



The Wisconsin Psychiatrist

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

ADHD in Adults; Best Practices for Psychiatrists

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ADHD is the most common psychiatric disorder of childhood and one that frequently persists into adulthood. Standards of care have been developed for diagnosing adults with ADHD but identifying patients in this population remains a challenge for clinicians, and practice patterns vary greatly. Because of the unique clinical demands associated with adult ADHD, there is a clear need for understanding of best practices in diagnosis and treatment so that psychiatrists can confidently and effectively intervene and improve the quality of life for patients with ADHD.

While ADHD is widely recognized as a condition of school-age children, its propensity to continue affecting adults has gained recognition in recent years. Since ADHD is a childhood-onset disorder, the diagnosis in adulthood hinges largely on reports of functioning during childhood. However, recalling childhood symptoms is often difficult, making diagnosis, and ultimately treating ADHD in adults challenging. The high comorbidity of ADHD with other psychiatric disorders makes evaluation and treatment all the more difficult. With prescription stimulant abuse increasing at rapid rates, questions of over-diagnosis, and increasing requests for stimulants from self-diagnosed adult patients, providers are frequently feeling trapped between the best and worst of consumer-driven medicine.

The public has become increasingly aware of the diagnosis of adult ADHD. Patients routinely bring to their appointments ADHD self-report questionnaires they have taken either on-line or in magazines. Many of these patients come to a psychiatrist self-diagnosed (or diagnosed by a friend) and are simply seeking confirmation and treatment. Yet, studies have found that less than 1/3 of patients self-diagnosed with ADHD are actually found to have the condition. In the University of Wisconsin-Madison student clinic the rate of diagnosis is less than 5%.

The DSM-IV bases the definition of ADHD on childhood symptoms. This requires some adjustment for adult presentation of symptoms. In particular, it has been recommended to adjust the age by which symptoms must be present from 7 to 12 years, as nearly all patients diagnosed with ADHD clearly exhibit the condition and associated impairment by age 12. If ADHD has not been diagnosed in childhood or there is no evidence of ADHD symptoms before age 12 years, the evaluator should

attempt to develop a plausible explanation as to how and why it may have been overlooked, or what factors were present that allowed for successful compensation. If mitigating factors are evident they are usually obvious such as home-schooling. More likely it means the symptoms were not evident and the current problems are not related to previously undiagnosed ADHD.

A standard of care evaluation would include a detailed clinical interview including childhood history and academic history, third-party corroboration of childhood problems from a significant other/parent, outside records when available such as school and testing reports, and use of a valid ADHD rating scale. Psychoeducational or Neuropsychiatric testing can be extremely useful as well. However, it is important to keep in mind that even the gold standard TOVA and Conners have substantial false positive and false negative rates, especially when pre-test probability is low. Therefore, as with any test, weigh clinical judgement appropriately and do not order a test you expect to be negative in order to appease a patient. The medical history should focus on past head injuries which are an increasing cause of cognitive impairment in young adults commonly misinterpreted as ADHD. Reduced neuropsychological performance has even been found after minor head impacts in soccer and football, even in allegedly asymptomatic players. Any potential head trauma should necessitate further testing to assist in diagnosis.

Best practices in the area of diagnosis include:

- Using accepted practice guidelines (American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry) as the basis of your diagnostic evaluation.
- Recognizing that it is unusual for adults with clinically meaningful behavioral/attention problems not to have been previously given a diagnosis of ADHD.
- Obtaining Psychoeducational or Neuropsychiatric testing to complement the clinical evaluation and evaluate subtle cognitive deficits that can appear to be ADHD at a symptomatic level.
- Being able to say no.

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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.

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“Worst” practices would include:

- Accepting your patient’s verbal report that they have been diagnosed in the past and prescribing stimulants.
Using Internet checklists or other self-report measures as sufficient for diagnosis.
Using an ADHD rating scale as the sole basis for diagnosis.
Accepting self-report as the only source of information to make a diagnosis.
Considering empty pill containers, parents’ notes or any other similar “evidence” of previous ADHD diagnosis sufficient enough to write a prescription for a controlled substance.

Many symptoms of ADHD are nonspecific and overlap with other psychiatric conditions. In adults, ADHD coexists with other psychiatric disorders with some studies indicating up to 75% of adults with ADHD having a comorbid condition. Thus, the differential diagnosis of ADHD must involve careful consideration of other psychiatric diagnosis.

Best practices in this area would include:

- Recognizing co-occurring conditions as the rule, not the exception (Substance abuse or dependence, Major depression, Generalized Anxiety disorder, Bipolar disorder, and Personality disorders).
Recognizing that each disorder usually requires specific treatment.

“Worst” practices would include:

- Thinking that ADHD “explains everything”. It doesn’t.
Believing your patients when they tell you that ADHD “explains everything”. It won’t.
Not recognizing that co-occurring conditions undermine all ADHD pharmacological treatments.

