THE PSYCHIATRIC SOCIETY OF VIRGINIA

VIRGINIA NEWS

A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

SUMMER 2009

Edwin Nieves, MD, DFAPA
President

A MESSAGE FROM THE PRESIDENT

It went almost unnoticed, but the 2009 spring Psychiatric Society of Virginia (PSV) meeting marked the first time the PSV has charged its membership for registration. During this coming fall meeting, there will also be a $50 Continuing Medical Education (CME) registration charge. The fee will be somewhat higher for non-members, while trainees, (medical students and residents) will continue to enjoy free attendance. This nominal charge is a small burden on members, given the high stature of the scientific sessions when compared with the price charged by some larger organizations and the minimal travel required. However, it marked the beginning of a new trend unlikely to go away in the near future, and this amount is likely to increase for upcoming meetings.

The national trend to avoid commercial support for continued medical education activities and scientific meetings has been rising over the last 10 years. The July issue of *Current Psychiatry* contains a short but well-written editorial describing the evolution of this issue, and more importantly, it raises questions about who will fill the financial void left by the decrease in commercial industry support.[1]

The Josiah Macy Jr. Foundation in its 2008 report suggested that academic centers left a void in the planning, coordinating and development of CME activities for their practitioners over the years.[2] Commercial interests filled this void, and in its report, the Foundation suggests that this financial support has exposed clinicians and health professionals to possible biased information. Further, the foundation estimates that for 2006, commercial interests accounted for approximately 60 percent of continued medical education funding in large medical centers across the nation. However, the report does not address who or what additional resources may fill this costly void. One of the report conclusions is that each health professional is responsible for maintaining his/her professional competence. This may be satisfactory for individual online CME training etc.; but since most state licensing boards require at least some face-to-face CME credits per year, this conclusion burdens clinicians with the expense of attending seasonal or annual professional meetings that ordinarily require travel and lodging expenses.

According to the Accreditation Council for Continued Medical Education (ACCME), in 2006, 34 percent of CME commercial funding went to publishing and medical education companies; another 33 percent to physician organizations (such as the PSV); 18 percent to medical schools; and 15 percent to individual CME providers (such as hospitals).[1]

While most practitioners would agree that pharmaceutical-sponsored programs "may at least sometimes" biase them, only 17 percent would agree to higher registration fees.[1]

Locally, the decrease in commercial funding has already impacted the membership. On a more individual level, a journal contacted me some days ago needing to postpone the publication of an accepted paper due to lack of commercial support. This is happening to others.

The planning committee and those organizing our meetings struggle with the funding of each meeting. The list of sponsors has not diminished, but the cloud of bias, conflict of interest and scripted regulations can sometimes act as a deterrent to those willing to support our meetings and those willing to accept that support. We are fortunate that our vendors have understood the need to provide as neutral support as possible and continue to support our activities and access our membership.

Dr. Nasrallah concludes his editorial suggesting that online education is likely to increase. While this is a feasible alternative for continued medical educational requirements, it will not be a substitute for the fellowship and camaraderie that surrounds our meetings.

[1] Nasrallah, H.A. "The $1.2 billion CME crisis: Can eleemosynary replace industry support?" Current Psychiatry July 2009 Vol. 8 #7 18-20.

[2] Josiah Macy Jr. Foundation, 2008 report, "Improving the Education of Health Professionals" www.josiahmacyfoundation.org/index.php?section=annual_reports accessed 7/21/09.

INSIDE THIS ISSUE

Message from the Editor 2
Is Depression Just Another Name for Suffering 3
In the News 4
APA Assembly Meeting Report 5
Hospital Ethics Committee Reviews Wellness Recover Action Plan 6
NAMI's "Basics" Program 7
Neurobiology of Depression Dinner Program 7
PSV Busy with Summer Advocacy 10
PSYCHMD-PAC Needs Your Help 10
Editorial 12

THE PSYCHIATRIC SOCIETY OF VIRGINIA
VIRGINIA NEWS

Psychiatric Society of Virginia
2209 Dickens Road
Richmond, VA 23230-2005
Phone: (804) 754-1200
Fax: (804) 282-0090
Email: psva@psva.org
www.psva.org

Letters to the editor and editorial contributions are welcome. Submissions may be sent to Jose Edwin Nieves, MD, FAPA, or to Kathleen Stack, MD, FAPA, via email at jose.nieves@med.va.gov or to kathleen.stack@med.va.gov. Paid advertising is accepted on a first-come, first-served basis. To place your advertisement or to request a rate sheet, contact Beverly Bernard at PSV Headquarters via email at beverly@societyhq.com or by phone at (804) 565-6321.

A Message from the Editor

Dynamics and the DSM

By Kathleen Stack, MD, DFAPA

Kathleen Stack, MD, DFAPA

Twenty years has passed since one of my attendings, Shelley Klinger MD, gave me the article entitled "Taking Care of the Hateful Patient" by James E. Groves (1978).[1] While this is not the only article I have read several times since residency, it is the only one published in the *New England Journal of Medicine*. I point this out as the behavior of the four described patient types are recognizable to physicians of all specialties. It has now been over 40 years since this article was published and still the character types he describes bring vivid scenes and strong emotions to mind.

