

"?" Name Our Newsletter!

See contest details on page 7...



Inside This Issue:

Clinical Faculty Treasured By Medical Students

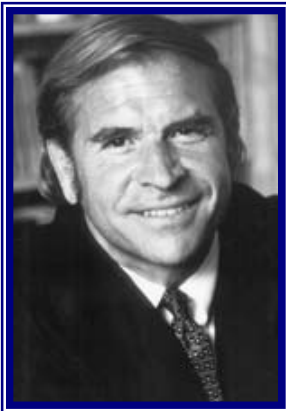
Legend has it that pearls are thought to give wisdom through experience, a metaphor for making something constructive or beautiful from the challenges and frustrations of daily life, just as the oyster creates a pearl from a grain of sand. The Department of Psychiatry is proud to announce that four of this year's twelve Penn Pearls winners were members of our department: E. Cabrina Campbell, MD (Associate Director for Medical Students; Director, Psychiatry Clerkship), Benoit Dubé, MD (Assistant Director of Education), James Hetznecker, MD (2nd year Child & Adolescent Psychiatry Fellow at CHOP), and Matthew Hurford, MD (PGY 2 Psychiatry Resident). The Penn Pearls Teaching Awards were started over 14 years ago by the students of the School of Medicine to honor their best clinical teachers, both faculty and residents. The entire award's process is student run. Seema Nagpal, a fourth year medical student at the University of Pennsylvania, explains that the process starts "with open nominations, which any medical student can submit about ANY faculty/resident that they have encountered whom they believe has demonstrated exceptional skill and dedication to teaching medical students." Approximately 200 nominations were received this year. The ballot was designed with the use of an algorithm based on the number of nominations per physician and number of students they are exposed to during the year to narrow the field to 30 attending physicians and 30 residents. The medical student body was then asked to vote for 6 physicians in each category. All winners were honored on March 16 at the annual Penn Pearls Teaching Awards ceremony opened by Arthur H. Rubenstein, MBCh, Dean of the School of Medicine. Each winner was introduced by a student and when receiving their certificate, shared a brief clinical or life pearl with the audience.



Benoit Dubé, MD, E. Cabrina Campbell, MD, James Hetznecker, MD, and Matthew Hurford, MD

- "I think what I gained the most was a realization that psychiatry and bonding with patients is vital to every field of medicine." Ivona Percec, MS 4
- I don't believe a person can be a good physician in any field without the tremendously important skill of really knowing how to listen." Garrett M. Deckel, MS 4
- "...by acknowledging my effort, I felt that I had made a contribution to patient care, and I was motivated to put in even more effort the next time. It's by being in tune with student needs that makes a truly special teacher." Arash Arshi, MS 3

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By Dwight L. Evans, MD
Ruth Meltzer Professor and Chairman
Professor of Psychiatry, Medicine and Neuroscience

Chairman's Report

Chairman's Report

Dear Reader,

It is no secret that our department is one of the country's outstanding departments of psychiatry. We are 2nd nationally in NIH research support among all psychiatry departments, our psychiatry programs at HUP are rated best and preferred in Pennsylvania and New Jersey by area residents, and our educational programs are highly-sought after by medical students at Penn, as well as by resident and fellowship applicants nationwide. Last year's departmental review, authored by both an internal committee at Penn and three nationally renowned external consultants, confirmed our pre-eminence in research, clinical care, and education. But, while our achievements and the strength of our faculty and programs are recognized across the nation and the globe, appreciating the diversity and depth of our department sometimes comes a little harder here at home. It is too easy to take what we have for granted or, sometimes, even to recognize the quality of what we do.

The newsletter that you are reading is a new departmental effort to inform faculty, students, trainees, and staff at Penn -and beyond- about our wide range of activities and accomplishments on the local, regional, national, and international scenes. Each quarter, we will share news and highlights about the department so that each of us can better understand what we achieved and how our accomplishments impact the world around us. We will also provide information about upcoming events. Each issue will contain "Regular Features" and a "Department Calendar," as detailed on the cover page, as well as additional stories about topics of timely importance. I will be writing the Chairman's Report each issue to share my perspective on issues of vital concern to the department.

Rosellen Taraborrelli and Rosealeen Rynn will lead the editorial efforts and will be asking you for suggestions for future issues or items of interest. But also please feel free to take the initiative to contact them directly with contributions. As described on page 7, your first contribution might very well be a name for our nascent publication!

As the current academic year draws to a close, we are working closely with the School of Medicine and Health System to ensure that the department's strategic vision for the future remains tightly aligned with the goals and objectives of the PENN Medicine Strategic Plan and the University's Agenda for Excellence. Our department is academically excellent, clinically robust, and financially strong, and we are major contributors to the overall success of the University and School of which we are a part.

I see our quarterly newsletter not only as a way to better communicate with every member of our department and with those who interact with us, but also as the documented record of our achievements. I hope you find this effort of value and I welcome any recommendations to improve it.

Sincerely,

A handwritten signature in cursive script that reads "Dwight L. Evans".

Dwight L. Evans, MD

Aaron T. Beck, MD has received the Rhoda and Bernard Sarnat International Prize in Mental Health for the year 2003 from the Institute of Medicine. He was also selected by the University of Louisville to receive the Grawemeyer Award in psychology for the Year 2004.

Tami Benton, MD is the 2004 recipient of the *Blockley-Osler Award*. This award is given annually by the School of Medicine to a member of the faculty at an affiliated hospital for excellence in teaching modern clinical medicine at the bedside in the tradition of Dr. William Osler.

David Dinges, PhD was presented on May 10 with a "Decade of Behavior Research Award," having been nominated by the 18 scientific societies of the Federation of Behavioral, Psychological and Cognitive Sciences. He will give a talk on Capitol Hill. Dr. Dinges will also be presented with the "William C. Dement Academic Achievement Award" from the American Academy of Sleep Medicine, at the opening ceremonies of the annual scientific meeting of the Associated Professional Sleep Societies (Philadelphia, PA) on June 7.

Edna B. Foa, PhD was honored in May with a Festschrift. The conference, titled "The Nature and Treatment of Pathological Anxiety", highlighted Dr. Foa's career and contributions to the research and clinical treatment of anxiety disorders. It was sponsored in part by the Science Directorate of the American Psychological Association and by funds from the Anxiety Disorders Association of America (ADAA).

