

## PSYCHIATRIC SUMMARY XVI

Winter 2015-16

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This issue marks the sixteenth installment consolidating recent clinical updates, mental health policy news, popular press news patients may be reading, and changes in the landscape of psychiatry in Wisconsin. Download the full issue.

### OF GENERAL INTEREST

#### **Paxil Dangerous in Youth:**

Chances are you have already seen the headlines and calls for retraction ([LINK](#)) that the 2001 study of paroxetine (Keller et al. [LINK](#)) was reanalyzed by Le Noury et al (BMJ [LINK](#)) finding that:

The efficacy of paroxetine and imipramine was not statistically or clinically significantly different from placebo for any prespecified primary or secondary efficacy outcome. HAM-D scores decreased by 10.7 (least squares mean) (95% confidence interval 9.1 to 12.3), 9.0 (7.4 to 10.5), and 9.1 (7.5 to 10.7) points, respectively, for the paroxetine, imipramine and placebo groups (P=0.20). There were clinically significant increases in harms, including suicidal ideation and behaviour and other serious adverse events in the paroxetine group and cardiovascular problems in the imipramine group.

### CLINICAL PSYCHIATRY IN THE NEWS, IN BRIEF

#### **Unhealthy Diet Shrinks Hippocampus?**

In an article appearing in BMC, authors Jacka et al. ([LINK](#)) studied correlation between diet and hippocampal volume in 255 patients, with imaging at the beginning of the study and again 4 years later. They found that:

Every one standard deviation increase in healthy “prudent” dietary pattern was associated with a 45.7 mm<sup>3</sup> (standard error 22.9 mm<sup>3</sup>) larger left hippocampal volume, while higher consumption of an unhealthy “Western” dietary pattern was (independently) associated with a 52.6 mm<sup>3</sup> (SE 26.6 mm<sup>3</sup>) smaller left hippocampal volume. These relationships were independent of covariates including age, gender, education, labour-force status, depressive symptoms and medication, physical activity, smoking, hypertension and diabetes. While hippocampal volume declined over time, there was no evidence that dietary patterns influenced this decline. No relationships were observed between dietary patterns and right hippocampal volume.

#### **SSRIs → Violent Crimes in Young Adults?**

According to Molero et al, as published in PLOS Medicine ([LINK](#)):

From Swedish national registers we extracted information on 856,493 individuals who were prescribed SSRIs, and subsequent violent crimes during 2006 through 2009. We used stratified Cox regression analyses to compare the rate of violent crime while individuals were prescribed these medications with the rate in the same individuals while not receiving medication. Adjustments were made for other psychotropic medications. Information on all medications was extracted from the Swedish Prescribed Drug Register, with complete national data on all dispensed medications. Information on violent crime convictions was extracted from the Swedish national crime register. Using within-individual models, there was an overall association between SSRIs and violent crime convictions (hazard ratio [HR] = 1.19, 95% CI 1.08–1.32, p <

0.001, absolute risk = 1.0%). With age stratification, there was a significant association between SSRIs and violent crime convictions for individuals aged 15 to 24 y (HR = 1.43, 95% CI 1.19–1.73,  $p < 0.001$ , absolute risk = 3.0%). However, there were no significant associations in those aged 25–34 y (HR = 1.20, 95% CI 0.95–1.52,  $p = 0.125$ , absolute risk = 1.6%), in those aged 35–44 y (HR = 1.06, 95% CI 0.83–1.35,  $p = 0.666$ , absolute risk = 1.2%), or in those aged 45 y or older (HR = 1.07, 95% CI 0.84–1.35,  $p = 0.594$ , absolute risk = 0.3%).

#### **FDA and Clozapine Requirement Changes:**

The FDA published new guidelines for treating patients with clozapine. The FDA clarified and enhanced the prescribing information for clozapine that explains how to monitor patients for neutropenia and manage clozapine treatment, and approved a new, shared risk evaluation and mitigation strategy (REMS) called the Clozapine REMS Program, eliminating previously separate registries for individual clozapine medicines.