The consequences of adult ADHD are substantial: Murphy and Barkley (1996) demonstrated more psychological distress, health problems, job changes, and marital problems, Biederman, et al (1993) found impairments at work and in social/leisure, family, and relationships, and Able et al (2007) replicated this and found overall lower quality of life in adults with ADHD. Specifically, adults with ADHD characteristically have more job firings and changes, increased divorce rates, poorer driving records, and less academic achievement. Those without ADHD who wish for a boost in test scores or assistance with weight loss from a stimulant, or who haven’t developed study skills to manage college level coursework will have trouble fabricating being held after school, tutored, fired from jobs, and motor vehicle consequences. In general, the statement that ‘I found high school too easy because of my intelligence’ is all too familiar. For individuals with a valid diagnosis of ADHD, no academic setting is easy. Several studies have clearly shown that innate intelligence may offer a mild protective effect from problems in school but not in other aspects of one’s life. Several studies have demonstrated that high IQ adults have similar comorbidities and functional impairments as average IQ ADHD adults, including need for academic assistance and tutoring. More often than not, college is challenging, and people who found high school easy and had academic success frequently did not develop effective study skills. Suddenly doing poorly or even average in college is not ADHD and not an indication for stimulants.

Best practices in this area would include:

- Remembering that adult ADHD affects all aspects of a patient’s life and functioning. The executive function deficits of ADHD do not pick and choose what is problematic. Impairment in one area is not ADHD and may indicate a subtle learning disorder if limited to high school academics.

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- Recognizing that ADHD has characteristic functional impairments. No impairment means no diagnosis.

“Worst” practices would include:

- Believing your patient’s report that they coped with their ADHD and had no evidence of symptoms or impairment until recently. The research does not support this perspective.
- Not evaluating impairment and basing your diagnosis solely on self-reported symptoms of inattention and/or hyperactivity.
- Not considering the level of impairment when making treatment decisions. Mild Impairment should not necessitate treatment with controlled substances.

For those adults who have a valid diagnosis of ADHD, choice of treatment is another challenge in this era of wide-spread stimulant diversion and abuse. Multiple television and news reports have documented how easy it is to “score” stimulants in college libraries, and a 2008 study showed that 3.4% of 12th graders have abused stimulants. All information points to increased caution when prescribing controlled substances. According to McCabe et al (2005), the portrait of a young adult stimulant abuser is a white male at a college with stringent admission criteria, in the “Greek System,” with a lower GPA, and greater likelihood of alcohol, tobacco, marijuana, ecstasy and cocaine abuse. The latter is particularly relevant as all epidemiological studies have identified this as a constant thread; increased high-risk behavior and comorbid substance use in stimulant abusers/diverters.

Prudent practice in this era suggests having controlled substance policies such as no early refills, policies to manage weekend requests, a policy for replacement of lost or stolen prescriptions, and zero tolerance for substance abuse and self-escalation of doses. Many clinics have begun using stimulant contracts similar in content to opiate contracts used for years at pain clinics. Others have begun routine use of urine drug screening for all adult patients prescribed stimulants, irrespective of age. This prevents a sense of being singled out, and has already helped countless individuals with ADHD gain motivation to stop illegal substance use. Simply put, if their ADHD impairments are so disabling as to require a controlled substance, they must be willing to choose the stimulant over their recreational drug (be it marijuana, cocaine etc.). For those with a positive result at their initial evaluation, stimulants are not a recommended treatment. If the urine drug screen is positive and the patient is already on stimulants, we recommend a bridge to Atomoxetine or Bupropion, or if the patient has apparent sincerity regarding abstinence, use of random testing, substance abuse treatment, and stimulant or non-stimulant treatment at your discretion.

Best practices in this area would include:

- The “analgesic ladder” principal can be applied to ADHD treatment (psychotherapy, non-stimulants, and then stimulants). Treatment should be based upon severity of illness, not the tradition of prescribing stimulants for all ADHD.

- Medication should rarely be provided in isolation from treatment directed at Substance use disorders. Both require treatment.

- Non-stimulants are preferred treatment for patients with substance use or dependence.
- Informing patients that sharing prescribed stimulants is a felony crime

“Worst” practices would include:

- Not having clinic policies handling early refills, lost prescriptions, and other niceties of controlled substances.
- Prescribing stimulants to a patient with a substance use disorder to see if they will stop using because their ADHD is properly treated. No research has found this approach successful.
- Thinking that immediate release stimulants are a standard first-line treatment. They are the most diverted product. Their use should be reserved for only very specific clinical circumstances.

Stimulants need not be first line: Faraone (2003) showed nearly equivalent effect sizes for non-stimulant options (bupropion, tricyclic antidepressants, atomoxetine) as for immediate release stimulants and long acting stimulants (0.67, 0.74 and 0.75 respectively) with equivalent iatrogenic consequences of non-stimulants to immediate release stimulants, and far less iatrogenic consequences to the long acting (and less abusable) stimulant option.

ADHD is not a trivial, benign, or inconsequential disorder. The impairments of ADHD affect all aspects of a patient’s functioning. Proper diagnosis will lead to necessary treatment to improve daily functioning and quality of life. A careful evaluation is the key to a reliable diagnosis of adult ADHD. With wide-spread diversion and abuse of stimulants, their role as a first-line treatment has to be reconsidered and monitoring practices need to reflect the risk to prescribers.

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Recall Election Update

Eric Jensen, Jensen Government Relations, LLC

As you have seen by now, Governor Walker won the recall election by a margin larger than his win over Mayor Barrett in 2010.

