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Dr. Donald L. Rosenstein advises making sure that the other patients are safe in the wake of a hospital suicide.

Inpatient Suicide: Respond Quickly

BY JANE SALODOF
MACNEIL
Southwest Bureau

TUCSON, ARIZ. — A little more than a year ago, a young psychiatric patient scaled an 8-foot barrier on the seventh floor to jump to his death in a crowded atrium after a holiday gathering at the Mark O. Hatfield Clinical Research Center in Bethesda, Md.

The impact of the tragedy on the hospital's staff, its patients, and their families proved profound, Dr. Donald L. Rosenstein told consultation-liaison psychiatrists at the annual meeting of the Academy of Psychosomatic Medicine.

"Hospital-based suicides are rare but devastating," said Dr. Rosenstein, clinical director of the National Institute of Mental Health.

This suicide had dozens of witnesses.

Reconstructing the event and its aftermath, he presented a time line of what hospitals should do in similar circumstances. He emphasized that the recommendations were his thoughts exclusively and not offered on behalf of any government agency.

Immediate Steps

The first thing a hospital has to deal with is a leadership crisis, according to Dr. Rosenstein. It

should pick a point person to take charge of everything that follows.

Because he was out of the building when the suicide occurred at the Hatfield Center, Dr. Maryland Pao, a deputy director, assumed that role.

The point person should call a brief meeting to assess what needs to be done first and to delegate responsibilities, Dr. Rosenstein said.

Priorities include making sure that the immediate needs of the other patients are met and that such physical dangers—as open

See **Inpatient** page 62

INSIDE



Wired for Pain

Biofeedback reduces intensity and frequency of recurrent abdominal pain.

PAGE 30

Labels and Low Literacy

Some patients misunderstand instructions on drugs.

PAGE 61



Reel Life

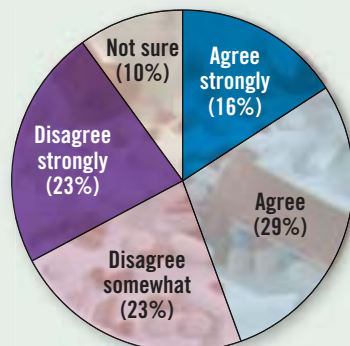
Private pain compels unacceptable public behavior in 'Notes on a Scandal.'

PAGE 66

VITAL SIGNS

Split Decision on Off-Label Drug Use

Doctors should be allowed to prescribe drugs to treat diseases or conditions other than those for which the drugs have been approved.



Notes: Online survey within the United States conducted Nov. 15-17, 2006, among a national cross-section of 3,018 adults. Percentages do not total 100 because of rounding. Source: Wall Street Journal/Harris Interactive

Better Coordination Of Mental, Physical Health Care Urged

Report cites early deaths of mentally ill.

BY MARY ELLEN
SCHNEIDER
New York Bureau

Psychiatrists and other members of the mental health community are working on ways to improve coordination of mental health and primary care in an effort to decrease early death among people with serious mental illness.

People being treated for serious mental illness by public mental health systems die 25 years earlier, on average, than do members of the general population, according to a report released by the National Association of State Mental Health Program Directors (NASMHPD) Medical Di-

rectors Council. About 60% of these premature deaths are attributable to medical conditions such as cardiovascular and pulmonary disease.

The report, "Morbidity and Mortality in People with Serious Mental Illness," outlines the factors contributing to this disparity in death and disease.

"This is a virtual epidemic of death," said Dr. Joseph Parks, medical director for the Missouri Department of Mental Health and president of the NASMHPD Medical Directors Council.

The report has become a sort of "rallying point," Dr. Parks said. NASMHPD is in the process of drafting a position paper on

See **Health Care** page 8

ALS Drug Appears to Ease Resistant Depression

BY ERIK L. GOLDMAN
Contributing Writer

NEW YORK — Riluzole, a drug for amyotrophic lateral sclerosis that targets glutamate cycling in the brain, can markedly improve depression in some patients who remain highly symptomatic despite treatment with other antidepressants, Dr. Steven F. Kendell reported at a symposium sponsored by NARSAD, the Mental Health Research Association.