#### **Marijuana Use and Attitudes Towards:**

As reported in the AMA Morning Rounds:

The [Washington Post](#) (9/22, Ingraham) reports in “Wonkblog” that two new studies show that more permissive state laws towards marijuana are not likely to increase the use of marijuana by teenagers. One [study](#), published in *Drug and Alcohol Dependence*, found that “despite considerable changes in state marijuana policies over the past 15 years, marijuana use among high school students has largely declined.” The second [study](#), published in the *American Journal of Drug and Alcohol Abuse*, suggests that attitudes of younger teenagers is more disapproving of marijuana use than 10 years ago

#### **Dextromethorphan-Quinidine for Agitation in Dementia:**

In a phase two study appearing in *JAMA*, authors Cummings et al reported that use of dextromethorphan-quinidine in a total of 152 patients, compared to 127 receiving placebo, had reduced aggression scores with adverse events including falls, diarrhea, and urinary tract infections, and without association with cognitive impairment, sedation, or clinically significant QTc prolongation, posing a potentially useful treatment for this population often prescribed atypical antipsychotics.

#### **Mindfulness and False Memories?**

Reported in *Medical News Today* ([LINK](#)), Wilson et al published work in *Psychological Science* ([LINK](#)) in which three experiments showed increased false-memory susceptibility following mindfulness meditation.

#### **Exercise Protects Against Ill-Effects of Bullying:**

*Clinical Psychiatry News* (W. McKnight, 9/24/2015, [LINK](#)) reported on an article by J. Sibold et al. (*Journal of the American Academy of Child & Adolescent Psychiatry*, [LINK](#)) evaluated the emotional impact of bullying, and the protective nature of exercise. The study reviewed 13,583 youth who participated in a 2013 National Youth Risk Behavior survey:

- The investigators found that 30% of respondents reported feeling sad for at least 2 weeks in the past 12 months, and 22% and 8% reported suicidal ideation or a suicide attempt, respectively ( $P$  less than .0001).
- Over a quarter of all students reported they had been bullied in the past 12 months. Over half of these respondents reported that they felt sad as a result, with 39% of this group reporting they had suicidal thoughts and 18% reporting an attempted suicide.

- Twenty-three percent of respondents reported feeling sad but had not been bullied. Of these, 14% reported suicidal ideation, with 5% having attempted suicide, Dr. Sibold and his associates reported.
- Thirty-seven percent of bullied students who exercised 6-7 days per week reported suicidal ideation, compared with 46% of bullied students who exercised 0-1 day a week. Twelve percent of nonbullied students who exercised 6-7 days a week reported suicidal ideation, compared with 21% of nonbullied students who exercised 0-1 day. In addition, 16% of bullied students who exercised 6-7 days a week reported a suicide attempt, compared with 20% who exercised only 0-1 days. In nonbullied students who exercised 6-7 days per week, 4% reported a suicide attempt, versus 6% who exercised 0-1 day.
- Students who were bullied and exercised 6-7 days a week had lower odds of suicidal ideation (adjusted odds ratio, 0.77), compared with bullied students who exercised 0-1 day a week. Bullied students who exercised 6-7 days had lower odds of suicide attempt (adjusted odds ratio, 0.81) than bullied students who exercised 0-1 day.

### **Placebo Activated Neural Systems and Antidepressants:**

In an article appearing in JAMA Psychiatry (Peciña et al., [LINK](#)) authors examined placebo and antidepressant response in conjunction with PET imaging, with implications that those who respond most strongly to placebo will may the greatest benefit from antidepressants. An excellent summary by Maurizio Fava appears in the same issue and is quoted below ([LINK](#))

The article by Peciña and colleagues<sup>1</sup> in this issue of JAMA Psychiatry reports the results of a study evaluating with a neuroimaging paradigm the neurochemical mechanisms underlying the formation of placebo effects in patients with major depressive disorder (MDD). Their study involved performing a single-blinded 2-week crossover randomized clinical trial of 2 identical oral placebos (described as having either active or inactive fast-acting antidepressant-like effects), followed by a 10-week open-label treatment with an antidepressant. The participants with MDD were studied with positron emission tomography and the  $\mu$ -opioid receptor-selective radiotracer [<sup>11</sup>C] carfentanil after each 1-week inactive and active oral placebo treatment. In addition, 1 mL of isotonic saline was administered intravenously within sight of the volunteer during positron emission tomographic scanning every 4 minutes over 20 minutes only after the 1-week active placebo treatment. Reductions in depressive symptoms after 1 week of active placebo treatment, compared with the inactive placebo treatment, were associated with increased placebo-induced  $\mu$ -opioid neurotransmission in a network of regions implicated in emotion, stress regulation, and the pathophysiology of MDD, namely, the subgenual anterior cingulate cortex, nucleus accumbens, midline thalamus, and amygdala. Their findings have numerous implications.

