



The Wisconsin Psychiatrist

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QUARTERLY PUBLICATION OF THE WISCONSIN PSYCHIATRIC ASSOCIATION: NORTHERN, SOUTHERN AND MILWAUKEE CHAPTERS

FROM THE PRESIDENT Emotional Rescue

Kenneth Casimir, MD, WPA President

On the day after our WPA Fall Meeting, which was held on 10/01/2010 at the home of the World Champion Green Bay Packers, the WPA Executive Council held our semiannual Strategic Planning Retreat. During this day-long brainstorming session, one of the priorities which emerged was the importance of suicide prevention. In case there was any doubt of the importance of this issue, please allow me to illustrate its immediate relevance, and to urge you to renew your commitment to suicide prevention.

This morning, I attended the first meeting of a multidisciplinary task force charged with investigating a recent cluster of suicides in my home community of Kaukauna. On 5/09/2010, an adolescent committed suicide, and since then, four high school students, two recent graduates (ages 21 and 22) and two staff members within the school district have committed suicide. The most recent completed suicide was in January, 2011. Needless to say, this series of tragedies has traumatized Kaukauna, and sent shock waves throughout the Fox River Valley and Northeastern Wisconsin.

In an effort to understand this phenomenon, and to prevent additional suicides, community leaders along with the Kaukauna school district have brought together

a multidisciplinary group known as Connected Community. This group includes, but is not restricted to: school administrators, counselors, teachers, law enforcement, clergy, mental health professionals, representatives from the broader medical community, NAMI Fox Valley, county human services, crisis services, helplines, and survivor groups. I commend all participants in the Connected Community group for their efforts, and I pledge my ongoing support and participation.

At least as important as responding to a cluster of suicides such as the one in Kaukauna (essentially providing secondary and tertiary prevention) is the need for primary prevention, or seeking to prevent the occurrence of suicide in your community, and in your patients. As you know, the prevention of a rare catastrophic phenomenon is inherently difficult, but it is not impossible. I urge you to make the issue of suicide prevention a priority in your practice, and to raise awareness of its importance among your colleagues. The APA Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors is available at www.psych.org under the heading Psychiatric Practice, by clicking on "Practice Guidelines" in the drop down menu. APA membership is not required.

A sobering statistic illustrates the importance of primary care practitioners in our efforts toward suicide prevention: 70% of suicide completers had seen a physician (primary care or otherwise) during the week before their suicide. Please urge your/our colleagues in the primary care and specialty medical communities to think about suicide risk in their patients. The American Academy of Family Practice has identified this area as a priority, and there are evidence-based resources available at www.AAFP.org.

Another important resource in our suicide prevention efforts is that of patient advocacy and support groups. Most NAMI chapters support SOS (Survivors of Suicide) groups, as well as support groups for depression, bipolar disorder, and schizophrenia (which, lest we forget, is a significant risk factor for suicide). Given the limitations imposed by poor access to care, insurance coverage/managed care, and stigma, referral to NAMI or other local support groups can be a life saving intervention.

In summary, please join us in WPA as we actively confront the scourge of suicide in our great state of Wisconsin. Although medication and psychotherapy are often important components in a comprehensive treatment plan, they are in no way sufficient. The most effective tool in battling suicide is prevention,

Continued on page 2

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Consideration will be given to the guidelines and principles of the American Psychiatric Association. Appropriate events may be listed under Calendar of Events free of charge.

Continued from page 1

and the most important element in this struggle remains your index of suspicion. Educated with regard to risk factors, let us not shrink from our role as lifeguards

on the shores of this ocean of despair...

Kenneth C. Casimir, MD

Executive Director's Message

Sara Finger, WPA Executive Director



Hello and a Happy Wisconsin Winter to Everyone!

I hope you've all stayed safe and warm this season and are looking forward to a Wisconsin Spring that

hints of being just around the corner.

I wanted to make sure to share with you all that last fall, your WPA leadership worked with Sarah Beversdorf of Badger Bay Management Services, to begin the strategic planning process with an environmental scan and a retreat. The environmental scan was conducted using a review of progress made on the previous strategic plan, a member survey many of you might have participated in, along with a survey of the Executive Council. Results of the scan noted a number of items (albeit few 'themes') including: strong WPA conferences and advocacy; low member engagement; health care reform; psychologists' interest in prescriptive authority; technology and social media.

On October 2, 2010, 13 WPA Executive Council members and invited others met to develop a preliminary strategic plan. As a result of that and subsequent meetings, a mission and vision were identified, and potential focus areas were outlined.

