



The Wisconsin Psychiatrist

Spring
2012
Vol. 53 No. 1

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

Psychiatric Aspects of Bariatric Surgery

Angela Janis, MD

Rates of obesity are skyrocketing, and more patients are opting for surgical interventions. As more and more psychiatric patients undergo surgery to help manage obesity, it is important to understand the psychiatric concerns related to bariatric surgery.

Obesity itself has psychological implications, and those that are morbidly obese are at higher risk of depression, anxiety, personality disorders, alcohol abuse, low self-esteem, and lower overall quality of life. Patients seeking bariatric surgery have much higher rates of psychiatric illness than the general public. Between 20-40% of patients have active axis I disorders, and up to 2/3 have had a history of psychiatric illness. Additionally, 20-30% presenting for surgical assessment have axis II disorders.

The vast majority of bariatric programs currently include a psychological evaluation as part of screening and preparation in advance of surgery. However, there are no uniform guidelines about screening, and instruments and assessments vary widely. Exclusion criteria are also not standardized, though the most common reasons cited include current drug use, active psychotic symptoms, under-treated depression, severe mental retardation, lack of knowledge about the procedure, and concern for ability to reliably adhere to treatment. In one study, approximately 15% of those seeking bariatric surgery were denied or delayed access due to psychological reasons.

Despite the wide use of psychological assessment, there is little evidence to clarify which psychological factors actually predict poor weight loss. No large prospective studies have been done, and current evidence is conflicting. While no particular psychiatric diagnosis has been associated with poor outcomes, several studies have found that multiple axis I disorders can increase risk of failure of surgery to achieve desired outcomes. Severity of symptoms may be more predictive than the specific symptoms themselves.

Following surgery, most patients have improvement of various psychiatric issues, with multiple studies showing a decrease in anxiety and depressive symptoms, an increase in self-acceptance, and increased rates of employment and cohabitation. However, a small subset of patients do not appear to benefit psychologically, as illustrated by a higher rate of suicide in post bariatric surgery patients compared to obese controls.

Various types of bariatric procedures are available including purely restrictive (gastric band), restrictive with limited digestive capacity (sleeve gastrectomy), purely malabsorptive (biliopancreatic diversions and jejunioileal bypass), and a combination of restrictive and malabsorptive (Roux-en-Y gastric bypass). Of these, the Roux-en-Y is by far the most common procedure.

There is a paucity of literature related to drug absorption after obesity surgery, and most evidence about specific medications is from individual case reports. Current prescribing considerations are largely based on predicted impact. Medications with extended release formulations or enteric coatings are hypothesized to be most likely to exhibit decreased absorption. However, the overall effect appears to be highly drug specific and impacted by other drug characteristics including lipophilicity, need for acidic gastric environment for activation or absorption, and reliance on intestinal transporters in the duodenum.

Many studies have shown that patients require a reduction in medications such as antihypertensives, diabetes medications, and cardiac drugs following surgery and weight loss. Less is known about psychiatric drugs after surgery. A retrospective study of patients on antidepressant following surgery showed that 23% had an increase in dose, 40% stayed on stable dose, 18% had a change in antidepressant, and only 16% had a decrease in or discontinuation of their antidepressant.

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Recently, a study on sertraline absorption was performed on patients following Roux-en-Y procedure and weight matched controls. After receiving a single 100 mg dose, the average serum level in the bariatric patients was less than half of the controls.

Several case reports have also shown that some patients required much higher doses of thyroid replacement to maintain a euthyroid state, and bariatric surgery patients are at risk to develop vitamin deficiencies including iron, B12, and folate, all of which may also have psychiatric sequelae.

There is little guidance available to direct psychiatric prescribing. The use of extended release medications should be avoided, if possible. For instance, immediate release forms of bupropion or venlafaxine should be substituted for longer acting formulations. Delayed release medications such as Cymbalta may also be affected, and if used, may require higher doses. In fact, many medications will likely require higher doses to achieve similar absorption, and will vary based on individual drug characteristic.

Over 200,000 bariatric procedures are performed each year in the United States, and it is one of the fastest growing surgeries. As a larger percentage of patients seeking psychiatric care will have had one of these procedures, it is increasingly important that mental health providers are aware of special concerns in this population.