### **Schizophrenia and Dementia:**

Appearing in JAMA Psychiatry ([LINK](#)) Ribe et al. completed a population-based cohort study of more than 2.8 million individuals 50 years or older in which a total of 20 683 individuals had schizophrenia. Individuals were followed from January 1, 1995, to January 1, 2013.

During 18 years of follow-up, 136 012 individuals, including 944 individuals with a history of schizophrenia, developed dementia. Schizophrenia was associated with a more than 2-fold higher risk of all-cause dementia (IRR, 2.13; 95% CI, 2.00-2.27) after adjusting for age, sex, and calendar period.

### **Self Harm and Bariatric Surgery:**

In a population based longitudinal cohort study, Bhatti et al. (JAMA Surgery [LINK](#)) reported:

The cohort included 8815 patients of whom 7176 (81.4%) were women, 7063 (80.1%) were 35 years or older, and 8681 (98.5%) were treated with gastric bypass. A total of 111 patients had 158 self-harm emergencies during follow-up. Overall, self-harm emergencies significantly increased after surgery (3.63 per 1000 patient-years) compared with before surgery (2.33 per 1000 patient-years), equaling a rate ratio (RR) of 1.54 (95% CI, 1.03-2.30; P = .007). Self-harm emergencies after surgery were higher than before surgery among patients older than 35 years (RR, 1.76; 95% CI, 1.05-2.94; P = .03), those with a low-income status (RR, 2.09; 95% CI, 1.20-3.65; P = .01), and those living in rural areas (RR, 6.49; 95% CI, 1.42-29.63; P = .02). The most common self-harm mechanism was an intentional overdose (115 [72.8%]). A total of 147 events (93.0%) occurred in patients diagnosed as having a mental health disorder during the 5 years before the surgery.

### **Schizophrenia an Inflammatory Process?**

Using PET imaging and the second generation radio-ligand [<sup>11</sup>C]PBR28, authors Bloomfield et al. reported (American Journal of Psychiatry, 10/16/2015, [LINK](#)):

Microglial activity is elevated in patients with schizophrenia and in persons with subclinical symptoms who are at ultra high risk of psychosis and is related to at-risk symptom severity. These findings suggest that neuroinflammation is linked to the risk of psychosis and related disorders, as well as the expression of subclinical symptoms.

### **Fungal Cause for Alzheimer's Disease?**

In an article appearing in Nature ([LINK](#)) Pisa et al report:

The possibility that Alzheimer's disease (AD) has a microbial aetiology has been proposed by several researchers. Here, we provide evidence that tissue from the central nervous system (CNS) of AD patients contain fungal cells and hyphae. Fungal material can be detected both intra- and extracellularly using specific antibodies against several fungi. Different brain regions including external frontal cortex, cerebellar hemisphere, entorhinal cortex/hippocampus and choroid plexus contain fungal material, which is absent in brain tissue from control individuals. Analysis of brain sections from ten additional AD patients reveals that all are infected with fungi. Fungal infection is also observed in blood vessels, which may explain the vascular pathology frequently detected in AD patients. Sequencing of fungal DNA extracted from frozen CNS samples identifies several fungal species. Collectively, our findings provide compelling evidence for the existence of fungal infection in the CNS from AD patients, but not in control individuals.

