Greetings To All

Dr. Muhammad invited me to share a few thoughts about my sabbatical activities and this seems like a good moment to do so. Well, the list of positive things one can say about being on sabbatical is quite long – it allows time for all sorts of activities but, in fact, as time barrels on I think I may only get half way through my list of activities and wishes. No matter, my wife says – save the rest for retirement!

One thing that a schedule of my own making has allowed for is time for meetings and CME. I guess we always make time for continuing professional development but sabbatical lets you get a few more into your schedule. This was true for the Big Land Interdisciplinary Health Conference held in Goose Bay, Labrador, and March 15–18, 2007, which I was able to combine with a site visit to their telemedicine facilities.

The conference benefited from many volunteer organizers and sponsors led by Dr. Michael Jong who is a rural family physician and VP Medical Services for Labrador-Grenfell Health. Dean Rourke was the keynote speaker addressing the topic of collaboration in training health professionals for rural communities. A highlight of the meeting was a panel moderated by Dr. Jong on Listening to Aboriginal Elders – Perspectives on Health and Traditional Medicine. The audience of almost 100 medical professionals was spellbound as a trio of Labrador Métis, Inuit and Innu elders told stories of cultural remedies that they used while growing up, those that continue today and the impact of southern medical practices.

In addition, for the majority of participants who came from across Canada and around the world, we had an opportunity to present in some 18 concurrent workshops that took place during the meeting. It was a collegial atmosphere that covered a diversity of subject matter. One fascinating feature of the meeting was that for many it was a reunion of sorts as most had worked in Labrador at some point in the past – even it was as a medical student over 30 years ago.

With best wishes to all, Ted

Ted Callanan,
Cherie Bethune
and Edith Abou Said
snow shoeing
at Birch Brook
Discipline of Psychiatry

Dr. Amin Muhammad,

Acknowledgements

Birth Announcements:

Dr. Neal Morgan and wife Amanda proudly welcome the arrival of their healthy son Ben who was born on Feb. 28, 2007.

Dr. Anjana Chawla and her husband proudly welcome the arrival of their healthy baby daughter Naina (which means beautiful eyes in Hindi) who was born on April 6, 2007.

Obituary:

Faculty and Staff of the discipline are deeply saddened by the passing of Dr. Francis Alphonsus Gillespie (Alfie), on April 15, 2007. Dr. Gillespie held a part-time position as Clinical Lecturer with the Discipline of Psychiatry. He has been a mentor to many and will be missed.

CaRMS Match Results:

The Discipline has been successful in matching five residency positions through this year’s CaRMS Match. The successful applicants were:

Andrew Latus, Anne Hofner, Berjinder Sethi, Robin Cardan, Loveleen Uppal

Notes from MUN MED News.....

Dr. Michael Jong interviewing Elizabeth Penashue (left) Mary Adams right)

Faculty Awards: Dr. Nizar Ladha was inducted as Fellow of the Canadian Psychiatric Association (CPA) at its annual meeting in October. This honor was granted for the first time to 12 Psychiatrists out of the more than 4,000 Psychiatrists in practice in Canada. Election to Fellowship in the CPA is an honor that rewards members of this organization for excellence in their specialty and for exemplary contributions.

Alumni Profile: Dr. Jamie Karagianis (Class of 1985) left Memorial in December 2003 to take up the position of Associate Vice-President for Clinical Research with Eli Lilly Canada in Toronto. Dr. Karagianis retains the position as Adjunct Professor in Psychiatry with Memorial.

Dr. Ted Callanan: Discipline of Psychiatry, is author of an article in the spring issue of Royal College Outlook titled, ‘When Doctors Strike’. The article relates two real-life experiences the author has had with physician strikes and examines the inner struggle physicians face on the appropriateness of doctors going on strike. An accompanying article in the magazine by Drs. Ross Langley, Dalhousie University, and Charles Weijer, University of Western Ontario, examine the ethics of physician job action.

