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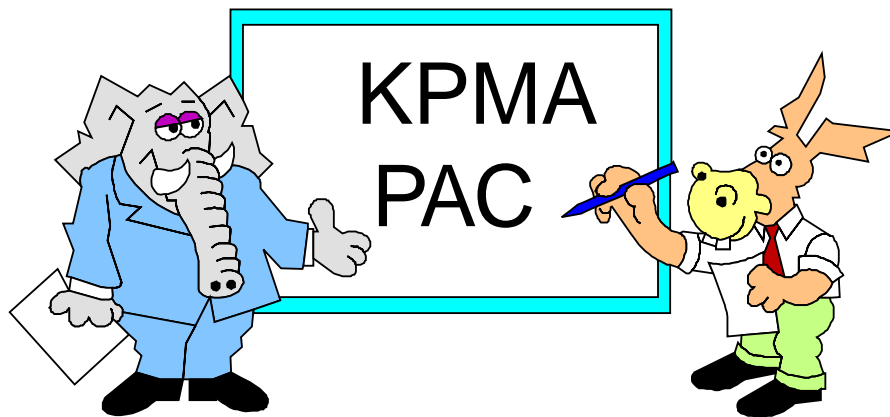
Summer 2004

Kentucky Psychiatric Medical Association

A District Branch of
The American
Psychiatric
Association

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Getting Serious With Advocacy

by Nat Sandler, M.D.

Historically, the Kentucky Psychiatric Medical Association has been an important presence in coalitions on issues affecting mental health. KPMA was a founding member of the Kentucky Mental Health Coalition over 20 years ago, as well as Partners for Parity in 2000. The KPMA Council voted to form a political action committee (PAC) as we recognized the increased need to be active in this arena both in the present and in anticipation of future needs to protect our profession and patients in terms of public policy.

On March 13, 2004, the Kentucky Registry of Election Finance approved the Political Action Committee of the Kentucky Psychiatric Medical Association. This committee will enable our members and friends to contribute to the support of candidates for state office who believe in the principles of this association.

We will focus on issues and candidates that will advance psychiatry and improve the care and delivery of psychiatric services. The committee will solicit voluntary contributions from members, non-members, personnel, and their families.

The officers of the committee will include Nat Sandler, M.D., Chair, and Mark Wright, M.D., Treasurer. The Board of Directors will include Todd Cheever, M.D., Mary Helen Davis, M.D., and Laura Salyers, M.D.

We will recognize contributors at our meetings and identify them as supporters of our PAC. Donors and levels will be posted in *The Kentucky Psychiatrist*.

All contributions must be by personal check, not corporate ones. Contributions are not tax deductible.

The suggested level of contributions is as follows:

Resident \$50
Representative \$75
Senator \$100
Speaker \$300
Governor \$750

We have already received numerous contributions including some at the Governor's level. The PAC will host events for members of the Legislature who support our goals. We will meet with elected officials to share our views and try to arrange meetings to deliver our support with psychiatrists from represented districts in the state.

We can make a difference in the political process. We can be effective if we get involved.

Our PAC and its contributors can have an impact on elections and issues statewide. Please join the KPMA PAC. Sent your contributions to: Kentucky Psychiatric Medical Association, P.O. Box 198, Frankfort, KY 40602-0198.



President's Message

Who Is The New President?

by Laura Salyers, M.D.



I have been contemplating for quite some time what my first President's article should be. Should I address particular issues or identify a particular platform? As I thought about it, I realized that many of us do not know one another, and perhaps a simple introduction is in order.

I am a rural psychiatrist. This is not what I planned to be, but this is the path my career has taken.

Here's the skinny. I was raised in Louisville, where I obtained my undergraduate degree. I worked for several years in an allied health profession before attending

medical school at the University of Kentucky. I planned to be an oncologist. Then I chose psychiatry, and planned to do a fellowship in psycho-oncology, which would likely have meant a lifetime in academia. Instead I got married, and started a family. I started working in a small town, and it grew on me. I moved to Morehead, and now I am proud to say that I am a rural psychiatrist.

It is my commitment to serve the underserved that led me to a small town. It is my interest in public affairs and public education that led me to become active in the (then) Kentucky Psychiatric Association, and a rather recent interest in government relations and advocacy that keeps me involved.

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Newsletter Deadline:

The deadline for the next issue of *The Kentucky Psychiatrist* is October 15, 2004. Items for publication should be sent on computer disk and in typed format to the KPMA Office, P.O. Box 198, Frankfort, KY 40602-0198 or emailed to waltonkpa@aol.com. For information call 1-877-597-7924 (Toll Free)

A Varied Career: Barbara Fitzgerald, M.D.

interview by Joyce S. St.Clair (Mrs. Harvey R.)

I was born in Little Rock, Arkansas, the second of four siblings, an older brother, and a younger brother and sister. My parents met during World War II at Fort Chafee; my Mother was an Army nurse and my Father was in the artillery. They were both stationed in Europe; my Mother was in London during part of the Blitz. They returned to the States to New York City where my Father's family lived. After about a year my Mother couldn't stand the "big apple;" she had grown up in Pine Bluff, Arkansas. As a compromise, they moved to Little Rock, where they still live in the same house they moved into when I was four years old. During my growing up years Mother was a full-time Mom; my Father was an electrical engineer.



I loved biology and had an excellent high school biology teacher and wanted to follow in her footsteps! When I went to Washington University in St. Louis, I found that many of the biology majors were pre-med. Vacillating between graduate school and medical school, I finally decided that I could always do research if I went to medical school. I applied to only one—Vanderbilt—and was accepted. Like so many others I had to borrow a large sum of money to finance this part of my education.

Leaning toward psychiatry, I actually did not decide on this specialty until my senior year. Rather shy up until that time, I found that on my psychiatry rotation, I was able to learn to be more outgoing. In order to establish rapport with patients, I was forced to initiate more interpersonal communication.

It was after my third year of medical school that I married Bob Olive. We met when we both lived in the graduate dorm during my first year in medical school. During our time in Nashville, Bob earned a Masters of Divinity and an MA in Ethics. I stayed on the faculty at Vandy for three years after finishing residency and our first child, Amy, was born in 1980.

When Bob was called to pastor a church in Shelbyville, I looked for an opportunity to work near by. Dr. Gary Weinstein and I had done residency together, so I phoned him to inquire about available positions. There

was an opening at Norton and the University of Louisville Medical School, Department of Psychiatry. I came, interviewed, liked the opportunity, and stayed from 1981 until I retired from full time work on July 15, 2003.

Our second child, Rebecca arrived in 1984. After a time, Bob left active church work and worked in human services for several years and then retired to look after our children. Amy is now a second year law student at Vanderbilt; Rebecca is a junior at Florida State University.

I began my psychiatric career as an assistant professor at U of L and retired as an associate professor; now associate professor emeritus. I worked with teenagers and helped establish a dedicated 18-bed in-patient unit at Norton's in the 80's. This closed about 7 years ago. Then I did adult and geriatric inpatient, as well as maintaining an outpatient private practice. For a while, I specialized in treating eating disorders with a staff, that included a dietician, psychologist and myself.

Currently, I am the Director of Residency Training in the Psychiatry Department and still see private patients one day a week. My professional goal as Director of Residency Training is to inspire the new psychiatry residents to become the best they can be; and to NOT look upon psychiatry as simply a job, but rather as a noble profession. We simply must attract the best and brightest into our medical specialty. Medical ethics is also of importance to me, especially with issues surrounding the pharmaceutical companies. I serve as chair of the KPMA Ethics Committee.

My "addiction" is playing tennis and traveling with my husband. I play tennis 4-5 times each week because it is wonderful exercise and I compete in a different arena. I also enjoy gardening, reading mysteries, spy novels and occasionally a trashy romance! I had been a star basketball player in high school and still enjoy watching this sport on TV. But playing tennis is my true love!



Memantine (Namendo):

A Chemically Different Approach to Alzheimer's Disease

by Firoz Munshi, M.D., and Steven Lippmann, M.D.

Department of Psychiatry and Behavioral Science, University of Louisville School of Medicine

Introduction

Alzheimer's disease (AD) is a progressive disease of the brain and a prevalent cause of dementia. It is clinically characterized by progressive cognitive decline associated with impairment in activities of daily living and behavioral disturbances.¹ Approximately 5% of North Americans over 65 years of age suffer from AD. By the year 2010, more than 5 million people in the U.S. are expected to have AD.

About 75% of the total healthcare costs are associated with the advanced stages of the illness, particularly when institutional care is required.² The management of dementia patients seeks pharmacologic, behavioral, and psychosocial intervention strategies.

There is a need for new treatment options that can counter the diminished intellectual compromise from this encephalopathy. The current standard of care for pharmacologic management in AD consists usually of cholinesterase inhibitors.

Memantine is a N-methyl-D-aspartate (NMDA) receptor antagonist drug, recently approved for the treatment of moderate to severe Alzheimer's disease.³ Under the trade name Namenda, it is being marketed by Forest Labs.

Glutamate in Alzheimer's Disease

Glutamate is the main excitatory neurotransmitter of neocortical and hippocampal neurons. It contributes to learning and memory through



long-term potentiation following brief, high frequency stimulation. Glutamatergic neurotransmission is severely disrupted in patients with AD.^{4,5} Oxidative stress associated with intracellular tangle formations and extracellular amyloid plaques correlates with selective loss of such neurons, with increasing degrees of dementia. Under certain conditions, activation of glutamate receptors kills neurons, which is called excitotoxicity.

Continuous activation of the NMDA type glutamate receptors may lead to neuronal damage and impairment of synaptic learning.⁶ Excitotoxicity is thought to be a pathological mechanism contributing to neurodegeneration during central nervous system ischemia, trauma, and other neuropathic disorders like Huntington's disease, AIDS dementia complex, Parkinson's disease, and AD.⁷

Indications

Memantine is indicated for the treatment of AD. Clinical trials have

also demonstrated some efficacy in vascular dementia, as well as dementia with Lewy Bodies.⁸ Some studies suggest a therapeutic role for memantine in HIV dementias.⁹ Although it is approved for the treatment of moderate to severe AD, there are no data showing the efficacy of this drug in patients with milder disease.