### **Short Sleep → Metabolic Syndrome?**

In a prospective study of 2579 adults, Kim et al. (Sleep Medicine [LINK](#)) showed that those sleeping less than 6 hours a night have a higher risk of developing metabolic syndrome:

During an average of 2.6 years of follow-up, 558 (21.6%) subjects developed metabolic syndrome. In multivariable adjusted models, the odds ratio (95% CI) for incident metabolic syndrome comparing the 6 to <8 h to the <6 h of total sleep duration was 1.41 (1.06-1.88). The corresponding odds ratios (95% CI) for high waist circumference, low HDL cholesterol, high triglycerides, high blood pressure, and high blood glucose were 1.30 (0.98 – 1.69), 0.75 (0.56 – 0.97), 0.82 (0.60 – 1.11), 1.56 (1.19– 2.03), and 1.31 (0.96 – 1.79), respectively.

### **Hyperexcitable Neurons in Bipolar Disorder Dampened by Li:**

In a very interesting study of hippocampal dentate gyrus-like cells derived from pluripotent stem cells of individuals with bipolar disorder both who did and did not respond to treatment, Mertens et al. (Nature [LINK](#)):

Detected mitochondrial abnormalities in young neurons from patients with bipolar disorder by using mitochondrial assays; in addition, using both patch-clamp recording and somatic Ca<sup>2+</sup> imaging, we have observed hyperactive action-potential firing. This hyperexcitability phenotype of young neurons in bipolar disorder was selectively reversed by lithium treatment only in neurons derived from patients who also responded to lithium treatment. Therefore, hyperexcitability is one early endophenotype of bipolar disorder, and our model of iPSCs in this disease might be useful in developing new therapies and drugs aimed at its clinical treatment.

### **Anxiety Predicts Parkinson's?**

Appearing in the European Journal of Neurology (9/22/2015 [LINK](#)), Lin et al. studied 174 776 participants free of prior Parkinson's Disease (PD), dementia and stroke for a total of 5.5 years. They found that: 258 incident PD cases were diagnosed. After adjusting for age, sex, comorbidities and concomitant medication use, patients with anxiety were more likely to develop PD than subjects without anxiety [adjusted hazard ratio (HR) 1.38; 95% confidence interval (CI) 1.26-1.51]. Anxiety severity was dose-dependently associated with increased likelihood of PD: crude HR 1.27 (95% CI 1.11-1.44) for mild anxiety, 1.35 (95% CI 1.19-1.53) for moderate anxiety and 2.36 (95% CI 2.13-2.62) for severe anxiety (P < 0.0001). Results were similar after adjustment for age, sex, comorbid depression and other PD risk factors, and in the sensitivity analyses excluding participants with comorbid depression or with a PD diagnosis <3 years after anxiety diagnosis, and controlling for Charlson's scores.

### **Death of a Parent and Subsequent Suicide Risk:**

In a study of nearly 190,000 children - appearing in JAMA Psychiatry (Guldin et al., [LINK](#)) - authors noted that death of a parent in childhood, no matter the cause, was associated with increased long-term suicide risk (IRR = 2.02 [95% CI, 1.75-2.34]); IRR = 3.44 (95% CI, 2.61-4.52) for children who had a parent who died of suicide, and IRR = 1.76 (95% CI, 1.49-2.09).

### **Stimulants Increase Risk of PTSD?**

Appearing in the Journal of Traumatic Stress, Crum-Cianflone et al. ([LINK](#)) found in a population of nearly 26,000 active duty U.S. Military, that: 1,215 (4.7%) persons developed new-onset PTSD during follow-up. Receipt of prescription stimulants were significantly associated with incident PTSD, hazard ratio = 5.09, 95% confidence interval [3.05, 8.50], after adjusting for sociodemographic factors, military characteristics, attention-deficit/hyperactivity disorder, baseline mental and physical health status, deployment experiences, and physical/sexual trauma.

### **Stop Prescribing Methylphenidate in Childhood ADHD?**

A recent Cochrane Review published 11/25/2015 ([LINK](#)) suggested that evidence of benefit from methylphenidate in the literature is weak enough to question its use in children.

## **MENTAL HEALTH IN THE POPULAR PRESS**

### **Suicide Prevention in the Built Environment:**

As reported in the AMA Morning Rounds:

[TIME](#) (9/23, Oaklander) reports that [research](#) published in The Lancet Psychiatry suggests that "simply blocking off popular routes to suicide, like erecting a fence around a cliff's edge, can cut down on suicide deaths enormously." The "meta-analysis...looked specifically at what the authors call 'suicide hotspots': sites accessible to the public and often used as a means to

suicide, like bridges, cliffs, tall buildings and railroad tracks.” The researchers “analyzed 18 studies that looked at three interventions to deter suicides at hotspots.”