He described four types, each sharing "insatiable dependency." First, the "dependent clingers" who he described as "escalate from mild and appropriate requests for reassurance to repeated, perfervid, incarcerating cries for explanation, affection, analgesics, sedatives and all forms of attention imaginable." Second, is the "entitled demanders who resemble clingers in the profundity of the need but use intimidation, devaluation and guilt-induction to place the doctor in the role of the inexhaustible supply depot." Third, is the "manipulative help-rejecters" who he described as "appearing almost smugly satisfied, they return again and again to report that once again, the regiment did not work. Their pessimism and tenacious nay-saying appears to increase in direct proportion to the physician's efforts and enthusiasm." The last group is the "self-destructive deniers" who display "unconsciously self-murderous behavior." He describes them as having given up on the idea of ever having their needs met and "appear to find their main pleasure in furiously defeating the physician's attempts to preserve their lives."

I appreciate the directness and clarity of Dr. Groves' descriptions. Even in 1989, I marveled that he was able to use such "politically incorrect" language and have it published, but I felt grateful that I had access to it. I kept the copy Dr. Klinger gave me for years, only recently replacing it with a PDF file.

I have yet to meet a medical professional of any stripe who cannot identify patients they have treated who fit into these categories and experienced the feeling they generate. Yet despite the commonality of the experience, none of the four types fit in the Diagnostic and Statistical Manual of Mental Disorders of any number or letter. It provides little comfort that they are not listed in Harrison's Principles of Internal Medicine or any other professions' "bible." In a time when Mental Health as a profession is being accused of pathologizing normal responses to life, it is particularly important that we do identify and validate the areas where we are truly experts.

The absence from Psychiatry's diagnostic system shows our dichotomy between the dynamic and the measurable. We can recognize it, describe its origins and explain its effect on medical providers. We recognize the clinical skill required to treat such patients and the many hours devoted to their care. But we do not "quantify" it. Therefore we do not include these clearly pathological syndromes in our book of diagnoses and "billable" illnesses. I realize that the creation of the DMS was not to include all possible diagnoses, but that is what it has by default become. I hope that our profession will find a way to make peace with this conflict and include illnesses of a patient's dynamics in our "categorizing" system.

References:

1. Groves, JE, Taking care of the hateful patient. NEJM 1978; Vol 298 no. 16 883-7.

Is Depression Just Another Name for Suffering?

By Victor Vieweg, MD, DFAPA

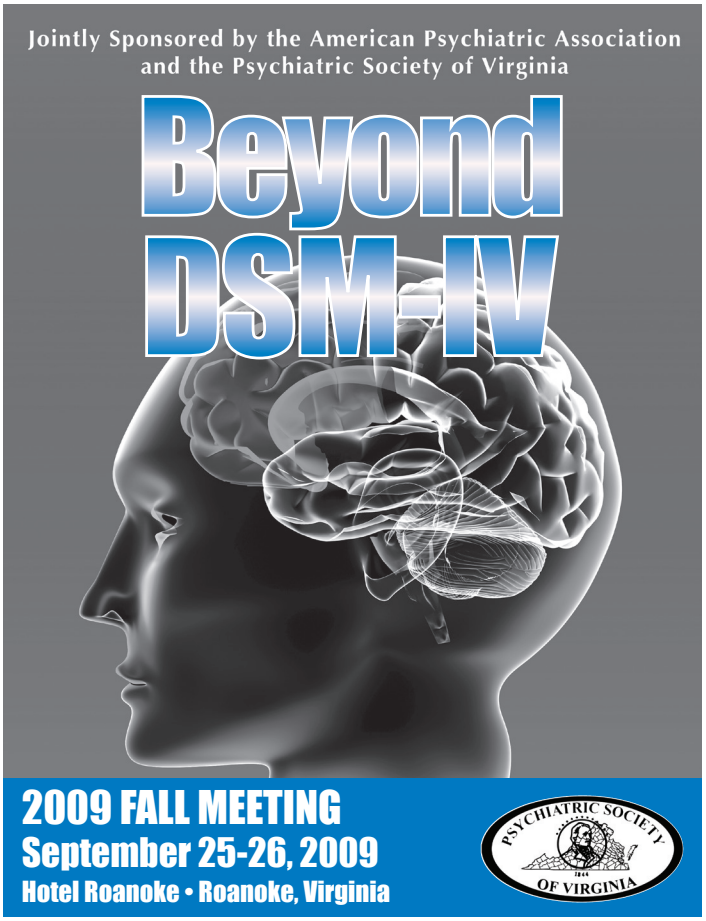
Get ready for the debate on September 26, 2009 at the Fall Meeting of the Psychiatric Society of Virginia in Roanoke between Drs Jerome Wakefield and Anand Pandurangi on the topic "Is Depression Just Another Name for Suffering?" The debate will be moderated by Dr. Elizabeth Lowe.

Key points of Dr. Wakefield (author of the highly acclaimed "The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder," by Allan V. Horwitz and Jerome C. Wakefield (New York, Oxford University Press, 2007, 312 pp.) are outlined below.

