In the Fall 2007 issue of Mindscapes, we are pleased to introduce our Addiction Recovery Management Service (ARMS), which provides support and care to young people and families dealing with substance abuse and addiction. One of the first major programs of the department's new Center for Addiction Medicine, ARMS was funded by a couple who tragically lost their young son to a drug overdose. We are grateful for their support, which helped initiate this new and vitally important service.

You also will read about Dr. Roger Pitman's research of a novel treatment for PTSD (post-traumatic stress disorder). This innovative work has implications not only for returning combat veterans, but also innumerable civilian victims of trauma.

Putting Trauma in the Past
Study evaluates novel treatment for post-traumatic stress disorder

A 12-year-old boy watched in horror as two gunmen robbed his family's music store, beat him, shot his father and then escaped. Their violence haunted him in frequent unwanted recollections and repeated nightmares that conjured the same heart-pounding fear and cold sweats that he had experienced witnessing the crime. It persisted until the victim, now 45, took part in a recent study by Massachusetts General Hospital psychiatrist Roger K. Pitman, MD, on treatment for post-traumatic stress disorder, or PTSD. His nightmares have finally stopped.

Dr. Pitman is cautious, but hopeful, that the same experimental treatment can help firefighters, police officers, disaster survivors, returning soldiers and others tormented by a traumatic experience.

With colleagues at MGH and Harvard Medical
(Continued on page 8)
People with psychiatric disorders do not leave their mental health issues at the main entrance when they are admitted to the hospital for treatment of an unrelated condition. Indeed, being hospitalized for any reason, whether because of an injury or for the treatment of a disease, can exacerbate a mental health issue.

Even among people without a mental health disorder, developing a serious medical illness can precipitate psychiatric symptoms. For these patients, symptoms may be triggered not only by the diagnosis, but also by the disease itself and the treatments used to manage it.

For example, a young man hospitalized for treatment of a brain tumor has to deal with the emotional trauma that accompanies the news of a life-threatening disease. He may experience symptoms caused by the tumor itself, such as mood swings or seizures. He may also develop symptoms from the treatments for his disease. For instance, steroids used to reduce brain swelling can cause irritability, sleeplessness, agitation or hallucinations.

ONE OF THE FIRST IN THE NATION

In complex situations like these and myriad others, Massachusetts General Hospital care providers know who to contact for guidance about treatment: a member of the Avery D. Weisman, MD, Psychiatry Consultation Service. One of the first such programs in the nation, this service was founded more than 50 years ago by MGH psychiatrist Avery D. Weisman, MD. It was later overseen by the late Thomas P. Hackett Jr., MD, and Ned H. Cassem, SJ, MD, both of whom were chiefs of psychiatry, as well as George B. Murray, SJ, MD. The current chief is Theodore A. Stern, MD.

The service’s clinicians also consult on patients in the hospital’s intensive care units (ICU), where disordered brain states (sometimes called delirium, or acute brain failure) affect more than 25 percent of patients. “Due to the nature or severity of their illnesses and the medications they are taking, many of which affect brain function, ICU patients – especially older individuals – can become disoriented, confused or paranoid,” says Stern. These patients can even endanger themselves by pulling out lifesaving catheters.

Because delirium is such a prevalent and serious problem, Stern is conducting a double-blind, placebo-controlled clinical research trial involving 400 patients undergoing joint-replacement surgery who are at high-risk of postoperative delirium. The goal is to determine whether the use of an antipsychotic agent administered before surgery will reduce the severity and duration of postoperative delirium.

TRAINING AND EDUCATION

In addition to guiding treatment for inpatients, the consultation service provides training to Harvard Medical School students, psychiatry residents and visiting psychiatrists from around the world. The service offers a highly regarded Fellowship in Consultation Psychiatry, whose graduates include national leaders in medical psychiatry.

Consistent with the Department of Psychiatry’s educational mission, the consultation service also produces leading textbooks for the field. These include the classic “MGH Handbook of General Hospital Psychiatry,” written entirely by MGH faculty and now in its fifth edition.

Stern emphasizes that the hospital’s support of this heavily utilized program is critical to its survival, as many of the services provided are inadequately reimbursed by third-party payers. Patients are seen regardless of their ability to pay.
More than 100 guests attended the “Understanding and Treating Depression” Seminar in Palm Beach, Florida on March 1. The inaugural event of the new MGH Leadership Council for Psychiatry was hosted by Michele and Howard Kessler. Department of Psychiatry faculty, MGH neurologist Dr. Alice Flaherty and author Rose Styron shared information and personal perspectives on the most prevalent psychiatric disorder.