### **Early Childhood Trauma, Heart Disease and Diabetes:**

As reported in the 9/30/2015 AMA Morning Rounds:

[CBS News](#) (9/29, Welch) reports on its website that [research](#) published in the Journal of the American College of Cardiology suggests that “psychological distress in childhood is associated with a higher risk of heart disease and diabetes later in life.” Investigators “studied nearly 7,000 people born in a single week in Great Britain in 1958 over the course of 45 years.” The researchers found that “the participants with persistent distress throughout their lives had the highest cardiometabolic risk score when compared to those who reported low levels of distress throughout childhood and adulthood.”

[HealthDay](#) (9/29, Haelle) reports that individuals “who had psychological distress only as children or only as adults also had a higher risk than those who did not go through periods of emotional turmoil.”

### **Lower Drinking Age and High School Dropout:**

Also appearing in the 9/30/2015 AMA Morning Rounds:

[TIME](#) (9/29, Basu) reports that a study published Sept. 28 in the Journal of Studies on Alcohol and Drugs reveals that “in the run-up to the landmark 1984 act” establishing 21 as the national minimum drinking age, “states with lower minimum drinking ages saw higher high school dropout rates – in addition to what’s been already documented as other effects, such as lower educational attainment, higher substance abuse, and more.” The study arrived at that conclusion after researchers examined “data from the 1970s and 1980s to see if there were differences in dropout rates.”

[HealthDay](#) (9/29, Preidt) reports that “US high school dropout rates increased between four percent and 13 percent in the 1970s and 1980s.” The study authors concluded that “for vulnerable youngsters, greater access to alcohol lowers their chances of finishing high school.”

### **Dutch Study Finds 2.8% of People Over 60 with ADHD:**

Appearing in the New York Times (9/29, Berck, [LINK](#)), Berck wrote on a three year old Dutch study (British Journal of Psychiatry, Michielsen et al., [LINK](#)) which found that close to three percent of adults over 60 had “syndromic ADHD.”

### **Benefits of Talk Therapy are Overstated?**

According to an article by Carey appearing in The New York Times (10/1/2015, [LINK](#)), quoting a review published 9/30 in PLOS One (Driessen, [LINK](#)): “Medical literature has overstated the benefits of talk therapy for depression, in part because studies with poor results have rarely made it into journals.” In order to draw this conclusion, the authors “tracked down all the grants funded by the National Institutes of Health to test talk therapy for depression from 1972 to 2008.”

### **Genetic Testing in Schizophrenia Overrated:**

In a lengthy article appearing in the Boston Globe (10/3/2015 [LINK](#)) author Beth Daley reported that a review conducted by the New England Center for Investigative Reporting concluded that virtually all the evidence endorsing these tests is based on limited studies funded by the companies themselves or researchers they fund, including all five studies used to promote GeneSight on the company’s website.

She went on to quote Robert Klitzman, a psychiatrist and bioethicist at Columbia University in New York as stating “The claims of these companies are weak,” and “Conflicts of interest in the field are major problems.”

### **Why we are Crabby Post-Call:**

According to the 11/2/2015 AMA Morning Rounds:

[Fox News](#) (10/31) reported on its website that research suggests that “waking up several times throughout the night may be worse for your mood than sleeping a shortened amount of time.”

[The Today Show Online](#) (10/31, Carroll) reports, tested the impact of disrupted sleep on mood with the help of 62 healthy men and women who agreed to spend three nights in a sleep lab.

[TIME](#) (10/31, Park) reported that investigators “found that the interrupted and short sleepers both showed drops in positive mood after the first night.” However, “on the next nights, the interrupted sleepers continued to report declining positive feelings while the short sleepers did not—they stayed at about the same level they had reported after the first night.” The findings were published in *Sleep*.