Mission: The WPA is the professional association of psychiatrists in Wisconsin, advancing mental health care through leadership in education, service, and advocacy.

Vision: Accessible, high quality mental health care for the people of Wisconsin.

Focus areas: Workforce development; advocacy; organizational development.

The details of the plan are being reviewed by the Executive Council and are expected to be finalized this spring. Following final approval, the Executive Council will monitor progress regarding the strategic plan.

With this new year, new legislature, new budget session and a new strategic plan – we gave a new opportunity to engage and empower WPA members like never before. In my work with health care professional associations, I've found that it can be challenging to engage physicians in health care advocacy, especially during legislative and economic "good times." Here we now find ourselves in a legislatively and economically tough situation to say the least and it's an important time for WPA members to recommit themselves to their profession, their professional association, and to its important work advancing mental health in Wisconsin.

As I continue to get to know you and the environments in which you work, I am more and more excited for this opportunity to work with you all to ensure WPA meets its new found mission and vision!

Sara

Register Now for Riveting Spring Meeting!

Claudia Reardon, MD, Annual Meeting Chair

Registration is now open for the 2011 WPA Annual Meeting! Go to www.thewpa.org to add your name to the ever-growing list of attendees who have already locked in their spaces. The theme of the Annual Meeting, which will occur on Friday-Saturday, March 11-12, 2011, is "Integrative Medicine in Psychiatry: What Your Patients are Doing but Not Telling You." The venue will be the very popular Kalahari Resort in Wisconsin Dells, a family-friendly option for those of you who will have the whole gang in tow.

Why should you attend this meeting? Oh, let me count the ways....

1. This will be a high-yield opportunity to learn all about the integrative treatments that at least half of your psychiatric patients are already using (whether you know it or not). What should you say to your patient who asks about vitamin D or fish oil to augment her antidepressant regimen? How about SAM-e or St. John's Wort? How would you describe mindfulness, and how it might benefit depression and anxiety, to your patient who asks those questions of you? If you're prescribing a simple regimen of 20 mg of fluoxetine, how can you discuss this or any medication recommendation with your patient in a way that optimizes the chances that it will "work"? And what about your patient who would like to engage in psychotherapy, but logistical barriers preclude that possibility—are there online therapy resources that he could use?

2. We're bringing in a full cast of nationally and internationally recognized experts in the field of integrative medicine. These practitioners have studied the evidence for integrative treatments, and will share with us the lowdown on whether or not these treatments work. You'll hear from the Editor of the leading textbook on integrative medicine (David Rakel, MD), the Chair of the APA Task Force on Complementary and Alternative Medicine in Psychiatry (Marlene Freeman, MD), a celebrated author who trained under Jon Kabat-Zinn (Henry Emmons, MD), and many other talented speakers, scientists, and practitioners.

3. See old buddies and meet new psychiatric colleagues from across the state. Opportunities for casual conversation and networking will abound. Enjoy the Friday luncheon and Friday evening reception as you relax with old and new friends. As always, students, residents, fellows, and early career psychiatrists can take advantage of a free networking dinner on Saturday evening.

4. Escape the grind of your usual routine. Allow yourself to enjoy the comforts of a brief weekend getaway. Let others cook for you, make your bed for you, and otherwise pamper you during your brief hiatus to the Dells.

Register now and reserve your discounted hotel room at www.thewpa.org for what promises to be a practice-changing, relaxing, and inspiring weekend. Hope to see you in March!

Luther Midelfort

Mayo Health System

Eau Claire, Wisconsin: Luther Midelfort – Mayo Health System, seeks two **BC/BE Adult Psychiatrists**. One position requires interest in Addictions and includes Medical Directorship of outpatient addictions program and general adult psychiatry. The ideal physicians will be collaborative and engaging in their approach to patients and non-physician team members. Upon completion of recruitment, call will be 1:7. Outpatient unit is attached to a newly renovated 20 bed inpatient unit. Luther Midelfort - Mayo Health System is a vertically integrated, physician directed hospital and multi-specialty clinic of 250 physicians owned by Mayo Clinic. Eau Claire is a university community with a metro area of 95,000, located 90 minutes east of Minneapolis. Outstanding schools, a family oriented community, a state with a favorable malpractice climate, and a strong compensation and benefits package may be expected. For more information, contact Cyndi Edwards 800-573-2580, fax 715-838-6192, or e-mail edwards.cyndi@mayo.edu. You may also visit our website at www.luthermidelfort.org EOE

LEGISLATIVE UPDATE

Eric Jensen, WPA Legislative Counsel

Valentine's Day having arrived, Wisconsin's new Governor, Scott Walker, and Legislature are now formally sworn into office, and off and running on the 2011-12 Legislative Session.

