

UC Davis Psychiatry

News Briefings

August 2009

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News Briefings

The goal of this communication is to share excerpts of timely articles on mental and public health issues. Target audience is "Friends of Psychiatry," including alumni, volunteer clinical faculty, donors, faculty, trainees and staff.

Questions, suggestions, inquiries and updates may be sent to: <FriendsOfPsychiatry@ucdmc.ucdavis.edu>

Psychiatric Treatment/Disorders

Researchers say children of mothers with autoimmune diseases may have greater risk for autism.

HealthDay (7/6, Reinberg) reported that, according to a study published online July 6 in *Pediatrics*, "children of mothers who have autoimmune diseases such as type 1 diabetes, rheumatoid arthritis, and celiac disease have up to a three times greater risk for autism." For the study, researchers from the Bloomberg School of Public Health at Johns Hopkins University "collected data on 3,325 Danish children diagnosed with autism spectrum disorder (ASD), including 1,089 diagnosed with infantile autism...born between 1993 and 2004." The team "found that children whose mothers had autoimmune disease were at a higher risk of developing" ASD "than children of mothers who did not have these conditions. In addition, the risk of infantile autism was increased in children with a family history of type 1 diabetes." The authors said the study "findings are important, because they support the theory that autism is somehow associated with disturbances in the immune system."

Small study indicates easing anxiety may be counterproductive in children with OCD.

Following a Los Angeles Times story, *HealthDay* (7/6, McKeever) reported that, according to a study published in the current issue of the *Journal of Consulting and Clinical Psychology*, "instinctively easing a child's anxiety could be counterproductive if girl or boy suffers from obsessive-compulsive disorder (OCD)." For the study, researchers from the University of Florida examined "49 children with OCD, aged six to 18," and "found that children with the most severe OCD conditions also had families that most accommodated the child's behavior." Then, "after the analysis, the families participated in 14 sessions of cognitive-behavioral therapy, a treatment in which children handle their fears by facing them and using alternate methods to deal with them," and parents "were instructed in how they should respond when their child's OCD behaviors arose." Following treatment, the study authors "noticed a significant decrease in how

often families were assisting children during their OCD behaviors and rituals," with "children whose families had the biggest decrease in these accommodations" having "the biggest improvement in their OCD symptoms."

Psychiatrist advises readers on eating disorders.

In the *New York Times* (7/15) Consults blog, author, psychiatrist, and psychoanalyst Kathryn Zerbe, MD, of the Oregon Health and Science University and Oregon Psychoanalytic Institute, who also "served on the American Psychiatric Association's Work Group on Eating Disorders in 2000 and 2006," fielded questions from readers "about anorexia, bulimia, binge eating, and other problems." Dr. Zerbe pointed out that, "there have to be a certain number of symptoms of disordered eating to make it a full-blown diagnosis," including, but "not limited to, putting excessive emphasis on one's shape and body for self esteem, purging a certain number of times per week, and maintaining a weight that is too low." But, "if the emphasis on body image and eating is interfering with one's quality of life, then it certainly reaches a threshold of being a real problem for the individual." For many of those with eating disorders, "entering a residential program is a good beginning....because it can jump-start the recovery process." If that is not possible, "there is no substitute for beginning outpatient psychotherapy to understand more about yourself and your struggle with binge eating."

Integrated group therapy may be effective treatment for patients with bipolar disorder and substance dependence, researchers say.

MedWire (7/7, Davenport) reports that, according to a study published online July 1 in the journal *Drug and Alcohol Dependence*, "a shortened version of integrated group therapy is an effective treatment for bipolar disorder patients with substance dependence." For the study, researchers from the Harvard Medical School "randomly assigned 61 bipolar disorder patients with substance dependence treated with mood stabilizers to 12 sessions of integrated group therapy or group drug counseling." The participants "assigned to integrated group therapy," the investigators wrote, "had a significantly shorter time to the first abstinent month." In addition, "the risk for a mood episode decreased significantly more with integrated group therapy than with group drug counseling...with the risk for both depression and mania episodes significantly reduced."

Psychiatric Medication Update

Research raises issue of whether clozapine should be used as first-line treatment for patients with schizophrenia.