Dr. Amin Muhammad: Discipline of Psychiatry, is the author of the paper ‘Mental Health Model: Comparison Between a Developed and a Developing Country’, published in the November issue of the Journal of Medical and Biological Sciences, published by Scientific Journals International. He also authored the article Dilemma Facing IMGs from Pakistan which was published in BMJ Career Focus. The article explores what international medical graduates can expect if they return home to Pakistan. With Dr. Gerry Mugford, he authored Prevalence of depression among households in three capital cities of Pakistan: Need to revise the mental health policy, published in the Journal: PLoS one (Journal of Public Library of Science).
Conferences Recently Attended by Faculty/Residents

First International Conference: Attended by Dr. A. Muhammad

Date: 15-19th February, 2007
Venue: Aiwan-e-Iqbal Complex, Lahore-Pakistan

Special Session Psychiatry in Pakistan

Magnitude of Bullying and Harassment among Psychiatrists in Pakistan

Sunday, Feb. 18th 1:30 – 3:30
Chairperson: Dr. Amin Muhammad

Workshop

How to Publish your Paper in a Cited Journal?

Friday, Feb. 16th 3:00 – 5:00 p.m.
Chairperson: Dr. Amin Muhammad

BBC Interview…

With Claudia Hammond and Dr. Amin Muhammad on “Depression”.

To listen to radio interview please go to the following link:  http://www.bbc.co.uk/worldservice/programmes/health_check.shtml

Alzheimer's Disease/Parkinson's Disease: Progress and New Perspectives - Attended by Dr. Khalid Jat

Dr. Jat attended the 8th International Conference on Alzheimer's and Parkinson's Dementia in Salzburg, Austria from March 14 - 18. Conference was attended by 2200 participants from 48 countries. He found it an excellent conference and would recommend to all residents especially if they have interest in dementia. To see overview of topics go to: http://www.kenes.com/adpd/timetable.asp

Dr. Kim St. John: this has been a busy quarter for Dr. St. John as she traveled to Vancouver in February as part of the Royal College Accreditation Team reviewing the Specialty Postgraduate Medical Education programs. Then a stop in Ottawa on the way home where the Specialty Committee work towards finalizing the Objectives of Training, the Specialty Training Objectives, and the Specific Standards of Accreditation for Psychiatry which will hopefully be implemented nationally in the coming year. In March she attended the Evaluation Committee meeting at the Royal College, the evaluation committee reviews all evaluation procedures for each specialty and sub-specialty including things such as the FITER documents, examination process, etc. While this travel keeps her busy she feels it is valuable to be at the table when standards are being set to ensure the perspectives of all schools are taken into account.

Senior Residents: Drs. Dolezalek, Hancock, Hearn, Potter, Slade, Reid have completed the written component of the Royal College Exam recently and will travel to Ottawa for the PDM portion that will take place from April 23-26th. Drs. St. John, Penney, Collins will also be traveling to participate as examiners
**Lahore** is the capital of the province of [Punjab](#), and the second most populated city in [Pakistan](#), also known as the *Gardens of the Mughals* or *City of Gardens*, after the significant rich heritage of the [Mughal Empire](#). It is located near the river [Ravi](#) and the [Indian](#) border, [Wahgah](#).

Due to Lahore's rich history, the Mughal and colonial architecture has still been preserved in all its splendour. Mughal architecture such as, the [Badshahi Mosque](#), [Lahore Fort](#), [Shalimar Gardens](#) and the mausoleums of [Jehangir](#) and Nur Jehan are very popular tourist spots in the city. Various colonial buildings originally built by the British, such as the [Lahore High Court](#), General Post Office (GPO) and many of the older universities still retain their Mughal-Gothic style.