Pledging during the campaigns to make Wisconsin more "business friendly" and to create jobs, Governor Walker immediately followed through on one campaign promise: calling a Special Session of the Legislature to address a number of measures proponents say will address those broader campaign pledges made by Republican candidates across the board. From making it more difficult for the Legislature to raise taxes, to revamping Wisconsin's administrative rule-making process, to remaking Wisconsin's Department of Commerce, to reforming civil liability

rules, Governor Walker's Special Session agenda has moved quickly through the process, virtually dominating all of the new Legislature's time and attention.

Of particular note is 2011 Wisconsin Act 2 (the first Special Session Bill). While Act 2 contains provisions affecting civil liability and recovery in a variety of ways, a couple of provisions directly impact medical liability. First, Act 2 contains provisions granting greater protection to physician and hospital peer review records, including disallowing their use in actions against physicians. Critical to improving patient care and safety, these provisions should aid in gaining greater and better participation in peer review activities among health care providers. In addition, Act 2 provides greater specificity with respect to the

admissibility of expert witness testimony, as well as the facts and data used by an expert in forming her/his opinion.

Beyond these Special Session bills, all eyes are focused on the 2011-13 Biennial Budget. Every two years, Wisconsin passes a budget that spends approximately \$60 billion over the biennium and becomes effective on July 1st of the odd year. Facing a nearly \$3.5 billion deficit heading into this biennium, Republicans have pledged to balance the budget without raising taxes. Accounting for nearly \$2 billion of the overall deficit, Medicaid and associated programs figure to be in the crosshairs of the inevitable cuts. Both the Governor's Office and Legislative Republicans have indicated their strong desire to avoid cutting health provider reimbursements, but both have also recently conceded that the situation dictates that "everything is on the table," so no one should be surprised if reimbursement cuts are proposed.

Governor Walker will deliver his Budget Address to a joint session of the Legislature on Tuesday, February 22nd. In his address, the Governor will outline major initiatives and cuts as he hands his budget proposal to the Legislature. Following a couple weeks of study, breakdown and analysis of the Governor's Budget by legislative service agencies, the Joint Finance Committee (JFC – a committee made up of 8 Representatives and 8 Senators) will begin its process of public hearings and deliberations in March – usually lasting several weeks. After debating, denying and adopting motions to change, strike or add to the Governor's proposal, the JFC version of the budget will be handed over to the full Assembly and Senate sometime in late April or early



Part Time Child Psychiatrist Opportunities

HP Enterprise Services in Madison is currently seeking 2 part time Child Psychiatrists. HP is directly involved in the lives of over 50,000 medical providers and 1,000,000 Wisconsin residents. The account has served as the fiscal agent for the Wisconsin Department of Health Services handling all day-to-day activity for Medicaid, BadgerCare, SeniorCare, Wisconsin Well Woman Program and the Wisconsin Chronic Disease Program.

We are seeking Child Psychiatrists that are available to work approximately 20 hours per week. Responsibilities include adjudicating Prior Authorization requests related to antipsychotic drugs prescribed to children, working closely with HP and State of Wisconsin staff from the Division of Health, Care Access and Accountability (DHCAA) to create and revise clinical criteria utilized in determining adjudication decisions.

Please visit our website at www.hp.com/go/jobs and apply to job number 435708.

HP is proud to be an Affirmative Action/Equal Opportunity Employer committed to hiring a diverse and inclusive workforce.

Continued on page 5

Continued from page 4

May. Typically, each house will modify the JFC budget proposal – but ultimately, the houses must each pass the exact same document and send it back to the Governor. The final step in this months-long process is for the Governor to review the Legislature’s final product and make vetoes he feels appropriate. The Wisconsin Constitution requires the budget to be both balanced and signed into law no later than July 1 of the odd-numbered year (though in some recent past sessions the budget debate has dragged as late as October).

Until completion of the Budget, little other legislation will receive full attention, and with the Legislature scheduled to not be in Session in July, the bulk of non-budget legislation to come will not be taken up until late summer.

Save the Date!

Wisconsin Psychiatric Association 2011 Career Development Day

October 22, 2011

Marriott Milwaukee West
W231 N1600 Corporate Court • Waukesha, WI

Anticipated topics to be covered include:

- The new ABPN Maintenance of Certification rules
- The future of Maintenance of Licensure: a view from the Medical Licensing Board
- An introduction to Quality Improvement
- Performance Improvement projects in Psychiatric practice

Lodging:

Rooms are available at a special group rate of \$89 single/double occupancy. Reservation can be made by calling the Marriott at 877-651-7666 and requesting the Career Development Group Block. To guarantee this rate and to ensure a room will be available, reservations must be made by Monday, October 10, 2011.