Jody Foster, MD is the 2004 recipient of the *Dean's Award for Excellence in Clinical Teaching*. This award was established by the School of Medicine in 1987 to recognize clinical teaching excellence and commitment to medical education by outstanding faculty members from affiliated hospitals.

Martin Franklin, PhD has been named the Research Chair of the Trichotillomania Learning Center's Scientific Advisory Board.

Charles O'Brien, MD, PhD has been awarded the 2005 Edward J. Sachar Award in Biological Psychiatry. This award is a Visiting Scholar Award given by The Department of Psychiatry College of Physicians and Surgeons, Columbia University, to an individual who has made extraordinary contributions to the field of psychiatric research and promoted the research careers of younger colleagues.

Margaret R. Rukstalis, MD is the 2004 recipient of *The Scott Mackler Award for Excellence in Substance Abuse Teaching*. This award was established in 2000 by the Penn/VA Center for Studies of Addiction and the Department of Psychiatry. Dr. Mackler is known for his excellence in teaching medical students, residents, post-doctoral fellows, nurses and other Penn faculty in many different departments in the area of substance abuse.

Programs in the Works...

Penn Adult Social Learning Disorders Program

In 2003, Anthony Rostain, MD, Edward Brodtkin, MD, John Listerud, MD, PhD, and Mary Riggs Cohen, PhD, initiated the Penn Adult Social Learning Disorders Program. This program provides clinical care to adult patients (age 18 and older) with Asperger's disorder, high-functioning autism and related disorders (semantic-pragmatic disorder, nonverbal learning disability, schizoid personality disorder, atypical social phobia, and other social learning disorders). While these patients generally have normal, or even superior intelligence, their difficulties in navigating the social world can be highly disabling, and they have tended to be overlooked by the mental health care system.

The spectrum of treatments and services offered by the new Penn Psychiatry Department program at 3535 Market Street includes individual and family therapy, medication treatments, and a social skills seminar series that is taught in a group format. Future plans for this program include the development of clinical research projects aimed at improving the diagnosis, treatment, and neurobiological understanding of the disorders. Inquiries regarding the program can be directed to the program coordinator, Lisa Mimmo, MS (215-573-1159, lmimmo@mail.med.upenn.edu).

Comprehensive Cognitive Behavior Therapy (CCBT)

Deborah A. Roth, PhD, Jonathan Huppert, PhD, and Edna Foa, PhD announce a new, cutting-edge treatment program for social phobia that is informed by the most up-to-date research on the nature of this highly prevalent and impairing disorder. The program, called Comprehensive Cognitive Behavior Therapy (CCBT), consists of 16-20 weekly individual sessions. Patients are first taught a framework for understanding why their social phobia persists over time and are then introduced to tools that can help them break this cycle.

Patients use these newly learned tools to systematically confront social situations that they have previously feared or avoided to experience social situations and experience them in more positive ways. The treatment has also been adapted for the substantial minority of social phobia patients who also have depression. Jonathan Huppert, PhD is currently conducting a series of studies on the nature and modification of cognitive processes involved in the maintenance of social anxiety, sponsored by an NIMH K23 career development award.

Research Highlights

The following extramural funding was received by department investigators during the period July 1, 2003 through April 2004...

NEW GRANTS

NIH

Name	Sponsor Description	Project Title
Alterman, Arthur I	NIH	Psychological wellness and alcoholism treatment outcome
Aston-Jones, Gary	NIH	Locus coeruleus activity during sleep deprivation
Beck, Aaron T	NIH	Community based cognitive therapy for suicide attempters
Blank, Michael	NIH	HIV prevention program among substance abusing seriously mentally ill
Childress, Anna R	NIH	NIDA-csp-1021 - baclofen
Cook, Joan M	NIH	Use of benzodiazepenes by older primary care patients
Evans, Dwight L	NIH	HIV in women: depression and immunity
Faith, Myles	NIH	Food substitution for child nutrition/obesity prevention
Franklin, Teresa	NIH	Perfusion fmri of cue-induced nicotine craving
Gariti, Peter W	NIH	Comparing smoking programs for lighter smokers
Gur, Raquel E	NIH	The genetics of endophenotypes and schizophrenia
Kuno, Eri	NIH	Mental health residential capacity planning
Langleben, Daniel D	NIH	Functional neuroimaging of cue-induced heroin craving
Leeman, Robert	NIH	Disinhibition and undergraduate drinking behavior
Lerman, Caryn	NIH	Pharmacogenetic investigation of naltrexone
Mckay, James R	NIH	Effectiveness of extended telephone monitoring
Oslin, David	NIH	Non-response to NTX next steps in managing alcoholism
Rickels, Karl	NIH	Short-term vs long-term treatment for GAD
Siegel, Steven	NIH	Evoked potentials and vulnerability to ketamine in mice
Wadden, Thomas A	NIH	Improving the effectiveness of obesity management
Weintraub, Daniel	NIH	Depression diagnosis and treatment in Parkinson's disease
Woody, George E	NIH	Outcome of treatment for substance use disorders and HIV risk reduction
Woody, George E	NIH	Addiction treatment in Russia oral and depot naltrexons

OTHER AGENCIES

Name	Sponsor Description	Project Title
Arnold, Steven E	Alzheimer's Association	Brain insulin signaling and pathology in the healthy aging, mild cognitive impairment and alzheimers
Arnold, Steven E	Rush-Presbyterian-St. Luke's Medical Center	Epidemiologic study of neural reserve and neurobiology of aging
Gur, Raquel E	Scottish Rite Schizophrenia Research	Scottish Rite Schizophrenic Research fellowship program
Kohler, Christian	Stanley Foundation	Effect of treatment with donepezil on cognition and emotion discrimination in schizophrenia

Research Highlights

Page 5

NEW GRANTS

OTHER FEDERAL AGENCIES

Name	Sponsor Description	Project Title
Baldassano, Claudia F	National Alliance for Research on Schizophrenia and Depression	Assessing the risk of osteoporosis in bipolar women taking anti-epileptic drugs
Brodkin, Edward S	Children's Hospital of Philadelphia	Mental retardation research center
Brodkin, Edward S	Children's Hospital of Philadelphia	Enhancing and expanding research projects in mental retardation
Brodkin, Edward S	National Alliance for Research on Schizophrenia and Depression	The genetics of psychoses: testing a novel candidate gene on chromosome 18 for association to schizophrenia
Salzer, Mark	Department of Education	RRTC on community integration of people with psychiatric disabilities
Wolpe, Paul R	Drexel University	Functional optical brain sensor to monitor deception