Founded and co-chaired by Michele Kessler and Carroll M. Carpenter, the MGH Leadership Council for Psychiatry consists of 23 charter member families from around the country. The council is committed to reducing the suffering caused by mental illness through support of the clinical care, research and teaching activities of the MGH Department of Psychiatry.
It was a parent’s worst nightmare. In 2002, Jim Bildner and his wife, Nancy, discovered that their bright, sensitive son, Peter, was a heroin addict. Three years later, despite their desperate attempts to find him effective treatment, Peter died of a drug overdose at the age of 21. Tragically, this story is not unique. An estimated three million Americans – people young and old; of all income levels; in urban, rural and suburban communities – have drug problems, many of which begin in adolescence. Each year, illicit drugs (including abuse of prescription medications) kill nearly 20,000 in the United States. When deaths due to alcohol, the most commonly used drug, are factored in, the figure jumps to about 100,000.

Many parents deny for months, even years, that their child has a drug problem until the evidence becomes obvious – a stash of liquor bottles, unidentifiable pills or powder-filled packets. In a crisis like this, few know where to turn. How does one find the best treatment? What will it involve? How much will it cost?

“We learned first-hand from our experience how fragmented the system is and how difficult it is to find reliable information,” says Mr. Bildner, a Massachusetts businessman and philanthropist. Being forced to choose from a confusing array of options increases anxiety for families already in a stressful situation, and can lead to tragic results.

GUIDING YOUNG PEOPLE AND FAMILIES

After losing their son, Mr. Bildner says he and his wife “couldn’t bear the thought of families going through what we did.” So they made a generous donation to the Massachusetts General Hospital Department of Psychiatry to establish the Addiction Recovery Management Service (ARMS). This new program, launched in early October, is designed to help young people who are misusing or addicted to alcohol or other drugs receive the support and care they so urgently need.

The service guides families to effective treatment programs, coordinates the transition from one program to the next (for example, from inpatient or residential to outpatient settings), and provides relapse prevention and intervention. In addition to regular daytime hours, ARMS offers some evening hours and rapid access for families and young people needing information and advice. As part of MGH’s new Center for Addiction Medicine, ARMS focuses on 15- to 25-year-olds.

“This age group is at the highest risk for the onset of substance use disorders, which have both acute and long-term repercussions,” says John...
F. Kelly, PhD, program director. “We want to intervene as early as possible, because the young brain is still developing and substance misuse can produce enduring structural and functional changes that can cause all kinds of problems, including addiction.”

The first step is for the young person and his or her family to meet with a clinical team specializing in addiction medicine for a comprehensive assessment of their needs. Based on the extent and severity of substance use as well as related psychological problems, the team, which includes a psychologist, clinical social worker and resource specialist, recommends appropriate care. Referrals are made to high-quality treatment programs that have been carefully screened by ARMS staff.

PREVENTING RELAPSES

“Addiction is a chronic illness that needs to be addressed over the long term,” says Dr. Kelly. “We hope to engage patients and families for at least a year to establish a strong foundation for recovery.”

During this critical stabilization period, ARMS ensures that patients receive continuing care. “Our clinicians will stay involved with the family throughout the course of treatment as the patient makes the transition from one program to the next,” says Joy Rosen, executive director of the MGH Department of Psychiatry.

Because relapse is an all-too-common problem, a primary goal of ARMS is to prevent or limit the duration and intensity of relapses. “We often find that people start well, but the gravity of addiction tends to pull them back if they’re not careful and if other people aren’t on the lookout for warning signals that precede alcohol or drug use,” says Dr. Kelly.

To counter this, ARMS actively reaches out to youths, making home visits, whenever necessary and feasible, within the Greater Boston area. The service also provides relapse-prevention training to families so they are aware of patients’ warning signals, such as isolation, hanging out with high-risk friends, or failing to take medications or attend counseling appointments.

In addition, therapists work with young patients and families to develop a “fire drill,” or practice plan, for what to do should a relapse occur. “When the patient is doing well,” says Dr. Kelly, “we figure out what to do if a fire, so to speak, does start. By having a plan in place, we hope to alleviate stress for the family and the patient.”

“Better outcomes for young people and less stress for their families are the goals of ARMS,” says Dr. Kelly. “We take responsibility for making sure no one falls through the cracks.”

In the next issue:

A GALA ART BENEFIT
for the Department of Psychiatry
Massachusetts General Hospital
Saturday, November 3, 2007
InterContinental, Boston
www.mghmindscapes.org
Books by Department of Psychiatry Faculty

Healing Invisible Wounds: Paths to Hope and Recovery in a Violent World
by Richard F. Mollica, MD
Published by Harcourt, 2006

Around the world, humans are often subjected to unspeakable violence, whether caused by natural disasters or their fellow human beings. Written by a psychiatrist who has devoted more than 30 years to helping trauma victims and conducting research on human trauma, this book sends a hopeful message – that despite an often-violent world, people who are victims of trauma have an inherent ability to heal themselves. Moreover, the author explains, the lessons from survivors of violence can teach all of us how to cope better with everyday life.