Depression is Just Another Name for Suffering

By Jerome C. Wakefield, PhD, DSW
Professor of the Conceptual Foundations of Psychiatry,
Professor of Social Work, Affiliate Faculty in Bioethics,
Affiliate Faculty in the Center for Ancient Studies
New York University, New York, NY

Surely one of the most important decisions a clinician can make in assessing a patient, and one of the most important pieces of information for treatment planning and for the patient's informed consent, is whether the patient is suffering from a mental disorder—that is, whether something has gone wrong with the patient's biologically designed mental functioning—or the patient is instead afflicted by normal intense distress due to life's vicissitudes that will likely remit on its own over time. I am honored to have the opportunity to argue before the Psychiatric Society of Virginia that contemporary American psychiatry, as a side effect of the shift to symptom-based diagnosis of depression, is in fact massively mislabeling much normal human misery as major depressive disorder. For 2,500 years, based on obvious facts about natural human emotion in response to loss and stress, physicians routinely distinguished melancholia (what we now call major depression)—a relatively uncommon mental disorder--from superficially similar intense normal sadness which might warrant professional help but was not a mental disorder. Drawing this distinction required attention to the patient's circumstances and the context in which the symptoms arose, as well as an assessment of the trajectory and severity of the patient's emotions. Then came the shift in 1980, with the publication of the DSM-III, to symptom-based diagnoses in which context (with one exception—recent bereavement) was no longer taken into account in diagnosing depression. This change addressed many scientific and intellectual challenges to psychiatry at the time. However, it was accomplished without any serious debate over the validity of extending the category of depressive disorder to everyone in the community who satisfies the symptom criteria, which had previously been used primarily for differential diagnosis of depression in hospitalized patients known to be disordered. Due to this change, lifetime prevalence of major depression transformed from perhaps 2-3% based on earlier more stringent approaches to what recent longitudinal research suggests is well over 50%. Along with the very high prevalence rates, community studies also revealed that the vast majority of individuals so afflicted do not seek mental health treatment. While some observed that perhaps these results suggested the invalidity of the criteria, this situation was primarily framed as a problem of unmet need for treatment, with warnings about the long-term dangers of recurrence and suicide often based on projections from earlier hospitalized or other non-comparable groups. Measures were put in place to address this enormous unmet need, prominently including the shifting of routine treatment of depression to general practitioners rather than mental health professionals, the focus on medication rather than equally effective psychotherapy, and efforts to screen the population in such venues as GPs offices and schools to identify untreated individuals satisfying diagnostic criteria. Such efforts may have some beneficial effects, although this remains undocumented. But one major unfortunate result, I will argue, is a confusion of the normal and the disordered that leads to the medicalization of normal human suffering in which the normal range of human emotion is constrained, and the mental health professional's intervention-strategy choices are unjustifiably biased. "Understanding and Living with BPD." This is a highly practical text for patients, families, and clinicians.



In The News

Welcome to our New Members

DISTINGUISHED LIFE FELLOW

Bernard D. Beitman, MD.....Charlottesville, VA
Mehdi L. Yeganeh, MD ..... Leesburg, VA

LIFE FELLOW

Mohammad Yar, MD..... Ashburn, VA

LIFE MEMBER

Joseph L. Krofcheck, MD.....Warrenton, VA
Hyung Soon Park, MD.....Woodbridge, VA
Allan H. Stewart, MD ..... Chantilly, VA

FELLOW

Lawrence D. Ostrow, MD ..... Leesburg, VA

GENERAL MEMBER

Balraj S. Dhillon, MD.....Gainesville, VA
Sapandeep Khurana, MD.....Charlottesville, VA
Hemalatha Mukhara, MD..... Ashburn, VA
Gary Munn, MD.....Chesapeake, VA
Stacy A. Paggi, MD..... Chantilly, VA
Swarna Reddy, MD .....Sterling, VA
William T. Trost, MD.....Durham, NC

MEMBER IN TRAINING

Moni Baidya.....Charlottesville, VA
Mohammad Chowdhury, MD.....Salem, VA
Laurie A. Diehl-Lamp .....Scottsville, VA
Ashleigh P. Dunn, DO.....Christiansburg, VA
Jena J. Groth.....Johnson City, TN
Paola Habib .....Charlottesville, VA
Adetokunbo A. Ladenika, MD, DDS.....Roanoke, VA
Rosa M. Morales-Theodore, MD..... Glen Allen, VA
Roxanna Namavar, DO.....Charlottesville, VA
Jagadamba Pandit..... Richmond, VA
Ivan K. Putziger .....Charlottesville, VA
Manan Shah, MD .....Charlottesville, VA
Tarik K. Shaheen, MD .....Charlottesville, VA
Jennifer Shippy, MD .....Portsmouth, VA
Raquel T. Williams, MD.....Chesapeake, VA
Benjamin L. Wiseman .....Charlottesville, VA

Your Money at Work to Help the Future of Psychiatry in the Commonwealth

The Psychiatric Society of Virginia recently sent a check in support of the Department of Psychiatry, VCU Health Systems. Dr. Yaacov R. Pushkin, MD, Past President of PSV, expressed his heartfelt thanks for this support. The money was requested to defray expenses for the Summer Institute in Psychiatry for Medical Students, a week-long didactic and clinical experience offered to medical students from across the country and beyond. This year we hosted ten students, five of whom were from Virginia. "Thanks for your support in furthering student interest in psychiatry," Yaacov R. Pushkin, MD.