RENEWALS

Name	Sponsor Description	Project Title
Arnold, Steven E	Rush-Presbyterian-St. Luke's Medical Center	Risk factors, pathology, and clinical expressions of AD
Berkowitz, Robert I	NIH	Behavioral & pharmacologic therapy of adolescent obesity
Berrettini, Wade H	NIH	A collaborative genomic study of bipolar disorder
Evans, Dwight L	NIH Grant, subcontract w/ Children's Hospital of Philadelphia	Tachykinins, mononuclear, phagocytes and HIV-1 infection
Franklin, Martin E	NIH	Treatment of pediatric OCD
Katz, Ira R	NIH	Drug treatment of depression in the nursing home aged
Levinson, Douglas	NIH	Molecular genetics of schizophrenia
Pettinati, Helen	NIH	Behavioral support with pharmacotherapy for alcoholics
Price, R A	NIH	Genetic studies of obesity
Rukstalis, Margaret	American Cancer Society	Sub-project American Cancer Society Institutional Research grant
Stunkard, Albert J	NIH	The night eating syndrome
Turetsky, Bruce I	NIH	Olfactory erps & fronto limbic pathology in schizophrenia

CLINICAL TRIALS

Name	Sponsor Description	Project title
Foa, Edna B	Cephalon, Inc.	Cltr: a 12-month open-label flexible-dosage study to evaluate the safety of gabitril at dosages up to 16mg/day in adults with chronic PTSD
Kampman, Kyle M	Alkermes	Cltr: a randomized, open-label, long-term, multi-center study of the safety of medisorb naltrexone
Rynn, Moira	Organon, Inc.	Cltr: an open-label extension trial in children and adolescents with major depressive disorder who participated in one of the short term org 33062 er efficacy and safety trials
Wadden, Thomas A	Glaxosmithkline	Cltr: efficacy, safety and tolerability of orally administered gi181771x on weight loss in overweight and obese subjects
Wadden, Thomas A	Merck & Co, Inc	Cltr: a double-blind randomized placebo-controlled multi center study to assess the safety, tolerability and efficacy of l-000753721 in maintaining weight loss induced by a very low calorie diet in obese patients

Cornerstones



In recognition of the significant contributions that our faculty & staff make to the Department Mission, Cornerstones is dedicated to highlighting their achievements and activities.



We would like to extend our thanks to the following employees from the Department of Psychiatry who were honored by the University of Pennsylvania with service awards in 2003 for their long-term commitment:

10 Years

Joyce Bell, Business Administrator

Gary D. Foster, PhD, Associate Professor of Psychology in Psychiatry at the Hospital of the University of Pennsylvania

John P. O'Reardon, MD, Assistant Professor of Psychiatry at the Hospital of the University of Pennsylvania

Regina T. Hearn, Nurse

Louise Epperson, Nurse Practitioner

Suzanne DiFilippo, Research Project Manager

Danielle Fiore, Programmer/Analyst

Ellen M. Mulholland, Research Coordinator

Sarah C. Gelbach DeMichele, MD, Health System Clinician
Clinical Assistant Professor of Psychiatry
Associate Medical Director, Outpatient Psychiatry Center

Guy S. Diamond, PhD, Assistant Professor of Psychology in Psychiatry at the Children's Hospital of Philadelphia

15 Years

Joel E. Streim, MD, Associate Professor of Psychiatry at the Hospital of the University of Pennsylvania

Larue Catherine Rainone, Administrative Assistant

David A. Zanis, PhD, Adjunct Assistant Professor

Elizabeth R. Mackenzie, Senior Research Coordinator

Donna L. Joseph, Manager C

20 Years

Jacques Barber, PhD, Professor of Psychology in Psychiatry at the Hospital of the University of Pennsylvania

Anthony L. Rostain, MD, MA, Associate Professor of Psychiatry at the Children's Hospital of Philadelphia
Director of Education

Richard Jay Ross, PhD, Professor of Psychiatry at the Veterans Administration Medical Center

25 Years

Andrew Thomas McLellan, PhD, Adjunct Professor of Psychology in Psychiatry

35 Years

Charles P. O'Brien, MD, PhD, Kenneth E. Appel Professor of Psychiatry; Vice Chair/Department of Psychiatry and Scientific Director/VA Medical Center MIRECC and Director, Center for Studies of Addiction

Supporting Our Units



Mike DiMascio

We would like to introduce our new Department IT Support Specialist, Mike DiMascio. Mike, formerly a Dell Field Technician, filled this newly created position in early February. This position, jointly recruited by the Department and the School of Medicine, was created to provide support to the Department's units and their LSPs (Local Service Providers), as well as enable a more standardized IT infrastructure within the department based on School of Medicine Information Systems (SOMIS) standards. Currently, and for the next few months, Mike is taking a complete inventory of all department IT assets and implementing SOMIS standards to supported units throughout the department. If you haven't seen him in your section yet, chances are you will soon. Welcome aboard, Mike! If you need to contact Mike, he can be reached at (215)662-2888 or dimascio@mail.med.upenn.edu.

2004 AAGP Award Winner

The American Association for Geriatric Psychiatry (AAGP) on February 21, honored Mohit Pawan Chopra, MD, with its 2004 Member-in-Training Award. Dr. Chopra, a fellow in Geriatric Psychiatry and the Clinical Research Scholars' Program in the Department of Psychiatry, and fellow in the Master of Science in Clinical Epidemiology program in the Center for Clinical Epidemiology and Biostatistics at the University of Pennsylvania, received his award at AAGP's 17th Annual Meeting in Baltimore.

The Member-in-Training Award is in recognition of the best, unpublished original research primarily performed by a new researcher in geriatric psychiatry. Dr. Chopra was selected by AAGP's Research Committee for his research paper, "The Importance of Subsyndromal Symptoms of Depression in the Elderly."

"This award acknowledges research accomplishments early in the career of a developing scientist. It is given to someone who shows real promise for making future contributions that substantially advance the field of geriatric psychiatry," AAGP President Joel Streim, MD, said. "Mohit Chopra has taken great initiative in successfully conducting high-quality research that points to the need for greater attention to depression in its earliest stages among the elderly."



