



# The Wisconsin Psychiatrist

Fall  
**2013**  
Vol. 54 No. 3

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

## Helping Members to “Choose Wisely”

By: Jerry L. Halverson, MD



Jerry Halverson, MD  
President, Wisconsin Psychiatric Association

This is the second edition of the President’s Page—which is my opportunity to communicate to the membership regarding the issues of the day as I see them.

I would like to highlight a recent press release from the APA where the APA joins the “Choosing Wisely” campaign.

The “Choosing Wisely” Campaign aims at improving care by engaging patients in conversations about their care and is an initiative of the American Board of Internal Medicine Foundation. Specialty societies have been encouraged to compose a list of “Five things physicians and patients should question” to spur conversation about what is appropriate and necessary treatment. There has been follow up by Consumer Reports in the past to educate patients on the lists. Past examples have included the use of opioid analgesics in migraines and imaging in back pain. The list is meant to bring attention to practices and expenditures that may be seen to some as “medical waste”- commonly prescribed interventions without an evidence base to support them.

To this list of medical interventions, the APA has added

- Don’t prescribe antipsychotic medications to patients for any indication without appropriate initial evaluation and appropriate ongoing monitoring
- Don’t routinely prescribe two or more antipsychotic medications concurrently
- Don’t use antipsychotics as first choice to treat behavioral and psychological symptoms of dementia
- Don’t routinely prescribe antipsychotic medications as a first-line intervention for insomnia in adults
- Don’t routinely prescribe antipsychotic medications as a first-line intervention for children and adolescents for any diagnosis other than psychotic disorders

I am highlighting this for a variety of reasons. First, members should know which interventions are being identified as “questionable” so we are prepared when insurance reviews/reimbursement issues arise. Second, the list seems to focus on minimizing risk and waste by encouraging judicious use of antipsychotics. Third, and most importantly, this is an example of things to come. All members need to be familiar with the concept of “best practices” from trusted organizations. At a time when there is a great push to drive down the cost of healthcare, there is increasing scrutiny regarding medicine’s unpredictable and non evidence-based variation in treatments, a practice which tends to drive costs up.

Although this list is not meant to be used as “quality measures,” best practices can easily turn into quality measures. Quality measures will be our path to get paid for our services if/when health care payment delivery reform comes to pass. The “Choosing Wisely” lists are to be based on “evidence and accepted guidelines,” which is also what physicians would like quality measures to be based on (ie, if we are going to HAVE to do something, it should work). For example, if a physician were to prescribe an antipsychotic for a child with bipolar disorder (or, even better, Disruptive Mood Disregulation Disorder -DMDD) it is plausible that the medication would not be covered by the insurance company as it has been identified as poor quality care. This is already happening to hospitals. They are subjected to quality measures based on events such as readmission rate and “unjustified multiple antipsychotics on discharge.” The ultimate idea is to compare the hospital’s scores on these items with other hospitals, and reward high scorers (i.e. no payment cut or small upgrade) and punish low scorers (payment cut). This would encourage the low scorers to improve their scores and thus improve their quality of care (again, assuming that the quality measures actually do measure quality). This is likely to play a role in our compensation as health care reform moves forward. The use of quality measures will affect all of our practices, and that is not an altogether bad thing- especially if it leads to better care.

Continued on page 2

Continued from page 1

*The Wisconsin Psychiatrist is published four times a year – Spring, Summer, Fall and Winter – for members of the Wisconsin Psychiatric Association (WPA) and those interested in its activities. Opinions expressed are the authors' and do not necessarily reflect the policies of the WPA. Articles submitted must be signed and are subject to review by the Editors and/or Editorial Board. Articles may be reprinted. However, attribution to The Wisconsin Psychiatrist and two copies of the reprint are appreciated.*

**Editorial Board**

- Donald Feinsilver, MD
- Jerry Halverson, MD
- Harold Harsch, MD
- Eric Heiligenstein, MD
- Kelly Hoagland, MD
- Edward Krall, MD
- Frederick Langheim, MD, PhD (Editor)
- Jeffrey Marcus, MD
- Justin Schoen, MD