[Punjabi](#) is the language of the province, and is the most widely spoken language in Lahore, although [Urdu](#) and [English](#) are becoming more popular with younger generations. Many people of Lahore who speak Punjabi are known as *Lahori Punjabi* due to a mixture of Punjabi and colloquial Urdu. According to the 2006 census, Lahore's population is expected to top 10 million. It is the second largest city in Pakistan, after [Karachi](#). Lahore is the 5th largest city in South Asia and 23rd of the largest cities of the world.

**Presentations and Publications:**

Prevalence of Depression among Households in Three Capital Cities of Pakistan: Need to Revise the Mental Health Policy, Authors Amin A. Muhammad, Gerry Mugford

To read full article go to the following link:


Karo-Kari: Wild Ego or Disturbed Psyche

Published in JPMA, Authors Sujay Patel and Amin Muhammad

Women needs further protection

Published in Lancet Online as comment, by Sujay Patel and Amin Muhammad

Bullying in Psychiatry Must Stop

Will be published as guest editorial in Clinical Psychiatry News, May 11, 2007

Two more papers under review, authors Sujay Patel and Amin Muhammad
On Elective....

Sujay Patel’s first month elective was at the Institute of Psychiatry in Mexico City. The people with him are residents from the other 3 countries and faculty for the IMPACT program in public mental health.

Sujay presenting a research topic entitled ‘Intimate Partner Violence Among Indigenous Women in North America’.

Photo of Harvard Medical School where Sujay is spending his second month elective.
May 2007
01 International ME/CFS Conference 2007 London United Kingdom
01 Future of Psychiatry as a Neuroscience Jeddah Saudi Arabia
Our conference main theme is to address this important topic due to the dramatic growth of scientific knowledge, the meeting is intended to discuss, propose & exchange the recent advances in many topics in biological psychiatry.
02 Current Issues in Palliative Care London United Kingdom
03 Skills Training in Dialectical Behavior Therapy Milwaukee Wisconsin
03 II Simposio de Psiquiatría Transcultural: Salud Mental en el Paciente de América Andina Barcelona Spain
07 The complexities in treating psychological trauma Montreal Canada
17 Skills Training in Dialectical Behavioral Therapy Omaha Nebraska
19 American Psychiatric Association, 2007 Annual Meeting San Diego California
23 The 2nd International Come To Your Senses Conference, Opening the Sensory World to Children & Adults with Complex Disabilities Toronto Canada
28 1st International Conference On Control, Instrumentation and Mechatronics Engineering, 2007- CIM’07 Johor Bahru Malaysia
28 1st International Conference On Control, Instrumentation and Mechatronics Engineering, 2007- CIM’07 Johor Bahru Malaysia
28 15th Annual David Berman Memorial Concurrent Disorders Conference Vancouver Canada
30 8th Quadrennial Congress of The European Association of Neuroscience Nurses Reykjavik Iceland
30 The IASTED International Conference on Modern Nonlinear Theory ~ MNT 2007 ~ The IASTED International Conference on Modern Nonl Canada
30 5th Nordic Conference on Research on Autistic Spectrum Disorders: NoCra 2007 Reykjavik Iceland
This is the 5th Nordic Conference on Research on Autistic Spectrum Disorders. The first conference was held in Vexjö, Sweden, in 1999 by pioneers who had pointed out the need for the Nordic countries to share their knowledge in this field.
31 Using Dialectical Behavior Therapy on the Front Lines: Adaptations of DBT for Clinical Staff in Mental Health Programs Boston Massachusetts