Melissa Kahane

Melissa Kahane graduated in 2001 with a degree in photography from Richard Stockton College of New Jersey in Pomona. Her decision to focus on photography arose from her love for the arts and what they can reveal about us. As she describes it, "I love to photograph people and catch their true personalities through the lens of my camera." Melissa continues to pursue her enthusiasm for the arts with her photo business, *Melissaphotos*, which she started with the help of her college mentor and now partner, Rance Catlin, after graduation. She considers it a fun pastime and business venture that has been growing strong for the past three years, specializing in weddings, fraternity and formal composites, and comp cards for future models.

In March 2002, Melissa began working in the Department of Psychiatry, a natural home for a person captivated by the intersection of art and our inner selves. She divides her time within the department as the Evaluations Coordinator for the Office of Education in our Residency Training Program and as the Program Coordinator for Recovery At PENN (RAP), a program geared toward treating dual-diagnosed professionals and their families. Melissa

says that her position in the Office of Education "allows me to work closely with the residents which I find very refreshing." She credits her position with RAP and her working association with its Director, Alexandra McLean, MD, as the catalyst that has "brought me to a career choice that I never knew existed within me" -- becoming a Licensed Clinical Social Worker with an eventual focus on individual psychotherapy. She finds the field of mental health fascinating and is on course to receive her LCSW in three years from the School of Social Work at Penn.

Melissa plans to complete her first year toward her degree this summer and proudly tells us that she is "so honored to be working and studying at such a prestigious university." She also plans to remain actively involved in *Melissaphotos* since it is her creative outlook on the inner workings of humanity.

Please write to let us know about staff awards, initiatives or committee work that may not be captured in other areas of the newsletter : rorynn@mail.med.upenn.edu

PENN A NAME FOR OUR NEWSLETTER & ENTER TO WIN!

Contest: Name this Newsletter! Use your imagination, be original and give us a name that we will be proud to circulate quarterly.

Deadline: Anyone interested in participating in this contest should submit their creative and "appropriate" entries to us for consideration by August 1, 2004. There is no limit to the number of submissions one person may enter.

Selection: A winner will be selected and announced in our 2nd issue of "?" when the winner and winning newsletter name will be unveiled.

The Prize: PENN Bookstore Gift Card worth \$100.00

To Enter: You may email your entries to rorynn@mail.med.upenn.edu (Please type "Newsletter Contest" in the subject line) or you may enter by completing the information below and sending it to:

Department of Psychiatry
Attn: Rosealeen Rynn
423 Guardian Drive
3 Blockley Hall
Philadelphia, PA 19104-6021

Contestant Name: _____

Contact Information: _____

Newsletter Name Submissions:

1. _____
2. _____
3. _____
4. _____
5. _____

Newsletter Staff:

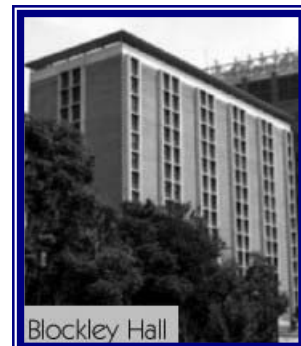
Editor

Rosellen Taraborrelli

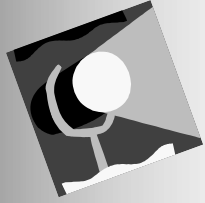
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Blockley Hall



Faculty Spotlight



Albert J. Stunkard, M.D.

Albert J. Stunkard, M.D., Professor of Psychiatry and Founder and Emeritus Director of the Weight and Eating Disorders Program, received the 2004 *Distinguished Scientist Award* from the Society for Behavioral Medicine at its 25th Anniversary Annual Meeting in March. Just one of many accolades bestowed upon Dr. Stunkard during his remarkable career, the *Distinguished Scientist Award* is based on total career achievement and honors candidates who have achieved great scholarly distinction in the field of behavioral medicine.

It is hard to imagine a more deserving recipient. Dr. Stunkard, with other Penn Psychiatry faculty, helped define behavioral medicine as a field of intellectual endeavor in the late 1970s and he was among its early leaders, serving as President of the Society for Behavioral Medicine in 1989-90. But even long before these watershed events, Dr. Stunkard was building the body of work that was to shape the new field.

For over half a century, Dr. Stunkard's eclectic research interests have opened new lines of inquiry on the genetic, psychological, therapeutic and developmental aspects of eating disorders and human obesity. In the 1950s, Dr. Stunkard was first to describe binge eating and to develop a treatment for binge eating disorder. At around the same time, he was also credited with identifying night eating syndrome (NES). NES is

characterized by a distinctive pattern of sleep disturbance. Persons with night eating syndrome wake multiple times during the night and are unable to fall asleep again without having something to eat. Genetic studies have shown that one-third of persons with NES have at least one first-degree relative suffering from the disorder. In addition, biological rhythms are much more distorted for night eaters. Their eating pattern is delayed by 5 to 6 hours. "People with NES start out not eating anything all morning and consume fewer than average calories throughout the day. As the day wears on they are more and more depressed," says Dr. Stunkard. Then with the night, as anxiety and depression increases, so does the eating. In a pilot study, Dr. Stunkard and psychiatrist Dr. John O'Reardon have discovered that the antidepressant Zoloft may help persons with NES. Also, Dr. Stunkard, with psychologist Dr. Kelly C. Allison, has written a book called "Overcoming Night Eating Syndrome: A Step-By-Step Guide to Breaking the Cycle," due out in early May. This is the first book written specifically for people struggling with NES and offers a step-by-step strategy for managing and overcoming this disorder.

Dr. Stunkard's work on obesity is equally longstanding and acclaimed. Indeed, and Experimental Studies of Human Obesity" marks 50 years of continuous NIH funding. In the early 1980's, Dr. Stunkard and Dr. Robert Berkowitz began a study of growth and development of the offspring of either obese or lean mothers, now in its 13th year. These mothers and their children have been followed since 3 months of age and 71 of the original 78 are still enrolled. "Even in this toxic food environment only one of our children from lean mothers has become overweight out of 39 and about half of the children of the obese mothers have become overweight. So it suggests very strong genetic influence on obesity in childhood," speculates Dr. Stunkard. Another important finding is the rate of food intake in determining adiposity in people at high risk of obesity. "Children who are becoming obese are eating more and if you measure the rate of their intake they are eating faster - behaving as you would if you were trying to get fat," explains Dr. Stunkard. Other efforts in this area include a very successful program of weight reduction and a continuation of a genetic study of obesity in the Old Order Amish.