Though the findings are still preliminary, they are in accord with a growing body of data in-

dicating that the glutamergic and GABAergic neuron systems may be as important in the etiology of depression as are the more commonly targeted serotonergic and dopaminergic systems, he said.

"Of the currently available antidepressants, almost all of them target the monoamine neurotransmitters: epinephrine, serotonin, and dopamine. But despite treatment with these medications, almost half of all patients are stuck with residual symptoms, and some get very little benefit at all. There's a

See **Resistant** page 7

Drug Targets Glutamate System

Resistant from page 1

tremendous need to develop novel medications with novel mechanisms of action," said Dr. Kendell of the department of psychiatry at Yale University in New Haven, Conn.

The glutamate system is a very promising target. Dr. Gerard Sanacora, who heads Yale University's depression research programs, has identified clear abnormalities in both glutamate and cortical γ -aminobutyric acid (GABA) in depressed versus non-depressed individuals.

Roughly half of all severely depressed patients will show markedly lower levels of GABA but markedly increased levels of glutamate (Arch. Gen. Psychiatry 2004;61:705-13).

Glutamate is normally taken up either by glutaminergic neurons and turned into glutamine, or by GABAergic neurons and turned into GABA.

This process is regulated in large measure by the glial cells.

Riluzole actually increases uptake of glutamate by the glial cells, thus reducing the buildup of synaptic glutamate and normalizing GABA synthesis.

Other research teams have shown that many patients with severe depression have reduced numbers of glial cells in many parts of their brains, including the anterior cingulate cortex and the prefrontal cortex

(Arch. Gen. Psychiatry 2001;58:545-53).

The result is that in some depressed patients, there is a lot of glutamate, which can be toxic at high concentrations, hanging around in the synaptic spaces. This inhibits normal presynaptic glutamate release, reduces glutamate cycling, and inhibits GABA synthesis.

"The excess glutamate feeds back presynaptically and inhibits normal release of glutamate, leading to memory problems and impairment in the ability to think clearly," Dr. Kendell said.

Riluzole is a fairly unknown medication approved by the Food and Drug Administration for treatment of amyotrophic lateral sclerosis (Lou Gehrig's disease). It is one of the few available drugs that affect glutamate cycling.

It actually increases uptake of glutamate by the glial cells, thus reducing the buildup of synaptic glutamate and normalizing GABA synthesis.

Dr. Kendell and his colleagues tested riluzole as an add-on to other antidepressant medications in a cohort of 10 severely depressed individuals.

These patients were already on an average of three antidepressants and still had Hamilton depression (HAM-D) scores of more than 25 at the start of the study, he said.

Addition of riluzole produced a significant decrease in HAM-D scores in the cohort as a whole, knocking the mean score down from a baseline of 27 to 21 at the end of 12 weeks.

Four of the 10 patients showed a particularly strong response to riluzole, with HAM-D scores dropping from a mean of 26 at baseline to 7 by the close of the 3-month study. In these cases, the response was very rapid; the HAM-D scores took a fast nosedive within the first 2 weeks of treatment.

"We know that about 50% of individuals with depression have abnormal GABA and glutamine levels compared with controls. Are the individuals who had rapid re-

sponses to riluzole the same as those who have low GABA and high glutamate? We really need to study this," Dr. Kendell said.

The next step in this line of research is to use neuroimaging techniques to compare GABA and glutamate levels before and after treatment with riluzole. Then, of course, comes the placebo-controlled clinical trial.

Dr. Kendell said that the Yale team became interested in glutamate cycling in the context of depression in response to reports that ketamine could have profound and long-lasting positive effects in some patients with severe depression.