The Nomination Committee, composed of the Immediate Past President and the three Chapter Presidents, proposes the following slate of officers for the WPA, Councilors to the Executive Council, and APA Assembly Representatives:

President-Elect

Jerry Halverson, MD

Secretary

Harold Harsch, MD

Treasurer

Molli Rolli, MD

Councilors at Large

Art Walaszek, MD

John Schneider, MD

Ken Robbins, MD

John Schneider, MD

Edward Krall, MD

Justin Knapp, MD

Tom Heinrich, MD

Ken Robbins, MD

APA Assembly Representative

Clarence Chou, MD

Deputy APA Assembly Representative

Claudia Reardon, MD

Clinical Corner

The Three Musketeers: Lurasidone (Latuda), Iloperidone (Fanapt) and Asenapine (Saphris)

Harold H Harsch, MD

It has been a few years since we had a new antipsychotic approved by the FDA that is not a compound related to a marketed drug. The last such antipsychotic was aripiprazole approved in November 2002. Now in less than a year we have three new unique atypical antipsychotics on the market. One could ask why? Also why would we want to use these agents over the older atypical antipsychotics that will go off patent and be much less expensive in generic versions? Why have the companies invested large amounts of money to bring these new agents to market?

A background to possible answers starts with the CATIE study sponsored by the National Institute of Mental Health. The results of this study were unexpected and eye-opening for everyone treating psychotic disorders. Within 18 months, out of 1460 subjects, 74% of patients switched antipsychotics for reasons including the patient's wishes, physician's decision (lack of efficacy) or intolerability. The one typical antipsychotic (perphenazine) did as well as the atypicals in the study in a number of efficacy measures. Olanzapine (Zyprexa) separated as an agent that patients continued for the longest period before a switch despite having the highest rate of weight gain. This one large study clearly pointed out to mental health professionals that better antipsychotic agents were needed.

To quote one Wisconsin psychiatrist who does a significant amount of clinical work with schizophrenia—Ronald Diamond MD—“weight gain is the new tardive dyskinesia.” We now have recommendations to monitor weight, lipids and blood sugar on patients taking antipsychotics. The FDA has mandated warnings in the package insert of every atypical antipsychotic about possible hyperglycemia, weight gain, and QTc prolongation.

So what is interesting about these three new atypical antipsychotics? Let me disclose any conflict of interest—I have received research funds, consultation fees, and speaker fees from every pharmaceutical company that produces atypical antipsychotics including the companies marketing these new agents. I have considerable clinical and research experience with asenapine where I was part of one phase II study in schizophrenia 10 years ago. At this point I have not clinically used the other two agents. To compare the three I will use information published in the FDA approved package inserts.

Asenapine is approved for both schizophrenia and bipolar mania. This is a Dutch drug that needs to be absorbed in the

mouth as the liver will degrade almost the entire dose at first pass if swallowed in pill form. “Cheeking” will lead to higher absorption rates.

The neurochemical profile is typical D2/5HT2 blockade; it also blocks serotonin receptors 5HT6 and 5HT7 very potently—this may possibly relate to an anti-depressive effect and cognitive improvement. Mild sedation is the most common side effect – it has some antihistaminic properties.

Weight gain—0.9 kg in one year

Blood glucose—2.4 mg/dl in one year

Lipids—slight improvement in one year

QTc—increase 2 to 5 msec at 40 mg a day

Akathisia—6% pooled dose studies

Starting dose is therapeutic at 5 mg BID

One interesting published study referenced below showed a

Continued on page 7

Marshfield Clinic is one of the largest physician-directed private group practices in the United States with more than 775+ physicians in 50+ locations in Wisconsin.

At the Marshfield Campus individuals fellowship trained or with expertise in neuropsychiatry, consultative psychiatry or inpatient are strongly preferred. Our regional centers in Minocqua and Eau Claire are seeking additional psychiatrists to join established outpatient behavioral Health Services, both are a combination of Adult and Child/Adolescent services.

As one of the most respected and recognized names in healthcare delivery, Marshfield Clinic combines world-class services with a solid commitment to quality of life. In addition, teaching, and on-site CME offerings, Marshfield Clinic offers strong opportunities for clinicians to engage in research.

Please visit our website at: www.marshfieldclinic.org and check out our Facebook webpage at: www.facebook.com/marshfieldclinicphysrec.