Dr. Stunkard has said that "We study what we define" and this outlook has led to a better understanding of binge eating NES, and obesity. It has encouraged more research and continues to lead to more effective treatments for persons with these disorders. When Dr. Stunkard was asked to describe what has been the most exciting time at the University of Pennsylvania for him, he responded, "Now!" and we suspect he would have given the same reply whenever asked during his eminent career!

the renewal of Dr. Stunkard's "Clinical



Events Schedule: Save These Dates...

JUNE 2004

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
3rd Annual Penn Med Art Show						
6	7	8	9	10	11	12
13	14 Research Symposium	15 WMHC	16	17 Sleep Research Retreat	18	19
20	21	22	23	24	25	26
27	28	29	30			

- ★ The 3rd Annual Penn Med Art Show will take place from May 28 through June 4 at the Bob and Penny Fox Art Gallery on the ground floor of Logan Hall. The show will feature over 40 artists from the medical school, the vet school, the nursing school, the dental school, the basic sciences and the hospital faculty and staff who will be showing their painting, photography, sculpture, ink-jet prints, pottery, quilts, music, collages, and performance art. Stephanie Aston-Jones, one of our Business Administrators for the Center for Neurobiology and Behavior, will perform some original songs on guitar for the wine/food reception on Wednesday, June 2 from 5 to 8pm.
- ★ This month's Women's Mental Health Conference (WMHC) takes place on June 15 from 12pm to 1pm in conference room 4123, in the 3535 Market Building. The conference is titled "Female Sexual Dysfunction" and will be led by Mary Morrison, MD, MS.
- ★ The Center for Sleep & Respiratory Neurobiology is holding a one-day retreat to highlight the sleep research activities in the Center. The retreat will take place on Thursday, June 17 from 9:00am to 6:00pm in the Levy Conference Center at the University of Pennsylvania Law School. (Silverman Hall, 3400 Chestnut Street between Chestnut and Sansom Streets.) The program is at: <http://www.uphs.upenn.edu/sleepctr/research/researchretreatjune04.htm>
- ★ The next Neuropsychiatry Research Symposium will take place on Monday, June 14 from 12:00pm to 1:00pm in the Biomedical Research Building (BRB), Room 251. Dr. Michael Granato, Associate Professor, Cell and Developmental Biology, will present "Motor behavior regulation in the zebrafish larvae".

Coming in July...

Please save Sunday, July 25 for The Department of Psychiatry **Family Picnic** welcoming the Residents of the Class of 2008. This event will be hosted by Dr. and Mrs. Dwight L. Evans. Invitations will be going out soon containing more details.

Transdisciplinary Tobacco Use Research Center: Future Directions

The Transdisciplinary Tobacco Use Research Center (TTURC), under the direction of Caryn Lerman, PhD, is dedicated to studying various aspects of tobacco use and nicotine addiction, including the role of specific genetic influences on smoking initiation, nicotine addiction and response to smoking treatment. In addition to discovering more effective prevention strategies, the TTURC hopes to discover if smoking cessation treatments can be tailored to meet individual smokers' needs. Dr. Lerman explains that "since our move to Penn we have brought in a number of new people into the center and are just now transitioning to a focus that is primarily on treatment, with the overarching goal to translate new discoveries in basic neuroscience, genetics and behavioral science to improve treatments for nicotine addiction. The next generation of studies in our center will focus on developing new treatments and improving the delivery of those treatments based on genetic and non-genetic information from patients."

Two of the latest publications from the TTURC focus on assessing genetic and non-genetic factors in an attempt to individualize treatment. In one study, Dr. Lerman, Dr. Wade Berrettini, and colleagues recently examined the role of the functional mu-opioid receptor (OPRM1) gene in response to alternate forms of Nicotine Replacement Therapy (NRT). NRTs include transdermal nicotine (TN) nicotine patch), nicotine gum and nicotine nasal spray. NRTs are effective treatments for tobacco dependence, but there is substantial variability in treatment response and up to 95% of smokers using NRT relapse to their former smoking patterns. This study examined whether a genetic variation in OPRM1 predicts the effectiveness of TN versus nicotine nasal spray.

Researchers at the TTURC found that smokers carrying the OPRM1 Asp40 variant are significantly more likely than smokers without this particular variant to remain abstinent at the end of treatment and less likely to report negative withdrawal symptoms such as mood disturbance and weight gain. They found that treatment outcome was most pronounced among smokers receiving TN, particularly during the 21mg dose phase. Smokers who carry the OPRM1 Asp40 variant are likely to have a favorable response to TN and may benefit from extended therapy with the 21mg dose. This study provides a first step toward identifying genetic subgroups of smokers who may achieve greater benefit from NRT which will ultimately have an impact on treatment decision making for tobacco-dependent smokers. This study will be published in May's *Pharmacogenomics Journal*.

In another TTURC publication from the NRT clinical trial, Dr. Lerman's team examined non-genetic factors that may influence treatment outcome with TN versus nicotine nasal spray. Researchers found that race, weight and level of nicotine dependence may help identify a smoker's likelihood of quitting smoking with either TN or nicotine nasal spray. "Despite the widespread use of nicotine replacement therapy, there is a lack of sufficient empirical data to guide practitioners in selecting a particular form of treatment for patients with tobacco dependence. The goal of the present study was to evaluate the comparative efficacy of TN and nicotine nasal spray and to identify pre-treatment clinical characteristics that predict treatment outcome," says lead author Dr. Lerman. The research indicates that TN may be an effective treatment for non-obese, Caucasian, and low nicotine dependent smokers. In contrast, nicotine nasal spray may be more beneficial for obese smokers, highly dependent-smokers, or members of minority groups. This research study was funded by the National Cancer Institute and the National Institute on Drug Abuse and appeared in the March 16 issue of *Annals of Internal Medicine*.



The goal of these studies is to develop new models of nicotine dependence treatment development and delivery where physicians will be able to choose the optimal treatment for a patient based on the type of smoker they are. "The present studies provide an important step towards helping clinicians and patients to individualize the type, dose and duration of nicotine dependence treatment, thereby improving the likelihood of success," explains Dr. Lerman.