You have also likely seen that Democrats did knock off one of the four incumbent Republican State Senators -- John Lehman defeating Sen. Van Wanggaard by about 700 votes in Racine. Sen. Scott Fitzgerald (R-Juneau), Sen Terry Moulton (R-Chippewa Falls) and Rep. (now Sen-Elect) Jerry Petrowski (R-Marathon) all won with each receiving about 60% of the votes cast.

So, majority control of the State Senate now flips to the Democrats with a 17-16 majority. However, there is no session scheduled for legislative action between now and next January, and given the Democrats' win, it is extremely unlikely the Governor will call a Special Session or that the Assembly and Senate will agree to call an Extraordinary Session.

Focus in Wisconsin's perpetual election season will now turn to the August primaries and November general elections.

The Presidential, US Senate, Congressional races in northern and northeast Wisconsin, and the battle for control of the State Senate will now take center stage.

For November, the new electoral maps will take effect - a fact that many believe favors Republican candidates in several key areas. With Sen. Jim Holperin (D-Conover) retiring, the Democratic Senate majority earned in the recall election (recount pending) will face an immediate and difficult challenge. The district voted strongly in support of Walker in the recall election, in favor of Walker in 2010, in favor of Justice Prosser in 2011, and its three Assembly Districts are all held by Republicans. Current GOP State Rep. Tom Tiffany (R-Hazelhurst) who lost a close election to Senator Holperin in 2008 is already running. If nothing else changes but GOPs win this election in November, control of the Senate will flip back to Republicans before the Legislature re-convenes.

Stay tuned...



MARK YOUR CALENDARS!

Wisconsin Psychiatric Association 2013 Annual Meeting

Looking Forward: Innovative Models of Psychiatric Practice

March 14-16 • Fluno Center, Madison, WI

Confirmed presenters include:

John Oldham, MD, MS

- Immediate Past President, American Psychiatric Association
- Senior Vice President and Chief of Staff, The Menninger Clinic
- Professor and Executive Vice Chair of the Menninger Department of Psychiatry and Behavioral Sciences Baylor College of Medicine

David Katzelnick, MD

- Chair of the Division of Integrated Behavioral Health and Associate Professor, Mayo Clinic

Robert N. Golden, MD

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- Vice Chancellor for Medical Affairs University of Wisconsin School of Medicine and Public Health

Jeremy A. Lazarus, MD

- President-Elect, American Medical Association
- Clinical Professor of Psychiatry, University of Colorado Health Sciences Center

Andrew S. Pomerantz, MD

- National Mental Health Director, Integrated Services Office of Mental Health Services
- VA Central Office, Veterans Health Administration



*I'm not recovering
from a bipolar
disorder only to
die of lung cancer.*

***I had to quit
smoking.***

~Blake

AODA/mental health patients smoke half the cigarettes in America.
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Editorial Board Corner

Frederick Langheim, MD/PhD

This issue marks the second 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 (or a suggestion for a better series title) please email Rebecca Lamers: Rebecca@badgerbay.co

Clinical Psychiatry in the News, In Brief

GENERIC QUETIAPINE MAY BE COMING SOON: The Wall Street Journal reported 3/27 that a US Judge refused to provide an injunction to AstraZeneca PLC thereby quashing their hopes to delay generic quetiapine in the US.

IMAGING AGENT FOR BETA-AMYLOID PLAQUES: According to the April 9, 2012 AMA newsletter, the US Food and Drug Administration (FDA) approved the Eli Lilly and Company and Avid Radiopharmaceuticals imaging agent florbetapir F 18. The injection is approved for the detection of beta-amyloid plaques in living patients with cognitive impairment, who are being evaluated for Alzheimer's disease and other causes of cognitive decline.

IS THE EVIDENCE BASE FOR SSRI USE IN AUTISM BIASED? Melisa Carrasco and colleagues, in the journal *Pediatrics* (published on-line ahead of print on April 23) published their review of registered clinical trials in which they found as many unpublished negative outcomes for SSRI use in autism as there were published positive trials (5 and 5 respectively), suggesting publication bias and no evidence base for treatment of autism spectrum symptoms with SSRIs.

CHRONIC DEPRESSION CORRELATED WITH RISK FOR DEMENTIA: According to Deborah E. Barnes et al (*Archives of General Psychiatry*, 5/2012), individuals suffering from chronic depression may have an increased risk of developing dementia compared to those who do not suffer from depression.

POOR OUTCOMES IN SCHIZOPHRENIA: Only 10% of people with schizophrenia show sustained improvements over 3 years according to Cuyún Carter and colleagues (*BMC Psychiatry* 2011;11:143).

DEPRESSION AND RISK OF STROKE: A Meta-Analysis of Prospective Studies by Jia-Yi Dong, BSc et al. (*Stroke*. 2012;43:32-37.) found that a history of depression may be associated with an increased risk of stroke. Random-effects meta-analysis of 17 prospective studies involving 206,641 participants and 6086 cases demonstrated a significant positive association between depression and subsequent risk of stroke (pooled relative risk, 1.34; 95% confidence interval, 1.17–1.54) after adjustment for

possible confounds. The associations were similar among men and women.