### **Middle Age White Longevity Shrinking:**

A heavily publicized study appearing in PNAS (Case and Deaton [LINK](#)) reported:

Midlife increases in suicides and drug poisonings have been previously noted. However, that these upward trends were persistent and large enough to drive up all-cause midlife mortality has, to our knowledge, been overlooked. If the white mortality rate for ages 45–54 had held at their 1998 value, 96,000 deaths would have been avoided from 1999–2013, 7,000 in 2013 alone. If it had continued to decline at its previous (1979–1998) rate, half a million deaths would have been avoided in the period 1999–2013, comparable to lives lost in the US AIDS epidemic through mid-2015. Concurrent declines in self-reported health, mental health, and ability to work, increased reports of pain, and deteriorating measures of liver function all point to increasing midlife distress.

### **Loneliness Makes Us Sick?**

Appearing in PNAS and multiple new sources, Cole et al ([LINK](#)) wrote:

Perceived social isolation (PSI) (loneliness) is linked to increased risk of chronic disease and mortality, and previous research has implicated up-regulated inflammation and down-regulated antiviral gene expression (the conserved transcriptional response to adversity; CTRA) as a potential mechanism for such effects. The present studies used integrative analyses of transcriptome regulation in high-PSI humans and rhesus macaques to define the basis for such effects in neuroendocrine-related alterations in myeloid immune cell population dynamics. CTRA up-regulation also preceded increases in PSI, suggesting a reciprocal mechanism by which CTRA gene expression may both propagate PSI and contribute to its related disease risks.

### **Increase Antipsychotic Use in Those 2 and Younger:**

Appearing in the 12/11/2015 AMA Morning Rounds:

On its front page, the [New York Times](#) (12/11, A1, Schwarz, Subscription Publication) reports in a nearly 1,300-word front-page story on the “rapid” rise of cases in which youngsters “age two or younger are prescribed psychiatric medications to address alarmingly violent or withdrawn behavior.” Figures from the prescription data company IMS Health reveal that nearly “20,000 prescriptions for risperidone (commonly known as Risperdal), quetiapine (Seroquel) and other

antipsychotic medications were written in 2014 for children two and younger, a 50 percent jump from 13,000 just one year before.” Many physicians are concerned that these medications, which are “designed for adults and only warily accepted for certain school-age youngsters, are being used to treat children still in cribs despite no published research into their effectiveness and potential health risks for children so young.” Some experts attribute the increased use of psychiatric medications in kids of all ages to the “scarcity of child psychiatrists.”

### **Alcohol for Alzheimer’s?**

Also appearing in the December 11, 2015 AMA Morning Rounds:

[TIME](#) (12/11, Oaklander) reports that “for people with early Alzheimer’s, moderate drinking” was associated with “a lower risk of dying over” a “three-year study period,” according to [research](#) published in the BMJ Open.

[Newsweek](#) (12/11, Firger) reports that the 321-patient study revealed that “overall, consuming two to three units of alcohol was linked to a 77 percent lower risk for death in early stages of dementia compared with those who drink one or less units each day.”

The [Telegraph \(UK\)](#) (12/11, Knapton) points out that the study authors posit “the affect may not be the alcohol itself having a protective effect, but the fact that people who drink moderately tend to have a richer social network, which has been linked to improved quality and length of life.”

### **MENTAL HEALTH POLICY**

#### **No Parity Yet:**

As reported in AMA Morning Rounds on 10/8/2015:

The [Washington Post](#) (10/8, Ross) “The Fix” blog reports that the ACA “has boosted the number of Americans with health insurance coverage but has not resolved the disparate way in which many insurers treat the costs of mental and physical health care, according to an April [report](#) (PDF) released by the National Alliance on Mental Illness.” The report found that Federal changes mandating parity between mental and physical healthcare benefits “do not, in practice, exist for the vast majority of Americans who are insured.” As the country struggles with a heroin crisis, researchers found that people “are struggling to find therapists and psychiatrists who participate in their health insurance plans. They also face more frequent coverage and treatment denials from their health insurance companies for mental health care than for other services and must clear multiple hurdles to maintain a steady supply of mental health care medication.”

#### **Physician Assisted Suicide in California:**

California Governor Jerry Brown signed into law on October 5th, the End of Life Option Act ([LINK](#)). Read the brief report in Clinical Psychiatry News ([LINK](#)).