The *AP* (7/13, Cheng) reports that "thousands of people with schizophrenia worldwide could have been saved if doctors had prescribed them the antipsychotic...clozapine," according to research published in *The Lancet*. The medication "was introduced in the 1970s, but was banned for about a decade because of a rare but potentially deadly side effect: up to two percent of patients lose their white blood cells while taking" it. Clozapine "was brought back to the market in the 1980s with warnings about its use, and is sold generically as Clozaril, Leponex, Denezapine, Fazaclo, among other names." According to the *AP*, "in most developed countries, guidelines recommend clozapine only as a last resort." For the study, researchers examined "the death rates of about

67,000 schizophrenic patients in Finland versus those of the general population between 1996 and 2006." The investigators "found that patients on clozapine had the lowest risk of dying, compared to other patients with schizophrenia."

Bloomberg News (7/13, Sargent) reports that the team from Finland's University of Kuopio wrote, "Our results raise the issue of whether clozapine should be used as a first-line treatment, because it seems to be the safest antipsychotic in terms of mortality, and it is also the most effective."

The UK's *Independent* (7/13, Laurance) reports, however, that "the finding was challenged by British experts who said the serious side effects linked with clozapine meant patients needed close monitoring, and it would always be a "medicine "of last resort." *Reuters* (7/13, Hirschler) also covers the story.

Psychiatry and Public Health

Growing number of military children seeking mental healthcare.

The *AP* (7/8, Hefling) reports that, according to internal Department of Defense documents, "children of US military troops sought outpatient mental healthcare two million times" in 2008. This increase comes "as the services struggle with wars in Iraq and Afghanistan and a shortage of therapists." Specifically, "from 2007 to 2008, some 20 percent more children of active duty troops were hospitalized for mental-health services, the documents show. Since the 2003 invasion of Iraq, inpatient visits among military children have increased 50 percent." In addition, "the yearly bed days for military children 14 and under increased from 35,000 to 55,000" since that time. Notably, "last year's increase in child hospitalizations coincided with the 'surge' of tens of thousands of additional US troops into Iraq to stabilize the country." Other factors contributing to the increased need for mental healthcare may be the "impact of service members' repeated tours in overseas war zones -- and the severe economic recession."

Lack of "cultural competency" may cause physicians to miss certain medical implications.

In the *New York Times* (7/16) Doctor and Patient column, Pauline W. Chen, MD, wrote, "While researchers have begun to understand the profound extent to which a patient's cultural background can influence healthcare, more and more medical schools and training programs have integrated what is termed 'cultural competency' into their curricula." The absence of such awareness may cause clinicians to "not only miss important medical implications for a patient," but it "can also inadvertently exacerbate an often tenuous therapeutic relationship." In addition, "a physician's awareness of cultural context can...dramatically affect patients' perceptions of the quality of care they receive." For some physicians, however, "juggling all of these considerations successfully during a patient visit can be challenging." Chen also noted that "doing so does not require the acquisition of lots of information -- a working knowledge, for example, of how individuals from different cultures may interpret an illness -- but rather an increased awareness of the cultural context of patients as well as doctors."

Upcoming Events

Psychiatry Grand Rounds

11:30 a.m. to 12:30 p.m.

PSSB (Patient Support Services Bldg.), G300

UC Davis Medical Center

August 14, 2009

John Onate, M.D.

Health Sciences Assistant Clinical Professor

Department of Psychiatry and Behavioral

UC Davis

“HIV Transmission in Women and Ethnic Minorities with Mental Illness: Clinical Implications for Psychiatrists”

August 28, 2009

Jessica Ferranti, M.D.

Forensic Fellow

Department of Psychiatry and Behavioral Sciences

UC Davis

“Women, Psychosis and Violence: Examining Psychotic Violence in Women Homicide Offenders”

Fourth Annual UC Davis Conference on Psychotic Disorders

7:30 a.m. to 3:30 p.m., Thursday, September 10, 2009

Hilton Sacramento Arden West

Highlights:

*Nationally prominent faculty

*Evidence-based treatment approaches

*State-of-the art treatment for high-risk patients

*Clinical cases from the audience are encouraged

5.5 AMA PRA Category 1 Credits

Register online at <<http://cme.ucdavis.edu/conferences>>

Early Discount by August 19, 2009



Department of Psychiatry and Behavioral Sciences