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Continued from page 6

comparison arm with risperidone. Asenapine was clearly much more effective in negative symptom improvement as rated on the PANSS. One of the only studies that shows one atypical antipsychotic superior to another.

Iloperidone is approved for schizophrenia. Neurochemical profile is typical D2/5HT2 blockade. Also has been studied for over a decade and also has a potent affinity for alpha 2 adrenergic receptors—perhaps an antidepressant property (mirtazapine like).

Weight gain—2.1 kg in one year

Blood glucose—same as placebo in short term studies

Lipids—slight improvement

QTc—increased 9 msec at 24 mg a day

Akathisia—same as placebo –2.3 %

Odd side effect of priapism in a few patients in their pre-marketing studies

Starting dose needs to be titrated due to orthostatic hypotension concerns to 6 to 12 mg BID

Lurasidone is approved for schizophrenia. Neurochemical profile is typical D2/5HT2 blockade. A Japanese compound derived from a short acting antipsychotic agent used in Japan. Neurochemical profile includes potent inhibition of 5HT7 thought to be associated with depression. Also moderate blocker of alpha 2 adrenergic receptors. Also mildly sedating but has no antihistaminic properties.

Weight—0.71 kg weight loss at one year

Blood glucose—1.2 mg/dl at one year

Lipids—slight improvement

QTc—2 msec? at dose of 600mg

Akathisia—11 to 15 % depending on dose

Starting dose is therapeutic dose (40 mg)—studied to 120 mg a day—80 mg a day is FDA maximum

Recommended to be taken once a day with at least a 350 calorie meal.

So now we have three novel agents for schizophrenia that are different. They stand out as drugs that might not have the “metabolic issues” of the atypical antipsychotics that are now commonly used with the possible exception of ziprasidone and aripiprazole. They have some unique receptor properties that may or may not translate into efficacy advantages. Time will give us clinical experience with these agents and unforeseeable problems perhaps will be noticed in the future.

If the data here stands up to wide clinical use with good clinical response, I see the atypical antipsychotics with significant metabolic issues disappearing from use much as the typical antipsychotics have over the last decade. These may become the preferred antipsychotic drugs in the future.

Reference: Potkin SG, Cohen M, et al: J Clin Psychiatry, 68: pg 1492-500, Oct 2007

Wisconsin Sleep: An Introduction

*Frederick Langheim MD/PhD
Psychiatry Resident, UW Health*

Millions of people complain of sleep problems, from insomnia to excessive daytime sleepiness, from chronic fatigue to irritability associated with unsatisfactory sleep. Furthermore, sleep disturbances play a significant role in mental health and illness. As a result, a large segment of the population is treated routinely with drugs aimed at improving sleep or at maintaining wakefulness. Such

treatments are hampered by our ignorance concerning the functions of sleep and the mechanisms by which sleep problems contribute to morbidity and mortality. To address this knowledge gap, the University of Wisconsin established the Center for Sleep Medicine and Sleep Research in 2008, making it one of the first independent academic sleep centers in the US, rather than a division of an existing department. The Center, located next to the UW's outpatient psychiatric clinic on Research Park Blvd. in Madison, consists of a 19-bed clinical and research sleep laboratory and adjacent clinic. State-of-the-art features include electromagnetic

shielding and the capability of recording up to 256 channels of EEG (high density or hdEEG) for the entire night in every room, making the Center the world's largest hdEEG recording facility of any kind.

The Sleep Center includes a multi-disciplinary clinical program, with over 4500 clinic visits and over 3000 sleep laboratory studies per year. To facilitate translational research, a key feature of the clinical program is that all patients fill out a series of standardized and validated questionnaires that include ratings and screening instruments for insomnia, sleep apnea, narcolepsy, parasomnias, circadian rhythms,

Continued on page 8

Continued from page 7

anxiety, depression, quality of life, and health information. All patients are also asked to sign an IRB-approved consent form if they are willing to be included in a research contact database and/or if they would allow their de-identified data to be used for research purposes.

The University of Wisconsin has a long history of excellence in sleep research and clinical sleep medicine, with faculty across multiple departments and schools internationally-recognized for their expertise in epidemiology, neurophysiology, molecular biology, genetics, and sleep disorders, as well as their leadership roles in sleep research and sleep medicine. There are at least 20 faculty involved in sleep research and/or clinical sleep medicine across the departments of Comparative Biosciences, Medicine, Neurology, Nursing, Orthopedics and Rehabilitation Medicine, Pediatrics, Pharmacy, Population Health, and Psychiatry. Some highlights of the history of sleep research at UW are detailed below.