Consultation/Liaison Psychiatry At HUP



James L. Stinnett, MD

Since 1978, James L. Stinnett, MD has directed our Consultation and Liaison Service at HUP. Regionally and nationally recognized for his clinical excellence, Dr. Stinnett is often the first psychiatrist in the department that members of the Penn faculty and staff turn to when they seek advice for psychiatric issues. Among his many recognitions, Dr. Stinnett received the 2000 Resident Teaching Award for the Department of Psychiatry, University of Pennsylvania; was named "Practitioner of the Year" by the Philadelphia Psychiatric Society; and was awarded the 2001 I.S. Ravdin Master Clinician Award by the University of Pennsylvania Health System. Dr. Stinnett expressed to us that his most recent honor, receipt of the 2003 Albert Stunkard Faculty Recognition Award, is personally the most meaningful of his career because it is a tribute to his long-time mentor, Dr. Albert Stunkard, whom Dr. Stinnett values for his pivotal role in shaping his career as a physician.

As the long-time leader of the C/L Service, Dr. Stinnett is exactly the right person in the right place at the right time. As Director, Dr. Stinnett is responsible for all the administrative, clinical, and educational functions of the service, while maintaining a busy clinical schedule himself. Psychiatrists on the service evaluate and manage patients from medical and surgical floors who may have psychiatric problems. The service averages 1200-1500 new consults a year plus follow-ups. This demanding clinical work is ably handled by a team consisting of two Attending Psychiatrists, 2 psychiatry residents and anywhere from 2 to 6 medical students rotating on the service per week while they complete their psychiatry clerkship requirement. The C/L Service is often referred to as the "face" of the

Department of Psychiatry because it is the most visible to the other clinical departments at HUP. This visibility has succeeded in attracting people from other areas, such as Neurology, Medicine, and Family Practice, in addition to senior medical students and others from outside hospitals who elect clinical rotations on this service. Dr. Stinnett describes the teaching-intensive C/L service at HUP as "a good training experience because residents and medical students get to see the types of patients that they do not get to see in any other psychiatric milieu."

Eighty percent of all patients seen by the C/L service fall into four categories: patients with a substance abuse problem in a setting of a general medical surgical illness; patients with depression in a setting of a severe medical illness – an example would be a patient who is terminally ill with cancer who is depressed; patients who have organic brain diseases such as delirium or dementia; and patients who have somatoform disorders, physical symptoms not caused by a physical disease but by a mental disease. The service is also involved in cases of very complex medical, ethical, and legal issues, e.g., medical decision making capacity determinations. The other twenty percent of patients include people who have made suicide attempts, who are non-compliant with medical treatment, or who are creating major problems with their medical teams.

For the future, Dr. Stinnett sees the C/L Service at HUP and nationally as growing in importance, reflecting the increased recognition among medical professionals and the lay community of the significance of psychiatric medicine to the health of the public. Dr. Stinnett sums up this important role, "Consultation Psychiatry, more than any other sub-specialty in Psychiatry, allows the Psychiatrist to express an identity as a medically trained psychiatrist with particular interest and experience in those areas of medicine and surgery with a significant interaction with the mind. Like a good 'ambassador', the Consultation Psychiatrist represents his 'country' (Psychiatry) to the medical world at large, and does so effectively to the extent that s/he understands that world and moves freely and comfortably in it."

Then & Now...

Psychiatry - C/L Services

The history of consultation/liason psychiatry parallels the development of psychiatry itself. Initially, psychiatric hospitals were geographically separate from general medical/surgical hospitals. There was very little interaction between psychiatrists and the rest of the medical professions, but this changed when various medical and surgical services recognized the need to address psychiatric pathology in their patient populations by adding a psychiatrist to their team. Developing this on-site relationship simultaneously improved medical care and patient service, as patients would no longer be sent to a separate institution, like an asylum, for psychiatric care.

This revised outlook gathered momentum in the 1960's when inpatient psychiatric units became nested inside of general medical hospitals. Now on the same site as other hospital physicians, psychiatrists were asked to perform consultations and participate in medical staff conferences. Most importantly, the patients, who often had specific psychiatric and psychological symptoms, benefited from the added expertise of a devoted mental health professional. The service ultimately came to be known as consultation and liaison. Today, this title somewhat stretches the definition of liaison. By necessity, the practice has become increasingly office-based and consultation-oriented.

Consultation psychiatry has grown substantially throughout this century and has finally been recognized as a subspecialty of psychiatry. As an indicator of this, at the March 20, 2003 meeting of the American Board of Medical Specialties (ABMS), psychosomatic medicine was approved as a subspecialty certification by the American Board of Psychiatry and Neurology (ABPN). The first examination will be administered in the Spring of 2005 with an application deadline of August 1, 2004.

Portrait Fund

Dear Colleagues,

Peter Whybrow, MD served as our Chair for the Department of Psychiatry from February 1984 through June 1996. He is presently Professor & Executive Chairman of the Department of Psychiatry & Biobehavioral Sciences at the UCLA School of Medicine.

In his twelve years as Chair of the Department of Psychiatry at the University of Pennsylvania, Peter was a visionary, a dynamic academician, as well as researcher, and a highly adroit and encouraging leader. Peter provided an extraordinarily high level of intellectual and personal leadership that has contributed to the longstanding success of our department.

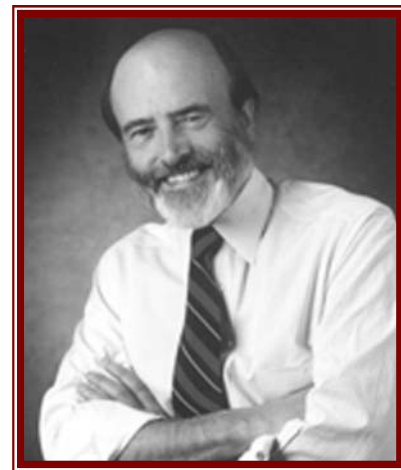
By making a contribution to the Peter Whybrow Portrait Fund, you can join us in demonstrating our appreciation for Peter's many contributions to our department, our institution and our profession. Please make your tax-deductible checks payable to the "Trustees of the University of Pennsylvania," noting "Whybrow Portrait Fund" on it. Please send it to 3 Blockley Hall, Department of Psychiatry, Philadelphia, PA 19104.

Thank you for helping us to recognize and honor our valued colleague.