June 2007
02 2007 IURS Forum on Unmanned Robotic Vehicles and Intelligent Systems New Delhi India
The forum will be a medium for researchers, practitioners and students to exchange ideas, present research and explore emerging issues, opportunities and topics in these two widely inter-disciplinary subjects.
04 Skills Training in Dialectical Behavior Therapy Columbia South Carolina
07 2nd International Congress on Neuropathic Pain Berlin Germany
07 7th International Conference on Bipolar Disorder Pittsburgh PA
13 TERMIS North America 2007 Conference and Exposition Toronto Canada
16 FICCDAT - Festival of International Conferences on Caregiving, Disability, Aging and Technology Toronto Canada
16 17th Meeting of the European Neurological Society Rhodes Greece
19 Royal College of Psychiatrists Annual Meeting Edinburgh United Kingdom
This international conference will meet the CPD needs of participants, as well as providing new and varied information including details on the latest research and service initiatives. There will also be opportunities for networking.
27 Atlantic Web Intelligence Conference - AWIC2007 Fontainebleau France
28 Men and Madness: Representing Male Psychopathology and Mental Disorder in Modern and Contemporary Culture Manchester United Kingdom
28 Reassessing Disability History: New approaches to disability history Truro United Kingdom
28 Altering States, Creating Futures: A Mental Health System for the 21st Century Brisbane Australia
Antipsychotics’ Side Effects More Common in Young

PARIS — A series of studies in children and adolescents suggests that they may be more vulnerable than adults to some side effects of antipsychotics, Dr. Celso Arango warned at the annual congress of the European College of Neuropsychopharmacology. Dr. Arango, head of the adolescent unit at Hospital Gregorio Marañón in Madrid, cited dyskinesia, hyperprolactinemia, sleepiness and sedation, and weight gain among the side effects identified by the investigations at his hospital.

Despite a sixfold increase from 1993 to 2002 in the prescribing of antipsychotics to youths in the United States, he said, little is known about these drugs’ safety and tolerability in children and adolescents. Longterm effects on sexual development, agespecific requirements in dosing, and impact on cognition have not been adequately studied in young patients, Dr. Arango said. “Children and adolescents may not only be more vulnerable to some side effects but also some side effects may specifically interfere with functioning and induce lack of adherence in this population,” he said. Singling out the potential impact on learning, he cautioned, “Some of these side effects may mean that our patients do not gain what they should be gaining [from school] because they cannot pay attention in class or they are too sleepy.” The first study described by Dr. Arango followed 110 patients for 1 year. Their average age was 14.5 years, and 60% were males. Only about one-third were being treated for psychotic disorders. Affective disorders and eating disorders accounted for about 14% of the population.

Other diagnoses included pervasive development disorders, tic disorders, attentiondeficit hyperactivity disorder, and mental retardation. Many patients were prescribed more than one antipsychotic during the course of the year: 45% were given a first-generation antipsychotic, 84% a second-generation agent, and 9% both combined. Other psychotropic drugs also were prescribed.

Preliminary analysis of extrapyramidal symptoms showed a significant increase in dyskinesia, rising from 30.9% of 110 patients to 47.8% of 86 patients between the first and second visits. By the third visit, it fell back to 33.3% of 54 patients. Twenty percent of patients had never before taken an antipsychotic, Dr. Arango added; 11.8% of them experienced dyskinesia. He also reported that hyperprolactinemia was found in 81% of serum samples taken at baseline and that youths treated with first-generation antipsychotics had significantly higher scores on a Parkinsonism subscale. Risperidone (Risperdal) was associated with a significantly higher number of dystonic episodes, he said, and with increases in prolactin and body mass index (BMI).