In 1987, Professor Terry Young, with the help of basic, clinical, and biostatistical researchers on campus, constructed the landmark Wisconsin Sleep Cohort Study (WSCS). Based on a dedicated population of over 1,500 state employees, the WSCS is now in its 20th year of continuous NIH funding, collecting longitudinal data (including overnight polysomnography) every 4 years. This study first reported the high prevalence of sleep apnea in both men and women (shockingly, as sleep apnea was thought to be a rare disease of men, and almost nonexistent in women). Published in the NEJM, these findings have been cited over 2000 times and were responsible for spurring research and clinical efforts worldwide. Data from the sleep cohort have resulted in over 100 reports in peer reviewed journals including JAMA, Ann Int Med, NEJM, Arch

Intern Med, Am J Respir Crit Care Med, Sleep, Brain, and Lancet. Prospective analyses using the longitudinal data show a role for sleep apnea in incident hypertension, incident stroke, and incident depression.

Professor Ruth Benca moved to UW in 1993 to pursue a dual clinical and research career. She has established a number of animal models relevant for studying sleep in mood disorders, including migratory birds as a model for sleep changes in mood disorders (published in PLoS Biology) and is considered an expert on sleep abnormalities in psychiatric disorders. She has held a variety of national leadership positions in sleep research and sleep medicine, including serving on the Board of Directors of the American Academy of Sleep Medicine (AASM), as President of the Sleep Research Society (SRS), and as President of the Associated Professional Sleep Societies (APSS). She was recently elected to the steering committee of the emerging CTSA Sleep Research Network and is co-investigator in a multi-site project to develop data-sharing software for clinical sleep research studies. She serves as Director of the Center for Sleep Medicine and Sleep Research as well as the medical director for the clinical sleep center at the University of Wisconsin.

In 2001, Professors Chiara Cirelli and Giulio Tononi were recruited to UW and brought a diverse and complementary set of techniques including sleep genomics and proteomics, large-scale computer models of sleep and wakefulness, the first setup for all-night hdEEG recordings of sleep, and the first apparatus for performing simultaneous transcranial magnetic stimulation (TMS) and hdEEG. Together, Drs. Tononi, Cirelli and Benca were successful in securing over \$10 million in DARPA funding to study techniques to prevent sleep deprivation. Drs. Tononi and Cirelli have identified

molecular markers of the states of sleep and waking (published in Neuron) and have dissected sleep genetically in *Drosophila* (published in Science and Nature). Their findings have implications for the functions of sleep as well as for understanding the adverse consequences of sleep deprivation on cognition, emotion, and health. Drs. Tononi and Cirelli have developed a hypothesis about the functions of sleep—the synaptic homeostasis hypothesis—that forms the basis of a Conte Center grant in collaboration with Dr. Benca and Dr. Marcus Raichle from Washington University. According to the hypothesis, plastic processes during wakefulness result in a net increase in synaptic strength in many brain circuits; during sleep, synaptic strength is globally downscaled to a baseline level that is energetically sustainable and beneficial for memory and performance. Sleep is thus the price we pay for plasticity, and one important function is the homeostatic regulation of the total synaptic weight impinging on neurons. In 2005, Dr. Tononi received an NIH Pioneer Award in recognition of his work on the investigation of sleep mechanism and function; he is the only sleep researcher and one of only two psychiatrists to receive this award.

As a result of these resources in expertise and technology, the UW Sleep Center is poised not only to answer some of the most fundamental questions regarding how sleep benefits the brain and the body but also to improve the diagnosis and treatment of the full range of sleep disorders.

For more information, visit: <http://www.wisconsinsleep.org/index.html>

Medical College of Wisconsin Psychiatry Residency Program

Kristi Estabrook, MD, WPA MCW Resident (MIT) Representative

This past year was a time of change for our residency program at the Medical College of Wisconsin. Dr. Laura Roberts, who led our department with passion and vision for the last seven years, left MCW this fall to take the position of department chair at Stanford Department of Psychiatry. Before she left, though, she was able to achieve one of her main goals, which was expanding our fellowship offerings to include a full range of opportunities. We are excited that next year we will be opening the first psychosomatic fellowship in Wisconsin to add to our geriatric, addiction, forensic, and child and adolescent fellowship programs. Six of our own residents plan to take advantage of these fellowship opportunities starting in July. While Dr. Roberts will be greatly missed, our former program director, Dr. Jon Lehrmann took over as Interim Chair and plans to continue to strengthen our department and provide a challenging yet family-like atmosphere for our residency program.