Mechanism of Action

Memantine acts as a noncompetitive, NMDA receptor antagonist with low to moderate affinity. It reportedly blocks tonic, pathological activation of NMDA receptors, restores synaptic learning, and provides neuroprotection. Memantine also exerts antagonistic effects at the serotonin 5HT₃ receptor, but exhibits little affinity for GABA (gamma-aminobutyric acid), benzodiazepine, dopamine, adrenergic, histamine, and glycine receptors.^{5,6,7}

Pharmacokinetics

Memantine is well absorbed orally and is not affected by food ingestion. Peak concentration is reached in about 3-7 hours with a half-life in the range of 60-80 hours.¹⁰ Plasma protein binding is low. Memantine undergoes little metabolism, with the majority of the drug excreted unchanged in urine. Since the hepatic microsomal CYP450 enzyme system plays only a small part in the metabolism of

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memantine, drug-to-drug interactions are minimized.¹⁰

Clinical Studies

In a 28-week, double-blind study, 252 subjects with moderate to severe AD were randomized between memantine and placebo groups.¹¹ Memantine treatment was initiated at 5 mg once daily and increased weekly by 5 mg/day in divided doses up to 20 mg/day. Patients on memantine had a significantly better outcome on cognitive and functional assessments than those in the placebo group.

Research on memantine with vascular dementia was conducted on 321 subjects.⁸ Results at 28 weeks evidenced significant cognitive improvement. Memantine was most beneficial for individuals with small-vessel disease, as compared to people with large-vessel pathology. Clinical evaluations with memantine were compared with placebo treatment. Cognitive function, activities of daily living, behavior, and clinical global status were significantly improved with the memantine group.

Synergism of memantine with a cholinesterase inhibitor is reported in patients with AD. In a prospective randomized, placebo-controlled parallel-group, a trial was done involving 403 subjects with moderate to severe AD, who were already taking donepezil.¹² They received either donepezil with memantine or donepezil and placebo. Patients assigned to double-blind memantine treatment were titrated in 5 mg weekly increments from a starting dose of 5 mg/day up to 20 mg/day. Cognitive, functional, and global outcome measures were obtained at baseline and over a six-month period.

Significant improvement was reported in the patients treated with

memantine/donepezil, with less decline in activities of daily living observed. The incidence of treatment-related adversities were similar in patients receiving the combination regimen as compared with the placebo/donepezil group. Further investigations of memantine being with cholinesterase inhibitors are underway; their combined pharmacotherapies may enhance effectiveness, but full understanding is yet awaited. This conjoint approach is currently considered a promising option.

Side Effects

Memantine seems to be a well-tolerated, safe drug. No frequent adversities have been reported. Table 1 sites common complaints.^{10,11} There were no clinically significant changes observed in vital signs, laboratory data, or electrocardiograms.

Complaints	Memantine (n=940)	Placebo (n=922)
Dizziness	7%	5%
Headache	6%	3%
Confusion	6%	5%
Constipation	5%	3%
Cough	4%	3%

Dosage and Administration

Currently, the recommended starting dose of memantine is 5 mg orally, once daily. Then, titrate in increments of 5 mg more each week up to 20 mg/day in divided doses. Memantine can be taken with or without meals. (See table 2 page 6.)

Contraindications

Memantine is contraindicated in patients with known hypersensitivity to the drug. Patients with kidney disease should receive lower dosages. Memantine must be used with caution in renal conditions with alkaline urine. At this stage in our understanding, severe renal impairment may be a contraindication to memantine prescribing. Use with other NMDA antagonists like amantadine, dextromethorphan, or ketamine would require closer observation clinically and in dosing control. Memantine is not to be administered to a nursing mother. It is contraindicated during pregnancy.¹⁰

Conclusion

Memantine may yield neuroprotective effects at the therapeutic concentrations used in the treatment of AD and might even slow AD progression. Combination therapy with memantine and a reversible cholinesterase inhibitor offers additional hope for both neuroprotection and functional improvement of cognition.

Further investigations are needed to determine the effectiveness of this new combination remedy upon the symptoms of AD.¹³ Clinical use, too, should provide experiential feedback on its efficacy and/or side effects. Memantine might also yield clinical improvement in variety of other dementias, such as Huntington's disease, AIDS dementia complex, and Parkinson's.



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Memantine		
Strength	Color	Description
5 mg	Tan	film coated 5 marked on one side and FL on the other
10 mg	Gray	film coated 10 marked on one side and FL on the other
Titration Pak Aluminum Blister package containing 49 tablets: 28 of the 5 mg tabs, 21 of the 10 mg tabs		

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Updates in Contemporary Psychiatric Issues



Henry Nasrallah, M.D.

October 23, 2004

Keeneland Center • Lexington, KY

8:00-4:15

This year KPMA has planned a second fall scientific program. The Scientific Committee has two goals besides providing members with inexpensive continuing medical education. One is to have a more convenient location for our members in the Eastern part of the state; the other is as an outreach with psychiatric information to primary care doctors. The following is a tentative schedule of program.

8:00 - 8:15 a.m.	Welcome	Laura Salyers, M.D.
8:15-9:15 a.m.	Depression	Laura Salyers, M.D.
9:15-10:15 a.m.	Obesity	Mary Helen Davis, M.D.
10:15-10:45 a.m.	Break	
10:45-12:15 a.m.	ADHD	Mark Wright, M.D.
12:15-1:00 p.m.	Lunch	
1:00-2:00 p.m.	Opiad Addiction in in Pregnancy	Lon Hay, M.D.
2:00-3:00 p.m.	Bipolar Disorder	Henry Nasrallah, M.D.
3:00-3:15 p.m.	Break	
3:15-4:15	Laughter Therapy	Ila Patel, M.D.

Intramuscular Ziprasidone (Geodon) For Psychotic Agitation

by Farhad U. Numan, M.D., Yasier Basheer Gawi, M.D., Steven Lippmann, M.D.
Department of Psychiatry and Behavioral Science, University of Louisville School of Medicine



Introduction

A safe and effective means to diminish agitation is a high priority for physicians. An efficient means to quickly control and reduce dangerousness is a goal; this includes the time-honored tradition

of “*primum non nocerem*,” the principal of doing no harm.

In crisis circumstances, psychiatrists have applied pharmaceutical and non-medicinal means of dealing with such tensions. A wide variety of medicines have been utilized; antipsychotic drugs and antianxiety medications are generally selected as first-line treatment, often co-prescribed in combinations. Among antianxiety agents there are a wide variety of choices; benzodiazepines, in several oral and parenteral versions, are the most commonly administered choices.

Antipsychotic drugs for controlling agitation have included both the first and second generation options. Parenteral use, usually by the intramuscular route, has long been prescribed especially with first generation antipsychotic pharmaceuticals (e.g., haloperidol). Ziprasidone has now become available for intramuscular administration as well.

Oral ziprasidone has been available since 2002, its introduction and acceptance was retarded by concern about electrocardiographic

changes, namely QTc interval prolongation that theoretically could pose a cardiac arrhythmia risk. Ziprasidone has established safety by the oral route. The intramuscular (IM) form is now offered as another clinically useful means to rapidly calm agitated, psychotic patients.

Ziprasidone

Ziprasidone (Geodon) is an antipsychotic agent that is chemically unrelated to phenothiazines or butyrophenones. Ziprasidone for injection is a lyophilized form of ziprasidone mesylate trihydrate. It is not a prolonged action depot parenteral product.^{1,2}

Pharmacology

After intramuscular injection, ziprasidone bioavailability is nearly 100%. Peak serum concentration occurs at one hour. The half-life ranges between two and five hours. The mechanics of ziprasidone action is unknown. It exhibits strong affinity for dopamine D2 and D3, the serotonin 5HT2A, 5HT2C, 5HT1A, 5HT1D, and alpha-1-adrenergic receptors, with moderate affinity for the histamine H1 receptor.

Ziprasidone is an agonist at the 5HT1A receptor and an antagonist at the D2, 5HT2, and 5HT1D receptors. Ziprasidone also inhibits the synaptic reuptake of serotonin and norepinephrine. Antipsychotic efficacy may

be related to the D2 and 5HT2 antagonism.^{1,3,4}

Indication

Ziprasidone IM is indicated for the acute, short-term treatment of psychotic agitation in schizophrenic patients. Such parenteral administration is usually reserved for more severe and/or dangerous presentations.^{2,3,5}

Intramuscular Dosage

The recommended IM dose of ziprasidone is 10 to 20 mg, as required, up to a maximum of 40 mg per day. Increments of 10 mg can be administered every two hours and a 20 mg quantity can be given after a four hour interval. Intramuscular use of ziprasidone for more than three consecutive days has not been studied. If longer therapy is indicated, oral ziprasidone should replace the injectable version as soon as possible.

Ziprasidone solutions should not be mixed with other pharmaceuticals. Since the drug supply vial is without preservatives, any unused medication should be discarded.^{5,6}

Drug Interactions

Ziprasidone has little inhibitory effect on hepatic enzymes and is unlikely to greatly alter the metabolism of drugs handled by the liver.

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Interaction studies have been conducted with oral ziprasidone use; greater care should be used when ziprasidone is given in combination with centrally acting agents to avoid synergism.

Because of its action on dopamine receptors, it may antagonize levodopa and other dopamine agonists. Due to its alpha blockade, this drug can enhance the effects of antihypertensive medications. Carbamazepine induces CYP3A4 enzymes; the daily co-administration of carbamazepine, 200 mg, was documented to result in a 35% decrease in ziprasidone levels. Ketoconazole is a potent inhibitor of CYP3A4. Ketoconazole, 400mg for five days, resulted in 35-40% increase in the concentration of ziprasidone.²

Research evaluating the QT interval effect of IM ziprasidone was conducted in which electrocardiographic tracings were obtained at the peak plasma concentrations following administration of ziprasidone 20 mg and 30 mg, four hours apart. The mean QTc increase from baseline for ziprasidone was 4.6 msec following the first IM dose and 12.8 msec following the second injection. None of these subjects had a QTc over 500 msec.

Sudden and unexplained deaths have been reported in patients taking the recommended dose of ziprasidone. Therefore, one might elect to initially check baseline electrolytes, especially the serum potassium and magnesium levels because hypokalemia and hypomagnesemia may increase the risk of QT prolongation and cardiac arrhythmias. A calcium assay can

QTc before prescribing ziprasidone. It is not clear that routine electrocardiographic screening is effective in detecting persons at risk, and it may be difficult to do such a tracing on agitated patients.