**Contributing Authors**

- Jerry Halverson, MD
- Angela Janis, MD
- Justin Schoen, MD
- Cynthia Stanford, MD
- Frederick Langheim, MD, PhD, Editor

**Administrative/Editorial Office**

Wisconsin Psychiatric Association  
 563 Carter Court, Suite B  
 Kimberly, WI 54136  
 Phone: 920-560-5643  
 Eric Ostermann, Executive Director:  
 eric@badgerbay.co

**Advertising Rates**

*The Wisconsin Psychiatrist* accepts advertisements at the following rates:

DISPLAY AD	1 ISSUE	2 ISSUES	3 ISSUES	4 ISSUES
Full Page	\$250	\$200	\$180	\$150
1/2 Page	\$175	\$150	\$120	\$100
1/4 Page	\$100	\$75	\$60	\$50
1/8 Page	\$60	\$50	\$40	\$30

Advertising copy must be electronically submitted in black and white and is subject to approval of the Editor and Editorial Board.

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.

So what is the point here? The point is for you to be aware that your practices are being measured and compared against practice guidelines. This is the reality. This will continue to be the reality, and instead of fighting it, we need to be sure that physicians and their organizations are the ones helping to make the quality measures. We need to make sure members are aware of the best practices and have input on their creation. You can do this by becoming more active in the WPA and the Wisconsin Medical Society as they engage with national organizations that are producing these measures. The Physicians Consortium for Process Improvement (<http://www.ama-assn.org/ama/pub/physician-resources/physician-consortium-performance-improvement.page>) is a great example of doctors producing quality measures. Physicians know healthcare process and outcomes. The APA has realized this, and in the future you will hear more about our organizations' attempts at helping members provide the best evidence-based care possible to their patients.

**WPA Hosts Advocacy Day**

*By: Angela Janis, MD*

On September 12, 2013, 19 WPA members from across the state gathered in the state Capitol for the WPA's Advocacy Day. Members met with legislators on the Speaker's Task Force on Mental Health and their staff.

In February, Speaker Robin Vos announced the formation of the Task Force, chaired by Rep. Erik Severson, an emergency room physician. Rep. Sandy Pasch, a mental health nurse, serves as vice-chair. The 11 member Assembly committee was charged with increasing mental health access throughout the state. The Task Force released their initial recommendations the day before advocacy day, providing an opportune time for psychiatrists to meet with legislators. The WPA had previously provided testimony to the Task Force, whose recommendations did include several proposals supported by the WPA.

Eric Jensen, public affairs councilor with the WPA, discussed the Speaker's Task Force recommendations and provided a legislative update, including

legislation regarding informed consent laws. Participants focused on three key issues included in the Speaker's Task Force report. They supported the creation of a Wisconsin Child Psychiatry Access Line, which would serve as a phone consultation service connecting primary care physicians with child and adolescent psychiatrists. This is a model that has been used in other states including Massachusetts, Washington, and Minnesota.

The physicians also advocated for the Primary Care and Psychiatry Shortage Grant Program. This program is designed to retain Wisconsin physicians while increasing healthcare access in rural and underserved areas of the state. This program would provide financial assistance to Wisconsin residents practicing psychiatry in underserved communities.

Meetings also focused on HIPAA Harmonization, a process to coordinate Wisconsin state law with federal privacy requirements. The current state standards

Continued on page 3

Continued from page 2

are often more restrictive than HIPAA, leading to barriers in patient care. The physicians educated legislators that increased ability to share vital information improves care coordination and overall patient care.

The WPA delegation also had the opportunity to meet with State Assembly Speaker Robin Vos in the Assembly Chambers.

“It was a great day for Wisconsin psychiatry,” WPA President Jerry Halverson summarized. “Our members were able to continue to push the assembly toward significant action on many issues of importance to our patients and our practices.”

## WPA Washington UPDATE: September 13, 2013

By: Jerry Halverson, MD

President - WPA

jhalversonmdwpa@gmail.com

The American Psychiatric Association meeting held its components meeting in Crystal City, VA in late September this year. I attended the meeting of the council that I have been on for a few years, the Council on Advocacy and Government Relations, and felt it would be helpful and interesting to our membership to write a quick federal update.