Our curriculum has also undergone changes in the last year. Dr. Mara Pheister, who is now in her second year as residency training director, made revamping our first and second year didactics one of her top priorities. The new curriculum includes an updated lecture series with an increased focus on case-based learning. Our addiction rotation also was revised this year to include a broader base of inpatient and outpatient experiences.

We also survived a big move involving one of the defining parts of our program, the Center for Psychotherapies. The old location at Columbia Hospital was closed, along with the rest of the hospital, and moved into the Women's Hospital, a part of the Columbia St. Mary's Milwaukee campus. The residents are already enjoying the larger, more modern space in the heart of the city.

One achievement our residency is proud of this year is making the APA 100% club. This is a recognition given to residency programs that have every resident become a member of the APA

in a given year. In celebration of this, several members of the WPA Executive Council came to our weekly resident business meeting and had lunch with the residents. Dr. Jerry Halverson gave a presentation on his own experience in organized medicine as well as updating the group as to the major issues facing psychiatry today. Drs. Joseph Layde, Carlyle Chan, Jon Berlin, Clarence Chou, and Harold Harsch



MCW 100% Club; photo by Joseph Layde, MD

gave their own perspectives on the value of being involved in the APA and WPA. While they highlighted the many benefits to individual membership, the overall theme was focused on the importance of being socially responsible psychiatrists who work to shape the future of our field and protect our patient's best interests through organizations like the APA and WPA. It was a great way to both celebrate our achievement in the 100% club and invigorate us to continue to be involved as residents and early career psychiatrists in the future.

Where They are Headed

*Frederick Langheim MD/PhD
Psychiatry Resident, UW Health*

While fully half of the soon to be graduates of the UW Psychiatry Residency Program remain unsigned at the deadline for submission of this piece, many have their next several years planned out.

Dr. Nitin Bagul is heading to northern California and will be working with a Federally Qualified Health Center. His

decision was influenced by the ability to work with a primary care clinic and patient mix including indigenous, uninsured and homeless populations. His work will mostly consist of consultation psychiatry to primary care, in addition to a wide base of patients with severe mental illness. Dr. Bagul will also be doing some community based psychiatry and office based treatment of opiate and alcohol addictions. Added attractions included 30 minute visits and 90 minute intakes with primary care physicians taking call on his behalf.

Dr. Angela Janis will be joining the Dean Health Care System seeing patients in

an outpatient setting in Janesville, WI. She is very much looking forward to the opening of the new St. Mary's Hospital and outpatient clinic there in January 2011.

Dr. Timothy Cordes will continue in the addiction psychiatry fellowship in Madison and will develop his speaking career, sharing the lessons he has learned while becoming a blind physician.

Dr. Ritu Bhatnagar will be joining the Madison-based Addictions Fellowship in 2012.

**INPATIENT AND OUTPATIENT ADULT PSYCHIATRISTS NEEDED
IN WAUSAU, WISCONSIN**

Aspirus Behavioral Medicine Clinic

Seeking BC/BE outpatient Psychiatrists to join their team of psychiatrists and psychologists. 1:8 weekend call required.

Bridge Community Health Care

Seeking BC/BE outpatient Psychiatrist to help build a new program due to community need.

National Health Service Corp Scholar &

Loan Repayers welcome. 1:8 weekend call required.

North Central Health Care

Seeking 1 BC/BE inpatient and 1 BC/BE outpatient Psychiatrist to join their team of physicians. 1:8 weekend call required.

You'll enjoy a large referral area with a sizeable population outside of the city limits including 20 counties. Compensation and benefit packages are highly competitive.

Located in North Central Wisconsin, the area is surrounded by lakes, forests and hills which provide year-round outdoor recreation. The Wausau area enjoys the perfect combination of big-city amenities with small-town hospitality.

We invite you to join a first-rate medical community and a family-friendly quality of life. Please forward your CV to Jamie Sitko.

Phone: 800-792-8728

Email: Jamie.Sitko@aspirus.org

www.aspirus.org

News from the APA

APA Provides Information on Psychiatric Advanced Directives

Psychiatrists can play an important role in helping patients formulate advance directives for their future care should they become mentally incapacitated. The American Psychiatric Association website has a resource document available to help members better understand the uses and benefits of psychiatric advance directives (PADs) and thus be better prepared to assist the growing number of patients interested in PADs.

A number of studies highlighted in the resource document show the beneficial consequences of psychiatrists working on psychiatric advance directives with patients while they are stable. The findings show it can lead to enhanced communication between psychiatrist and patient, and a feeling of empowerment for the patient, which can lead to more interest and engagement in their treatment plan. For some patients who relapse and have to be hospitalized, PADs may reduce emotional trauma and give them more of a feeling of control.