In younger individuals without cardiac pathology, electrocardiography is not mandatory and may not even be needed. Rather, ziprasidone should be used with greater concern and closer monitoring in people with histories of cardiac pathology, rhythm disturbances, electrolyte imbalances, and those on pharmaceuticals, which prolong the QT interval.

When to monitor serum electrolytes and an electrocardiogram is at physician discretion. Rhythm disturbance risk becomes a concern when the QT interval exceeds 440 msec. Ziprasidone should not be administered to individuals with QTc measurements > 500 msec, or over half the R-R interval, when rhythm disturbances are more likely.^{1,2,7}

**Table 1 Common Side Effects^{1,2,3}
Adverse Consequences with IM Ziprasidone**

Complaints	2mg (N=92)	10mg (N=63)	20mg (N=41)
Somnolence	8 (9%)	8 (13%)	20 (49%)
Injection site pain	9 (10%)	8 (13%)	7 (17%)
Nausea	4 (4%)	8 (13%)	12 (29%)
Headache	3 (3%)	13 (21%)	5 (12%)
Dizziness	3 (3%)	3 (5%)	0 (0%)
Postural Hypotension	0 (0%)	0 (0%)	5 (12%)*

* Orthostasis may mandate the implementation of fall precautions.

QT Prolongation

Ziprasidone has been reported to be associated with a prolonged QT interval. Ziprasidone prescribing mandates close observation of risk factors when used in combination with other drugs that are known to prolong the QTc and in patients with heart disease.

also be clinically useful. The practicality and even the value of these assertions may be difficult to follow in crisis circumstances. The clinical need for this precaution and the risk-to-benefit ratio for it in healthy persons are also not determined.

Some clinicians obtain a baseline electrocardiographic check of the

Hyperprolactinemia

Ziprasidone blocks dopamine D2 receptors, which leads to elevated prolactin levels. Since many breast cancers are prolactin dependent, ziprasidone should not be prescribed to patients with breast cancer. High prolactin concentrations are also associated with amenorrhea, galactorrhea, gynecomastia, and impotence.^{1,2,3}

Transition from IM to Oral Ziprasidone

When oral administration of medication is not possible during acute psychosis in agitated patients, then the intramuscular antipsychotic drugs are used alone or in combination with benzodiazepines. Trials involving 725 subjects with psychotic agitation, who received ziprasidone IM, evidenced decreas-

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ing agitation and diminishing psychotic symptoms. Intramuscular ziprasidone followed by oral administration was well tolerated. Improvement in psychotic symptoms during IM treatment was sustained during oral therapy. Two illustrative clinical examples are as follows:

Vignette A

Day 1

20mg IM in AM, followed by 20mg IM in PM

Day 2

40mg PO in AM, followed by 40mg PO in PM, then titrate oral dose to 120-160 mg/day^{2,8}

Vignette B

Day 1

20mg IM at 8 AM, followed by 20mg IM at noon & 60mg PO in PM

Day 2

60mg PO in 6 AM, then titrate oral dose to 120-160 mg/day^{2,8}

Clinical Trials Comparing 2mg, 10mg, and 20mg

In a one-day double blind, randomized trial in 79 subjects, IM ziprasidone, 20mg, was more effective than the 2mg quantity. In another similar study, 117 subjects were given ziprasidone 2mg or 10mg parenterally. IM ziprasidone, 10mg, was superior to the 2mg dose.

The results from two randomized double blind, fixed dose clinical investigations reported that IM ziprasidone, 10mg and 20mg, were effective in reducing the symptoms of agitation associated with psychoses. Both doses were well tolerated. A comparison of treatment effects suggests a dose response relationship for 10mg and 20mg amounts.^{5,9,10,11}

Comparison with Parenteral Haloperidol

A one week randomized, open label, parallel investigation involving 132 subjects was conducted in 19 centers. Ziprasidone and haloperidol were compared. Ziprasidone IM was said to be more effective in calming psychotic agitation than was injected haloperidol. A more trouble free transition to oral medication was cited with ziprasidone.

In research conducted by the manufacturer, changes in the QTc were assessed with both intramuscular ziprasidone and haloperidol. At 24 hours post IM administration of ziprasidone, there was an average increase in the QTc of 3.4 msec as compared to 6.3 msec with haloperidol. Ziprasidone was reported to induce less movement disorders (e.g, dystonia) than haloperidol.^{1,6,12,13}

Comment

IM Ziprasidone appears to be safe and effective. Clinical applications over time will clarify its usefulness and/or problems. Further use will also increase our practical understanding on the best ways of prescribing and dosing this drug.



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Resident's News



By Tag Heister, MSLS, Academic Coordinator/Medical Librarian

On June 9, 2004, the University of Kentucky held its 20th Annual Graduation and Awards Banquet at Spindletop Hall marking the end of the year and the transition of residents completing training. Graduating residents have enjoyed the luxury of having many options for positions after graduating and have had a busy year exploring their job and location possibilities.

Our Chief Resident, **Dr. Todd Durell**, is taking a position with the Lilly Corporation in Indianapolis. He will be involved in education, research & development and will also have some clinic time each week. **Dr. Michael Cerullo** will be staying at the University of Kentucky as a postdoctoral fellow, doing work with functional MRI and research. **Dr. Eduardo Cifuentes** has accepted a position with Palmetto Lowcountry Behavioral Health in Charleston, South Carolina, where he will begin work in August after a July wedding at Isle of Palms, South Carolina.

Completing training in the Triple Board program are **Drs. Andrea Thomas** and **Joy Nieva Villaflores**. Dr. Thomas is going to be working as community-based faculty for the department and with the Comprehensive Assessment Treatment Services (CATS) program, as well as contracting with other facilities in Lexington to provide consultations. Dr. Villaflores will be moving back to St. Louis with her husband and has recently accepted a position there.

Completing training in Child & Adolescent Psychiatry, **Drs. Jeff Jacobs** and **Dovile Paulauskas** are both going to be working at the Helen Ross McNabb Center in Knoxville, Tennessee. This clinic is funded largely through a private foundation and provides comprehensive, multidisciplinary services to children. As always, we are sorry to have our residents leaving the program, but are proud to be sending such excellent clinicians out into practice.

The Resident Graduation and Awards Banquet was an opportunity to not only recognize and say farewell to our graduates, but also a time to commend those who made special contributions to education during the past academic year.

Attending faculty receiving recognition from the general psychiatry residents included: John Neill, M.D.,

as Outstanding Resident Supervisor, Brian Greenlee, MD, as Outstanding Teacher and Sean Buckley, M.D., from UK Student Mental Health Services as Outstanding Community-Based Faculty. The residents gave a Special Recognition Award to Debra Katz, M.D., Director of Residency Training, for her many contributions in all areas. Special Recognition Awards also went to Sandy Tipton, Staff Assistant, who does an excellent job handling their clinical calls and Judy Pigg, who supervises the clinic operations. Both always go beyond expectations in assisting the residents and patients.

The Child & Adolescent Psychiatry residents recognized Lane Veltkamp, MSW, as Outstanding Child & Adolescent Supervisor, and Richard (Butch) Welsh, MSW, and Catherine Martin, M.D., as Outstanding Teachers. Marian Swope, M.D., who supervises residents at Frankfort Comprehensive Care, was recognized as Outstanding Community-Based Supervisor. Residents gave Special Recognition Awards to Lesli Broyles, the staff assistant who works with education administration, grand rounds and telemedicine, and who is extremely helpful and capable in all areas of her work, and to T. Kerby Neill, PhD, for his special contributions to residency education as a teacher and supervisor.

Dr. Lon Hays, Chair of Psychiatry, presented the Chairman's Award for Outstanding Contribution to Paul Glaser, M.D., PhD, for his work in research noting that Dr. Glaser was the recipient of major grant funding this year.

The faculty in psychiatry presented the following awards to residents: **Dehra Glueck, M.D.**, Triple Board IV resident, received the Suzanne Park Psychotherapy Award that included a cash award as well as a tuition-free class at the Cincinnati Psychoanalytic Institute. **Jeffrey Jacobs, M.D.**, graduating Child & Adolescent Psychiatry resident, received recognition and a cash award as the H. Otto Kaak Outstanding Child & Adolescent Resident. **Michael Cerullo, M.D.**, received a cash award and plaque as the Outstanding Resident Researcher. **Todd Durell, M.D.**, outgoing Chief Resident, was the Abraham Wikler Outstanding Resident and the Arnold Ludwig Outstanding Resident Teacher/Scholar.

In addition to the above awards, **Vincent Blanch, M.D., PhD**, and **Marc Crusier, M.D.**, received the Outstanding Resident Teacher Award from the Third-Year Medical Students. Earlier, at the May UK College of Medicine Commencement, incoming PGY-I resident, **David Hudson, M.D.**, received the Myron Sandifer Award to the Outstanding Medical Student in Psychiatry.





University of Louisville

by Anne Bickel, Residency Coordinator

The Resident's Graduation and Award Ceremony for the Department of Psychiatry and Behavioral Sciences at the University of Louisville was held on Wednesday, June 16, 2004 at the Louisville Science Center Riverview Room. Allan Tasman, M.D., Professor and Chairman and Barbara Fitzgerald, M.D., Director of Residency Education hosted the event for faculty, guests, residents and their families.

Dr. Fitzgerald and Dr. Tasman presented the graduation certificates to Irfan Afaq, M.D., Mark Glenn, M.D., Anna Podolskaya, M.D., Tatyana Rybakova, M.D., Osman Saeed, M.D., Padma Reddi, M.D., Baljit Singh, M.D., Andrew Skinner, M.D., and Vital Shah, M.D.

Mohammad Shafii, M.D. and Dr. Tasman presented the Child & Adolescent Psychiatry graduate certificate to Glenna Major, M.D.

Future plans for the graduates are as follows: **Irfan Afaq, M.D.**, has accepted a position with Community Care (outpatient Mental Health Service) in Hazard, Kentucky. **Mark Glenn, M.D.**, and **Tatyana Rybakova, M.D.**, will continue as a PGY-5 Child and Adolescent Fellows. **Anna Podolskaya, M.D.**, has accepted a faculty position at U of L in the Department of Psychiatry. **Osman Saeed, M.D.**, will be completing his training on October 31, 2004. His plans are still in process. **Padma Reddi, M.D.**, and **Glenna Major, M.D.**, are considering several offers. **Baljit Singh, M.D.**, will be joining the medical staff at Methodist Medical Center in Peoria, Illinois. **Andrew Skinner, M.D.**, will be joining the medical staff at St. John's Anderson Center in Anderson, Indiana. **Vital Shah, M.D.**, will be joining the medical staff at Central State Hospital and will be a part of our academic program here in the Department of Psychiatry as a gratis faculty.