Dr. Sherman Master Appointed to General Assembly Joint Committee

Dr. Sherman Master, of Richmond, was recently appointed as a citizen member to the General Assembly's Joint Subcommittee studying Strategies and Modeling for Substance Abuse Prevention and Treatment. The purpose of the group will be the study of strategies for substance abuse prevention and treatment. House Member, Dr. O'Bannon, will serve as the vice chair of this committee.

Heroes in the Fight

The Psychiatric Society of Virginia will again be one of the sponsors for "Heroes in the Fight" awards presentation taking place on September 15, 2009, at Lewis Ginter Botanical Gardens in Richmond. *Heroes in the Fight* is a recognition partnership program established by Eli Lilly and Company and underwritten by Eli Lilly USA. The program recognizes the work of many people who fight for better mental health and better lives on a daily basis in their community. Too often the work of these individuals goes unseen and unrecognized. This award is an opportunity to spotlight individuals' hard work and sacrifice.

Last year, PSV member, A. Bela Sood, MD, Division Chair in the Department of Child Psychiatry at VCU Medical School and Medical Director at the Virginia Treatment Center for Children, was recognized for her contributions to child psychiatry and to the Commonwealth.

Report To The Psychiatric Society Of Virginia: American Psychiatric Association Assembly Meeting • May 15–17, 2009 — San Francisco, California

By John P. D. Shemo, MD, DFAPA
and Ram Shenoy, MD, DLFAPA
Assembly Representatives

In line with most organizations, companies, and families in the United States over the past six months, a major focus of this assembly meeting was related to strategies for dealing with the current financial crisis. The APA has had a significant decrease in revenues from the annual meeting related to the reduction in the number of exhibitors as well as a significant decrease in industry sponsored symposia. The latter was precipitated by several factors. The first obviously is the decision by the APA Board of Directors to phase out industry sponsored symposia despite the fact that they have been the most popular membership-rated educational venues at the annual meetings and have recently been so "sanitized" by disclosure of affiliations of speakers and strict adherence to FDA "labeling," that it is virtually impossible to tell who is sponsoring what. Equally important to their demise, however, has been the judgment by the pharmaceutical industry that the results for them do not justify the cost, especially in the face of the need of pharmaceutical companies to shift so much money to "rebates" to insurance companies to get branded medications on their formularies. It is not entirely clear how exactly "rebates" in this context differ from extracted "bribes" or even "extortion." We will leave such subtleties to the business community.

Publishing revenues have also decreased by $2.6 million in part related to the general economy and in part related to anticipation of the upcoming publication of DSM-V in 2012 followed by the World Health Organization publication of ICD-11 in 2014.

On the positive side, dues related revenues are on target and membership is holding steady or even showing a slight increase. The APA central office is doing a good job of getting spending in line with decreased revenues by cuts in staffing, benefits, and legal expenses.

On other fronts, psychologist prescribing bills have been introduced in 11 states this year. They mostly continue to target the low population rural states. The two states where they have been successful so far, New Mexico and Louisiana, have been ones in which there has not been good cooperation with the state medical association and there has been a non- psychiatric physician in the legislature with an agenda to get the bill passed. The APA is strongly supporting a bill to require that individuals in related health care fields who call themselves "doctor" need to specify that they are not physicians. There is a lot of public support for this, and a lot of opposition from groups who do so.

The APA has been diligent in clarifying to the press that no psychiatrists have been involved in interrogation of prisoners at Guantanamo Bay, that this has all been done by psychologists.

While the parity bill has been passed, the operational regulations have not yet been written. As is so often the case, the devil will be in the details and APA is monitoring this closely.

The field trials for the DSM-V will begin this summer. They will in particular be looking at a "dimensional" approach – the development of a psychiatric "review of systems" – due to the frequent overlap of symptoms in psychiatric syndromes and the fact that patients with "mixed symptoms" often have a worse response to treatment. Updates by all the work groups on issues being addressed in the development of DSM-V can be accessed at www.dsmv.org.

At most assembly sessions there is a presentation by an individual with an "outside the box" perspective on our profession. On this occasion, the speaker was Joe Dunn, a former Democratic representative to the California Senate who won his seat in the most Republican District in the country, Orange County. He gave a really quite fascinating talk about the political process, postulating that 90 percent of the legislative process is politics and 10 percent is merit, and the merit has no influence if you don't get the politics right. He provided several fascinating examples of this and made the analogy that while insurance reimbursement for physicians is clearly too low, saying so gets us nowhere because when doctors complain the stock of the for-profit, publicly-traded insurance companies goes up because of their oligopoly. He pointed out that Enron Corporation, which was responsible for the California electricity crisis several years ago, only collapsed when the California Legislature broke up the electricity oligopoly after law suits caused Enron stock prices to fall.

It is noted in this context that the APA – PAC did contribute $475,000 in the last elections with rather impressively accurate targeting of candidates who support our positions and, incidentally, won.

There was an array of action papers presented. Many were related to a restructuring of the governance organization of the APA. This whole group of papers was "shunted" to an ad-hoc committee for review and consolidation prior to the next assembly meeting.

