SPRING 2020 - A PUBLICATION OF UAMS PSYCHIATRIC RESEARCH INSTITUTE

# MIND MATTERS

UAMS
University of Arkansas for Medical Sciences

**Dear Friend of the Psychiatric Research Institute,**

2019 was a year of re-establishing many important foundational aspects of PRI. We needed many more faculty, our research needed reinvigorating, and a strong organizational structure for the department and institute needed to be restored. I am happy to report that a strong foundation has been re-established.

This year, PRI faculty and staff are busy building and extending this foundation. We are recruiting additional clinical and scientific faculty,continuing and extending our strong educational programs, building out and extending new programs such as the three described in this issue of Mind Matters. We are renewing and revitalizing our relationships with you, the friends of PRI via better communication, educational opportunities, and developing ways for you actively help us with our mission. Thank you for your patience and support while we have been strengthening PRI's foundation; I hope you like what you see now and what you will see developing over the coming months

Please remember that your philanthropic support continues to be essential to help us meet the needs of patients and their families. For example, The Center for Trauma Prevention, Recovery, and Innovation could not have been started as quickly, and cannot be maintained, without your generous support. Further, each of our current programs, and those yet to be developed, are greatly accelerated by your support. If you would like to talk about ways you can participate philanthropically, please contact me.

As always, thank you for helping us help patients and their families who are burdened by mental illness and/or substance abuse.

Best wishes,

G. Richard Smith, M.D.

*Drs. Rose Smith, Amy Grooms, Sacha McBain and Betty Everett (left to right) are leading PRI's newly launched Center for Trauma Prevention, Recovery, and Innovation.*

## TRAUMA CENTER LAUNCHED

### Program's Implementation Largest In PRI History

Our Center for Trauma Prevention, Recovery, and Innovation (CTPRI) was successfully launched in November and December 2019 after a year of preparation and training across all outpatient areas of PRI, including our programs for children and adolescents. This launch was the single largest program implementation in PRI's history after our opening 11 years ago. Our leadership team of Dr. Betty Everett, Ph.D., director; Drs. Rose Smith, Ph.D., and Sacha McBain, Ph.D., Associate Directors; and Dr. Amy Grooms, M.D., Medical Director, have done an excellent job of educating and training our staff. In fact, over 500 hundred person hours of training have been devoted to making sure that our team can recognize and successfully treat trauma even if the patient cannot initially self-identify that he or she is a trauma victim.

Our program in PRI provides trauma screening for all patients with several levels of further evaluation for those who are identified as potential victims. PRI has a complete array of all known evidenced-based treatments, including cognitive processing, prolonged exposure and eye movement desensitization and reprocessing, provided by certified psychotherapists. Further, our psychiatrists use the latest psychopharmacological treatments to help with the patient's symptoms associated with the disorder. The treatment for most trauma patients is a combination of psychotherapy and medication, at least initially.

Through Dr. McBain's work, our trauma treatment is spreading to the larger UAMS Medical Center and its Level I Trauma Center. Here the surgeons and nurses work to save the patients' lives, but they have also realized that patients may have "emotional wounds" that can be disabling and need treatment. Dr. McBain is working closely with the UAMS Trauma Service to develop screening, initial treatment, and referral protocols for those needing psychological and emotional care.

For those readers not familiar with physical trauma treatment, a patient example may be helpful. A woman in her 30s sought treatment at PRI for anxiety and panic attacks. As part of her evaluation, it was determined that much of her anxiety appeared to begin after she had significant medical problems due to a near fatal emergency cesarean section. Her anxiety was initially treated and she was referred to one of our expert psychologists for appropriate psychotherapy for her medically related PTSD. Happily, she is doing very well as of this writing.


*Drs. Lou Ann Eads, M.D., director of the Interventional Psychiatry program, and Jeff Clothier, M.D., review a patient's file in PRI's ECT suite.*

# INTERVENTIONAL PSYCHIATRY

## New Program Uses Latest In Technology, Treatment To Give Hope Of A Better Life

Interventional psychiatry is an emerging sub-specialty of psychiatry, with a goal of helping individuals who have not responded to the long established methods of treatment for depression such as medication management and psychotherapy, or talk therapy. For those who have endured endless episodes of emotional turmoil, not to mention the physical constraints associated with poorly treated psychiatric symptoms of depression and anxiety, interventional psychiatry is starting to make dramatic improvements in their life and giving them hope of a better overall quality of life.