Awards

Barbara Fitzgerald, M.D., presented **Andrew Skinner, M.D.**, with the Past President of the Residents' Association Award. She also presented **Vital Shah, M.D.**, and **Joyce Spurgeon, M.D.**, the Past Co-Chief Residents recognition certificates.

Kellye Singletary-Jones, M.D., gave out the two Residents' Association Awards. The Golden Appreciation Award, for the staff member judged to be the most helpful to the residents, was given to Mark Roth. The Golden Apple Award went to Douglas Hobson, M.D., for outstanding teaching.

The Donald & Dorothy Strauss Award was presented by Kathy Vincent, M.D., to Barbara Fitzgerald, M.D., for her excellence as a psychotherapy supervisor to the residents.

Robert Caudill, M.D., from Seven Counties Services, gave the Community Psychiatry Award to **Joyce Spurgeon, M.D.**

The Martin L. Grossman Award in Consultation/Liaison Psychiatry for Outstanding Resident in C/L was presented by Robert Frierson, M.D., to **Jason Stamper, D.O.**


Joyce St. Clair, widow of Dr. Harvey St. Clair, and Allan Tasman, M.D., presented the Harvey St. Clair, M.D. Award in Psychodynamics to **Terry Hagan, M.D.**

The Norton Psychiatric Center Award was presented by David Casey, M.D., to **Anna Podolskaya, M.D.**

Andrew Skinner, M.D., received the Resident Pfizer Research Award in recognition of the outstanding research paper from Steven Lippmann, M.D.

Barbara Fitzgerald, M.D., presented the Pfizer Inpatient Award for clinical excellence to PGY-2 resident **Greg Singleton, M.D.**

The AstraZeneca Ruby and John Schwab Award for Academic Achievement went to **Andrew Skinner, M.D.** This award recognizes achievements in research, writing, and teaching during the residency.

The Dr. Henry P. & M. Page Durkee Laughlin Foundation Merit Award given in recognition of professional achievement, dedication and scholarship and to conferred the title of Laughlin Fellow was given to **Vital Shah, M.D.**, by Dr. Fitzgerald. 

Traumatic Brain Injury; Methods for Clinical and Neuropsychiatric Assessment

Author: Robert P. Granacher, M.D.

Authored by a champion neuropsychiatry, the text's formidable title belies its illuminating content as the study of traumatic brain injury (TBI).

Dr. Robert Granacher has written a twelve chapter, 500-page book, with a very detailed Table of Contents. The first eight chapters focus on clinical assessment, treatment planning, and neuropsychiatric intervention. Chapter 8 integrates the clinical section. Chapter 9-11 provide the forensic analysis database. Chapter 11 integrates the forensic section. Chapter 12 deals with the format for the preparation of a written report and provides tips on testifying, with an endorsement of Johari's widow. Child and adult issues are separately addressed.

The text begins with a primer on the epidemiology and pathophysiology of traumatic brain injury. An interesting section describes the neuropathology of traumatic brain injury with a discussion of the biomechanic mechanisms of injury, the neurochemical changes which follow, the role of free radicals and inflammatory changes, and finally the development of apoptosis.

The neuropsychiatric syndromes following TBI are reviewed, including cognitive disorders and frontal lobe syndromes, among others. The reader is taken through a protocol for the gathering of a neuropsychiatric history, starting with the post trauma symptoms, and the response to treatment. The special characteristics of a neuropsychiatric mental status and neurological examination of a TBI patient are reviewed. The role of imaging studies and standardized testing instruments are discussed in detail. Chapter 10 includes a review of causation, damages, outcome, and impairment determinations. This will be the heart and soul of the forensic assessment.

Chapter 8 and 11 have case examples based on the author's experience with almost 3,000 traumatically brain injured persons. With these case examples, the reader is introduced to a hypothetical construct, the neuro-behavioral analysis. This process is not unlike the traditional case formulation we learned in dynamic psychiatry. In Chapter 11, and with table 11.1, the reader learns the schema for a neurobehavioral analysis. Dr. Granacher urges the reader to begin the investigation of these matters by starting with the premise of the Null hypothesis, i.e., that the traumatic brain injury events under



study have not brought about change in brain functioning.

Dr. Granacher proposes three key questions to help analyze brain injury cases:

1. What is the medical evidence of damage?
2. Can the damage be quantified?
3. How do deficits effect daily cognitive, behavioral, social, and occupational functioning?

The author states his primary intent is to provide the physician, at sometime well after the brain injury, with a clinically tested schema for the evaluation and treatment of a patient or examination of a plaintiff or defendant. It aims to be a practical text providing pragmatic information.

This approach illustrates the methods of evidence-based medicine. In addition to the neuropsychiatric mental status and neurological examination, emphasis is given to structural and functional brain imaging. Standardized neurocognitive and neurobehavioral assessments (paper and pencil and/or computer assisted) are highlighted. "Standardized" is the operative word meant to convey that the assessment instruments have been empirically tested and involve precise administration rules and scoring rules.

The issue of deception looms large in this book. Chapter 9 is focused on describing the various ways deception can be detected. The issue of malingering is placed squarely on the table. This is an issue that generates much discussion since it can influence the final assessment of causation and damages. A fair and valid assessment of injury consequences requires adequate effort on the part of the examinee during testing. Dr. Granacher instructs us on how to be focused. The discussion of the different postures needed while interviewing a patient, as distinguished from an examinee (non-treatment issues) needs repetition and the discussion is on target. The author's experience with giving presentations of this material at professional meetings during the last few years contributes to his clear teaching and diminishes the "lost" feeling that sometimes is engendered by these presentations.

Please See Review Time Page 13

Review Time

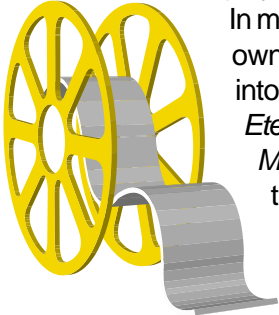
continued from page 13

My review of this book taught me much. The author has a reader-friendly writing style. I recommend this text as an addition to your professional library. Since the price of the book is more than pocket change, (\$139.95) ask for it as a gift the next time there is a special occasion in your life.

reviewed by William D. Weitzel, M.D.

This book can be ordered (new or used) from the KPMA Website, www.kypsych.org and click on the Amazon link. Amazon list price is \$113.36. KPMA will receive 5% of the cost through our affinity program.

Eternal Sunshine of the Spotless Mind



Jim Carrey has made a career of playing some rather unique characters. In many movies, he has allowed his own exuberance for life to spill over into the characters he's playing. *In Eternal Sunshine of the Spotless Mind*, however, Carrey has found the perfect vehicle to allow him to portray a rather unassuming character by the name of Joel.

In the film, Joel meets

Clementine, a woman who is his total opposite, played by the always-wonderful Kate Winslet. At first, these polar opposites are attracted to one another; but as the weeks go by, Clementine finds herself bored with Joel's life while Joel finds himself bothered by Clementine's many eccentric habits. Joel and Clementine fight and eventually split up.

Up to this point, this storyline would fit into the mold of many other Hollywood movies. However, this movie has one incredible thing going for it; it was written by Charlie Kaufman who penned two other equally interesting recent movies, *Being John Malkovich* and *Adaptation*.

After their split, Clementine has her memories of Joel removed from her memory. When Joel learns that she has had this done, he has the same procedure done as well.

What I found particularly interesting and thought provoking about this movie was the concept of what would happen if your memory were entirely erased of someone you love. In that scenario, would we be prone to repeating the same mistakes and meeting the same people over and

over again with the same consequences resulting without realizing it? The individuals in the movie who have the memory erasing procedure offer a variety of reasons for having it done. As we see in *Eternal Sunshine*, memories are complex things and trying to delete them can be beneficial as well as potentially problematic at the same time.

I found the movie quite original and well acted. If you are looking for a movie to entertain and challenge you at the same time, I highly recommend that you see *Eternal Sunshine of the Spotless Mind*.

reviewed by Todd R. Cheever, M.D.

Spirited Away

It's hard to find an animated movie which is well-made and has themes that meet a child at their developmental level. So many cartoons have a manic pace, with grating sound and flat images, not to mention vulgar or adult humor. Have you ever watched *Sponge-Bob Square Pants*? One Saturday morning Sponge-Bob, a mutated two-dimensional character with a whining adolescent voice, was dealing with the subject of money, and was showing its evils by dancing like a stripper and stuffing dollar bills in his pants. It makes you wonder who these cartoons are for — children or regressed adults.

Not so, *Spirited Away*, written and directed by Hayao Miyazaki. This is a beautiful, slow-paced movie whose images appeal to any child over five and their parents. *Spirited Away* allows the child (of any age) to relax and soak in the beauty of its story. It is a quest tale of a young girl, Chihiro, who is afraid and insecure, but through many trials eventually finds her inner strength. On the way, she visits a land filled with danger, beauty, hard work, bravery, friendship, and risk. The richness of the story is due to the many archetypes which fill it: witches, warriors, gluttons, dragons, water, fire, and earth. My seven year old and I both felt it was the best movie we have seen for a long time, one which cleanses the spirits!

reviewed by Amy Johnson, M.D.

Mark Your Calendar



Updates in Contemporary Psychiatric Issues

October 23, 2004

Keeneland Center
Lexington, KY
8:00-4:15

Exhibit in Maryland honors Leah Dickstein



Leah J. Dickstein, M.D., retired professor of psychiatry at the University of Louisville School of Medicine is one of 20 women psychiatrists included in a new exhibit celebrating the accomplishments of women physicians at the National Library of Medicine in Bethesda, MD. Dr. Dickstein was recognized for her work in teaching medical students and residents about the importance of balancing family and career while focusing on individual well-being. Drawing on her own experiences in juggling family and training, she taught a seminar as part of the Health Awareness Workshop program at U of L. She said, "We have to first take care of ourselves in order to take care of our patients."



Dr. Rif El-Mallakh receives congratulation from Dr. Mark Wright on winning the KPMA Research Award.