Two central issues in the debate about restructuring have to do with the conflicting values of finances/streamlining versus broadly based representation, and the simple fact that the primacy of the APA Board of Directors in distinction to the Assembly in governance is out of line with most medical societies where their version of the Assembly (i.e., the AMA House of Delegates) is the governing body of the organization. The primacy of the Board of Directors in the APA seems a residual of the fact that the APA is the oldest medical society in the United States and a lingering legacy of the "greybeard" era in our pro-

Continued on page 8

Hospital Ethics Committee Reviews Wellness Recovery Action Plans

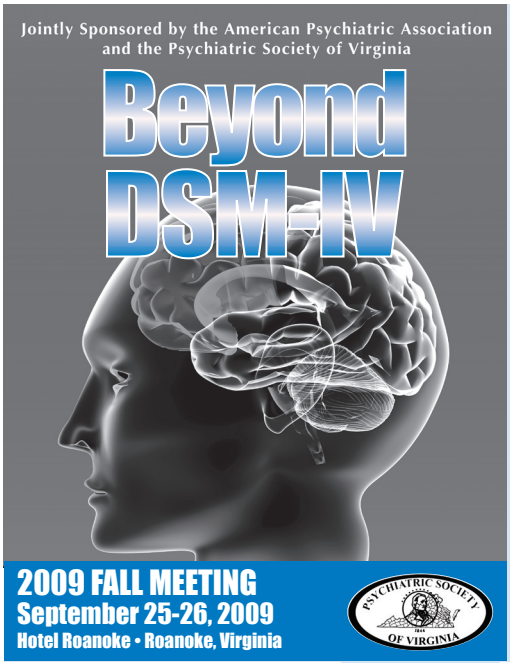
Rebecca Lindsay, MD
PSV Ethics Co-chair

WRAP (Wellness Recovery Action Plan) is a fairly new concept for our patients, serving as the equivalent of a Psychiatric Advanced Directive. Patients who are involved in the Recovery movement, as part of their treatment, sit down and write out their wishes for treatment, should they have another episode of severe depression, psychosis, mania or out-of-control behavior. It is usually done in a group format, with others who are also recovering. For many, it is a great advance in insight, just to acknowledge that their illness is one that can recur. For some, it provides hope that they will be treated with dignity and respect, despite being in the midst of a terrible episode. The plan can list medications or approaches that did not work in prior episodes, or that had side effects that patients wish to avoid the next time around. The plan can list which medications work best for them, or have the fewest side effects. The patient can say who they would like to make decisions for them, if they become incompetent. They may specify to which hospital they wish to be admitted if that becomes necessary. Plans can have "Ulysses clauses" (put wax in your ears, tie me to the mast, and do not listen to the sirens or to me when I am raving). There are many advantages for the patient, the outpatient clinic and the treating physician. Reviewing WRAPlans with patients as they are recovering, or when they are quite stable, can be therapeutic, and can help promote a better working relationship with the outpatient treatment team.

But there are, of course, pitfalls in the process. Our Western State Hospital Ethics Committee recently reviewed the process of using the WRAPlans. Our committee met with our outside ethics consultant, and together we are formulating a statement to guide psychiatrists and the hospital director in cases where there is controversy. The clinical members of the committee had no trouble coming up with a long list of "what ifs." What if the person who the patient wants to have appointed as Authorized Representative is not an appropriate choice? (I once had a patient whose plan appointed a cousin who lived in another country, knew nothing of the patient's treatment history, and did not wish to serve.) What if the medication choices are illogical? (One patient requested a dosing strategy for anti-manic meds that was sub therapeutic for a mouse.) What if the patient is opposed to life-saving treatment? (I can imagine a severely psychotic depressed and suicidal person with a plan that says he never ever wants to have ECT.) What if the patient's choice for a substitute decision-maker conflicts with our state laws? (Law defines a cascade of next of kin, starting with spouse, but she wants her ex-mother-in-law to make her decisions.)

Of course, our committee doesn't have a single right answer for every situation. But we have started the conversation. We now have committee members from every discipline who have had practice grappling with the issues, even if it was just for practice. We are working on a guidance statement for teams. I encourage your hospital ethics committee to come up with a guidance statement. Of course, if you already have a document prepared, we should compare notes. I would love to hear from other ethics committees about what issues you have recently faced, so we all can learn from them.

On Saturday, September 26, 2009, at the Hotel Roanoke, the PSV Ethics Committee will have breakfast before the Fall Meeting at the hotel. PSV members and resident members are welcome to join us for informal discussions.