- Federal Physician Payment Sunshine Act (PPSA): For those who haven't heard, the "Sunshine Act" is in effect. The PPSA now requires pharmaceutical and medical device manufacturers to report physicians who receive textbooks and most meals, beverages, or other items of value from them to CMS. This is done so that CMS can make the physicians' names - and the items and benefits they accept - public on a CMS website. Regulations implementing the PPSA are complex, and many were discussed. Members are encouraged to watch the APA Webinar on the website. There is a high likelihood that these databases will be exploited by third parties (i.e. the icon of the pill bottle with dollars coming out of it used on the Healthgrades website) and physicians should be aware that the data exists, as well as know the pathways to correct bad data.
- ACA Implementation/ State Health Exchanges/ Essential Health Benefits (EHB). There has been very little info out there regarding the exchanges/ the train that will (or won't) make Obamacare go. As a basic primer, the insurance exchanges will be the place where folks can go to compare insurance products and pick the best plan for them/ what they can afford. Wisconsin is having the insurance exchanges set up by the federal government. The essential health benefits are set benefits that each of these insurance products have to have- oftentimes based on a particular pre-existing insurance product in the state and will be subject to the states insurance mandates that are pre-existing. Our state also has opted to have the feds pick essential health benefit packages to base our exchange off of. That choice was a disappointment to mental health advocates as it
- took away our ability to tailor the EHBs to the strengths and needs in our state. Information is slowly coming out about the exchanges and the different companies offering products on it and level of products (gold, silver, bronze- vary in expense and depth of benefit) that will be available. The EHBs continue to be a very tightly held secret. It is unclear what basic plans in the exchange will cover. The best guess at the APA is that these will be high deductible plans with thin networks and thin benefit packages. They will be subjected to parity regulations it seems.
- Parity implementation. As you have seen in your practice, insurance companies across the nation continue to try to skirt parity regulations. APA is continuing to push the government to clarify some of these regulations and has been active in lawsuits. This is done with care as the wrong case may lead to case law that would do more harm than good. This continues to be a high level effort of the APA.
- State Issues: Scope issues continue to dominate the conversation. Psychologist prescribing is contained for the moment, but not dead, in Illinois. It could come back up in November. Nurses across the nation are pushing the boundaries of their scope and looking to lose physician supervision mandates.
- Debt ceiling / continuing resolution- This is regarding the feared government shutdown. We heard more about this- which isn't pretty. I won't go into details here other than that folks feel that a government shutdown in early October or December (if not October) is a real possibility. If you want more up to date info, turn on the television. Editor's note: As you know, the shutdown occurred on October 1, 2013.
- SGR repeal/ Payment Reform- As you know, the SGR is the out of date formula that is depended upon by Medicare to determine how much docs are paid. It has been a highly valued target of repeal for medical organizations for many years as it continues to threaten

Continued on page 4

Continued from page 3

30% cuts in physicians' fees under Medicare. This year, there have been high hopes for the repeal of the SGR. A fix has made it through key committees in the house and is being worked on in the senate. The fix replaces the SGR with a system that includes pay for quality elements. The pay-for continues to be the point of contention. This is the type of legislation that can get pushed aside when the debt ceiling negotiations take center stage. There does seem to be a bipartisan effort in both houses to get this taken care of this year- but time is getting short.

- House Energy and Commerce Committee is looking at the effectiveness of the federal mental health system including psychiatric bed shortage and SAMHSA (Substance Abuse and Mental Health Services Administration- The Federal Agency in charge of Substance Abuse and Mental Health) This is early on in the process, but it could get interesting. As we all know,

there are problems with our mental health safety net- but you never know where these processes will end up going and whether psychiatrists in particular will find changes helpful or not.

As you can see, the APA is very busy advocating for our patients and our practice. The federal level is just as interested in mental health issues as the state is. Please continue to monitor these issues and be at the ready to help us to reach out to your representatives and senators when and if the voice of psychiatry is needed. Please consider "liking" our Facebook page so that we can keep you up to date with the latest happenings at the state and local level.