#### **Garret Lee Smith Suicide Prevention:**

In a 46 state observational study of community-based suicide prevention programs, Garraza et al. (JAMA Psychiatry, [LINK](#)) found that:

Counties implementing GLS [Garrett Lee Smith Memorial Suicide Prevention Program] program activities had significantly lower suicide attempt rates among youths 16 to 23 years of age in the year following implementation of the GLS program than did similar counties that did not

implement GLS program activities (4.9 fewer attempts per 1000 youths [95% CI, 1.8-8.0 fewer attempts per 1000 youths]; P = .003). More than 79 000 suicide attempts may have been averted during the period studied following implementation of the GLS program. There was no significant difference in suicide attempt rates among individuals older than 23 years during that same period. There was no evidence of longer-term differences in suicide attempt rates.

### **Mental Health Reforms:**

Appearing in JAMA as a Viewpoint ([LINK](#)), Thomas Blair and Randall Espinoza provide a concise history of mental health under Medicare and Medicaid and efforts to improve this through reform bills in both houses of congress (House HR 2646, the Helping Families in Mental Health Crisis Act; Senate S 1945, the Mental Health Reform Act of 2015).

### **Senate Committee to Address Mental Health Legislation:**

According to the AMA Morning Report of October 30th:

The [Washington Post](#) (10/30, Sun) reports that yesterday, the Senate Health, Education, Labor and Pensions (HELP) Committee “heard testimony to address comprehensive mental health legislation.”

The [Congressional Quarterly](#) (10/30, Zanona, Subscription Publication) reports that [S 1945](#), a bipartisan bill sponsored by Sen. Christopher S. Murphy (D-CT) and Sen. Bill Cassidy (R-LA), “aims to enhance federal mental health programs and research.” The bill is not anticipated “to see floor action until next year, though committee Chairman Lamar Alexander, R-Tenn., indicated he wants to hold another hearing on the topic before the end of this year.”

The [Hartford \(CT\) Courant](#) (10/30, Altimari) “Capitol Watch” blog points out that S 1945 “calls for the appointment of an assistant secretary for mental health and substance abuse within the federal Department of Health and Human Services.” In addition, the proposed legislation would “increase funding for additional outpatient and inpatient treatment slots, add new enforcement provisions to the mental health parity law,” as well as “allocate more money for research into the causes and treatment of mental illness, and remove a rule” barring Medicaid “from paying for mental health treatment and physical health treatment on the same day.”

### **Mental Health Reform Bill Advanced:**

According to the AMA Morning Report of 11/5/2015:

The [Congressional Quarterly](#) (11/5, Zanona, Subscription Publication) reports that yesterday evening by an 18-12 vote, [HR 2646](#), a bill “to overhaul the mental health system, was advanced by” the House Energy and Commerce Subcommittee on Health “without resounding support from Democrats – a sign that efforts to address the complex issue of mental health could be an uphill battle in Congress.” One particular “flashpoint” is “a provision that would adjust privacy rules under the Health Insurance Portability and Accountability Act ([PL 104-191](#)) to allow some health information about serious mental illness to be disclosed under certain conditions.”

[The Hill](#) (11/5, Sullivan) reports that “Democrats warn that” changes to HIPAA “would lower privacy protections” for people with mental illnesses. Democrats are also concerned about a provision giving “a two percent increase in federal grants to states with what are known as Assisted Outpatient Treatment (AOT) laws, where judges can mandate treatment for patients with serious mental illness.” Some “Democrats have raised concerns with bringing the court system into care for” people with serious mental illnesses.

[Modern Healthcare](#) (11/5, Muchmore, Subscription Publication) reports that Rep. Frank Pallone (D-NJ) “said the bill cuts away essential funding, stigmatizes mental illness, reduces privacy protections and doesn’t do enough to promote Medicaid expansion in all states.” The measure “has been discussed at countless meetings with legislative staff and mental health advocates, but Republicans never actually addressed Democratic concerns, he said.” Pallone “has a substitution amendment that would use evidence-based treatment to stop crises and promote early intervention, with the hope, he says, of revamping the entire behavioral health system.”

### **Financial Incentives to Both Physician and Patient?**

In a randomized clinical study of incentivizing lipid control, Asch et al. (JAMA [LINK](#)) found that “shared financial incentives for physicians and patients, but not incentives to physicians or patients alone, resulted in a statistically significant difference in reduction of LDL-C levels at 12 months. This reduction was modest, however . . .”