Dr. El-Mallakh Wins KPMA Research Award

Rif El-Mallakh, M.D., was honored at the KPMA General Meeting in March with the Research Award. Dr. El-Mallakh has averaged over three papers annually since medical school in the early 80's. His work has been published in over 150 peer reviewed papers, several edited special issues of journals, and a monograph on lithium. He has devoted much of his professional career to the understanding of bipolar illness. He is well-known both locally and nationally as an expert in the clinical management of manic-depression.

Dr. El-Mallakh leads a clinical research program, the Bipolar Clinic, which serves as the hub of the NIMH funded STEP-BD (Systematic Treatment Enhancement Program for Bipolar Disorder). He is also the site principal investigator of the largest NIMH funded bipolar genetics study ever performed. These are just two of the many studies in which Dr. El-Mallakh has participated.

In addition to his many clinical investigations, Dr. El-Mallakh has also led a basic laboratory. This laboratory has investigated such novel areas of research as differences in neural excitability and refractory period in manic subjects, abnormalities in membrane potential, changes in expression of membrane proteins in post mortem brain samples, and others.

Area V names Blanch as Deputy MIT Representative



Vincent Joseph Blanch, M.D., Ph.D., a PGY-1 at the University of Kentucky Department Of Psychiatry has been chosen as the new Deputy MIT Representative. Dr. Blanch received his Ph.D. in Microbiology and Immunology and plans to complete a Child and Adolescent Psychiatry Residency.

Dr. Blanch has had vast experience with organized medicine and student government throughout his college and medical school years. He was a delegate to the Organization of Student Representatives (OSR). The OSR represents all US medical student interest and concerns to the Association of American Medical Colleges. He also served as Chair of the Southern Region of the OSR. While Chair, he implemented and moderated the creation of a national survey for medical students that will ascertain the adequacy of student access to healthcare.

He has held many other positions, including Chair of the Student Section of the LCME Accreditation for the University of Kentucky College of Medicine and Vice President of the Medical School Class of 2003. His medical school involvement garnered him the Myron Sandifer Award given to the outstanding medical student in psychiatry in the graduating medical school class of that given year.

As a member of the Masonic Order of the Grand Lodge of Kentucky, Dr. Blanch has served in a leadership capacity here also. While District 25 Deputy Grand Master of the Grand Lodge of Kentucky, he won the Superior Excellence Award given to recognize the Deputy Grand Master who raised the most money of any district for the Hospice program, 2000-2003.

Dr. Blanch's one year term as Deputy Representative began at the end of the APA Annual Meeting this May. He then will serve a second year as the MIT Representative. KPMA is proud to have Dr. Blanch represent Area V at the APA Assembly, as well as the current Area V Representative, Joyce Spurgeon, M.D., the UL Resident Representative to the KPMA Council.

Bulletin Board

Kentucky Women Lead APA Alliance



At the annual meeting of the American Psychiatric Association, Cathy Tasman, wife of Allan Tasman, M.D., Chair of the Department of Psychiatry at University of Louisville, assumed the presidency of the APA Alliance. She has served the Alliance as Chair of the Chapter Development Committee, the Elsa Barton Scholarship, and as Third

Vice President.

As the Elsa Barton Scholarship Chair, she spoke to District Branches and wrote articles for the APA Psychiatric News and the Alliance Newsletter. She also contacted all state physicians Wellness Committees and Diversion Programs. For a number of years, she was a consultant to the APA Committee on Physicians' Health, Illness, and Impairment.

Cathy has chosen as her program theme for the year, Behind Closed Doors—the Hidden Family, which will focus on domestic violence, depression, substance abuse, etc. The Alliance program consists of a sponsored workshop and symposium, as well as an additional speaker at the annual meeting. It will have a cross cultural component, involving international speakers and cross-cultural aspects in the United States.



Valerie M. Casey, wife of David Casey, M.D., of Louisville, is Third Vice President and Chair of the Elsa Barton Scholarship. The Third Vice President oversees the education and communication activities of the APAA.

Lippmann Wins St. Clair Award



Joyce St. Clair presents the award to Dr. Lippmann

KPMA honored Steven B. Lippmann, M.D., with the Dr. Harvey St. Clair Award at the spring General Meeting on March 11, 2004. The St. Clair Award, named in honor of a former KPMA president, and long time activist in organized psychiatry, is given to a member who has generously given time and talent to organized psychiatry.

Dr. Lippmann has been co-editor or editor *The Kentucky Psychiatrist* since 1994. During this period, the


newsletter has consistently won top awards from the American Psychiatric Association. He has served as an advisor, mentor, and corresponding author to medical students and residents for scientific articles for the newsletter.

He has co-chaired or chaired the KPMA Scientific Program Committee since its inception in 1994. He and his wife, Judy, graciously made their home available for scientific meetings and furnished refreshments for many years. Under his leadership, the cooperative effort with the University of Louisville for the two and one half day **Advances in Clinical Psychiatry and Psychopharmacology** was begun. This partnership has been highly successful over the years.

Finally, Dr. Lippmann can always be counted on to call or write a legislator on issues of importance to mental health. He has never refused a request to help the KPMA in any project.



President Laura Salyers, M.D. presents Past President Mark Wright, M.D. with the Past Presidents Certificate.



Moving Again?

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Answers That Matter

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Shedding Light on Mental Health Issue



Photo Courtesy of KY State Gov. Creative Services

Lt. Governor Pence welcomes the Mental Health Flag Tour

On March 25, mental consumers and advocates throughout Kentucky gathered in the Rotunda of the Capitol along with Lt. Governor Steve Pence to welcome Kristy Worthen and the Mental Health Flag Tour to Kentucky. The National Lieutenant Governors Association initiated the Mental Health Flag Tour to raise public awareness about mental health issues. Kentucky

was the 22nd state to fly the flag over their capitol.

Kristy, the flag's designer, is a native of Little Rock, Arkansas. She has bipolar disorder. Kristy and her mother embarked on a nationwide journey to educate the public about mental illness issues, focus positive attention on those issues, help erase stigma, and dispel the myths that surround mental illness.

The flag is five by nine feet with a white lighthouse trimmed in red, which sits on an island with a beam of yellow light that shines out over the ocean with the slogan, "Shedding Light on Mental Health Issues." Kristy explains the symbolism on her web page: "The island represents how Kristy felt before her diagnosis. She felt alone and was afraid to admit that she need help, afraid that no one would understand her illness.

The white lighthouse represent Kristy's feelings after she diagnosis. She felt relieved to learn that mental illness was an illness just like cancer, heart disease, or diabetes and that with a correct diagnosis and medication, which was right for her, she had a path to follow to move forward with her life. The red trim on the lighthouse reminded her that there was the danger of relapse if she did not take her medication or keep doctor appointments.

The ocean represents all of those who are still struggling with mental illness and have not received a correct diagnosis and medication. The waves represent those who have lost their lives due to mental illness. The beam of light shining out over the ocean represents Kristy's advocacy work, letting others know there is hope and help, and that her wish for them is that they too can get the help that they need to move forward with their lives."

Going All Out for MIAW: October 3-9, 2004

NAMI Lexington and Mental Health Advocates of Central Kentucky have an ambitious MIAW planned. To start off the week, on October 3, there will be a free showing of "A Beautiful Mind" at the Kentucky Theater, followed by a question and answer session with two Lexington psychiatrists and a reception. On Monday, October 4, at 6:30 p.m., Phoenix Park will be the scene of a Candlelight Vigil. A consumer art show will also open that evening at Lexington Central Library. On Wednesday, October 6, NAMI will have their MIAW Gala at the Blue Moon Saloon. The evening consists of music and dancing with three bands performing, a silent auction, raffle, food and fun. There is also an opportunity to sign up for the 5K Stamp Out Stigma Run/Walk which will be held on Saturday, October 9, 9:00 a.m., at the Kentucky Horse Park. On Thursday, October 7, National Depression Screening Day, mental health screenings will be held at the W.T. Young Library on the UK campus. The Lexington Herald has signed on as one of the co-sponsors of all events and promised excellent media coverage.

The two groups are also planning on a display at the Woodland Arts and Craft Fair, August 21 and 22. They will also help staff the Kentucky Mental Health Coalition booth at the State Fair in August.

In other areas of Kentucky, MIAW will also be observed. Morehead's Coalition for Mental Health will hold a Faith Community Dinner and program. They will also be doing mental health screenings during National Depression Screening Day on October 7. Louisville NAMI will hold its "Walk for the Mind of America" on September 18 at 10 A.M. at Central Park.

KPMA again gave out small grants to consumer advocate groups for MIAW activities. At press time, the dates of these activities were unknown. Check the KMPA Webpage Calendar for events.

Volunteers Needed for State Fair Screenings

The Kentucky Mental Health Coalition returns to the Kentucky State Fair this year with mental health information and mental health screenings. In past years, the number of screenings has averaged close to 300 with only limited screenings time each day. This year, KMHC hopes to increase the time screenings are available. KPMA is responsible for screenings on Saturday, August 28, from 9 until 6. We need at least three psychiatrists for each of three sessions: 9-12, 12-3, and 3-6. However, other days and time slots are also available. Call the KPMA office, toll-free, 1-877-597-7924 to volunteer.

Psychiatrists who have participated in the past rate the experience as extremely rewarding. Fairgoers who have been screened often return the following year with their thanks, and often with friends or family members to be screened.



UK Psychiatry Residency Program: 100% membership in APA



Front Row (left to right): Debra Katz, MD, Residency Program Director, Edwina Zettler, MD, Kayln Lane, MD, Lori Nation, MD, Tag Heister, MSLS, Program Coordinator, Debra Glueck, MD, Tim Houchin, MD, Duke Ruktanonchai, MD, Marc Crusier, MD, Brian Greenlee, MD, Associate Residency Program Director

Back Row: Todd Durell, MD, Robert Sears, MD, Mike Cerullo, MD, Jeff Tuttle, MD, Latonia Sweet, MD, Felissa Goldstein, MD, LaDonya Reed, MD, Karen Lommel, DO, Lon Hays, MD, Chairman

Residents not pictured: Vincent Blanch, MD, Eddie Cifuentes, MD, Stephanie Eken Sander, MD, Will French, MD, Candace Gibson, MD, Travis Hansen, MD, Valerie Houseknecht, MD, Jeff Jacobs, MD, Tyler Jones, MD, Carie Kollmeyer, MD, Courtney Markham, MD, Dovile Paulauskas, MD, Jeannie Pham, MD, Tiffany Sauls, MD, Andrea Thomas, MD, Joy Nieva Villaflores, MD

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President's Message
continued from page 2

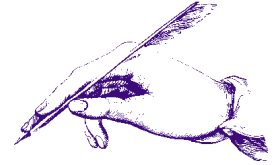
This year, you will see the Kentucky Psychiatric Medical Association making a special effort to reach out to rural parts of the state. I take no credit for this, as it was an initiative started some time ago. I do hope it will be well-received. We recognize how difficult it is for those of us some distance outside of Louisville, Frankfort, and Lexington to become involved in state level activities. But this is a crucial time for all of us to be involved.