---

## Wisconsin Psychiatric Association DSM-5 Training

*By: Justin Schoen, MD*

As many of you know, the WPA DSM-5 training at the Milwaukee Marriott Downtown was completed on September 27, 2013. The event was born out of the original plan from the American Psychiatric Association. During the APA annual meeting the DSM-5 was unveiled, a DSM-5 'Train the Trainer's' course was held, which allowed for 2 members from each district branch to be educated on the DSM-5. These trainers would then go back to their respective branches and disseminate the information. By having these identified trainers, the route and type of information was delivered in a fashion that the APA wanted, preventing confusion and misinformation. There have already been many different presentations regarding DSM-5, many of which did not involve the original trainers and the content of which may not match the intent of the APA. That being said, the APA has proceeded with Drs. Carl Chan and Jerry Halverson as the identified trainers.

The opening evening of the WPA training started with a discussion regarding topics directly applicable to WPA members, including state legislature and other political concerns, as well as a review of Obsessive-Compulsive and Related Disorders. The day moved into the full construct of DSM-5, starting with a description of how we came to DSM-5 and a broad overview appropriately titled, "Everything You Wanted to Know About DSM-5 But Were Afraid to Ask (in 60 minutes)". There were then two breakout sessions, one covering Mood, Somatoform/Neurocognitive, and Elimination/Eating Disorders, while the other covered Anxiety Disorders,

OCD, and Post-Traumatic Stress Disorders. These breakout sessions were repeated in the first sessions of the afternoon. Afterwards, a second set of breakout sessions occurred involving Adults: Schizophrenia, Addiction/Impulse Control Disorders, Sleep/Sex/Gender Disorders, as well as Disorders of Childhood. To finish the day off, Other Disorders and Emerging Measures and Models provided room for coverage of Section III of DSM-5, as well as additional questions and concerns. These sessions were presented by a large group of faculty, which allowed direct interaction with each presenter and a more intimate educational experience.

This event resulted in very good and lively discussion, both in terms of the changes, lack of changes, as well as future possibilities of the DSM. We were also able to have solid debates about the future of Psychiatry in Wisconsin. The WPA is focused on ensuring that the most current and appropriate information is being given. As DSM-5 is a, "living document," ongoing changes will occur and being at the forefront of this will be critical. We hope to see you at future events.

## WPA Southern Chapter Summer Event Provided Excellent Discussion of Implications of the Sunshine Act

By: Cynthia Stanford, MD

Dinner and discussion of changes related to the Sunshine Act took place the evening of August 7, 2013, at the Wisconsin Medical Society building. John Greist, M.D., Distinguished Senior Scientist at the Madison Institute of Medicine, Professor of Psychiatry at University of Wisconsin School of Medicine and Public Health, and Director of Healthcare Technology Systems, provided an excellent summary of the ethical implications of physician involvement with the pharmaceutical industry.

Ron Diamond, M.D., Professor of Psychiatry at the University of Wisconsin School of Medicine and Public Health and former Medical Director at the Mental Health Center of Dane County, discussed the importance of transparency in regards to interactions with industry. Jerry Halverson, M.D., President of the Wisconsin Psychiatric Association and Medical Director of Adult Services at Rogers Memorial Hospital, also discussed the need for transparency, and the concern that publicly reported data be used appropriately.

Wisconsin Medical Society President Timothy McAvoy, M.D., and Wisconsin Medical Society Board Chair Mollie Rolli, M.D., were present to share in the discussion, as was Angela Janis, M.D., representing the young physician section of the Wisconsin Medical Society. There was excellent representation from the Southern Chapter and several Milwaukee chapter members travelled to participate, all of which added greatly to the discussion.

The new Physician Payment Sunshine Act, Section 6002 of the Affordable Care Act, took effect July 31, 2013. It requires applicable manufacturers of drugs, devices, biologicals, or medical supplies, as well as applicable group purchasing organizations, to report annually to the Secretary of the Department of Health and Human Services certain payments or other transfers of value made to physicians and teaching hospitals or be subject to civil monetary penalties. Physicians and teaching hospitals will be reported on, however resident physicians are excluded.

This information will subsequently be made public on a CMS website.