The Psychiatric Research Institute's Interventional Psychiatry program has integrated the latest technology and treatment options to help individuals whom has failed to respond or tolerate medication therapy and/or talk therapy. As part of the program, a highly trained team has been put together to provide these services for patients whom have little hope of anything working for them and leading to an overall improvement in their life and ability to function day to day.

"For some individuals, the lifting of a severe depression can be lifesaving," says Lou Ann Eads, M.D., director of PRI's Interventional Psychiatry program. "Interventional modalities allow us to help those who have lost hope of ever getting better."

The Interventional Psychiatry program has incorporated four methods of treatment designed to help patients dealing with major depressive disorder and have not seen any improvement in their condition after trying antidepressants and behavioral therapy. One of them is electroconvulsive therapy, designed to help patients with severe depression or suicidal thoughts. ECT involves a brief electrical stimulation of the brain while the patient is under anesthesia. The ECT team of medical professionals at PRI includes a psychiatrist, an anesthesiologist and a nurse; all experts in what Eads calls the "gold standard" of treatment for depression.

All antidepressants take weeks to control depressive symptoms, according to Eads. ECT is able to provide relief in approximately two to three weeks, compared to six to eight weeks or more for medications. This is especially helpful when trying to treat treatment resistant depression, psychotic depression, depression with acute suicidality, depression during pregnancy and severe post-partum depression.

"When it comes to patients who are psychotically depressed, ECT can turn things around pretty quickly," said Eads, who admits there is a certain stigma attached to the treatment despite the technological improvements made since it was first introduced in the 1940s.

"The term 'barbaric' is often used in association with ECT," says Greg Cook, RN, who assists Eads. "Today the procedure is done under general anesthesia and the patient is asleep throughout the treatment. I would now characterize ECT as the most effective and compassionate intervention for treatment-resistant depression."

Modern ECT involves a consult to minimize any potential medical problems prior to treatment and to address medications that may make the treatment less than successful. The therapy series usually involves a series of six to 12 treatments. This is followed by a tapering off of the treatments, spreading them out weekly for an additional four or more treatments. After, this the individual may be able to go years or the rest of their life without future treatments.

"The treatment plan is based on the individual. Some patients go years without needing further treatment, some need a tune-up that helps them function and stay out of the hospital," says Eads. "When you need an immediate response, ECT should be on the table."

Another form of treatment employed by the Interventional Psychiatry program is transcranial magnetic stimulation (TMS), a non-invasive procedure that uses magnetic fields to stimulate nerve cells in the brain to improve symptoms of depression. The process involves an electromagnetic coil placed against the patient's scalp near

*Continued on Page 3*

*Continued from Page 2*

their forehead. The electromagnet delivers a pain-free magnetic pulse that stimulates nerve cells in the region of the brain involved in mood control and depression.

TMS was approved by the Food and Drug Administration for the treatment of depression in 2008 and has proven to be an effective option for managing treatment-resistant depression. It has some advantages over ECT, says Eads, including that one can drive and return to work after treatment and that it does not require the use of general anesthesia on a regular basis. There is no risk of memory difficulty associated with this treatment but it involves a longer time to complete the treatment series.

Most treatments involve 30 sessions, five days a week, for 6 weeks and then a six-treatment taper afterwards for a total of 36 sessions," says Eads. "There is a rare risk of having a seizure during the procedure, but this has usually been associated with factors known to increase the risk of seizures such as sleep changes, medication changes, etc., and these risks can easily be minimized and addressed."

Eads has also used TMS to treat patients with obsessive-compulsive disorder (OCD), a chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts and/or behaviors that he or she feels the urge to repeat over and over.

"OCD can easily consume an individual's life and severely impact their overall quality of life. This disorder consists of intrusive reoccurring thoughts that result in a feeling to do a behavior repeatedly to relieve the anxiety associated with the thoughts," says Eads, noting that TMS has only been approved for the treatment of OCD by the Food and Drug Administration since 2018. "By definition, the obsessions and compulsions consume an excessive amount of time daily and severely impact the individual's quality of life and ability to function in day-to-day manner."

The Food and Drug Adminstration's approval last year of the drug brexanolone, known commercially as Zulresso, has given Interventional Psychiatry a new approach in treating women with postpartum depression. It is administered intravenously during a 60-hour hospital stay at PRI. This drug is the first and only of its kind earmarked for patients suffering from the feelings of sadness, worthlessness or guilt after giving birth.

"Women are typically back to baseline within 60 hours from beginning the infusion. This had a sustained response to 30 days post infusion when the study was stopped," says Jessica Coker, M.D., the medical director of PRI's women's inpatient unit. Coker expects to begin using the treatment, which is covered by most insurance plans, early this year.