AN EXPERIMENTAL MEDICATION APPEARS TO REDUCE SIGNS OF AUTISM IN MICE: In their article published in *Science Translational Medicine*, JL Silverman et al., (April 2012: Vol. 4, Issue 131, p. 131) argue that by reverse engineering the genes of synaptic formation and maturation, and targeting antagonists of metabotropic glutamate receptor subtype 5 (mGluR5) which modulates excitatory neurotransmission, the team was able to reverse established markers of social impairment and repetitive behavior in mouse models of autism.

GABAPENTIN FOR MARIJUANA WITHDRAWAL? In their article published in *Neuropsychopharmacology* (2012, 37, 1689–1698) Mason et al., used a 12-week, randomized, double-blind, placebo-controlled clinical trial to demonstrate that gabapentin “significantly reduced cannabis use as measured both by urine toxicology ($p=0.001$) and by the Timeline Followback Interview ($p=0.004$), and significantly decreased withdrawal symptoms as measured by the Marijuana Withdrawal Checklist ($p<0.001$). Gabapentin was also associated with significantly greater improvement in overall performance on tests of executive function ($p=0.029$).”

CURBING PRESCRIPTION OPIATES: According to the AMA newsletter: “The Boston Globe (5/21) editorializes, “Blue Cross Blue Shield of Massachusetts is taking a measured step to curb the abuse of prescription painkillers by limiting the amount of medication a patient can receive without the insurer's prior approval” beginning in July. Prescriptions will only be allowed to originate from “one prescribing group of doctors” and be “filled at only one pharmacy or chain of pharmacies.” While some are worried “the plan could inconvenience legitimate sufferers and burden busy doctors with extra documentation,” the editorial points out “this is a carefully crafted approach that other health plans would do well to duplicate.””

STIMULANT ABUSE ON THE RISE AMONG STUDENTS: In line with an article in this WPA issue, the AMA newsletter recently noted: “On its front page, the New York Times

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(6/10, A1, Schwarz) examined the increasing use of attention-deficit/hyperactivity (AD/HD) disorder medications, such as Adderall (dextroamphetamine and amphetamine), by students who use them to study harder and test better in high-stress school environments. The medicines are bought, sold, and traded to gain a competitive edge, leading to more scrutiny of people who don't need them and problems for people who do. Prescriptions for AD/HD medications are up 26 percent for people aged 10 to 19 since 2007."

POSITIVE VIEW OF THE PAST PROTECTS AGAINST LATE LIFE DEPRESSION: In their article "Don't Look Back in Anger! Responsiveness to Missed Chances in Successful and Nonsuccessful Aging", (Stefanie Brassens et al. Science 5/10/12), found that "disengagement from regret reflects a critical resilience factor for emotional health in older age."

Mental Health Policy News

TEXAS LEGISLATORS WANT MORE FOR THE MENTALLY ILL: On 5/10, the Associated Press (Tomlinson) reported that in Texas, a bipartisan cadre of state senators agreed the state "must do more to help the mentally ill by providing services before a crisis or crime takes place." The article stated that "while mental health programs are expensive, senators agreed that treating patients earlier will save money."

SENATORS REIGNING IN THE USE OF ANTIPSYCHOTICS IN NURSING HOMES: On 5/24, The Boston Globe (Lazar) reported: "Three US senators are ratcheting up a campaign to slash the misuse of powerful sedatives, known as antipsychotics, in the nation's nursing homes. The three -- Senators Herb Kohl, D-Wis., Chuck Grassley, R-Iowa, and Richard Blumenthal, D-Conn. -- have filed a proposal that would require federal regulators to issue standardized rules for nursing homes to follow in seeking permission from patients, or their designated health care agents,

such as a family member, before administering antipsychotics for so-called off-label use."

CMS INITIATIVE TO REDUCE ANTIPSYCHOTIC USE IN NURSING HOMES: The above was quickly followed by a 5/31 (CQ, Norman) report that Medicare officials "announced an initiative to improve dementia care for residents of nursing homes, including a goal to reduce the use of antipsychotic drugs by 15 percent by the end of the year." CMS Acting Administrator Marilyn Tavenner was reported as having said "the agency will seek to work with state regulatory officials, nursing homes, advocacy groups and caregivers as part of the Partnership to Improve Dementia Care." She added, "We want our loved ones with dementia to receive the best care and highest quality of life possible."

Mental Health in the Popular Press

SCIENTISTS IDENTIFY GENES THAT MAY PLAY ROLE IN INTELLIGENCE, MEMORY: According to the AMA newsletter: "The New York Times (4/15, Carey, Subscription Publication) reported, "In the largest collaborative study of the brain to date, scientists using imaging technology at more than 100 centers worldwide have for the first time zeroed in on genes that they agree play a role in intelligence and memory." The research is published "in a series of papers published online Sunday in the journal Nature Genetics." The Los Angeles Times (4/16, Brown) "Booster Shots" blog reports, "More than 200 researchers involved in Project ENIGMA (for Enhancing Neuro Imaging Genetics through Meta-Analysis) pored over thousands of MRI images and DNA screens from 21,151 healthy people. They

looked for specific, heritable gene variations that appeared to cause disease. They sought out gene variants associated with reduced brain size, which is a marker for Alzheimer's disease and dementia, as well as mental health disorders such as schizophrenia and bipolar disorder.""