Any direct payments or transfers of value of \$10 or more will be reported, as well as indirect payments/transfers of value that a third party indicates are intended to be passed through to a physician.

Items that are excluded from reporting include:

- Certified and accredited CME
- Buffet meals/drinks available to all participants at large-scale events
- Product samples that are intended for patient use and not for sale

- Educational material that are intended for patient use/ directly benefit patients (not textbooks)
- In-kind items used to provide charity care
- Dividend or other profit distribution from a publicly traded security and mutual fund
- Discounts
- A transfer of anything of value to a physician when the physician is a patient
- Loan of a medical device for a short-term trial period (less than 90 days)
- Items or services provided under a contractual warranty
- Payments for the provision of health care to employees under the plan (if the manufacturer offers a self-insured plan)
- A transfer of anything of value to a physician if the transfer is payment for non-medical professional services (ex. if a physician is also licensed to practice law and is retained by the manufacturer to provide legal advice)
- Transfer of anything of value to the physician if the transfer is payment solely for the services of the physician with respect to a civil or criminal action or an administrative proceeding
- A transfer of anything for which the value is less than \$10, unless the aggregate amount (transferred, requested by, or designed on behalf of the physician) during the calendar year exceeds \$100

For more information, please view:

<http://www.psychiatry.org/sunshineact>

<http://www.ama-assn.org/ama/pub/advocacy/topics/sunshine-act-and-physician-financial-transparency-reports.page>



Did you know we had a Facebook page?

## EDITORIAL BOARD CORNER

By Frederick Langheim, MD

This issue marks the seventh installment from the Editorial Board consolidating recent clinical updates, mental health policy news, popular press news patient's may be reading, and changes in the landscape of psychiatry in Wisconsin. If you find you have announcements you might like included in a future issue please email: [will@badgerbay.co](mailto:will@badgerbay.co)

### CLINICAL PSYCHIATRY IN THE NEWS, IN BRIEF

#### Antidepressants in the Elderly:

According to a recent meta-analysis (Nelson et al., *Am J Psychiatry*) the benefits of antidepressant treatment in mild and/or short duration depression may be too limited in the elderly to justify their use.

#### Coffee Cuts Suicide Risk by 50%:

According to a study following 200,000 individuals over 16 years and appearing in *The World Journal of Biological Psychiatry* (Lucas et al), caffeine use, primarily among coffee drinkers, appeared to cut suicide risk by 50 percent.

#### Treating ADHD Reduces Crime:

Lichtenstein et al (*N Engl J Med*) demonstrated that, among those diagnosed with ADHD in Sweden (where diagnostic rates are lower), rates of criminality were significantly lower during periods when treated with stimulants compared to periods when not treated.

#### Isoflurane to Supplant ECT?

In a recent replication (HR Weeks III et al., *PLoS One*, 2013), deep inhalation of the anesthetic isoflurane has an antidepressant effect approaching that of ECT with fewer neurocognitive side effects.

#### Anesthesia/Surgery Dementia?

In a nationwide cohort study, patients aged 50 years or older who underwent anaesthesia and surgery were at nearly twice the risk of developing dementia (Chen PL et al., *BJPsych*, 2013).

#### Hygiene leads to Alzheimer's?

In their study published in *Evolution, Medicine, and Public Health* (Fox et al., 2013) the author's found that "it appears that hygiene is positively associated with AD [Alzheimer's Disease] risk. Countries with greater degree of sanitation and lower degree of pathogen prevalence have higher age-adjusted AD", concluding that "variation in hygiene may partly explain global patterns in AD rates. Microorganism exposure may be inversely related to AD risk."

#### SSRIs and Post-Partum Hemorrhage:

In a cohort study of over 100,000 women from 2000-2007, Palmsten et al. (*British Medical Journal*, 2013) found that "exposure to serotonin and non-serotonin reuptake inhibitors, including selective serotonin reuptake inhibitors, serotonin-

norepinephrine reuptake inhibitors, and tricyclics, close to the time of delivery was associated with a 1.4 to 1.9-fold increased risk for postpartum hemorrhage. While potential confounding by unmeasured factors cannot be ruled out, these findings suggest that patients treated with antidepressants during late pregnancy are more likely to experience postpartum hemorrhage."