Treatment with olanzapine (Zyprexa) also led to a significant increase in BMI. The second study compared 60 patients on antipsychotics for less than 1 month with 66 patients treated for more than 1 year. The average age was 15.6 years. Dr. Arango reported finding mild dyskinetic movements in 21.7% of shortterm patients and 37.9% of long-term patients. Tic-like eye movements, jerky finger and wrist movements, jerky arm movements, and rigid masked facial expression were significantly more common in the young people on antipsychotics for more than a year. The third study, also reported in a poster at the meeting, was the only one to show no ill effects of antipsychotic use. Dr. Arango’s group performed electrocardiograms on 111 consecutive adolescents (mean age 14.9 years) who were treated with antipsychotics for more than 2 weeks after admission to an inpatient unit. None had a pathologically prolonged QTc interval, and no relevant cardiovascular side effects were detected. Cont’d...
The fourth study, also reported in a poster, randomized 24 first-episode adolescent psychosis patients to quetiapine and 26 to olanzapine. The two groups, stratified by age (mean age 15.9 years) and gender, included patients diagnosed with schizophrenia, bipolar disorder, and other psychotic disorders. Sixteen patients in each arm completed the 6-month study. None of the dropouts was attributed to adverse events. Dr. Arango reported that whereas significantly more patients on olanzapine experienced rigidity, diminished sexual desire was significantly more common with quetiapine. Both groups gained weight during 6 months of treatment, but the patients on olanzapine gained significantly more: 16.5 kg on average vs. 5.4 kg. In addition, a review of subjective side effects showed about 70% of patients in both groups complaining of sleepiness and sedation. More olanzapine patients reported concentration difficulties and failing memory. Constipation and palpitations/tachycardia were cited more often by those on quetiapine (Seroquel).

The fifth study followed 67 patients in the first-episode clinic at Dr. Arango’s unit for 6 months. The population comprised 22 patients on risperidone, 20 on olanzapine, and 25 on quetiapine. Their mean age was 15.7 years, about two-thirds were males, and none had previously taken an antipsychotic.

About half had schizophrenia. The male patients gained more weight, the patients’ HbA1c was related to changes in BMI, and those on olanzapine had significantly increased systolic blood pressure.

In conclusion, he recommended that clinicians assess risk/benefit ratios carefully when prescribing antipsychotics to children and adolescents, especially if the patient has a nonpsychotic disorder. He also urged frequent reconsideration of whether these medications need to be continued in patients who are not psychotic and said that all young patients should be monitored for adverse metabolic and endocrine effects.

BY JANE SALODOF MACNEIL, Southwest Bureau

Herbal Use May Affect Psychotropic Response

Medicinal herbs are a fact of life in the United States. “Thirty percent of the general population uses herbs regularly, and you can double that for psychiatric patients, who are always trying to self-medicate,” said Dr. Mary L. Hardy, director of integrative medicine at the Ted Mann Family Resource Center, University of California, Los Angeles.

Patients take herbs for reasons that may or may not be related to the condition for which they are being treated. “If there has been an incomplete response to medication, they may be trying to maximize it without going up on the dose,” Dr. Hardy said. They may use herbs to address side effects or for medical purposes. The clinician is likely to be the last to know. “Patients don’t tell their doctors about their use of herbs, because they don’t consider them medications or because they’re afraid of being laughed at,” said Dr. Edzard Ernst, professor of complemented medicine at Peninsula Medical School, Exeter, England.

The literature suggests that patients are particularly reluctant to disclose herbal use to a physician who has prescribed medication for the same indication, Dr. Hardy noted. But it’s important to know. Medicinal herbs are pharmacologically active agents and they can, in theory at least, alter the response to prescribed medications. Cont’d...
What are the actual risks? Here, uncertainties multiply. “This area is very underresearched, and it’s only in the last 10 years that people became aware that interactions are potentially important,” Dr. Ernst pointed out. “We may only be seeing the tip of the iceberg.” The literature is “rife with reports of theoretical interactions, which are not useful,” said Dr. Adriane Fugh-Berman of Georgetown University, Washington. “At the same time, adverse events and interactions are underreported.” By all accounts, though, the risk of serious interactions involving psychotropic drugs is low. “Psychiatrists don’t need to worry as much as oncologists, cardiologists, or infectious disease people,” said Jerry M. Cott, Ph.D., who is with the Food and Drug Administration’s Center for Drug Evaluation and Research in Rockville, Md.