Dr. Mollica is director of the Harvard Program in Refugee Trauma of the MGH Department of Psychiatry.

Things Your Teenager Won’t Tell You
by Jenifer Lippincott and Robin Deutsch, PhD
Published by Ballantine Books, 2005

Is there anything more unfathomable than what goes on in your teenager’s mind? Written by an educator and a psychologist, this book sheds light on the mysteries of the developing adolescent brain, and gives practical advice on how to keep the lines of communication open during these important years. The authors offer parents three simple rules for teenagers with examples of how to apply them, and reveal the seven truths of teenaged thinking (#7: When we say “no,” they hear “maybe”), along with specific suggestions on how to deal with each.

Dr. Deutsch is director of Forensic Services in the Children and the Law Program of the MGH Department of Psychiatry. Ms. Lippincott is a longtime educator, learning consultant, lecturer and writer.

#1 YET AGAIN!

For the 12th consecutive year, the Massachusetts General Hospital Department of Psychiatry has earned the top ranking for psychiatry in the annual “America’s Best Hospitals” survey conducted by U.S. News & World Report.

“As this designation indicates, the MGH Department of Psychiatry continues to be very highly regarded by our colleagues both regionally and nationally,” says MGH Psychiatrist-in-Chief Jerrold F. Rosenbaum, MD. “We are very pleased to earn this distinction yet again, and are committed to maintaining the level of excellence in clinical care, research, training and education that it reflects.”

The “America’s Best Hospitals” rankings are based on surveys of board-certified physicians throughout the nation who are asked to cite the best hospital in their specialty for patients with difficult conditions.

This and future issues of Mindscapes offer brief descriptions of recently published books for the general public written by members of the department’s faculty. These books can be found in major bookstores or online.
Joseph Biederman, MD, was named the recipient of the 2007 Outstanding Psychiatrist Award for Research by the Massachusetts Psychiatric Society in May. This year, he also received an award for Excellence in Research from the New England Council of Child and Adolescent Psychiatry. A prolific researcher, Dr. Biederman is chief of the department’s Clinical and Research Program in Pediatric Psychopharmacology and of the Adult Attention Deficit Hyperactivity Disorder (ADHD) Program.

David Henderson, MD, director of the department’s Schizophrenia, Diabetes and Weight Reduction Research Program, is the recipient of the 2007 Solomon Carter Fuller award. This prestigious annual award, given in memory of the first black psychiatrist in the United States, honors an African-American citizen who “has pioneered in an area that has significantly benefited the quality of life for black people.”

Men’s Health magazine named John B. Herman, MD, as one of “America’s Top Doctors for Men” in its April issue. Clinicians cited in this listing were selected by a physician-led team of researchers following a rigorous process that included surveys of physicians at top hospitals across the nation. Formerly the director of both the department’s continuing-education and residency training programs, Dr. Herman is currently director of Clinical Services in the Department of Psychiatry.

David Mischoulon, MD, PhD, director of Natural Remedy Studies in the Depression Clinical and Research Program, received the Dr. Irene Jakab Outstanding Professional Volunteer of the Year Award from the Manic Depressive and Depressive Association - Boston (MDDA). Named for psychiatrist Irene Jakab, MD, PhD, who served on the staff at Harvard in the 1960s and 1970s, the Jakab award honors a mental health professional who has donated significant time to consumer-focused activities that are aligned with MDDAs mission.

Cited for his “critically acclaimed scholarship within the realm of medical science ...,” Armand N. Nicholi Jr., MD, author of The Question of God: C.S. Lewis and Sigmund Freud Debate God, Love, Sex, and the Meaning of Life, received the C.S. Lewis Institute of San Diego Annual Award in June, and the C.S. Lewis Institute of Michigan Annual Award in October. Dr. Nicholi, who has taught at Harvard Medical School and Harvard College for more than 30 years, also recently received the Harvard Alumni Award, which honors a member of the Harvard faculty for outstanding contributions to teaching and research.

Scott P. Orr, PhD, associate director of the post-traumatic stress disorder (PTSD) Research Laboratory at MGH and a researcher at the Manchester, NH, VA Medical Center, is the recipient of the Robert S. Lauder Award for Outstanding Scientific Achievement for his contribution to PTSD research. This honor is awarded by the International Society for Traumatic Stress Studies.