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Building on our Strategic Plan

Eric Ostermann - WPA Executive Director

This spring marks the first full year since WPA leadership adopted the Association's new strategic plan. There has already been great progress – with several early successes. More than 100 people attended this year's conference, a record attendance in recent years. Early evaluations have been very positive and suggest continued success for future meetings. The conference also highlights the value of partnering with others to advance quality mental health care for people throughout Wisconsin. Our keynote speaker, Dr Shawn Shea, was funded by the Milwaukee area Kubly Foundation. Their shared interest in suicide prevention helped the WPA deliver Dr Shea's important message on the final day of the conference.

We also had a number of partner organizations in attendance at the conference. More than 15 organizations exhibited at this year's event – including both community organizations and health care systems. In addition, several non-psychiatrists registered for the conference. Everyone in attendance shares a common goal to improve health by creating more accessible mental health care throughout Wisconsin. We look forward to building on these partnerships beyond the conference, and continuing our work together to advocate on key issues that build access to high quality mental health care throughout the state.

2012 Annual Meeting Summary

Justin Schoen, MD, 2012 Annual Meeting Chair



The 2012 Wisconsin Psychiatric Association annual meeting has come and gone. Suicide: Science, Assessment, and Prevention proved to be an outstanding event. The InterContinental provided an ideal location to enjoy the conference, as well as downtown Milwaukee, despite the weather. There were approximately 100 attendees,

which resulted in many great networking opportunities.

Those who attended were fortunate to see a wide array of presentations and topics about suicide. The focus on suicide allowed for an in-depth exploration of the topic, starting off with a day filled with presentations on subpopulations, DSM V, liability, neurobiology, and prevention of suicide. Day one was enough to leave participants with more than enough information to enhance their skills and practice. The event was capped off on day two by Dr. Shea doing a dynamic presentation on suicide assessment.

We were fortunate to have additional sponsorship by the Charles E. Kubly foundation and presented them with the Friend of

the WPA award. Seventeen exhibitors were also present and their contributions are appreciated. This proved to be a unique opportunity for all involved to develop and address the crucial topic of suicide. Thank you to everyone who attended and participated in this conference. We look forward to seeing you next year.



Jeffrey A. Lieberman, MD, Elected APA President-elect

News Release from American Psychiatric Association, March 12, 2012

ARLINGTON, Va. (March 12, 2011)—The American Psychiatric Association chose Jeffrey A. Lieberman, M.D., Chair of the Department of Psychiatry at Columbia University College of Physicians and Surgeons and Psychiatrist-in-Chief at New York-Presbyterian Hospital/Columbia University Medical Center, as its next president-elect. Dr. Lieberman, an APA Distinguished Life Fellow, serves as the chair of the APA Council on Research and Quality Care, is on the editorial board of the American Journal of Psychiatry, and is a member of the Board of Directors of the American Psychiatric Foundation.

His term as president-elect of the APA will begin in May at the conclusion of the APA Annual Meeting when President-elect Dilip Jeste, M.D., begins his one-year term as president. Dr. Lieberman will become APA president in May 2013.

As APA president, Dr. Lieberman plans to actively address urgent priorities in the field, including influencing health care legislation and policies on access to mental health care, increasing funding for clinically relevant psychiatric research, and supporting graduate medical training in psychiatry. "There is no health without mental health," says Dr. Lieberman, "unless our ability to provide high quality psychiatry services is adequately supported, both the burden of suffering and the costs of untreated mental illness will continue to rise."

In addition to his positions as department chair and hospital psychiatrist-in-chief, Dr. Lieberman also serves as director of the New York State Psychiatric Institute. In this tripartite role Dr. Lieberman is responsible for the largest psychiatric research program in the country, a diverse and acclaimed psychiatric education program, and one of the top-rated clinical psychiatric services in the nation.

Dr. Lieberman's own research focuses on the neurobiology, pharmacology and treatment of schizophrenia and related psychotic disorders. His work has advanced our understanding of the mechanisms of action and effectiveness of antipsychotic drugs, and has demonstrated the importance of early detection and intervention for psychotic disorders. He served as principal investigator of the Clinical Antipsychotic Trials of Intervention Effectiveness Research Program (CATIE), the largest study ever sponsored by the National Institute of Mental Health. Dr. Lieberman received his medical degree from the George Washington School of Medicine and undertook postgraduate training in psychiatry at St. Vincent's Hospital and Medical Center of New York Medical College.