“For psychiatric patients, there are very few disasters out there waiting to happen,” noted Dr. Cott, who has done research in the pharmaceutical industry and is former chief of adult psychopharmacology research at the National Institute of Mental Health. At the same time, the possible impact of herbs on treatment response, side effects, or clinical status should not be overlooked, particularly in the face of unexpected changes. “If someone is stable on a regimen and adds or stops using an herb, it could alter the level of the existing medication,” Dr. Ernst said. Interactions involving pharmacokinetics and bioavailability have received the most research attention, although the clinical relevance of in vitro data is unclear. The evidence is strongest for the psychotropic herb St. John’s wort, which appears to induce cytochrome P450 (CYP450) enzyme systems, particularly 3A4, leading to substantial reductions in drug substrates, including antivirals and cancer chemotherapy agents.

Other herbs also induce hepatic enzymes or P-glycoprotein, a transporter protein that moves pharmacologically active compounds out of cells. One such herb is Citrus aurantium, a component of traditional remedies used primarily for digestive complaints and of supplements marketed for weight loss. C. aurantium is a powerful inhibitor of CYP450 3A4. “A quarter of all drugs are metabolized by this system,” Dr. Fugh-Berman observed. Use of C. aurantium could increase blood levels of certain tricyclic antidepressants, SSRIs, and benzodiazepines, as well as phenytoin. Herbs may alter blood levels of drugs by other mechanisms. Dr. Fugh-Berman pointed out that psyllium, a popular laxative herb, prevents lithium from ionizing in the intestine. More generally, any laxative herb or ‘detoxifying’ practice, such as colonic irrigation can reduce intestinal absorption of drugs, she said. Piperine, an herb common in Asian remedies, “increases the bioavailability of a lot of medications,” Dr. Hardy said. Besides pharmacokinetic interactions, “there can be an addon effect” when an herb is taken alongside a drug that has the same action, Dr. Ernst observed.

Serotonin syndrome has been reported in patients who used both St. John’s wort and an SSRI, and although the actual risk is unclear, the use of the herb with an antidepressant drug is inappropriate,” Dr. Hardy said. Many herbs act as stimulants. Although the most notorious of these, ephedra, has been taken off the U.S. market, herbs like C. aurantium, guarana, and ginseng may reduce the tolerability of prescribed medications that have stimulating properties or undermine the treatment of anxiety or insomnia. Conversely, relaxing, sedating, or anxiolytic herbs may amplify corresponding drug effects. Toxicity involving concurrent use of kava and lorazepam has been reported; the herb should be avoided in patients taking benzodiazepines generally, Dr. Hardy said. Valerian is a better choice as an herbal sleep aid.” Questions of liver toxicity have led to a ban of kava in some countries (although this is under review in Germany) and a warning letter from the FDA. The herb may pose a particular risk for patients taking drugs with hepatotoxic potential, such as carbamazepine, Dr. Hardy said. Betel nut (areca), an Indian herb used for the most part recreationally, has been associated with extrapyramidal symptoms in patients taking antipsychotic, Dr. Fugh-Berman said. Cont’d...
Several herbs appear to reduce seizure threshold and should be used cautiously, if at all, by patients whose disorder or medication increases seizure risk. “Essential oils, particularly stimulating ones like rosemary, hyssop, and eucalyptus, can cause trouble if taken internally,” said Elizabeth M. Williamson, Ph.D., professor of pharmacy at Reading (England) University. “If used in a controlled way for aromatherapy, there is no apparent danger.”

Evening primrose oil and borage oil are also suspect. There have been reports of seizures in patients who used evening primrose oil while they were taking fluphenazine, and caution with other phenothiazines is advised as well, Dr. Williamson said.

In obtaining information about patients’ herbal use, Dr. Fugh-Berman said, “the most important thing is to create a partnership. If you tell them not to take supplements at all, that won’t work.” Dr. Hardy emphasizes the importance of a nonconfrontational approach along the lines of, “A lot of people are taking herbs; what’s your experience?” Besides red-flagging factors that may complicate treatment, patient reports may help “build up our knowledge base about herbs and drugs,” Dr. Williamson said.