DAILY PHYSICAL ACTIVITY MAY HELP REDUCE ALZHEIMER'S RISK: The CBS Evening News (4/18, story 6, 0:20, Pelley) was quoted as stating "It appears that daily physical activity may help reduce the risk of Alzheimer's disease." After monitoring some "700 elderly people," researchers found that "the least active were nearly two and a half times as likely to develop Alzheimer's as the most active." USA today ran a similar story of the April 18 journal Neurology article.

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A FEW ACCOUNT FOR MANY: The Wall Street Journal (5/2, Saul) reported that New York City's Bloomberg administration released a report that in 2010 approximately 15 percent of physicians prescribers accounted for over 80 percent of the city's opioid prescriptions, while approximately 31 percent of the prescriptions were attributed to only one percent of the city's physicians.

TURNING OFF WAKEFULNESS: Howie Kahn reported in the New York Times on 6/3/2012 that researchers at Merck have developed a new sleep aid called suvorexant that has a narcoleptic effect of turning off wakefulness, rather than a soporific effect of inducing sleep. The FDA is expected to review this medication in the near future.

CONNECTICUT SUICIDE TOTAL GREATER THAN ONE A DAY: As reported in the AMA newsletter: "The New Haven (CT) Register (4/30, Amarante) reported that in Connecticut, the "state suicide total...has been rising for five years, to more than one per day, according to newly updated statistics from the Office of the Chief Medical Examiner." While "no one knows exactly why the numbers have been going up...the spike has coincided with economic doldrums that lingered in 2011 -- and it jibes with a government report a year ago showing suicides generally increase during hard times.""

MILITARY SUICIDES APPROACHING ONE DAILY: The CBS Evening News (6/7) and the Associated Press (6/8) both reported on the increasing rate of suicides within the military, averaging nearly one a day this year.

DISRUPTIVE MOOD DYSREGULATION DISORDER IN DSM-5: A TOOL TO REDUCE THE FREQUENCY OF PEDIATRIC BIPOLAR DIAGNOSIS? According to the AMA newsletter, the Boston Globe (5/10, Wen) reported the existence of a "heated debate among child psychiatrists over whether a glaring 40-fold increase within a decade in bipolar diagnoses in children is genuine or the result of routine misdiagnoses." In an effort "to address this issue, a panel appointed by the American Psychiatric Association is urging that a new, potentially more transient and less-stigmatizing diagnosis -- 'disruptive mood dysregulation disorder' -- be added to the official manual of mental illnesses, which is undergoing a sweeping revision." The Globe summarized, "The new condition would apply to children who have chronic irritability, as well as recurrent temper outbursts -- three or more times a week, on average -- that are 'grossly out of proportion' to the situation the child confronts."

WPA Members in the News

Jake Behrens, MD was recently elected Chair of the Assembly Committee of Members-in-Training within the APA.

Clarence Chou, MD, was elected president-elect of the American Medical Association Foundation Board of Directors last year. Doctor Chou has served in numerous leadership roles at the local, state and national levels. He is a past president of the Wisconsin Medical Society and has served on the boards of the Planning Council for Health and Human Services in Southeastern Wisconsin and the National Alliance on Mental Illness of Greater Milwaukee.

Doctor Chou, who is board-certified in general psychiatry and child and adolescent psychiatry, is a full-time psychiatrist at the Psychiatric Crisis Service of Milwaukee County and is also an associate clinical professor in the Department of Psychiatry and Behavioral Health at the Medical College of Wisconsin. Most recently, Dr. Chou has received the APA Area 4 Mentor Award.

Angela Janis, MD, was elected one of two Wisconsin delegates to the AMA Young Physician section and also appointed as the Wisconsin Medical Society Liaison to the AMA Women Physicians Congress.

Medical College of Wisconsin Residency Program – Incoming Class of 2016

Mara Pheister, MD Director of Residency Education

PATRICK BRITTON M.D. – Patrick grew up in a small town in North Dakota and is coming to us from the University of North Dakota Medical School. He is artistic and he plays the piano and trumpet. Additionally, Patrick enjoys biking. We hope he'll have a chance to take advantage of all of the great trails that Milwaukee (and Wisconsin) have to offer.

MICHELLE HEATON D.O. – Michelle is a local who grew up in Oconomowoc, Wisconsin. She comes to us from the University Of Des Moines Osteopathic School Of Medicine and is looking forward to being closer to family in Wisconsin. Michelle was a psych major in college and has had a long-standing interest in the field. Michelle's interests & experiences range from doing clinical trials in schizophrenia to working at homeless camps in Des Moines. We really look forward to having her back in Wisconsin!

NICHOLAS GLASS M.D. – Nick is a graduate of Creighton University School of Medicine. He completed his first year of neurosurgery residency at SUNY (State University of New York) upstate before deciding that his real love was psychiatry. Nick is a talented athlete who played Division One soccer at Creighton. We hope that he'll be able to help out the Death Merchants (our softball team) on Friday nights!

SATYA GUTTA M.D. – Satya is a graduate of Rangaraya Medical College in India. He's been in the states for many years, completing his Masters Degree in Health and Human Performance as well as his Masters in Educational Leadership and Instruction Technology – both from McNeese State University in Louisiana. Through his work there, Satya did a poster and publication on Autism Spectrum Disorders and Thimersal in vaccines. Satya enjoys outdoor sports and fishing. We think Satya will be a great addition to the program!