PSV Fall 2009 Meeting
Beyond DSM-IV

Hotel Roanoke and Conference Center
September 25-26, 2009 • Roanoke, VA

Thank you to our exhibitors:

SILVER LEVEL
AstraZeneca
Eli Lilly & Co.
Wyeth

BRONZE LEVEL
GlaxoSmithKline

EXHIBITORS
Bristol-Myers Squibb
Centra Mental Health Services
Pfizer, Inc.
Psychiatric Solutions
Welligent

SPONSORS
Riverside Behavioral Health Center

COMMERCIAL SUPPORTERS
Lilly USA, LLC

NAMI's "Basics" Program

By Sarah Eisenman
Program Coordinator
National Alliance on Mental Illness of Virginia (NAMI Virginia)

National figures have shown that 20% of children in adolescence are experiencing a mental disorder. As the numbers of youth experiencing the symptoms of mental illness continues to be revealed, there is a growing need to assist parents and caregivers in how best to support their child, themselves, and their families. The National Alliance on Mental Illness (NAMI) has responded to this need by developing a new program called Basics. The goal of NAMI's Basics program is to give the parent/caregiver the fundamental information necessary to be an effective caregiver, to help the parent/caregiver cope with the traumatic impact that mental illness has on the child living with the illness and the entire family, to provide tools for the parent/caregiver to use even after completing the program that will assist in making the best decisions possible for the care of the child, and ultimately, to help the parent/caregiver take the best care possible of the entire family—including themselves. The course includes information on the normative stages of emotional reactions of the family to the trauma, insights into an empathic understanding of the subjective, lived experience of the child, current information on common mental illnesses found in the youth population, the systems that are major players in the lives of children and adolescents– the school system and the mental health system, and information on planning for crisis management and relapse.

NAMI Virginia is currently recruiting people to become trained as State Teachers. Selected individuals will attend a three-day training to learn how to effectively teach the Basics course in their communities to parents and other caregivers of children and adolescents with mental illnesses. It is ideal that you locate two people from your community to be trained together as the course is taught by a team of two people. The first training will be held in November of 2009 and 12-16 applicants will be accepted, at no cost to the participant thanks to a grant.

Requirements for interested Basics teachers include: being the parent or primary caregiver of an individual who began experiencing symptoms of mental illness prior to the age of 13 (it is not necessary that the child have been formally diagnosed, and the child can now be an adult), be at a point in their life where they are familiar and comfortable with the emotional issues facing families and can self-disclose about their feelings and experiences, be willing to participate in the intensive three-day training, and be willing to make the commitment to teach the course in their community once a year for two years.

For more information on the training, application requests, or future course offerings throughout the state, please contact:
Sarah Eisenman
Program Coordinator
NAMI Virginia
804-285-8264 x203
seisenman@nami.org

Or visit NAMI Virginia's website:
www.namivirginia.org.

Neurobiology of Depression:
Changing Paradigms and Treatment Implications

Sponsored by Eli Lilly

Don't Miss This Important Educational Program!

On Friday, September 25, 2009, there will be an independent dinner program offered at the Hotel Roanoke and Conference Center prior to the Psychiatric Society of Virginia's Fall Meeting.

Psychiatrists are invited to attend an excellent educational dinner session:

Topic: Neurobiology of Depression: Changing Paradigms and Treatment Implications

Speaker: Dan V. Iosifescu, MD, MSc
Assistant Professor of Psychiatry, Harvard Medical School
Director of Translational Neuroscience, Depression Clinical Research Program
Site Director, Bipolar Trials Network
Massachusetts General Hospital, Boston, Massachusetts

AGENDA

7:00 pm	Arrivals and Registration
7:45 pm	Dinner
8:00 pm	Neurobiology of Depression: Changing Paradigms and Treatment Implications
8:45 pm	Question and Answer Session
9:00 pm	Closing Remarks

This educational program in accordance with the PhRMA Code, is intended only for healthcare professionals who will find its content clinically relevant to their practice. Accordingly, other guests or spouses may not attend. The content of this presentation is only intended for healthcare professionals who treat patients ages 18 and older. Please note: we are unable to offer continuing medical education (CME) credits for attendance at this program.

Virginia Council Members of the AACAP Meeting

Saturday, September 19, 2009

Maymont Park Nature Center
2201 Shield's Lake Drive
Richmond

8:30 am Registration

9 am–1 pm *Speaker*
Dr. Christopher Lamps and Case Discussion

Lunch Will be Served

Dr. Lamps will speak about his work with the AACAP Ethics committee. Following the discussion, we will hold a business meeting, including elections over lunch.

Please plan to join us to network with friends and colleagues!

Please RSVP by contacting Sandra Peterson at sandralpeterson@verizon.net or home office, 804-740-7580.