#### Better Fitness = Better Memory?

In a study published in *PLoS One* (Raine et al., 2013) aerobic fitness level was strongly correlated to memory retention, with the authors reporting "these novel data to suggest that fitness can boost learning and memory of children and that these fitness-associated performance benefits are largest in conditions in which initial learning is the most challenging. Such data have important implications for both educational practice and policy."

#### Intranasal Antidepressant:

Reporting in *Current Psychiatry* from the NCDEU (New Clinical Drug Evaluation Unit) meeting, Bruce Jancin wrote of PH10, a proprietary piperazine, showing promise through dramatic antidepressant effect seen at one week following treatment. The compound binds to nasal chemosensory receptors with downstream responses in the hypothalamus, amygdala, prefrontal cortex and hippocampus, without systemic absorption.

#### Sodium Nitroprusside for Schizophrenia?

Reporting in *Psychiatric News* (July 19, 2013) Joan Arehart-Treichel wrote of how a single infusion of this treatment for high blood pressure led to dramatic and rapid improvement in both negative and positive symptoms of schizophrenia, with effects lasting for four weeks. An abstract of the research is posted in *JAMA Psychiatry*.

#### Flesh Eating Heroine Substitute?

A new substance of abuse has made its way to the United States. Known as 'Krokodil' this heroine like injectable substance is manufactured of codeine and hydrocarbons such as paint thinner or other organic solvent and turns skin green and scaly while dissolving bone, according to the *AMA Newsletter* of 9/27/13.

#### Celiac Disease and Autism:

In a nationwide study published in *JAMA Psychiatry*, Ludvigsson et al., (2013) "found no association between CD [celiac disease] or inflammation and earlier ASDs, [autism spectrum disorders] there was a markedly increased risk of ASDs in individuals with normal mucosa but a positive CD serologic test result."

#### Lawsuit for Bussing Mentally Ill:

The *New York Times* (9/22, Lyman) reported on class action lawsuit filed by San Francisco's city attorney, Dennis Herrera,

Continued on page 7

Continued from page 6

on behalf of 24 mentally ill homeless individuals. The suit is brought against the State of Nevada for bussing patients from Nevada to California.

#### Parenting Treatment for ADHD:

The US Agency for Healthcare Research and Quality was involved in a comparative effectiveness review (Charac et al., Pediatrics, 2013) of 55 studies from 1980 to 2011, that found that parenting interventions had greater evidence of effectiveness for treatment of preschoolers at risk for ADHD than did methylphenidate.

#### Preschool Prescribing Down:

Multiple news outlets reported on a research article in Pediatrics (Chirdkiatgumchai et al., 2013) which demonstrated that psychotropic prescribing appears to be on the decline. According to the author's: "Psychotropic prescription was notable for peak usage in 2002–2005 and sociodemographic disparities in use. Further study is needed to discern why psychotropic use in very young children stabilized in 2006–2009, as well as reasons for increased use in boys, white children, and those lacking private health insurance."

#### Midlife Stress = Late Life Dementia for Women?

In a study of 800 women with baseline assessment in 1968, Johansson et al. (BMJ Open, 2013) found that the number of stressors and long standing distress were independently associated with Alzheimer's disease. They concluded that "common psychosocial stressors may have severe and long-standing physiological and psychological consequences. However, more studies are needed to confirm these results and investigate whether more interventions such as stress management and behavioural therapy should be initiated in individuals who have experienced psychosocial stressors."

#### FDA Approves New Antidepressant:

Science Now reported (9/30/13, Healy) that the FDA approved the novel SSRI variant, Brintellix, which is co-marketed by the Japanese firm Takeda Pharmaceuticals and the Danish pharmaceutical company Lundbeck. The medication was found effective in six clinical trials comparing outcomes in subjects taking the drug against those of subjects who received placebo.

#### CMS Rejects Payment for Alzheimer's Imaging Drug:

According to the AMA Morning Rounds newsletter: "The Wall Street Journal (9/30, Subscription Publication, 5.91M) reports that drugmaker Eli Lilly & Co. expressed disappointment following the decision by the Centers for Medicare & Medicaid Services to deny access to its drug Amyvid (Florbetapir F 18 Injection), used in Alzheimer's disease brain scan imaging. The drug was granted FDA approval last year for use in positron emission tomography of patients undergoing Alzheimer's disease evaluations."