MOHAMMED RAHEMTULLA D.O. – Mohammed grew up in West Allis and completed medical school at Des Moines University Osteopathic Medical School. Professionally, he's done some research with CHW and UWM on child stress and coping. He received a certificate of excellence as a teaching assistant. He enjoys outdoor sports and computers. We look forward to having him back in Wisconsin!

ABEDRAZIK EISA M.D. – “Abe” completed medical school and psychiatry residency at Addis Ababa University in Eithiopia. Upon graduation, he became the head of the department of psychiatry at Gondar University Hospital in Ethiopia, where he received the teacher of the year award. Abe came to the United States in 2007 to join his wife. He's been working as a volunteer mental health worker in Newark, Delaware. We are quite fortunate to welcome Abe to the residency this year!

ELIZABETH LAMPE M.D. –Elizabeth comes to us from the Chicago Medical School at Rosalind Franklin in North Chicago, Illinois. Before medical school, she worked as a policy advisor for a politician. Her work continued into medical school where she's been very involved in professional organizations, including serving as the funding committee Vice Chair for Region 2 of the AMA. In addition to all of her clinical and political work, Elizabeth enjoys reading and traveling. We are thrilled to have her in the program!

HONG YIN M.D. Hong is a local Wisconsinite who completed her medical degree at University of Wisconsin School of Medicine and Public Health, Madison, WI. Hong is coming to psychiatry after 10 months of an ObGyn residency in New York. Since making the decision to pursue psychiatry, she's been back in Milwaukee, working with local psychiatrists and attending some lectures at the Medical College. We look forward to officially welcoming her into the residency!

NEHA THAPA M.D. Neha is transferring to MCW after completing her first year in psychiatry at Virginia Tech Carillion School of Medicine. Neha completed medical school at Guru Gobind Singh Medical College in India. Neha is the mother of an 18 month old son, who has been with her husband in Green Bay over the last year. Needless to say, this is what brought Neha back to Wisconsin. We are excited to welcome Neha and her family into our program.

In Memory of Dr. Richard J. Thurrell



MADISON - Dr. Richard J. Thurrell, age 83, passed away on Saturday, March 24, 2012.

He was born in Wauwatosa, Wis., on Feb. 25, 1929, to teachers Edith Bergstrom and George Thurrell. Through his father, he was brought into the Unitarian Universalist faith,

which remained a source of spiritual inspiration and humanist engagement throughout Richard's life.

His father's Yankee family hailed from Stockbridge and North Adams, Mass.; with roots in Nova Scotia. His mother was the child of Swedish immigrants. His Bergstrom cousins were always very important to him, especially after his father's death when he was 12. He and his brother Roger lived with them as siblings. His family spent many summers with the Bergstroms, Olsons, and Keithleys on Lake Enterprise in Langlade County, Wis. Dick enjoyed the nature and serenity of the North Woods throughout his life.

In high school, Dick was swim team captain and state champion, physics club member, and sports writer for the Washington Scroll. His future spouse, Mary Demeter, was his editor. He graduated in 1947 from Washington High School in Milwaukee.

Richard attended the University of Wisconsin-Milwaukee; and later, UW-Madison. He worked briefly at the Wiltwyck School for Boys in Esopus, N.Y. He served in the US Public Health Service (1955-58) and did his medical residencies and USPHS duty all over the United States including: Hawaii, New York, Texas, California and Kentucky. On his return to Madison, he was happily reacquainted with Mary and they were married on Nov. 22, 1958.

Dick returned to Madison and in time, became full professor in the UW Medical School. He served patients there and at Mendota State Hospital, The Veterans Administration Hospital, Wisconsin School for the Blind and Visually Impaired, School for the Deaf, and Wisconsin Department of Corrections.

During his career as a psychiatrist he was involved in the treatment of the mentally ill and incarcerated. As a Wisconsin Psychiatric Association delegate, he was active in various offices and committees of both the WPA and the American Psychiatric Association for 54 years; he was honored as a Distinguished Life Member in 2003. Dick enjoyed traveling as an American Board of Psychiatry and Neurology examiner, and attended various APA, WPA, and Residency Directors meetings. Richard deeply appreciated his time as head of the UW Psychiatric Department Residency program both as a teacher and colleague; he had great respect for his many students and professional partners.

Dick liked to spend his free time with his three daughters: Mali, Lisa and Ede. He was an avid reader, tree planter and gardener, and artist/painter. He collected dumb jokes, cartoons, and humorous writing and especially terrible greeting cards.

Later in his life Dick won many national awards for the publication he edited: "The Wisconsin Psychiatrist." Many remember his reviews of classic movies. From his Psychiatry department days until recently, he continued to exercise at the UW Cardiac Rehab Center. Early in his retirement, he extended his many years at the VA hospital by counseling a group of World War II veterans. Richard remained a supporter of many charitable, artistic, and liberal causes. He enjoyed spending time with his grandchildren Zoe, Sofi and Max LaLonde, and gently ribbing his sons-in-law John LaLonde and Robert Cleary.