As the prospect of psychologist-prescribing looms ever nearer, we must all be willing to become proactive. This is especially important, I believe, for those of us in rural areas, where the argument that has passed psychologist-prescribing in New Mexico and Louisiana has largely been that of capacity and availability. We must network with one another to provide answers to these problems without relying on under-qualified individuals to care for those in need, who deserve to receive their care from a medical doctor.

I look forward to meeting you throughout the year. Please do not hesitate to contact me with any questions, concerns, or ideas that you might have. I can be reached at 606/741-9985 or at LASalyers@st-clair.org.



Author Responds



Dear Dr. El-Mallakh,

I was recently made aware of your review of "Electroboy: A Memoir of Mania," published by Random House. I happen to be the author.

I read almost everything written about the book (reviews, reports, etc) and I thank you for some of your kind words, but you're one of the few medical professionals who actually has come out and said that "you wouldn't recommend it to patients." About 90% of the people who read "Electroboy" are bipolar and of that number, I'd say 95% respond extremely positively to my description of the illness and my giving them hope to overcome it.

I should let you know that you'll be hearing more about "Electroboy." It is being made into a feature film starring Tobey Maquire and it is our hope that even more people will be made aware of this illness.

Thank you for taking time to review "Electroboy." I guess I will have to step-up my media efforts in Kentucky with psychiatrists to overcome your one minor criticism.

Best,

Andy Behman (a.k.a. Electroboy)

JANSSEN



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PRODUCTS, L.P.

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(859) 619-2756
Justin Powell
(859) 321-9999

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Cinda Justice
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Angie Lancaster
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Louisville North/East

Shannon Williams
(502) 548-1396
Aida Abdurahman
(502) 243-8422

Louisville South/West

Tom Kassabaum
(502) 802-5332
Jacquie Harms
(502) 314-5753

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Charlie Ellis
(859) 229-1973

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Ellen Spence
(812) 480-2200
Wes Wilhitt
(812) 459-6506

Northern Kentucky

Jan Kindig
(888) 870-8200
ext 9783
Chris Schneider
(859) 391-0071

Return of the Natives

By Teresita Bacani-Oropilla, M.D.

Walking with my brother and his wife up a hill, the view of the dawn breaking over the horizon had a calming effect. As a small duster plane glided over the banana fields in the valley below, it seemed hardly possible that only a week before, my husband and I experienced an unusually cold spell after a prolonged Indian summer in our home in Louisville. The beauty of the tropical flowers at my feet, and the warm breeze, made me realize that a reverse switch had been completed. We were back in the Philippines to stay, at least for some time.

Kentucky had been our home for 30 years. We became part of the community, raised our children, and saw our grandchildren thrive. My husband's debilitating illness led to the decision to go back to our original home in the Philippines. Like salmon that return to their original streams to spawn and die, we returned so he could be cared for in the manner befitting a beloved senior member of the family clan.

In life, we do have to make constant decisions. None are perfect; some are attended by sweet-sad consequences and loss, but we have to make choices nevertheless and be thankful that options exist.

Ric, contentedly retired from his chosen field of engineering, developed Parkinson's disease which progressed to the point that he could no longer be cared for adequately by his equally aging wife, me. The care-free days of visiting our children in adjoining cities, going to exercise classes, attending organ lessons, and socializing with friends were gone. Instead, preparing for such activities had become labor intensive.

About of pneumonia and a brain hemorrhage following a fall resulted in a hospitalization and discharge to a nursing home. Despite optimal care, his befogged mind realized he would never leave the nursing home to live in the outside world, and he felt trapped. In our native Philippines, cultural norms and the availability of help would have him in a home setting among relations, with personalized care.

It is fact that just as we get comfortable in one stage of our life, it has to change. The protected days of childhood progress to the turbulent adolescent years. The carefree and mind expanding college years merge to the serious business of settling to raise a family and pursue a career. Just as success and fulfillment become the norm, retirement, old age and its attending ailments creep in.

We therefore have to continually make adjustments to maintain inner peace and equilibrium. Fortunately these changes result in personal growth.

Happiness, furthermore, can be relative. We can look back at the richness of the tapestry of our lives and add a few more colorful touches to enhance it, or abandon the weaving before it is fully done.

Last night, I was invited to attend a stockholders meeting of the Davao Doctor's Hospital. As a charter member 40 or so years ago, we young doctors envisioned a hospital that would meet the needs of patients and doctors, something state of the art. As I listened to the annual report, I found that our visions of the future had been exceeded by reality.

I went to the church where we were married 43 years ago. The French Canadian missionaries that pioneered the parish would be so proud of the huge cathedral, its hierarchy of native priests successfully phasing them out several years ago

I will miss the camaraderie of old friends, the meetings of the JCMS editorial board and various associations we belong to, as well as the plush modern conveniences and offerings of American culture. On the other hand, it will be a whole new experience to rediscover childhood friends and former colleagues now grown old too, and listen to their own tales of life.

So, like Rip Van Winkles waking from a deep sleep, we have a lot of catching up to do, and a few more threads to add to the tapestry of our lives.



Come!
To
The Fair

Kentucky State Fair
August 19-29

Volunteer

for Mental Health Screenings
call the KPMA office at 1-877-597-7924

Reflections on *Life is a Miracle*

by Amy Johnson, M.D.

As a psychiatrist, I feel pulled in different directions during the day. One moment I am a scientist, gathering data to be analyzed, forming an evidence-based theory of dysfunction, matching symptoms to scientifically-studied groups of "disorders," and prescribing chemicals which alter brain patterns in an effort to help my patient. In another moment, I am a sympathetic listener of a person's "story," helping to find the places where the person is "stuck" or helping someone find a way to weather loss, grief, abuse or launching into adulthood.

It is the meeting ground of science and art. It is always a balancing act between what can be known and approached scientifically, and what cannot. Wendell Berry, eloquent philosopher, writer and farmer from Henry County, Kentucky, writes about science and art, in *Life is a Miracle: an Essay Against Modern Superstition*, a book which should be read three times by every psychiatrist.

Mr. Berry discusses the way that science has become the religion of our post-industrial era, based on the materialistic belief that all things can be eventually "known" and "understood" through scientific methods. (For example, if we study the brain well and long enough, we should have an understanding of all psychiatric disorders.) Yet the metaphor upon which scientists rely is that of the machine. Observation, study, diagnosis and treatment are based on a view of the human condition as a disordered machine requiring correction.

The aim of scientists has always been to arrive at abstract explanations or theories, yet when applying abstract theories to particular humans, dehumanization may result. As Mr. Berry says, "The frequent insult of modern (scientific-technological-industrial) medicine is precisely its inclination to regard individuals apart from their lives, as representatives or specimens of their age, sex, pathology...or some other category."

If one believes that science is useful in studying things to a point, what is left is that which cannot be understood or expressed in the language of science. "We are alive within mystery, by miracle.... We know more than we can say.... Finally, we live beyond words, as also we live beyond computation and beyond theory."

The reductionism of scientific method permeates many institutions, including academia and managed care.

In the mechanistic view, people--provider or patient--are cogs in the wheel. Academic psychiatrists must teach, produce research or writing, and seek funding sources, a grueling sort of social Darwinism. Researchers in science and the arts "follow the patrons."

In our case, pharmaceutical companies are major donors to research, awards, and grants. How many donors give funding for things such as "The Effect of Daily Danger Coding by CNN on the Emotional Lives of Children," or "How Does Poverty Relate to Later Needs for Residential Psychiatric/Juvenile Justice Stays?" or "How Can Child Abuse--the most common cause of psychiatric disorders--Be Stamped Out?" Most research tends to be on medication trials. Journal articles focus on imaging, medications, types of psychotherapy, or on how poorly we are being paid. New labels for various symptom groups, which coincidentally are treated by a certain medication, appear every few years.

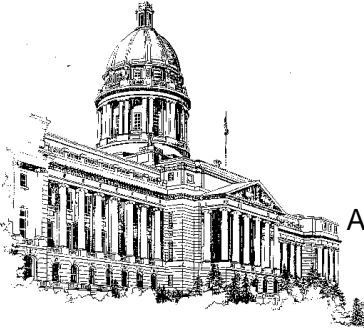
Recently, I talked to a 17 year old girl who has been in residential care for several years, diagnosed with severe chronic PTSD as a result of sexual abuse by a family member. Her parents did not believe her and the perpetrator was still in the family. She has suffered horribly, during and after the abuse. Recently, she has come to a new place in her coping. The abuser apologized sincerely for what he had done, and she forgave him. Now, some chemicals may have changed in her brain, but this was not a biological event. As a profession, we seem reluctant to talk about this sort of thing because it is not "science."

How do we resolve our identity crisis in psychiatry? Mr. Berry argues that "science and art are neither fundamental nor immutable. They are not life or the world. They are tools...But if the sciences and the arts are divided into "two cultures," or into many subcultures, they are nobody's kit of tools." A new paradigm of ethical, particular consideration of the use and abuse of science is needed. Psychiatrists are neither pure scientists nor clergymen. We have many tools: psychotherapy, relationship-building, compassion, knowing the patient particularly over time, understanding common problems, using medications, and working on community or national issues to improve people's lives. All of these tools should be embraced as equally important.



Advocacy Day in D.C.

by Mary Helen Davis, M.D., and Mark Wright, M.D.,



The American Psychiatric Association conducted an Advocacy Program, March 22-24th in Washington D.C. The program started

with an insider's look at the health policy agenda in the 108th Congress. The impact of a presidential election drives politics vs. policy; therefore, productivity on passing legislation pertinent to health care is unlikely. The political analyst views the political climate to be deeply polarized with an evenly divided country. The top issues seem to be the economy, budget and national security.

Nonetheless, we and representatives from other states went to the Hill to meet with our senators, representatives and their staff to provide information and encouragement on issues important to our profession and patients.