#### Substance Induced Psychosis and Conversion to Schizophrenia:

In a study of over 18,000 Finnish individuals hospitalized

for substance induced psychosis, Niemi-Pynttari et al. (J Clin Psychiatry, 2013) found: "Eight-year cumulative risk to receive a schizophrenia spectrum diagnosis was 46% (95% CI, 35%-57%) for persons with a diagnosis of cannabis-induced psychosis and 30% (95% CI, 14%-46%) for those with an amphetamine-induced psychosis. Although alcohol-induced psychosis was the most common type of SIP, 8-year cumulative risk for subsequent schizophrenia spectrum diagnosis was only 5.0% (95% CI, 4.6%-5.5%). No differences were detected with regard to gender, except for amphetamine-induced psychosis, which converted into a schizophrenia spectrum disorder significantly more often in men ( $P = .04$ ). The majority of conversions to a schizophrenia spectrum diagnosis occurred during the first 3 years following the index treatment period, especially for cannabis-induced psychosis."

#### Statins = Less Cognitive Decline?

According to the AMA Morning Rounds newsletter: "The Time (10/2, Park, 13.4M) "Healthland" blog reports that research published in Mayo Clinic Proceedings suggests that statins may be associated with a reduced risk of cognitive decline. Investigators analyzed data from "16 studies that involved people taking statin medications who were also tested on memory, attention and organizational skills," and found "that longer term use of the drugs may prevent dementia." Additionally, the researchers "found that use of statins for less than a year did not have any adverse effects on cognitive functions." The article points out that last year, the FDA said that statins labels must carry warnings about an increased risk of memory problems."

#### Depression Increases Risk of Parkinson's?

In a nationwide retrospective cohort study of over 23,000 participants, Cheng-Che Shen et al., (Neurology 2013) found that: "During the 10-year follow-up period, 66 patients with depression (1.42%) and 97 control patients (0.52%) were diagnosed with PD. After adjusting for age and sex, patients with depression were 3.24 times more likely to develop PD (95% confidence interval 2.36–4.44,  $p < 0.001$ ) compared with the control patients. After excluding patients who were diagnosed with PD within 2 or 5 years after their depression diagnosis, patients with depression had a higher hazard ratio for developing PD than the control patients. The odds ratios for age (1.09) and difficult-to-treat depression (2.18) showed that each is an independent risk factor for PD in patients with depression."

#### The Cognitive Impact of the ICU:

In a study of over 800 adults with Intensive Care Unit stays for respiratory failure or shock, Vasilevskis et al., (New England Journal of Medicine, 2013) found that 6% had cognitive impairment at baseline, 74% developed delirium, and 40% had global cognition scores that were 1.5 standard deviations below the population means, and 26% had scores 2 standard deviations below the populations means. Deficits existed in both older and younger patients and persisted, with over 20% showing similar deficits at 12 months.

Continued on page 8

Continued from page 7

**Nearly 1 in 10 Perpetrates Sexual Violence:**

An article appearing in JAMA Pediatrics (Ybarra et al., 2013) reported on a survey of 1058 youths aged 14 to 21. Their results included: "Nearly 1 in 10 youths (9%) reported some type of sexual violence perpetration in their lifetime; 4% (10 females and 39 males) reported attempted or completed rape. Sixteen years old was the mode age of first sexual perpetration (n= 18 [40%]). Perpetrators reported greater exposure to violent X-rated content."

**MENTAL HEALTH POLICY NEWS**

**Firearm Suicide Rates Up:**

According to most recent data of the CDC (Morbidity and Mortality Weekly Report 8/2/13) firearm related homicide rates have dropped while firearm related suicides have increased in the periods 2009-2010 compared to 2006-2007.

**MENTAL HEALTH IN THE POPULAR PRESS**

**Smoking in Pregnancy and Conduct in Offspring:**

In a review published at JAMA Psychiatry on line 7/24 (Gaysina et al.) smoking during pregnancy was found to be an independent risk factor for conduct problems in offspring, controlling for perinatal and postnatal confounds.