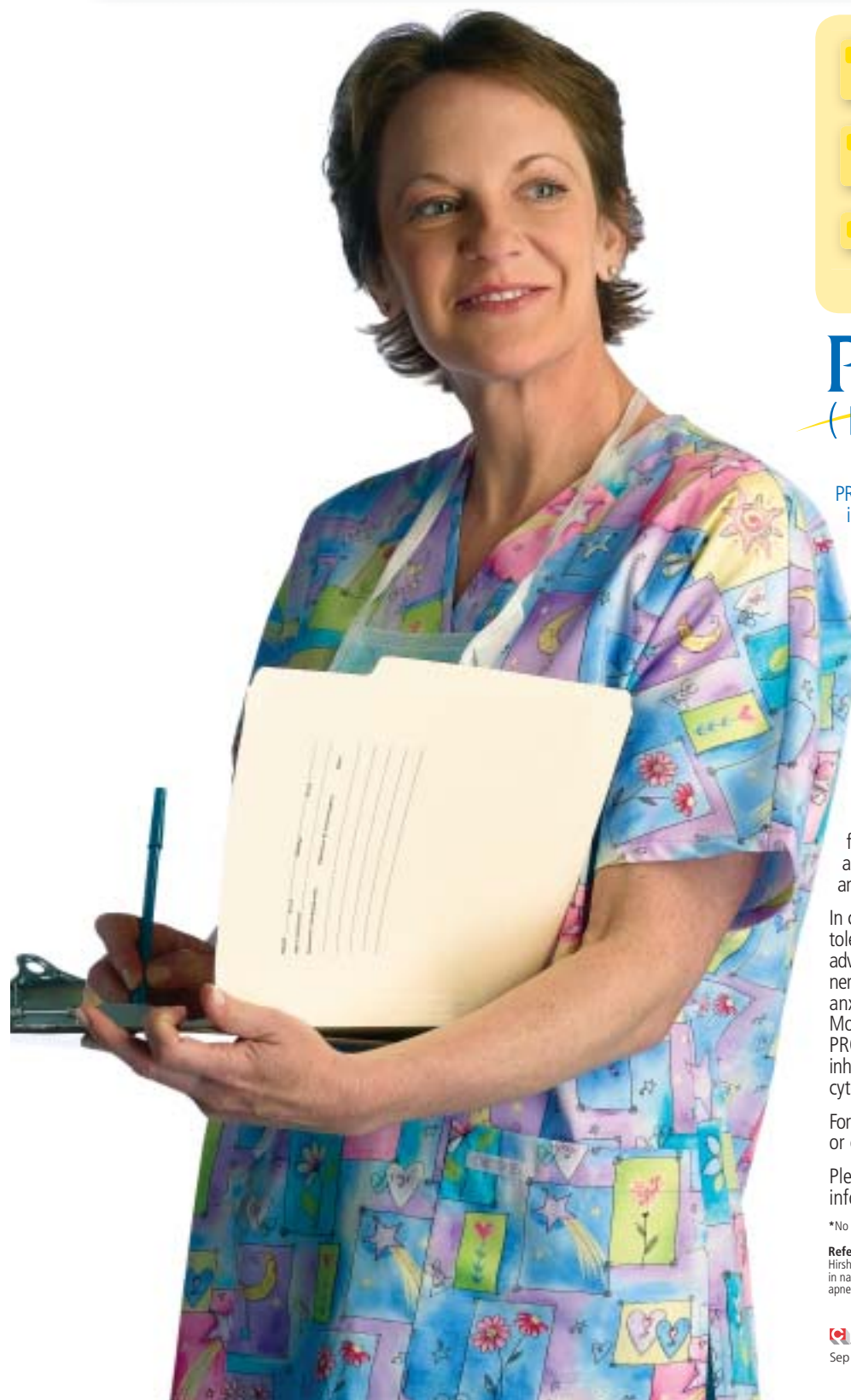
Ketamine, which is known as "Special K" on the streets, affects GABAergic and glutaminergic neurons.

Some do not think this drug is a good candidate for routine treatment of depression, because it can also induce psychosis, he said.

This line of research also raises the question of whether over-the-counter GABA supplements can improve depression. Dr. Sanacora, who was present at the NARSAD symposium, said that so far there is no evidence to suggest that GABA, when taken orally, "can get into the brain compartments that we're interested in." ■

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References: 1. PROVIGIL full Prescribing Information. 2. Black JE, Hirshkowitz M. Modafinil for treatment of residual excessive sleepiness in nasal continuous positive airway pressure-treated obstructive sleep apnea/hypopnea syndrome. *Sleep*. 2005;28:464-471.

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