Sincerely Yours,

Peter Whybrow, M.D. Portrait Committee

Dwight L. Evans, MD
Charles O'Brien, MD, PhD
Mickey Stunkard, MD



Peter Whybrow, M.D.

Announcement of New Academic Clinician Track

The Academic Clinician Track was approved by the Trustees of the University on February 19. This action completed a series of approvals that included unanimous support by the Medical Faculty Senate Steering Committee and the Standing Committee of Chairs and Directors of Centers and Institutes, a 90% favorable vote by the faculty of the School of Medicine, and unanimous approval by the Senate Executive Committee of the University. Processing of applications for appointment on the track will begin in April. Appointment on the track will be effective as of June 1.

With the advent of the AC track we formally acknowledge that outstanding clinicians are integral to the success and achievements of the School of Medicine. The AC track fulfills the intention, begun with the CE track a generation ago, to honor excellence in clinical care and teaching. The CE track has fostered great achievement in clinical research but, because it is a standing faculty track, could not readily be adapted to recognize excellence in clinical care and teaching in the absence of scholarship. The AC track gives us that opportunity. We believe that it will foster clinical excellence, increase satisfaction and retention of talented faculty members, and enhance patient safety and satisfaction and quality of clinical care. Most importantly, it will give clinical faculty the opportunity to fulfill their career aspirations at Penn with the kinds of effort that matter most to them, whether these be in scholarship, teaching, clinical care, or some combination of all three.

Arthur H. Rubenstein, MBCh
Alan Wasserstein, MD
Vicki Mulhern

Grand Rounds Schedule

June 2004

All Grand Rounds Lectures will be held from 12:00 NOON—1:00 PM in the BRB II/III Auditorium, 1st Floor of the Biomedical Research Building located on the PENN Campus, at the corner of Curie Boulevard and Osler Circle.

★ **June 3, 2004**
Nancy Andreasen, MD, PhD

The Andrew H. Woods Chair of Psychiatry; Director, Mental Health Clinical Research Center; University of Iowa, Iowa City, IA

The Neural Mechanisms of Schizophrenia

★ **June 17, 2004**
John Kane, MD

Chairman, Department of Psychiatry; The Zucker Hillside Hospital, Glen Oaks, NY

Pharmacologic Treatment of Schizophrenia

New Community Psychiatry Residency Track

The University of Pennsylvania Health System's wealth of public mental health resources makes it an ideal site for our new Community Psychiatry Residency Track that made its debut in January. The residents currently participating in this track are: Wendy Baer, MD (PGY 3), Robin Cooperman, MD (PGY 2), Rashida Gray, MD (PGY 1), Matt Hurford, MD (PGY 2) Mariana Mendez-Tadel, MD (PGY 3), and Lisa Rosenthal, MD (PGY 1). Such a valuable educational innovation has the potential to enhance Penn's already thriving Psychiatry Residency Training Program and attract additional high quality candidates.

The Community Psychiatry Track allows interested residents to gain the building blocks for a career in community psychiatry. Potential participants have an interest in the spirit of community psychiatry, i.e., care of the seriously chronically mentally ill and poor. Specific areas of focus include direct clinical care, administration and research. Residents enter the track in the PG2 year in the required community psychiatry rotation, spend further time rotating through Hall-Mercer and other sites during the third and fourth years and have concurrent public mental health research experience.

Clinical activities focus on creating a breadth and depth of experience such that residents graduate with substantial expertise in community psychiatry. Given the complexity and diversity of the community mental health system, this requires rotations in a number of different facilities and programs as well as an opportunity to spend sufficient time on any one service. Training occurs both at the provider, payer and regulatory level, with exposure to the relevant City offices as well as providers. PGY2 year emphasizes clinical rotations giving a broad understanding of Community Mental Health. In the PGY3 year residents are expected to complete at least one community GAP clinic. Later, in the PGY3 and PGY4 years, residents choose to specialize, for example, in community psychiatry administration, clinical leadership, direct clinical care or research. Regardless of specialization, all residents in this track have the experience of participating in at least one research project.

Teaching Initiatives

Psychotherapy training at Penn continues to be one of the draws of the residency program to applicants.

Current initiatives include:

- ⇒ faculty development programs such as an "Introduction to Supervision" for junior faculty, and a planned workshop on "Psychodynamic and Cognitive Formulation," (date TBA)
- ⇒ the inclusion of couples and family assessment competencies, and
- ⇒ the development of an elective Advanced Psychotherapy Track for interested residents.

We are recruiting psychotherapy supervisors for next year, and are interested in any faculty who would like to participate. Please contact Brandy Hellman, Education Coordinator, for more information at (215) 746-7212 or bhellman@mail.med.upenn.edu.

We Want to Hear From You..

If you have any comments on the newsletter or suggestions for future stories or items of interest...

Please contact
Rosealeen Rynn at
(215) 898-0602, or by email at
rorynn@mail.med.upenn.edu.

Elderly Patients With Depression Offer an Opportunity to See the Person Behind the Problem

Wendy M. Baer, MD

Third-year resident, psychiatry

Mr. F sits before me, looking older than his 72 years. His head hangs low from degenerative spinal disease, his legs are swollen with edema due to his congestive heart failure, and his tobacco-stained fingers tremble on his lap. During the past several weeks he has been withdrawn, forgetful, and unable to sleep. Depression has grabbed hold of Mr. F. It is also possible that he is demoralized or in pain. Perhaps he is in the early stages of dementia or has undiagnosed Parkinson's disease. It is even possible that he has a comorbid addiction or is experiencing side effects from one of his eight medications. Because of so many uncertainties, diagnosis is difficult.

Mr. F is a complex, yet typical, elderly patient with depression. My work is cut out for me. Instead of picking one of the selective serotonin reuptake inhibitors and waiting 6 weeks for something to happen, I will have to use my psychiatric, medical, and neurological skills to properly assess the patient and devise a treatment plan. Likely I will pick up the phone and make a call to Mr. F's primary care doctor, who will educate me about the latest approach to hypertension or chronic obstructive pulmonary disease. Not only do I invariably learn something from this type of conversation, but I also feel good about the holistic approach to Mr. F's care. After the clinical encounter, my curiosity may lead me to the library or the Internet to sift through new research on pain disorders, substance dependence in the elderly, or the interaction of depressive and cognitive disorders.