Other successful APA leadership candidates who will take office at the close of the Annual Meeting include:

David Fassler, MD	Treasurer
Jeffrey Geller, MD	Area 1 Trustee
Judith Kashtan, MD	Area 4 Trustee
Jeffrey Akaka, MD	Area 7 Trustee
Anita Everett, MD	Trustee-at-Large
Molly McVoy, MD	Early Career Psychiatrist (ECP) Trustee-at-Large
Erik Vanderlip, MD	Member-in-Training Trustee-Elect (MITTE)

The American Psychiatric Association is a national medical specialty society whose physician members specialize in diagnosis, treatment, prevention, and research of mental illnesses including substance use disorders. Visit the APA at www.psych.org and www.HealthyMinds.org.

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Editorial Board Corner:

Frederick Langheim, MD

Beginning this issue, the Editorial Board has introduced a new regular feature consolidating recent clinical updates, mental health policy news, and changes in the landscape of psychiatry in Wisconsin. If you find you have announcements you might like included in a future issue (or a suggestion for a better series title) please email Rebecca Lamers: Rebecca@badgerbay.co.

Clinical Psychiatry in the News, In Brief:

Teva pharmaceuticals has been awarded FDA approval and 180 days of exclusivity for generic escitalopram tablets.

Recent FDA warnings about the class of cholesterol fighting drugs known as statins include concern for possible reversible cognitive impairment resulting from these medications. While no mechanism has been proposed (though one could speculate neuronal lipid bilayers for example) there are reports of cognitive slowing, forgetfulness and dementia-like symptoms wholly reversed in 2 to 3 weeks following discontinuation of the medication. Symptoms have been documented as early as day 1 and as late as 1 year after initiation of treatment. This should be in your list of possible causes of new onset cognitive impairment, as a short term discontinuation trial should not have long term consequences when coordinated with the prescriber of the statin.

ADHD: a recent opinion paper by psychologist L. Alen Sroufe, appearing in the New York Times on 1/28/2012 suggests that the benefits of stimulants in the treatment of attention deficit are short lived and do not warrant the high diagnosis and prescribing rate for this diagnosis. The paper underscores the controversy of the diagnosis and treatment, suggesting that benefits rarely last beyond 8 weeks, and only withdrawal symptoms are ameliorated following attempts to taper off of the medication. Look to a future issue of the Newsletter for a full story regarding the overlap of mood disorders, substance use and complaints of attention deficit.

ADHD redux: A cohort study of over 900,000 Canadian children found that the youngest children in their classes were over 30% more likely to be diagnosed with ADHD than those

born nearly a year earlier. Lead author of the paper published in CMAJ, Richard L. Morrow, expresses concern that immaturity may be misdiagnosed as a mental health issue as a result, going so far as to suggest that we are medicalizing a subset of a normal developmental range of behavior.

Antipsychotic use and Mortality in Residents of Nursing Homes: According to a widely publicized article in the British Medical Journal, a population based cohort study of over 75,000 individuals found that over a 180 day period, risk of all cause and cause specific mortality was higher among those given Haldol, and lower among those given Seroquel when compared to those given risperidone, and that these differences trended toward increased risk with increased dose. This study, which authors K F Huybrech et al. acknowledged could not evaluate causality, suggests that if an antipsychotic is indicated in a geriatric patient, quetiapine may be a safer choice.

Hypnotic Prescriptions and Increased Risk of Death: in another BMJ article matching 10,529 patients prescribed hypnotics, to 23,676 controls, D F Kripke et al., concluded: "Receiving hypnotic prescriptions was associated with greater than threefold increased hazards of death even when prescribed <18 pills/year. This association held in separate analyses for several commonly used hypnotics and for newer shorter-acting drugs. Control of selective prescription of hypnotics for patients in poor health did not explain the observed excess mortality." Of course, as pointed out by the editorial staff, it is very important to not confuse correlation with causation, and any number of factors not controlled for in the study which predispose an individual to request, receive and take hypnotics may be jointly correlated with these findings.