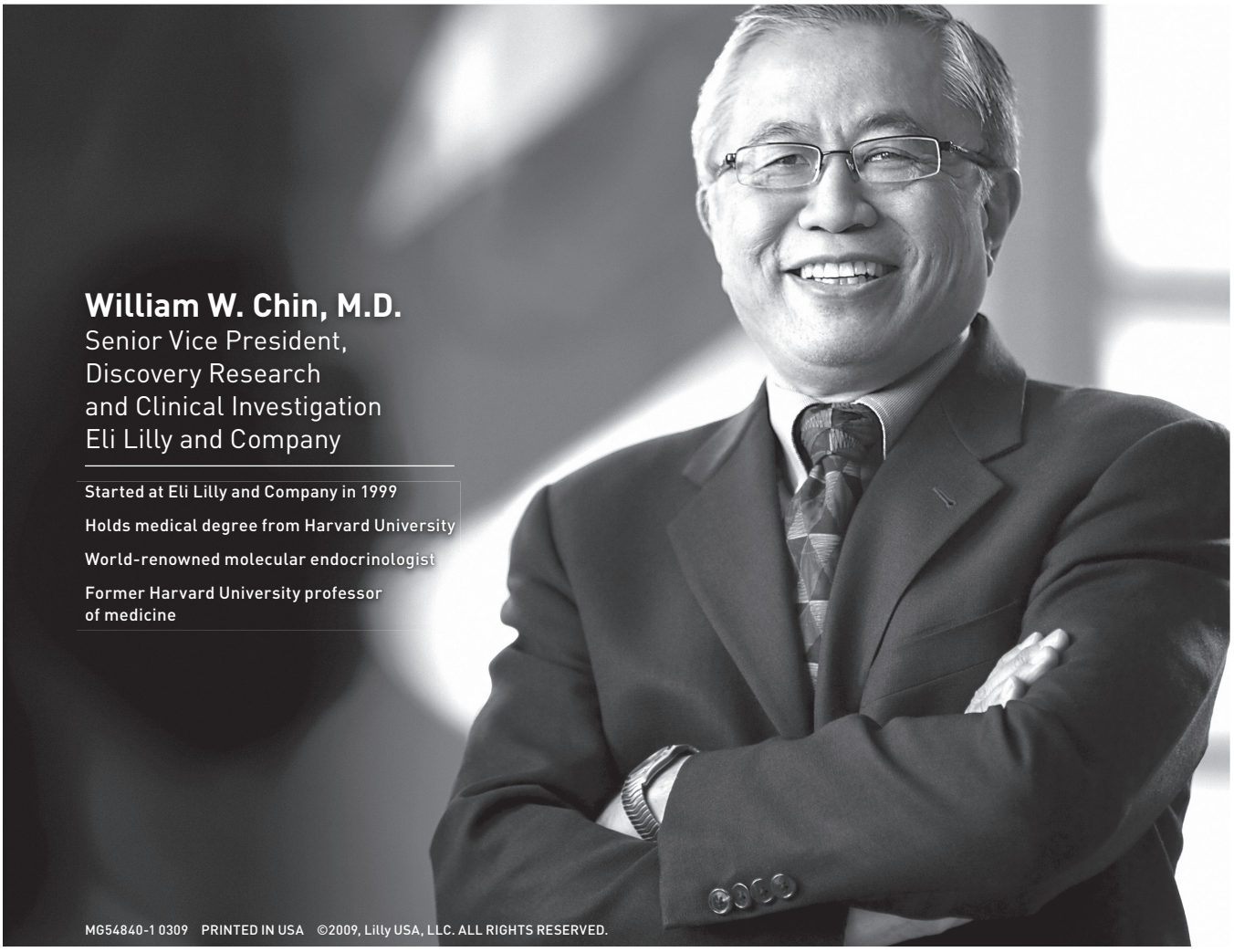
Report to the PSV — *Continued from page 6*

fession. The eventual outcome remains unclear for the short term, although I remain optimistic that the movement towards a membership-driven structure is inevitable in the long term.

The major issue that came before the Assembly was related to a position paper authored by a work group headed by Paul Applebaum addressing the relationship between psychiatry and the pharmaceutical/device industries. This paper would "strongly" discourage physicians from accepting medication samples, seeing pharmaceutical representatives, or being on speakers' bureaus. There was a lot of debate related to the prominent influence of academics and salaried physicians on the work group as opposed to practitioners in the private practice and community care sectors. Also addressed was the overt avoidance in the paper of putting the issue of the influence of pharmaceutical companies on physician prescriptive practices through various "incentives" in the balanced and broader context of the far greater influence of insurance companies and managed care exerted through both incentives but also through very powerful disincentives and even punishment paradigms.

Finally, the PSV won an APA "Best Practices" award for our yearly member-in-training focused poster sessions at the scientific meetings.

As we try to remind the membership with each Assembly report, Ram and I sincerely conceptualize ourselves as representatives of the membership and are committed to providing member-driven input to the Assembly. We are, as always, most open to feedback and suggestions from both the PSV Board of Directors as well as individuals within the PSV membership.



What I was born to do.

My parents emigrated from South China in the mid 40s. They came to this country to make a reasonable living. They believed in hard work and instilled that in me at a very early age. I started working with them in their New York laundry when I was only seven.

They also taught me that education was something to be valued, and they encouraged me to use my love of science to help others. And that became my life's goal.

As a physician, I loved the direct interaction with patients, but I kept feeling that I could do more.

As a medical professor, I discovered the ultimate importance of growing knowledge and innovation and using them to benefit our patients. I then realized the best way I could serve patients was to develop new medicines to improve their lives. That is what brought me to Lilly.

Seeing the effect we have on people's lives keeps everything in perspective…and when I talk to patients, I realize ***this*** is exactly what I was born to do.

For more information about Lilly's partnerships and resources for better patient outcomes, visit **lillyforbetterhealth.com.**

Lilly

Answers That Matter.

PSYCHMD-PAC Needs Your Support this Election Year

By Cal Whitehead

As you know, there are elections for all 100 seats in the House of Delegates on November 3. Also, contests for Governor, Lieutenant Governor, and Attorney General will be decided.