If you wish to make a donation in Richard's memory, please consider supporting the following: Macular Degeneration Research Fund # 12654644, University of Wisconsin Foundation or mail to: University of Wisconsin Foundation, US Bank Lockbox, P.O. Box 78807, Milwaukee, WI 53278-0807 or UW Carbone Cancer Center Lung Cancer Research: <https://secure3.convio.net/uwhc/site/Donation> or UWHealth.org/cancer or mail to: UW Carbone Cancer Center, c/o Katie Arendt, 600 Highland Ave., K4/646, Madison, WI 53792 or Kanopy Dance Company at www.kanopydance.org or info@kanopydance.org or mail to: Kanopy Dance Company, 341 State St., Madison, WI 53703.



*I'm not recovering
from a bipolar
disorder only to
die of lung cancer.
I had to quit smoking. ~Blake*



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Mayo Clinic Health System in Eau Claire, Wisconsin seeks two BC/BE Adult Psychiatrists for primarily outpatient positions. Call of 1:7. Outpatient unit attached to 20 bed inpatient unit. Inpatient unit is covered by daytime Psychiatric Hospitalists Monday through Friday.

Mayo Clinic Health System is a family of clinics and hospitals serving over 70 communities in Iowa, Wisconsin and Minnesota. Eau Claire, metro area of 99,000, is home to the 11,400 students at the University of Wisconsin-Eau Claire. Located 90 minutes east of Minneapolis, Eau Claire is a family friendly community with the cost of living below the national average, a low crime rate and strong public schools.

Contact Cyndi Edwards:
800-573-2580, fax 715-838-6192, or
edwards.cyndi@mayo.edu . EOE

Welcome to our new PGY-1s – UW Residency Class of 2016

Art Walaszek, MD – Residency Director, UW-Madison, Department of Psychiatry

KATIE CANNON, M.D., M.P.H. Katie completed her medical training at the University of Minnesota Medical School, where she also worked on her Masters of Public Health. Katie has a deep commitment to women's mental health and to Native American health care. In fact, during her interviews at UW, she also met with local family physicians who are interested in developing a consortium of health care providers addressing Native Americans' medical needs. She has served as a public health educator on the topic of tobacco cessation, and has assisted with a research project: "Peer-Based Proactive Tobacco Treatment for Urban American Indian Smokers." She is very proud of her 16-year old daughter, Trudy, who is excited to be moving to Madison.

SHANE CREADO, M.D. Shane will bring an international perspective to UW, having (1) graduated first in his class at the University of Seychelles American Institute of Medicine, (2) participated in a telemedicine network in Mumbai, India, and (3) established a charitable physical therapy clinic, also in Mumbai. Shane and his sister, also a physician, have developed a television program aimed to educate the Indian public about health care issues. Perhaps you are wondering about the PT clinic? Well, Shane also managed to complete Physical Therapy school before entering medical school. We look forward to Shane bringing his energy and creativity to Madison.

FABIO FERRARELLI, M.D., Ph.D. We are very pleased to welcome Fabio to our 5th class of Research Track residents. Fabio completed his medical training at Universita Cattolica del Sacro Cuore (Catholic University of the Sacred Heart) in Rome, Italy, and then went on to a Psychiatry residency. He has worked in the lab of Dr. Giulio Tononi since 2004, participating in cutting edge research in the biology of wakefulness and sleep employing fMRI, TMS and high-density EEG. Fabio is also a new father, and therefore well prepared for the sleeplessness of residency.

JUSTIN GERSTNER, M.D. A life-long Wisconsinite, Justin received his B.S. in Medical Microbiology and Immunology at UW-Madison and just received his medical degree at the UW School of Medicine and Public Health. Justin has a deep

commitment to serving the community, notably as President and Board Member of the local chapter for Habitat for Humanity, which helps low-income families get their own homes. We know Justin quite well from his Psychiatry rotations and have found him to be a great clinician and team member. We're pleased that Justin will remain on Bucky's team.

BRIAN MENDENHALL, D.O. Brian is a man of many interests and passions. Most recently a student at the A.T. Still University School of Osteopathic Medicine, Brian has a deep interest in underserved populations. Having been raised in the Appalachian foothills of Ohio, he wrote in his personal statement that he has "witnessed firsthand the trials and tribulations of the working poor, the blue-collar, and the often-times forgotten people within our society." Brian is a freelance artist and a meditator, and once worked as a customer service rep for a very large HMO. His wife and children will accompany Brian to Madison.

BRITTANY STRAWN, M.D. Brittany attended the University of Southern California, where she majored in Health Promotion and Disease and minored in Spanish. She then returned to her native Wisconsin to attend the UW School of Medicine and Public Health on a Full Tuition Merit Scholarship. Brittany was President of the Los Angeles chapter of the organization African Americans in Medicine, is a UW Emergency Department ambassador, and has had a number of other volunteer opportunities (including a health immersion program in Ecuador). Brittany has a wide array of interests, including in opera, writing poetry, and playing the violin.

JONATHAN VU, M.D. Jonathan just graduated from the UW School of Medicine and Public Health. He also went to undergrad at UW, majoring in Bacteriology and receiving a Chancellor's Scholarship. He was in the Pittsburgh Health Corps, a branch of the National Health Corps Americorps program, where he taught science and math enrichment classes and participated in tobacco prevention programs for underserved elementary school students. Jonathan is a fan of sci-fi and salsa (the dance, not the condiment).