Geriatric patients provide a wonderful opportunity for psychiatry residents to recharge the medical battery, so to speak. The mind, brain, and body are so interwoven that all three must be considered simultaneously. Depression in the elderly rarely is straightforward. I can't recall a single patient older than 60 who presented with one unambiguous psychiatric diagnosis with no other medical problems and experienced a full response to the initial treatment. The reality is that older patients with depression often have comorbid medical and neurological conditions that complicate diagnosis and treatment. This heterogeneity provides an



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opportunity for psychiatric residents to better understand the risk factors, correlates, pathophysiology, and outcomes of depression in general.

Lasting Impressions of Elderly Patients

In the short time that I have been a doctor, elderly patients with depression and comorbid conditions have left a lasting impression on me.

Mr. A was a 69-year-old man admitted for suicidal ideation with a plan to shoot himself in the head

continued on page 15

Residents' Perspective

...continued from page 14

because "the pain of life was too much." A careful history and physical exam revealed that the pain was physical and concentrated in his lower back. A prostate specific antigen (PSA) level of 15,000 confirmed the diagnosis of prostate cancer, and an oncology consult was incorporated into the treatment plan. Had I not considered the man's medical condition, my efforts to treat his depression would have been counterproductive.

I met a 65-year-old woman with Parkinson's disease in the neurology clinic while she was getting her impulse generator "serviced." Deep brain stimulation had decreased her tremor significantly, but the most intriguing outcome was the response of her depression to the procedure. It was interesting that deep brain stimulation would be more effective than antidepressants for this patient.

Another memorable patient was a 72-year-old man with Alzheimer's disease who cried every time he heard his daughter play the flute or looked at his grandson's finger-paintings. His despondent affect and low activity level pointed to depression. However, beta-amyloid plaques and neurofibrillary tangles had so devastated his brain that the standard diagnostic test, a clinical interview, was very limited. Recognizing the man was suffering was easy, but teasing apart dementia from the depression, and then treating both appropriately, proved to be challenging.

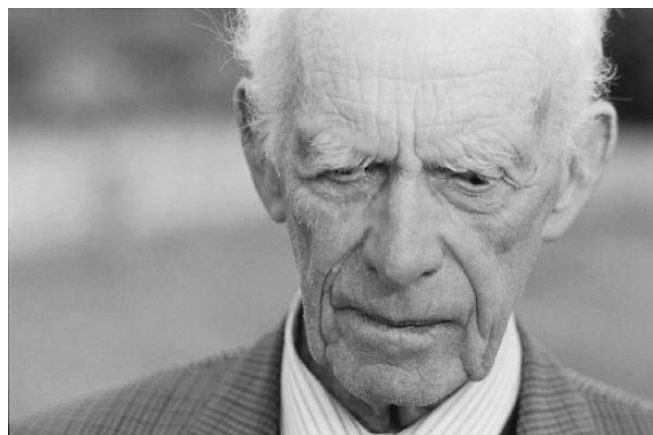
Patients Have Their Own Stories

The life story of an elderly patient is uniformly rich and compelling. More than 60 years of life experience endows a person with a variety of relationships, struggles and successes. The fact that the end of the story may be soon at hand adds an intriguing dimension to the patient's emotions, conflicts, and drives. Elderly patients may struggle with considerations about death and dying, and caring for this group provides a fascinating opportunity to contemplate these issues with them. Cultural norms can change drastically over a lifetime, and I have learned a lot from elderly patients' perceptions of these changes. Given these components of their presentation, I feel compelled to pay respect for the journey they have endured, and welcome the opportunity to travel with an elderly person for a time. Regardless of the antidepressant treatment I choose, eliciting, hearing, and respecting their story will be a critical component of the care I provide.

At this point in my training, my thoughts on depressed geriatric patients with comorbidities seem to boil down to Mr. F and the seemingly hypothetical straightforward patient. If the

opportunity ever arises, I welcome the opportunity to work with a straightforward elderly patient. In the meantime, however, I will continue to ponder the complexities of patients like Mr. F. He represents the ideal patient in that he provides the motivation to revisit the principles of medicine but also the opportunity to indulge in an intricate life story and consider history first hand. As the field moves forward, building on current knowledge, will be critical in order to develop a firmer understanding of depression in the medically ill and enhance our ability to help patients like Mr. F. In the end, isn't that what our profession is all about?

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Residents' Perspective

If you are a resident interested in submitting an article expressing your perspective for publication in a future newsletter ...

Please contact
Rosealeen Rynn at
(215) 898-0602, or by email at
rorynn@mail.med.upenn.edu.



CONGRATULATIONS!

What's Next For The Class of 2004...



Nicholas Carson, MD
Child and Adolescent
Psychiatry Fellowship at
Harvard's Cambridge Hospital
in Cambridge, MA



Alice Chang, MD
Child and Adolescent
Psychiatry Fellowship at CHOP



David Censits, MD
NIH sponsored Sleep Fellowship
within the interdepartmental
Center for Sleep and Respiratory
Neurobiology at HUP



Yvette Cruz, MD
Relocating to Houston, TX
working in Community Psychiatry



Spencer Kostinsky, MD
Working in Community
Psychiatry in Philadelphia



Hope Levin, MD
Child and Adolescent
Psychiatry Fellowship at
Harvard's Massachusetts
General Hospital



Andrew Peshek, MD
Remaining in Philadelphia,
considering a Mood Disorders
Fellowship. Thereafter pursuing
an academic and private practice
career while continuing to teach
medical students and residents.



Yann Poncin, MD
Child & Adolescent
Psychiatry Fellowship at Yale



Steven H. Snyderman, MD
Working on his APA Fellowship
that will occur at the University of
Pennsylvania Treatment
Research Center



Byron Strother, MD
Completing his military commitment
as a staff psychiatrist at the Bayne-
Jones Army Hospital located at
Ft. Polk in Louisiana.

Penn Psychiatry Class of 2004 Residency Graduation



CELEBRATE WITH US...

Date:

Friday, June 18, 2004

Location:

Biomedical Research Building (BRB II/III), Auditorium

Ceremony:

6PM - 7PM

Reception:

7PM - 8PM

PGY 3 Residents...



Amy Kim, MD

We extend our best wishes to Amy Kim, MD and Stephanie Katz, MD who will both be starting their Child and Adolescent Fellowships at Children's Hospital of Philadelphia in July!



Stephanie Katz, MD



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