For information on candidates in your community, visit:

Who's My Legislator?

http://conview.state.va.us/whosmy.nsf/main?openform

and

Virginia Public Access Project (VPAP)

http://www.vpap.org/elections/chamber/4

PSYCHMD-PAC is your political action committee to help your profession support candidates who share our goals for improved psychiatric care and practice environments. Please make a contribution TODAY so that psychiatrists can be visible and engaged during these elections. You can make a secure online contribution here:

https://secure.societyhq.com/psv/PsychMD-PAC.iphtml

Thank You

to these PSYCHMD-PAC contributors:

Robert S. Brown
Wesley B. Carter
Douglas H. Chessen
Varun Choudhary
Steve Cunningham
Anthony Fernandez
Gregory Fisher
Helen Foster
Edward Goldenberg
Rashida Gray
Johanna A. Hoffman
Adam Kaul
James Krag
James McMurrer
Ed Nieves
Yaacov Pushkin
John Shemo
Mary Shemo
Ramakrishnan S. Shenoy
Victor Vieweg
Steven Welton

PSV Busy with Summer Advocacy

By Cal Whitehead

Psychiatrists are engaged in legislative and policy issues at virtually every level. Federal healthcare reform is receiving the most attention as physicians share a variety of views on proposals before Congress. For information on federal issues, visit APA's health reform page: http://new.psych.org/MainMenu/AdvocacyGovernmentRelations/GovernmentRelations/HealthCareReform.aspx

In Virginia, PSV is assisting the Joint Commission on Health Care (JCHC) with a health professional workforce study that includes a close look at psychiatric care. The JCHC's Behavioral Health Subcommittee also just received a report from the Bureau of Insurance, suggesting that Virginia's parity laws may conflict with new Federal parity requirements. We may have the opportunity to look at areas where the General Assembly can conform Virginia law to Federal law and remove benefit limitations and coverage disparities.

61st Institute on Psychiatric Services
APA's Leading Educational Conference on Public and Community Psychiatry

Institute on Psychiatric Services

October 8-11, 2009 • New York, NY

The mission of the Institute on Psychiatric Services (IPS) is to train and support psychiatrists and other mental health professionals to provide quality care and leadership through the study of an array of clinical innovations and services necessary to meet the needs of individuals who suffer from mental illness, substance abuse, or other assaults to their mental health due to trauma or adverse social circumstances, in order to assure optimal care and hope of recovery.

The IPS meets in the Fall once a year and the conference is held in a different city each year. The attendance ranges from 1,500-2,100 attendees per year, and the conference is held in one hotel. The IPS offers up to 32-40 CME/CE credit hours. Along with a wide variety of scientific sessions and formats, this conference also offers posters, exhibits, receptions, prize drawings, and much more.

Psychiatric NP Employment Opportunity

Spectrum Healthcare Resources has a Psychiatric NP opportunity at Portsmouth Naval Medical Center in Virginia.

This Civilian Position Offers:

Full Time, Monday – Friday Hours,
No Call, Weekends or Holidays,
5 Weeks PTO Accrual,
48 Hours of CME, 10 Paid Holidays,
100% Malpractice Covered, Outpatient Clinic.

The Position Requires:

Psych NP Certification, ANCC Certification,
1 Year Experience, Any State License, BLS.

Please contact:
Kit Oden
Phone: 800.325.3982 x4258
e-mail: koden@spectrumhealth.com
www.shrusa.com, EOE/AA/D

THE PSYCHIATRIC SOCIETY OF VIRGINIA
VIRGINIA NEWS
2209 Dickens Road
Richmond, VA 23230-2005

EDITORIAL

ARE SCIENTIFIC JOURNALS GOING THE WAY OF THE PRINTED NEWSPAPER?

By Kathleen Stack, MD, DFAPA

I have heard many news stories about the closure of well known print newspapers due to lack of funding. Others have cut staff positions and many other expenses to save millions of dollars and remain in print. They still have problems becoming profitable. Many news outlets are diversifying to electronic media, including YouTube, Twitter and blogs. This week National Public Radio did several segments on the effort of the print media to remain pertinent in this time of instant communication and the digital world. I listened to these changes, as to many news stories, with mild interest. I did not realize that these same forces were directly impacting me.

As in Dr. Nieves' editorial, I too had an article accepted for publication, but the actual date was postponed month after month. When I phoned the journal, I was told that they were having problems getting enough advertising dollars to publish all accepted articles. They offered to publish it in the online version of the journal several months before it came out in hard copy. I gratefully agreed. I had another article to submit and was looking for an appropriate journal. A reviewer of one journal encouraged me to submit, but let me know that they had many more articles accepted than they could publish in the next year so it was less likely to be accepted.

While writing this, I considered the last time I bought a text book. I realized I stopped doing so as the prices were high, even with my APA discount, and the data may be outdated at the time of publication. I have turned more to journal articles and electronic resources.

I began to realize that the same pressures impacting other forms of print journalism were also effecting scientific publications. The economic downturn is affecting advertising. The APA, like many other institutions, is experiencing financial shortfalls. Journals which were included in our membership now require a subscription fee. Other professional publications seem to be getting thinner. I don't have any answers on how our communication media, the professional journal, needs to evolve. I do believe that if we are not prepared, economics and politics will make those decisions for us.