Harry Prosen Awarded Distinguished Life Fellowship



Harry Prosen, MD was Chairman (1987-2003) and is currently Professor Emeritus of the Department of Psychiatry and Behavioral Medicine at the Medical College of Wisconsin. Dr. Prosen maintains his Professorship in the Department of Psychiatry at the University of Manitoba in Canada,

which he headed from 1975 to 1987, at which time he was invited to Chair the Department of Psychiatry at MCW. He is Board certified in the United States, Canada and

England. Dr. Prosen is a Fellow of the American College of Psychiatrists and is currently serving his second nine-year term as a member of the Council on Health re Access of the Wisconsin Medical Society, which he chaired for three years during my first term.

Dr. Prosen is very active in psychiatric work with primates as Psychiatric Consultant to the Bonobo Species Preservation Society and is also a Patron of the World Transformation Movement headquartered in Australia.

Dr. Prosen joined the small list of APA Distinguished Life Fellows in 2008.

News from the APA

NEW! SPRING ISSUE OF "IN SESSION WITH ALLIED WORLD" NEWSLETTER NOW AVAILABLE ONLINE:

Published in support of the American Professional Agency, Inc.'s psychiatrist insurance program, exclusively for members of the American Psychiatric Association, "In Session" is a quarterly newsletter designed to address legal and risk-related issues that are important to psychiatrists. As the APA-endorsed medical malpractice insurance provider, American Professional Agency, Inc./Allied World are committed to delivering a comprehensive risk management program for APA members. This issue contains timely articles on:

- The Anatomy of an Appeal;
- Case Closed: Claims and Risk Management Insights;
- How Following The Golden Rule Can Help You Avoid Litigation; and
- Culture Corner: Asian Indian.

Please check out this informative newsletter at the American Professional Agency's website.

PURSUING WELLNESS THROUGH RECOVERY AND INTEGRATION: Save the date to attend the American Psychiatric Association 64th Institute on Psychiatric Services,

APA's leading educational conference on clinical issues and community mental health to meet the needs of people with severe mental illness. The IPS meeting is October 4-7, 2012 in New York. The four-day event will feature more than 100 educational sessions on a variety of topics, popular networking events, and exhibits that complement the educational program. For more information visit www.psychiatry.org/IPS. Advance registration started on June 4th for APA Members, early career psychiatrist and psychiatric residents.

The Institute on Psychiatric Services is APA's leading educational conference on clinical issues and community mental health to meet the service needs of people with severe mental health. This four day event will feature more than 100 expertly-led educational sessions on a variety of topics, popular networking activities, and exhibits that complement the educational program. The 2012 IPS meeting qualifies for approximately 27 AMA PRA Category 1 Credits™

Register now at <http://www.psychiatry.org/learn/institute-on-psychiatric-services>.

APA NATIONAL ELECTION: American Psychiatric Foundation Invites Nominations for 2013 Frank J. Menolascino Award for Psychiatric Services for Persons with Intellectual Developmental Disorders / Developmental Disabilities.

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The award recognizes an American Psychiatric Association member who has made significant contributions to psychiatric services for persons with intellectual developmental disorders/developmental disabilities through direct clinical services and/or dissemination of knowledge in this field through teaching or research. The Frank J. Menolascino Award carries an honorarium of \$500 and a plaque to be presented at the opening session of the APA Institute on Psychiatric Services (IPS) meeting next year (October 2013). The winner will also have the opportunity to present an educational program at IPS 2013.

Nominations must be received by July 20, 2012, and include:

(1) A nomination letter from an APA member describing the nominee's contribution to the field

(2) A curriculum vitae or biographical sketch of the nominee

(3) Two letters of endorsement of the nomination

Nominations may be sent as an email attachment to menolascinoaward@psych.org or mailed to:

Frank J. Menolascino Award for Psychiatric Services

Attn: Mary Ward

American Psychiatric Association

1000 Wilson Boulevard, Suite 1825

Arlington, VA 22209-3901

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- 10% Discount for New Insureds who are claims free for the last six months



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Wisconsin Psychiatric Association
563 Carter Court, Suite B
Kimberly, WI 54136

UPCOMING EVENTS

July 21, 2012

Wisconsin Psychiatric Association
2012 Career Fair

September 15, 2012 • 6:00 PM

Beyond the Blues

Sponsored by the Charles E. Kubly Foundation.

Contact Laura Koppa at 414-477-9959 or
visit www.beyondtheblues.org.

October 6, 2012 • 7:45 AM

NAMI Fox Valley Walk

Contact: Wendy Magas at 920-954-1550
or wendy@namifoxvalley.org

October 7, 2012

NAMI Dane County Walk

Contact: Heidi Hastings at 608-249-7188
or walk@namidanecounty.org

October 12-13 2012

Fall 2012 Psychiatric Update

UW School of Medicine and Public Health and
Madison Institute of Medicine, Inc

March 14-16, 2013

**Wisconsin Psychiatric Association 2013
Annual Meeting**

October 11-12, 2013

Fall 2013 Psychiatric Update

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