of these workshops was encouraging purposeful reflection and discussion among the attendees, and we implemented handouts with pointed questions to guide this dialogue. We also combined our love for art by creating stickers through Procreate and Illustrator for the attendees to take as a reminder of what they learned from the workshop. Leading these workshops expanded my knowledge of my patients' challenges. It also allowed me to have a deeper understanding of my own identity and experience as an Asian American, and how to bolster my involvement to address the needs of our community. I am humbled and amazed at the commitment shown by audience members, from medical students to known experts in the field, who were vulnerable and propelled dialogue with their own personal experiences.

Brooke Stroffolino, M.D. PGY-2

Listening to the audience's reflection post workshop really highlighted the need for this type of discussion. Often an overlooked topic, intergenerational trauma has impacted many families within the Asian American community and has had a lasting influence on family dynamics and mental health. Many audience members resonated with the workshop on a personal level and shared their own experiences. I was honored to help facilitate a safe space for discussion and reflection. Working on this toolkit has allowed me to gain a better understanding of the needs within the Asian American community and, ultimately, identify ways to create a supportive environment for all.

Madison Williams, M.D. PGY-1

After having dealt with a tumultuous start to my intern year when the Maui wildfires threatened my community back home, working on an educational session addressing Climate Psychiatry was my way of exploring the intersection between climate disasters and mental health, as well as outline the ways psychiatrists can help our patients, and ultimately help ourselves too. My work served as a way to process what happened and channel my hurt towards something actionable. Hearing the audience share their personal stories and reaching out after APA has been very impactful, and I'm grateful to have had this experience as an intern.

Max Guan, D.O. PGY-2

I did not think Asian Americans needed any more representation than we already had, so when the

decision was made to do two workshops centering around their experience, I balked at the idea. Only upon further reflection did I recognize my own inherent biases and misconceptions. I am very pleased that we were able to identify a gap in the care of Asian Americans and their immigrant parents, create an entire toolkit designed to address this void, and give the audience something tangible to implement and iterate upon. Moreover, the toolkit was generalized to provide the framework for exploring other immigrants' experiences as well. I hope we can continue to improve this toolkit and change the trajectories of our patients' lives. I was also extremely impressed with the caliber of the other workshops, but am proud to note that our workshops were the only ones I attended that allowed for inter-audience collaboration and discussion in the last block of time. APA is about networking as well, and we were able to provide our audience with the chance to do just that.

Council Highlights
May 9, 2024

Call to Order

The meeting was called to order by Dr. Goldenberg at 7:00pm.

Minutes of the Previous Meeting were approved

The minutes from the previous meeting were approved.

President's Report - Dr. Goldenberg gave an update on the Installation and Awards, the NAMI Walk, the Leadership Transition meeting, the Moynihan Action Paper.

Unhoused Work Group

Dr. Danielle Chang provided an update on the Unhoused Work Group. Key themes included advocacy for more transparency around the number of patients awaiting placements and state hospital beds/waitlists, education for the public around involuntary treatment, and parity issues with private insurance coverage. The group will be conducting more interviews and welcomes participation from council members with relevant expertise.

Membership Recruitment Project

The membership recruitment project is producing a film to be shared with residency programs. Dates are being scheduled for presentations at programs, some incorporating grand rounds. Members interested in assisting with recruitment efforts should contact leadership.

Draft Budget Questions

Two key questions for the draft budget include 1) finding a low-cost venue for the December career fair and 2) determining the split between regular business and advocacy funds from member dues. A maximum of $9,100 can be budgeted for PAC contributions. The draft budget will be brought for a vote in June.

President-Elect's Report - Dr. Rees

A. Newsletter

B. May Newsletter Submission "Safety on College Campus" and editorial decision not to publish
Motion to ratify was tabled and attorney, Dan Willick will be consulted.

C. Newsletter Transition to Blog Format

The newsletter committee will be meeting to discuss transitioning the newsletter to a

blog format and establish submission guidelines.

GAC Action Items

Motions:

Motion for SCPS to recommend CSAP take an opposed position on AB 1360. The motion passed unanimously.

Motion for SCPS to recommend CSAP take a watch position on SB 1400 (Stern). The motion passed unanimously.

Motion for SCPS to request CSAP, in coordination with the Area 6 Council, consult with the incoming APA president regarding appointment of the Area 6 representative to the APA Council on Advocacy and Government Relations. The motion passed with one abstention.

Assembly Report - Deferred to June meeting

Membership Report - Dr. Ijeaku

A. Action Item – New members

Motion to accept two new general members was approved unanimously.

Treasurer's Report - Deferred to June meeting

Committee Reports - Updates deferred to June meeting due to time constraints

A. Access to Care

B. Alternatives to Incarceration

C. Diversity and Culture

D. DFAPA

Motion to approve the slate of Distinguished Fellow candidates passed with two abstentions.

The meeting was adjourned by Dr. Goldenberg at 9:00pm.

ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 1ST OF THE MONTH. NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 1ST OF THE MONTH.

SCPS website address: www.socalpsych.org

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