Our agenda included educating on nondiscriminatory mental health coverage and soliciting support for the Mental Health Equitable Treatment Act, which now has 68 cosponsors in the Senate and 243 in the House. We asked our legislators to end the discrimination against Medicare beneficiaries by reducing the discriminatory 50% co-payment requirements.

The APA also supports the Keep Families Together Act, to end the practice of relinquishing custody of children to the state as the only means for parents to access needed mental health services. We briefed Senators Bunning and McConnell, as well as Anne Northup and Ed Whitfield's staff on these issues. We were fortunate to meet with Representative Ben Chandler, our newly elected congressman. He expressed strong support for mental health issues including parity; he was very interested in joining the mental health caucus that has been formed in the House.

We encourage all members interested in gaining further information about APA's advocacy efforts to go to the website to review the background material and position statements on issues impacting mental health care and delivery. APA Website: public policy advocacy section (www.psych.org) Click on advocacy on the left hand side menu.

In the coming years, with anticipated budget shortfalls, protecting our profession and patients will need significant advocacy participation from our members.

The KPMA is committed to keeping you informed. Please note the email contacts for your legislators and write them to encourage their positive votes on issues impacting our profession and to encourage them to join the Mental Health Caucus.

Remember: Advocacy Day is Everyday!

Email Contacts for Federal Legislators:

Senator Bunning
jim_bunning@bunning.senate.gov
Senator McConnell
senator@mccconnell.senate.gov
First District: Ed Whitfield
edky01@mail.house.gov
Second District: Ron Lewis
ron.lewis@mail.house.gov
Third District: Anne Northup
rep.northup@mail.house.gov
Fourth District: Ken Lucas
write.kenlucas@mail.house.gov
Fifth District: Harold Rogers
talk2hal@mail.house.gov
Sixth District: Ben Chandler
<http://chandler.house.gov>

On the Home Front

by Theresa Walton, Executive Director

The 2004 Legislative session was a disappointment. Over 1000 bills were presented and less than 150 passed both houses. SB1 which would have placed a constitutional amendment on the ballot for tort reform failed for the second session in a row. The abolition of the juvenile death penalty was again stuck in committee. With no budget in place, funding for all programs including mental health remains uncertain.

Several bills of interest did pass. HB 90 provides that a PRTF may have 9 beds instead of 8. It also allows for redistribution of PRTF beds based on the four state hospital districts. HB 157 increased services fees for DUI convictions with a portion going to treatment of traumatic brain injury. HB 157 established a telephonic jail triage system for mental health evaluation of jail

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inmate. Each jail would be responsible for contracting with their local comprehensive care system to provide services to those identified as needing them. HB 67 and HB 242 were passed concern involuntary commitment under certain conditions not falling under 202A. These bill raise some serious civil rights issues and are expected to be amended in the next legislative session.

Secretary Holsinger of the Cabinet for Health and Family Services has issued a draft proposal for building a new 300 bed psychiatric hospital to replace Central State and Eastern State Hospitals. The cabinet estimates that this would save 5.2 million annually in operating funds while at the same time improving treatment. The Secretary is soliciting input on the proposal. Copies of the draft may be obtained from his office.

On March 18, 2004, three of your KPMA officers attended and testified at the Kentucky Department for Medicaid Services Pharmacy and Therapeutics Advisory Committee on atypical antipsychotic drugs. Unfortunately, in spite of excellent testimony by Laura Salyers, President, Tom Brown, President-elect, and Mark Wright, a past president, the only recommendation the committee agreed with was that there would be no prior authorization required for children under 18. The committee

Do You Know How to Contact your State Legislators?

Call 1-888-Vote-Smart (868-3762) or go on line to www.vote-smart.org and enter your home address. If you do not know your 9-digit zip, you can enter 0000 for the last four numbers.

- To contact Legislators in Frankfort: 1-800-372-7181
- To contact Legislators at home: Go to www.lrc.state.ky.us
- To contact the Governor: Call: 1-502-564-2611
Write: Governor Ernie Fletcher
State Capitol
Frankfort KY 40601
- To contact other Executive Branch Officials: www.ky.gov. From here you can connect to the state directory and all cabinet home pages.
- To tract legislation: Legislative Calendar Line:
1-800-633-9650
- Bill Status Line: 1-800-809-0020
- Legislative Website; www.lrc.state.ky.us

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<p>Mike Reid District Manager Louisville (800) 233-7241 Ext. 78543</p>			<p>Jeff Pate CNS Specialist (800) 223-7241 Ext. 87862</p>
<p>Jack Kelly Louisville 800) 233-7241 Ext. 76948</p>	<p>Jennifer Barlow Elizabethtown (800) 233-7742 Ext. 71208</p>	<p>Hugh Runner Bowling Green (800) 233-7241 Ext. 76867</p>	<p>Sylvia Kostbade CNS Spesicalist (800) 223-7241 Ext. 87863</p>
<p>Gary Underwood Louisville (800) 233-7241 Ext. 76945</p>	<p>Chad Wilson Lexington (800) 233-7241 Ext. 71321</p>	<p>Brent Gaines Lexington (800) 233-7241 Ext. 72794</p>	<p>Pam Jimison CNS Specialsit (800) 223-7241 Ext.. 72313</p>
<p>Denise Fiorini Louisville (800) 223-7241 Ext, 71165</p>	<p>Scott Crawford Owensboro (800) 233-7241 Ext. 74987</p>	<p>Carey Rochester Richmond (800) 223-7241 Ext. 76949</p>	<p>Dana Parker CNS Specialist (800)-233-7241 Ext. 70035</p>
		<p>Mark Wilson Covington (800) 223-7241 Ext. 77236</p>	<p>Mike McNeely Pikeville (800) 233-7241 Ext. 79470</p>
		<p>Duran Sparkman Pikeville (800) 223-7241 Ext. 73937</p>	
		<p>Jim Morgan CNS Specialist (800) 223-7241 Ext. 78557</p>	

Government Affairs

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recommended that at least two branded atypical antipsychotics be chosen based on cost as preferred agents. At the time of publication, no decision had been reached by the Department

for Medicaid Services as to which two drugs would be the preferred antipsychotic choice. The chart of the final recommendations is printed below. Review of the recommendations by the Secretary of the Cabinet for Health Services and final decisions are pending.



	Description of Recommendations	P& T Vote
#1	<p>Atypical Antipsychotic Drugs</p> <ol style="list-style-type: none"> All atypical antipsychotic drugs are considered clinically equivalent in terms of efficacy, however, each of the drugs has a unique profile. 	<p>Passed 8 - For 1- Against</p>
#2	<p>Atypical Antipsychotic Drugs</p> <ol style="list-style-type: none"> Select at least two (2) branded atypical antipsychotic medicines to use as preferred agents based on economic evaluation 	<p>Passed 9 - For 0 Against</p>
#3	<p>Atypical Antipsychotic Drugs</p> <ol style="list-style-type: none"> Implement a grandfather clause, which allows patients currently on medications not selected as first-line to continue to receive their medication. Atypical antipsychotic prescription will only be filled for psychosis or bipolar disorder and will require diagnosis, preferably an ICD-9 code on the prescription but a written diagnosis, will suffice on the prescription of as an alternative to the ICD-9 code, on the prescription, submit a prior authorization based on diagnosis. 	<p>Passed 8 - For 1 - Against</p>
#4	<p>Atypical Antipsychotic Drugs</p> <ol style="list-style-type: none"> Require adequate trial of preferred agents before approval of non-preferred agents, or the presence of a medical contraindication of preferred agents before approval of non-preferred agents. Clozaril will be available without prior authorization Require prior authorization of Symbyax. For any new chemical entity in the atypical antipsychotic class require prior authorization and quantity limit until reviewed by the Advisory Committee. 	<p>Passed 9 - For 0 - Against</p>
#5	<p>Atypical Antipsychotic Drugs</p> <ol style="list-style-type: none"> Set a quantity limit on the atypical antipsychotic medications: Abilify, Zyprexa, and Symbyax; limit to 30 units per month (30 day supply) Geodon, Risperdal and Seroquel limit to 60 units per month (30 day supply) Clozaril limit to 90 units per month (30 day supply) Limit utilization to one (1) atypical antipsychotic medication per patient, with the exception of a 1-month crossover for medication changes when two (2) products may be used when triturating off an existing medication, and triturating up with a new medication 	<p>Passed 9 - For 0 - Against</p>
#6	<p>Atypical Antipsychotic Drugs</p> <ol style="list-style-type: none"> There will be no Preferred Drug List relative to atypical antipsychotics for any recipient less than 18 year old. In order for the claim to process either an ICD-9 or a written diagnosis is required on the prescription, a prior authorization will be required. 	<p>Passed 5- For 4 - Against</p>

Week of Secrets

by Mathew Dempsey, Ninth Grade Student, St Xavier High School, Louisville, KY

Mathew was the state winner of the "When not to Keep a Secret," the essay contest sponsored by APA Alliance and APA. His essay placed second nationally.

Monday: He walks late into school, breathing hard and with a little sweat beading on his forehead. He is running to make it before the bell but he is too late. Now there will be detention after school today. He walks into the hall and drops his books. His homework scatters across the old tile floor. He is having a bad day.

After detention, he goes home. His parents are fighting again. He tries to do his homework but he can't concentrate with the sobs of his mother and the shouts from his dad. With his homework uncompleted, he goes to bed but he does not get enough sleep because his four-month old brother will not quit crying.

Life is too hard.

Tuesday: Before he leaves for school, his parents start to fight. He is exhausted from his lack of sleep. He rushes to complete his homework on the bus. An older kid ridicules him for his old shoes, which are busting at the seams. He comes into class and sits down. He gets back his English test from last week. He failed. He puts the test away and takes a short nap at his desk. He goes home at the end of the day and sleeps.

This is the worst week of his life.

Wednesday: At school, Lucy (the girl he had told he liked) enlightens the whole class and embarrasses him. He has no lunch that day because his mother hadn't given him any money. It doesn't matter. He has no one to sit with anyway. He comes home from school and his parents aren't there. He takes care of his brother for the rest of the night.

He hates his life.

Thursday: He goes to school and finds one of his few friends who he has talked with only a couple of times. He confides in him about his horrific past days and how he does not think he can handle his life anymore. He goes home and finds his mom in tears. His father has left them.

He hates the thought of living another day.