**OK2TALK Destigmatizing Mental Illness:**

USA Today (Waseem, 7/28/13) ran a story on a national TV and radio campaign encouraging young adults to talk about their experiences with mental illness.

**Sleep and IQ**

The Wall Street Journal (Reddy, 7/30/13) ran an article which cited research indicating that regular bedtimes at age 3 predict higher IQ on testing at age 7.

**Teens of Both Genders Perpetrate Dating Violence:**

According to the AMA Morning Report e-newsletter 8/1/13: "USA Today (7/31, Painter, 1.71M) reports that "more than a third of teen guys and girls say they've been physically, emotionally or sexually abused in their dating relationships, according to" a study scheduled to be presented at an American Psychological Association meeting. A separate study indicated that "teens who abuse their girlfriends and boyfriends often share a past as middle-school bullies." The NBC News (8/1, Alexander) website and the Deseret (UT) News (8/1, Penrod, 105K) also cover the story."

**PSYCHIATRY IN WISCONSIN**

**Mental Health Task Force:**

The Speaker's Taskforce on Mental Health published its report on 9/11/2013. The reports is available through this link: <http://www.thewpa.org/SiteCollectionDocuments/Chairman%27s%20Report.pdf>

# WI Psychiatric Association 2014 Annual Meeting

## American Club

Kohler, WI

March 6-8, 2014

It is never too early to reserve your room! Rooms are available at the special group rate of \$159 single/\$189 double. Call The American Club at 800-344-2838, select OPTION #6 to reserve your room today! When calling the Reservation Department, please indicate you are booking as part of group block RESERVATION # 81Y6E1 for the WI Psychiatric Association.



Paid Advertisement



Join your colleagues who have chosen to be represented by our professional team and our program which is endorsed by the two most prominent associations in your profession - the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry.



AMERICAN ACADEMY OF  
CHILD & ADOLESCENT  
PSYCHIATRY

WWW.AACAP.ORG

- ✓ Superior protection provided by Allied World Assurance Company rated "A" (Excellent) by A.M. Best Company
- ✓ Access to a Risk Management Attorney 24 hours daily
- ✓ Individual Customer Service provided by our team of underwriters
- ✓ Telepsychiatry, ECT coverage and Forensic Psychiatric Services are included
- ✓ Many Discounts including Claims-Free, New Business and No Surcharge for claims \*
- ✓ Great Low Rates
- ✓ Years in the previous APA-endorsed Psychiatry program count towards tail coverage on our policy
- ✓ Fire Damage Legal Liability and Medical Payment coverage included
- ✓ Interest-Free Quarterly Payments / Credit Cards accepted

\* Subject to State Approval

APAmalpractice.com • (877) 740-1777

Make a difference.  
Join our award-winning team.



We are seeking Adult, Child/Adolescent and Geriatric Psychiatrists to join our Psychiatry team in Minnesota.

Contact Brooke Eilbert, Physician Recruitment Services  
1-800-248-4921 (toll free) | Brooke.Eilbert@allina.com

Apply today at  
[allinahealth.org/careers](http://allinahealth.org/careers)

At Allina Health, we're here to care, guide, inspire and comfort the millions of patients we see each year at our 90+ clinics, 11 hospitals and through a wide variety of specialty care services throughout Minnesota and western Wisconsin. We care for our employees by providing rewarding work, flexible schedules and competitive benefits in an environment where passionate people thrive and excel.



16695 0613 ©2013 ALLINA HEALTH SYSTEM ® A TRADEMARK OF ALLINA HEALTH SYSTEM. EOE/AA

## **SAVE-THE-DATE!**

### **WPA REGIONAL UPDATE & DINNER MEETING**

December 5, 2013 in Green Bay

January 21, 2014 in Marshfield

February 24, 2014 in La Crosse

Event details including location information will be announced soon. All meetings will be held from 6:00 to 8:00 pm and dinner will be provided. There is no cost for WPA members to attend. Register today at [www.thewpa.org](http://www.thewpa.org) to attend a WPA Regional meeting in your area.