A fourth option offered by Interventional Psychiatry is Ketamine, a drug used primarily as anesthesia since the 1960s that has been shown to dramatically improve the symptoms of patients with severe, long-term depression.

Esketamine is a nasal version of ketamine that is FDA-approved for treatment-resistant depression and is marketed under the brand name of Spravato. Due to the FDA'S concerns for safety, it can only be used under medical supervision with specific restrictions, says Eads. It is administered under the supervision of a physician and the patient is monitored for a minimal of two hours at the facility before being discharged.

"All of these options have been shown to safely manage depression in people who have not responded to medication and therapy," says Eads. "Which one they use depends on the patient experience and the severity of their depression. One way or another, we will get them to a better place."

# NEW MULTIDISCIPLINARY CLINIC ADDRESSES RARE DISORDERS

*Veronica Raney, M.D.*

*Aravindhan Veerapandiyan, M.D.*

Since the last legislative session in early 2019, the Psychiatric Research Institute has helped lead the development of an exciting new specialty clinic for children and adolescents that has started at Arkansas Children's Hospital (ACH) in conjunction with the UAMS Department of Pediatrics. The clinic is a multi-disciplinary clinic for children and adolescents suffering or suspected of suffering from a group of disorders known as Childhood Post-infectious Autoimmune Encephalopathy. These illnesses, which are relatively rare, are sometimes known by the acronyms PANS or PANDAS.

In these diseases, a child develops autoimmune antibodies to certain regions of the brain following a bacterial infection such as a strep throat. The onset of the psychiatric symptoms, which are almost always anxiety related such as obsessive/compulsive behaviors, phobias, and refusal to complete certain acts such as eating a meal, have a remarkable sudden onset and can become severe in a very short period of time. Fortunately, these illnesses are relatively rare; the true incidence is unknown as the diseases were only identified in the 1990s. However, the child becomes very ill, the families become understandably frantic, and the psychiatric after effect can be lifelong. Prompt diagnosis and treatment is essential to a good outcome.

The diagnosis is complex to make and requires multiple disciplines, including child psychiatry, pediatric neurology, developmental pediatrics, and pediatric immunology. The ACH clinic is led by co-medical directors Drs. Veronica Raney, M.D. (Child Psychiatry) and Aravindhan Veerapandiyan, M.D., (Pediatric Neurology).

Our clinic is a part of the PACE Foundation consortium joining the University of Arizona, UCLA, Stanford, and the University of Wisconsin. Our ACH clinic will be the fifth in the country to open. Likely, three more clinics from the East Coast will follow, and then the option of joining the consortium will close. Thus, our clinic is expected to have a multi-state draw and, perhaps, some international patients. The PACE Foundation will foster collaborative research, outreach to child healthcare providers and evidenced-based treatment.

State Sen. Kim Hammer and state Rep. Les Warren have been very strong advocates for this clinic. Through their advocacy, Gov. Asa Hutchinson has released some of his Rainy Day Fund to support the clinic's initial operation and outreach.

The clinic had a soft opening in November. The first patient was from Northwest Arkansas. His pediatrician suspected CPAE, initiated treatment, and referred the patient to the clinic. At the clinic, the diagnosis was confirmed and longer-term treatment began. He will be followed at the clinic in addition to his pediatrician. His condition has improved dramatically.

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## CLINICAL OPERATIONS

**Walker Family Clinic**
**501-526-8200**
*(outpatient adult)*

**Child Study Center**
**501-364-5150**
*(children/adolescent)*

**Center for Addiction Services and Treatment (CAST)**
**501-526-8400**
*(addiction treatment/counseling)*

**The Couples Center**
**501-528-8288**
*(marriage/relationship counseling)*

## GIVING:

psychiatry.uams.edu/giving

**Thank you for taking the time to read the latest issue of *Mind Matters*.**

The Psychiatric Research Institute's quarterly newsletter is produced both in a print and digital version.

If you received this version and would prefer to have the digital version e-mailed to you, **please contact Tim Taylor at tim@uams.edu.**

## PRI MISSION AND VISION STATEMENT

### VISION

*PRI will provide Psychiatric leadership for Arkansas by supporting robust research and training programs that enable the delivery of cutting-edge diagnostic and specialty mental health services not available elsewhere in the state, while partnering across the care continuum to improve access to and the quality of behavioral health care available through community-based providers.*

### MISSION

*PRI mission is to improve mental health for individuals and families in Arkansas and beyond through the integration of outstanding education, research, clinical care and service.*