Friday: At school he is confronted by his friend. "About what you said the other day, are you really thinking about killing yourself?" He tries to laugh it away. He says he would never go

through with it. He tells his friend not to tell anyone about what he had said the day before. He goes home and thinks about the past week.

Living is not really an option.

Saturday: He pulls out the loaded pistol that his father had left in the house. He shoves it into his mouth.

Sunday: He lies in the hospital bed in a vegetative state. He never realizes that his mother and little brother cry as the life support is cut off.

Five years later: His brother is a five-year-old with no older brother as his only male role model. His mother never gets over his suicide. She will always wonder what great things he might have done. She wishes that someone had warned her about her son's deep depression. She wishes that he were still alive.

Today: What if you were his friend? What would you have done?

If you had seen how your help could have saved your friend's life, would you tell his secret?



Help Wanted

The Society of Saint Vincent de Paul is seeking a pro bono psychiatrist or resident for two to four hours per week. We are a non-profit center serving the homeless population in Louisville. We have a therapist on staff who is providing assessment and counseling. Unfortunately however, available psychiatric services for indigent clients take three to eight weeks for an appointment. Being able to address clients needs more rapidly would decrease relapse, the potential for crisis, and incompleteness of our programs- among many other benefits. Also, with a psychiatrist present we would have the authority to advocate for free medication programs. If you or you know someone who is interested, please call David Mitchell, (502) 584-2480 ext. 276.



Paul Glaser, MD

Fall Scientific Session

September 21, 2004

1:30-4:30

Louisville Convention Center

This year for the KPMA session that is held during the Kentucky Medical Association Annual meeting, we will be joining forces with the Kentucky Pediatric Society. Paul Glaser, M.D., a triple boarded psychiatrist, will be speaking at both the General Session of KMA and the first hour of the afternoon session for both groups on ADHD. Dr. Glaser is a Assistant Professor of Psychiatry, Anatomy and Neurobiology, and Pediatrics Professor in the Department of Psychiatry at the University of Kentucky. The second hour of the program will also be of interest to both associations. Drs. Gail Williams and Lisa Ruble, from the Weisskopf Child Evaluation Center, will present on Autism Spectrum Disorders.

- | | | |
|-------------|---|------------------------------------|
| 1:30-2:30 | "Not All That Misbehaves is ADHD: Clinical Pearls in the Diagnosis, Treatment, and School Management of ADHD" | Paul Glaser, MD |
| 2:30-3:00 | Break to visit exhibits | |
| 3:00 - 4:00 | An Overview of Autism Spectrum Disorders | Gail Wilkines, MD & Lisa Ruble, MD |
| 4:00 - 4:30 | KPMA General Membership Meeting | |

PRMSAD

Membership



New MIT

Marc Cruser, M.D. UK
 Stephanie Eken-Sander, M.D. UK
 Tyler Jones, M.D. UK
 Candace Gibson, M.D. UK
 Travis Hansen, M.D. UK
 Duke Ruktanonchai, M.D. UK
 Tiffany Sauls, M.D. UK

Upgraded to General Member

Tim Allen, M.D. Lexington
 Amarjit Chopra, M.D. Louisville
 Circe Cooke, M.D. Lexington
 Anoop Karippot, M.D. Louisville
 Marina Katz, M.D. Louisville
 Tehmina Khan, M.D. Louisville
 Scott Tallent, M.D. Louisville

New General Member

Rizwan Ali, M.D. Lexington
 Zulfigar Ahmed, M.D. Lexington
 Sunil Chhibber, M.D. Louisville
 Saeed Hamid, M.D. Lexington

MIT transferred in

Oluyemi Aina, M.D. Florence

General Members transferred in

Terri Erwin, M.D. Louisville
 Mohamed Khodeir, M.D. Hopkinsville
 Yahya Allahham, M.D. Danville

Distinguished Fellow transferred in

Roberto Dominguez, M.D. Nicholasville

Reinstated

John Gallehr, M.D. Louisville
 Stephen Lamb, M.D. Lexington
 Mujahid Khan, M.D. Lexington
 Joy Nieva Villaflores, M.D. Lexington

Transferred Out

Gwen Heaton, M.D. IN
 Bethany McGovern, M.D. IN
 JoSharon Mutchle, M.D. MI
 Andrew Skinner, M.D. IN
 Jeffrey Weyeneth, M.D. IA

Dropped for non-payment of dues

Christina F. Ball, M.D.
 Joshua Cabrera, M.D.
 Elizabeth Caudill, M.D.
 Lounette Humphrey, M.D.
 Amir Hussaini, M.D.
 David Kapley, M.D.
 Louana Kynhoff, M.D.
 Jayasree Nandagopal, M.D.
 Timothy Nolan, M.D.
 Keller Riede, M.D.
 Julia Robertson, M.D.
 Pamela Shirley, M.D.
 Kellye Singletary-Jones, M.D.
 Donna Smith, M.D.
 Bruce Snider, M.D.
 Jason Stamper, M.D.
 Lawrence Suess, D.O.
 Greg Williams, M.D.

In Memoriam

Robert Greenberg, M.D.
 Muharrem Gultekin, M.D.
 Theodore Schramm, M.D.
 Thomas Weldon, M.D.

Calendar *continued*

October 7, 2004

Psychobabliish
 Kentucky Theater
 Lexington
 7 PM

October 9, 2004

5K Stamp Out Stigma Run/Walk
 Kentucky Horse Park
 Lexington
 9 AM

October 23, 2004

Updates in Contemporary Psychiatry
 Keeneland Center
 Lexington, KY

Calendar

August 19-29, 2004

Kentucky State Fair
 Mental Health Coalition Booth and
 Mental Health Screenings
 Health Education Section
 State Fair Grounds
 Louisville, KY

September 18, 2004

NAMI Louisville
Walk for the Mind of America
 Central Park Louisville
 10 AM

September 20-23, 2004

KMA Meeting
 Convention Center
 Louisville

September 21, 2004

KPMA Meeting
 Convention Center
 Louisville
 1:30-4:30

October 3-9, 2004

Mental Illness Awareness Week

October 3, 2004

NAMI Lexington
"A Beautiful Mind" with Q & A
 Kentucky Theater
 3 PM

October 4, 2004

Lexington Candlelight Vigil/Consumer Art Exhibit opens
 Phoenix Park / Central Library
 6:30 PM

October 6, 2004

MIAW Gala
 Blue Moon Saloon
 Lexington
 7 PM

October 7, 2004

National Depression Screening Day
 W. T. Young Library-UK
 Kroger-Morehead



Kentucky Psychiatric Medical Association
P.O. Box 198
Frankfort, KY 40602-0198
1-877-597-7924 (Toll Free)

Address Correction Requested

New Member Benefit

Membership Directory

KPMA is in the process of developing a membership directory. We need your help.

You should have received a one page form to obtain updated information about you and your practice. Please note that one important piece of information was inadvertently omitted. Please indicate at the bottom of the sheet your practice setting: university, community, private, retired, or other.

- answer all questions fully. Note that there are places to check if you do not want some of the information published. However, this information is helpful so that our staff can contact you if necessary.
- send a current picture of yourself.

We hope to have the directory published in early fall. Each member will receive a copy.

Call toll free 1-877-597-7924 if you need a copy of the form.

Call for KPA Awards Nominees

KPA request nominations for awards to be given to outstanding members of KPA at the Annual Meeting. Nominations must be submitted to the KPA office no later than February 21, 2001. An award may be given to a member in each of the following categories.

Research:

To a KPA member who has made a significant contribution in the area of psychiatric research.

1. The candidate must be a member of the Kentucky Psychiatric Association and the American Psychiatric Association.
2. The award recognizes either a single significant achievement or a lifetime contribution to psychiatric research.
3. A supporting letter written by the Department Chair or designee or by any KPA member justifying the nomination and research accomplishment must be submitted.
4. The candidate must demonstrate commitment to the care of the mentally ill either by service or education to the public through lectures and television or radio communications.

Harvey R. St. Clair Distinguished Service Award:

This award is given to a KPA member who has generously given time and talents to the cause of organized psychiatry.

KPA Women and Minority Award:

To a KPA member who has demonstrated outstanding

performances in the area of women /minorities, in research and scholarly activities, services or administration.

The nominee will have performed ongoing and/or innovative activities that are related to issues regarding women/minorities. These activities could include:

1. Research/scholarly efforts: documented by publications, presentations and grants in areas related to women/minorities.
2. Service: activities or development of services addressing psychiatric issues in the areas of women/minorities.
3. Administration: women/minorities who have achieved prominence in leadership positions that have allowed an advocacy for women/minorities.

Resident Achievement Award:

To an outstanding resident who is a KPA member.

1. The candidate must be a psychiatric resident or Child Fellow at the time of the award.
2. The candidate must submit a clinical or investigative paper during the period of his/her psychiatric training. The nominee must be the primary author of the paper.
3. The candidate should be endorsed by the Director of Residency Program stating the resident's clinical and academic performance.
4. The candidate must demonstrate commitment to the care of the mentally ill either by community service or education to the public through lectures and television or radio communications.

Fellowship Nominations

The Fellowship Committee invites current members of the Kentucky Psychiatric Association who have been out of residency training for at least eight years to apply for APA Fellowship. Fellowship is a national honor awarded to members of the psychiatric profession who are outstanding, who not only have achieved with distinction in special areas, but whose depth and scope of knowledge and breadth of skills and interests are highly recognized.

Candidates for Fellowship are evaluated in nine categories of achievement. Generally, a nominee must demonstrate outstanding achievement in at least five of the nine areas. The categories are:

1. Certification by the American Board of Psychiatry and Neurology
2. Involvement in the work of the District Branch or other components on the APA
3. Involvement in other medical and professional organization
4. Participation in non-compensated mental health and medical activities of social significance

5. Participation in community activities unrelated to income-producing activities
6. Clinical contributions
7. Administrative contributions
8. Teaching contributions
9. Scientific and scholarly publications

The APA Fellowship Committee is placing more emphasis on achievement in areas four and five. It is strongly suggested that along with at least three letters of support from APA Fellows that the applicant include letters from those outside the psychiatric community attesting to contributions in those areas. If you feel you are qualified to be considered for Fellowship, or if you wish to nominate someone for Fellowship please contact Dr. Leah Dickstein, Chair of the Fellowship Committee, or Theresa Walton at the KPA office. Applications must be completed no later than May 1, 2001.