Mental Health in the Popular Press:

Bloomberg recently published an article regarding the dramatic shortening of psychiatric hospital stays and simultaneous rise in morbidity and mortality

ABC World News and the Washington Post both recently ran stories regarding recent publications which suggest that sleep deprivation leads to greater Calorie consumption.

Mental Health Policy News:

According to the Center for Medicare and Medicaid Innovations federal website, 11 states and the District of Columbia have been provided with up to 75 million dollars each over 3 years to reimburse private psychiatric hospitals for certain psychiatric services for which Medicaid reimbursement has historically not been available. The demonstration project is meant to determine if higher quality care can be provided at a lower cost. In an effort to get the mentally ill expedient care, the March 15, 2012, Los Angeles Times quotes acting administrator of the Centers for Medicare & Medicaid Services as saying that "treating psychiatric patients in ERs is not an 'efficient use of healthcare dollars, and may be detrimental to vulnerable patients.'"

States across the nation are legislating mental health parity in anticipation of health care reform.

Dr. Claudia Reardon (Wisconsin Psychiatric Association Legislative Committee member and WIAA Sports Medicine Advisory Committee member) informed the WPA body via e-mail, that the State Senate passed the Assembly version of the youth concussion bill. This action moved Wisconsin one step closer to leaving the population of 18 states that don't have laws mandating student athlete removal from games if they show evidence they have sustained a concussion.

Openings:

As Jerry Halverson let the community know via email, a volunteer is sought to replace him on the Wisconsin Mental Health Council. The council's role is to advise the Governor,

the legislature and the Department of Health and Family Services in terms of mental health issues. Visit their website at <http://www.mhc.state.wi.us/> for more information.

*I'm not recovering
from alcohol dependence
only to die of lung cancer.
I need to quit smoking. ~Caitlyn*

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Steven Moffic Awarded Distinguished Life Fellowship



Milwaukee – H. Steven Moffic, M.D. was given the American Psychiatric Association’s highest award, Distinguished Life Fellowship, at its 2010 annual meeting. The award is given to those individuals who have made outstanding contributions to the field of psychiatry. At this same meeting, Dr. Moffic received a first place award from the APA Art Association for his photo collage of his wife.

Over his 23 year career as a tenured Professor of Psychiatry at the Medical College of Wisconsin, he has served many leadership roles in the Department of Psychiatry, statewide, and nationally. These include being President of the American Association for Social

Psychiatry and Chair of various ethics committees. He has received many other awards, including “Hero of Public Psychiatry” from the APA Assembly, Exemplary Psychiatrist from NAMI, and the Golden Apple teaching award from MCW.

Dr. Moffic is a prolific writer and presenter. One of his articles on prison psychiatry, “Better Off in Prison?” won a national healthcare journalism award this past May.

Over this past year, he has also been appointed to the Editorial Board of Psychiatric Times, for which he does a monthly blog. In addition, he has been appointed to the new Administration and Leadership Committee of the Group for the Advancement of Psychiatry (GAP), known as the national think tank of psychiatry.

APA Acknowledges 50 Years Members and New Life Members

50 Years Members 2012:

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Corrections to Dr. Ikar Kalogjera Award Article Winter 2011, Vol 52, No 4.

Please note the following corrections to the Winter 2011 Issue of the Wisconsin Psychiatrist: Dr. Kalogjera has been a member of the American Psychiatric Association (APA) for nearly 36 years, not 30 years as previously stated. Dr. Kalogjera has received multiple awards including the Medical College of Wisconsin (MCW) Psychiatry Residency Golden Apple Teaching Award in 1992, 1996 and 2000. He did not receive this award in 2010. Dr. Kalogjera has also received the MCW Residency “Give-A-Damn Award” in 1991 and 2003 but not in 2000.

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September 15, 2012 • 6:00 PM
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October 6, 2012 • 7:45 AM
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For more information about this event, please contact: Wendy Magas
wendy@namifoxvalley.org
Phone: 920-954-1550

October 7, 2012 • Start Time TBD
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For more information about this event, please contact: Heidi Hastings
walk@namidanecounty.org
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