### **Senate Mandates Independent Combat Mental Health Study:**

According to the AMA Morning Rounds of 11/12/2015:

The [New York Times](#) (11/12, A20, Philipps, Subscription Publication) reports that on Tuesday, “research into veterans’ suicide received” a boost when the Senate passed “a measure requiring an independent research program on the effects of combat service on suicide rates and other mental health issues among troops and veterans.” The bill “passed as part of the Military Construction and Veterans Affairs and Related Agencies Appropriations Act for fiscal year 2016.”

In an opinion piece in [USA Today](#) (11/12), a trio of retired Brigadier Generals say not enough has been done to treat and support veterans with PTSD, with some “left behind” as “their requests for understanding and compassion are often dismissed.” Ret. Brig. Gens. James Cullen, David Irvine, and Stephen Xenakis, MD, a psychiatrist, highlight a new [report](#) from the Death Penalty Information Center that shows that despite “declining” rates of capital punishment, “veterans suffering with PTSD and other service-related problems languish on death rows across the country.” The authors argue that while PTSD is “not an excuse or a demand for acquittal,” it “should be a strong mitigating factor” during criminal sentencing hearings.

### **Better Mental Health Care for Med-Students:**

As reported in the AMA Morning Rounds of 11/18/2015:

[MedPage Today](#) (11/18, Frieden) reports that the AMA’s House of Delegates adopted a policy at its Atlanta meeting calling for “giving medical students, residents, and fellows better access to mental healthcare,” citing the American Foundation for Suicide Prevention findings that “approximately 300 to 400 physicians die as a result of suicide in the U.S. each year, and the rate of depression among medical students is 15% to 30% higher than the general population.” The delegates also urged allowing “greater access to naloxone for treating opioid overdoses,” going so far as to suggest “over-the-counter status” for the medication.

### **Speaker Ryan Calls for Mental Health Overhaul:**

As appearing in AMA Morning Rounds of 12/2/2015:

The [Wall Street Journal](#) (12/2, Peterson, Subscription Publication) reports that yesterday, House Speaker Paul Ryan (R-WI) called for Congress to overhaul the US mental healthcare system. Ryan’s remarks come as a response to the shootings last week at a Planned Parenthood clinic in Colorado.

The [New York Times](#) (12/2, A20, Pérez-Peña, Subscription Publication) reports, “While Democrats made it clear they believed that Republicans were avoiding the real problem – lax restrictions on access to guns – Mr. Ryan encouraged lawmakers from both” sides of the aisle “to present their ideas to address the problems with mental health care.”

[McClatchy](#) (12/2, Douglas) reports that Speaker Ryan told reporters on Tuesday that the Colorado shootings were “appalling” and said that “Congress must do more to fix the nation’s mental health system.” Ryan stated that the “one common denominator in these tragedies is mental illness. ... That’s why we need to look at fixing our nation’s mental illness health system.” While he “didn’t offer specifics,” he “pointed] to a mental health overhaul [bill](#) sponsored by Rep. Tim Murphy [R-PA].”

Meanwhile, [USA Today](#) (12/2, Singer) reports that House Republicans “are again turning their attention to legislation overhauling the nation’s mental health system, saying it should be a priority to provide better care for people in crisis.” Noting Ryan’s comments on the issue and his reference to Murphy’s bill, which “has had some Democratic support,” USA Today says the measure “would dramatically reshape the mental health care system, including replacing the agency that runs most federal programs, the Substance Abuse and Mental Health Services Administration.” In addition, the bill would “reduce barriers for caregivers to provide information with parents or guardians of their patients, and would boost support for ‘assisted outpatient treatment’ for patients with severe mental illness.”

The [Washington Post](#) (12/2, Debonis) “PowerPost” reports that Speaker Ryan’s “endorsement could help push mental health reform to the front burner in the New Year.” Earlier this week, aides in the House and Senate “said...that mental health legislation is unlikely to win floor consideration before year’s end, with Congress already scheduled to finalize major transportation and education bills, extend major tax provisions and pass legislation to fund the government through September.”