Find the 2009 Resource Document titled Psychiatric Advanced Directives in the APA's online library with other resources developed by APA components.

Motivational Interviewing Among Courses at APA Annual Meeting



Motivation and Change: The Theory and Practice of Motivational Interviewing is the topic of a Course at the 2011 APA Annual Meeting in Honolulu. The Motivational Interviewing course, offered Saturday, May 14, from 7 a.m. to 11 a.m., will focus on the fundamentals of motivational interviewing as a supportive yet directive approach to addiction treatment, helping patients move through stages of change, and applying motivational interviewing approaches in clinical and non-clinical settings. The course is directed by Petros Levounis, M.D., and Bachaar Arnaout, M.D. Visit psych.org for more information on the Annual Meeting. Open the Course Brochure.

APA Supports Special Interest Caucuses

The American Psychiatric Association has a number of special interest caucuses to provide mutual support and growth opportunities for psychiatrists. Caucuses bring together psychiatrists from minority and underrepresented groups as well as groups with a specific focus in their practice. For more information see the APA Caucus on Complementary,

Alternative & Integrative Medicine, the Caucus on College Mental Health (contact gerald.kay@wright.edu), and Minority and Underrepresented Caucuses.

APA Remembers Tana Grady-Weliky, M.D.



American Psychiatric Association President Carol Bernstein, M.D., plans to dedicate the upcoming 2011 Annual meeting in Hawaii to Tana Grady-Weliky, M.D., who died Jan. 17 after a battle with cancer. Dr. Grady-Weliky was chair of the 2011 Annual Meeting Scientific Program Committee. "Tana was a wonderful person and one of my dearest friends," said APA President Carol Bernstein, who appointed Dr. Grady-Weliky to the

program committee. "Her passing is a devastating personal loss and a loss to the medical community, to which she contributed so much."

Mental Health Works Addresses Depression in the Workplace

The latest edition of Mental Health Works is dedicated to the issue of depression in the workplace. Mental Health Works is a free quarterly publication focused on mental health in the workplace developed by the American Psychiatric Foundation's Partnership for Workplace Mental Health.

Topics covered in the current issue include:

- Positive Approach Keeps People Working
- What Are You Doing About Workforce Depression?
- New Guidelines on the Treatment of Major Depressive Disorder
- Engaging Large Employers Regarding Evidence-Based Behavioral Health Treatment

To subscribe to Mental Health Works, send an e-mail to mhw@psych.org. In the body of the e-mail, please include your mailing address and phone number. To learn more about our employer outreach program, including educational materials and information on the business case for quality mental health, visit the Partnership for Workplace Mental Health.

Save the Date!

Wisconsin Psychiatric Association 2012 Annual Conference

Make plans now to join the
Wisconsin Psychiatric Association
for the 2012 Annual Meeting
scheduled for March 8-9, 2012
at the Marriott Milwaukee West,
Waukesha, WI.

Reserve Your Room Today!

Rooms are available
at a special group rate of
\$95 single/double occupancy.
Reservation can be made by calling
the Marriott at 877-651-7666
and requesting the
WI Psychiatric Association
Room Block.

UPCOMING EVENTS

March 10–12, 2011

WPA 2011 Annual Meeting
Kalahari Resort, Wisconsin Dells

March 18–19, 2011

Spring 2011 Psychiatric Update
**Exceptionally Encyclopedic Elucidations by
Esteemed Erudite Educators**
UW School of Medicine and Public Health and
Madison Institute of Medicine, Inc.
Monona Terrace Community and Convention
Center, Madison, WI

March 21–22, 2011

AMA National Advocacy Conference
Washington, DC

April 8–9, 2011

Wisconsin Medical Society Annual Meeting
Madison, WI

May 14–18, 2011

American Psychiatric Association Annual Meeting
Honolulu, HI

November 11-12, 2011

Fall 2011 Psychiatric Update
UW School of Medicine and Public Health and
Madison Institute of Medicine, Inc.

March 16-17, 2012

Spring 2012 Psychiatric Update
UW School of Medicine and Public Health and
Madison Institute of Medicine, Inc.

Thank you to our 2011 Annual Meeting Exhibitors!

American Professional Agency, Inc
Aspirus Clinics, Inc.
Gundersen Lutheran
Janssen
Marshfield Clinic
Merck
Ministry Health Care
Neuronetics, Inc.
Pfizer, Inc.
US Army Department of Medicine