In March, the Institute of Living/Hartford Hospital selected Jerrold F. Rosenbaum, MD, as the C. Charles Burlingame Awardee for 2007, citing his “compelling contributions to the field of psychiatry throughout [his] distinguished career.” Dr. Rosenbaum has served as Psychiatrist-in-Chief of the Department of Psychiatry since 2000.

Gary Sachs, MD, director of the Bipolar Clinic and Research Program, was named a Distinguished Fellow of the American Psychiatric Association in 2007.

IN MEMORIAM
Anne Alonso, PhD
1933-2007

The Department of Psychiatry recently suffered a significant loss with the death of its longtime friend and colleague, Anne Alonso, PhD, director of the department’s Center for Psychoanalytic Studies and director of the department’s Endowment for the Advancement of Psychotherapy, which she founded in 1995. Dr. Alonso joined the Massachusetts General Hospital Department of Psychiatry faculty in 1978.

An internationally renowned psychotherapist known for her dedication and compassion, Dr. Alonso was an influential mentor and teacher, prolific author and widely respected leader in her field. She was a past president and distinguished fellow of the American Group Psychotherapy Association and was awarded the Lifetime Achievement Award in 1997 by Psychiatric Times.

“For those of us who knew and loved Anne as her student, colleague or family member, our world will never be the same without her and her wisdom,” says Jerrold F. Rosenbaum, MD, psychiatrist-in-chief.

Dr. Alonso leaves her husband of 49 years, Ramon, two daughters and three grandchildren. A memorial service was held Sept. 29 at Harvard Memorial Church.
School, he is studying how the human body responds to stress by producing adrenaline, a memory-inducing hormone. Under normal circumstances, our bodies adapt to moderate increases in adrenaline, he explains. Dr. Pitman believes that trauma, however, produces exceptionally high levels that cause the memory to become too strong. It is why we remember so vividly September 11 or the day President Kennedy was shot. The most intense reactions occur in those affected first-hand.

RE-OPENING THE WINDOW FOR TREATMENT

Propranolol, an “anti-adrenaline drug,” may help victims cope. If given within a few hours, Dr. Pitman says it may reduce the ability of adrenaline to consolidate the traumatic memory and thereby diminish the flashbacks and nightmares typical of PTSD.

Unfortunately, intervening within this narrow window of opportunity is not always possible. During combat, for example, staying alert is vital; suppressing adrenaline costs lives. But what if, years later, the window of opportunity could be re-opened by re-activating the memory of the experience?

To find out, Dr. Pitman and his colleagues tape-recorded PTSD patients’ detailed descriptions of what they saw and felt at the time of their traumatic event. Then the patients were given propranolol or a placebo. A week later, as their tape was replayed to them, the patients’ reactions were recorded. To date, Dr. Pitman says this experimental treatment, which attempts to block “reconsolidation” of the traumatic memory, suggests that propranolol users are better able to put their trauma in the past. Similar results were reported in his study of patients in the MGH Emergency Department after life-threatening automobile accidents.

Dr. Pitman’s interest in this area began in 1983 when, as a research investigator for the Veterans Administration (VA), he was among the first to address “post-Vietnam syndrome,” before PTSD entered the lexicon and the news media began widely reporting symptoms among combat returnees. Yet PTSD is nothing new; medical records reveal high rates of mental illnesses among returning soldiers as far back as the Civil War, when PTSD was known as “soldier’s heart.”

In other work over the past decade Dr. Pitman has led a project funded by the National Institute of Mental Health that is following 120 pairs of Vietnam veterans whose identical twins did not go to Vietnam. Investigators are examining whether non-veteran siblings have an abnormal, or overactive, susceptibility to fear, indicating that their twin may have been more vulnerable to PTSD when exposed to combat.

HELPING COMBAT VETERANS

This summer, the U.S. Army approved funding for the largest study to date on propranolol, memory and PTSD. The $750,000 grant to MGH will support a three-year project, led by Dr. Pitman and coordinated with the VA, involving combat veterans returning from Iraq and Afghanistan. A 2004 study at the Army’s Walter Reed Medical Center found that one in six Iraq returnees suffers from mental health problems.

Propranolol currently is prescribed for high blood pressure and has been used “off label” for stage fright, but Dr. Pitman says wider testing is necessary before FDA approval is sought for treatment of PTSD. “Some believe it may obliterate the memory. But propranolol does not appear to cause patients to forget what happened. Rather, it may make it easier for them to live with the memory by reducing its emotional intensity.”

“What we have here is a reason for hope but it is not yet proven,” notes Dr. Pitman. “Government funding for research is dwindling. Unless we can find donors to support this work, there is a real possibility that this research will have to stop.”