“To discover that a lot of patients are taking certain herbs happily and safely is important to know as well.” Keep the matter in perspective: “Drug-herb interactions are a lot less common than drug-drug interactions,” Dr. Fugh-Berman said. “We want physicians to be conscious, not paranoid.”

By Carl Sherman, contributing writer

**Deep Brain Stimulation Improves Major Depression**

SAN FRANCISCO — Depression scores improved by at least 50% in six of nine patients treated with deep brain stimulation devices for intractable major depression, opening a new frontier in deep brain stimulation therapy. Deep brain stimulation, which is approved for the treatment of advanced Parkinson’s disease and advanced movement disorders, has been used in more than 35,000 patients and is being studied for other indications, including epilepsy and motor deficits from stroke. A team of researchers investigating deep brain stimulation for psychiatric disorders found that treating 26 patients with obsessive-compulsive disorder (OCD) significantly reduced OCD in more than 60% of patients. The investigators noticed that the treatment also improved comorbid depression in these patients, Dr. Ali R. Rezai said at the annual meeting of the American Association of Neurological Surgeons. That led to the current prospective trial of deep brain stimulation in nine of the most severely depressed, disabled, and highly treatment-resistant patients with major depression seen by clinicians at the Cleveland Clinic and Brown University, Providence, R.I., between 2003 and 2005.

In most patients, deep brain stimulation rapidly reduced suicidality and improved mood and function, said Dr. Rezai, surgical director of the Center for Neurological Restoration at the Cleveland Clinic. Follow-up at 1 year and at 18 months found significant improvements in scores on the Hamilton Depression scale, the Montgomery-Åsberg Depression Rating Scale, and the Global Assessment of Functioning scale, compared with baseline. Commenting on the study at the meeting, Dr. G. Rees Cosgrove said, “I do believe that we are standing on the threshold of an important new era.” He cautioned that neither deep brain stimulation nor ablative surgery—which target the same area of the brain—are a cure for major depression but provide adjunctive therapy to pharmacologic, behavioral, and electroconvulsive therapy when indicated. Larger and longer studies of deep brain stimulation are needed to answer many questions raised by this initial trial, he added. “Having said that, I think it’s safe to say that deep brain surgery for neuropsychiatric disorders has arrived,” said Dr. Cosgrove, chairman of neurosurgery at the Lahey Clinic Medical Center, Burlington, Mass. **Cont’d...**
Deep Brain Stimulation Improves Major Depression Cont’d…….

The deep brain surgery involved stereotactic implantation of tiny electrodes bilaterally targeting the ventral internal capsule and delivering tiny pulses of electrical stimulation to try and block abnormal activity in the brain. The immediate effects are complex and require titration of the electrical stimulation by a psychiatrist. “The psychiatrist needs to be the lead person; the neurosurgeon is often the least important member” of the multidisciplinary team for deep brain stimulation, Dr. Cosgrove noted.

Patients can become hypomanic or manic during the surgery or in the acute titration phase. The treatment can quickly improve alertness, reduce anxiety, increase heart rate, and improve patient spontaneity, verbal fluency, and overall expressiveness, Dr. Rezai reported. The study did not include a blinded phase because when the stimulation was stopped, patients quickly became depressed. That raises the issue of potential adverse events should the device’s batteries fail. “The patient dramatically goes into a deep, deep depression—acutely suicidal—and it’s a psychiatric emergency,” Dr. Cosgrove said. The response rate to deep brain stimulation was nearly identical to that seen previously with surgical ablation, he noted. The two should be compared for long-term safety, efficacy, and costs, both in time and money.

“The easiest part of all this is the surgery. There’s an incredible amount of work and time invested in these patients by the psychiatrist doing the programming” for deep brain stimulation, Dr. Cosgrove said. ■ BY SHERRY BOSCHERT, San Francisco Bureau

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