Kay Redfield Jamison, Best-selling Author, to speak at Depression Center Benefit Dinner

Kay Redfield Jamison, author of *An Unquiet Mind* will speak at the University of Louisville Depression Center 2017 Annual Benefit Dinner. She is the Dalio Family Professor in Mood Disorders at the Johns Hopkins University School of Medicine, and co-director of the Johns Hopkins Mood Disorders Center.

She has written more than 125 scientific and clinical articles about mood disorders, suicide, creativity, and lithium. Her memoir, *An Unquiet Mind*, which chronicles her own experience with bipolar illness, was on *The New York Times* bestseller list for five months and translated into thirty languages. Among her other books, *Exuberance: The Passion for Life* was selected by *The Washington Post*, *The Seattle Times*, and *The San Francisco Chronicle* as one of the best books of 2004.

Dr. Jamison’s presentation at the Depression Center benefit dinner will be based in part on her most recent book, *Robert Lowell: Setting the River on Fire*, which was published by Knopf in February 2017 to wide-spread acclaim.

Patricia Bosworth, writing in the New York Times, said that “…perhaps it is Jamison’s personal take on mania that is finally most valuable. She knows the disease from bittersweet experience. She’s been obsessed and absorbed by it, and knows the precarious, deranging altitude to which mania ascends. . . .”

Dr. Jamison will host a book-signing for her new book at 5:30 p.m., just prior to the start of the benefit dinner on the sixth floor of the Muhammad Ali Center, in the View Pointe Hall.

Benefit dinner guests will have access to all exhibits in the Ali Center between 5:00 and 6:00 p.m.

**Setting the River on Fire: Mania, Genius, and Character**

*Presented by*

Kay Redfield Jamison, PhD

Thursday, October 19, 2017, 6-9 p.m.

(Book signing at 5:30 p.m., View Pointe Hall)

Muhammad Ali Center, 144 North Sixth Street

$125/person

*(For tickets, email or call carol.wahl@louisville.edu, 502-588-4886)*


11th Annual Depression and Mood Disorders Conference
Friday, November 10, 2017, 8:15 a.m.-4:30 p.m., Clifton Center

Searching for Solutions:
Advances in the Treatment of Mood and Personality Disorders

Keynote Speakers:

**John Greden, MD**, is Professor of Psychiatry and Clinical Neurosciences, University of Michigan, and Executive Director of University of Michigan Depression Center, and will present "Personalized, Precision Treatments for Depressions and Bipolar Illnesses: The Time has Come!" during the morning keynote presentations.

**G. Randolph Schrodt, Jr., MD**, is Associate Clinical Professor, Department of Psychiatry & Behavioral Sciences, University of Louisville School of Medicine, and Managing Partner and Principal Investigator for TMS Research at Integrative Psychiatry, Louisville, Kentucky. Dr. Schrodt will present "Synapses to Circuits: Neuromodulation of Brain Dysrhythmias in Depression" for his morning keynote.

Workshops:

**Using DBT to Move from Symptom Reduction to Life Change: A Plan to Work**, Kate Comtois, PhD, MPH

**Treatment of Depression in Children and Adolescents**, Chris Peters, MD, Associate Professor, W. David Lohr, MD, Associate Professor, UofL Department of Pediatrics, Division of Child and Adolescent Psychiatry and Psychology

**The Opiate Epidemic: What Can Clinicians Do?**, Erika Ruth, MD, Assistant Professor and Director, Addictions Program, UofL Department of Psychiatry & Behavioral Sciences

**Preventing Treatment Resistant Depression: It May Be Possible**, John Greden, MD

**Helping Families Heal After a Suicide Attempt: Clinical and Family Systems Approaches**, Stephen S. O’Connor, PhD, Assistant Professor, UofL Dept of Psychiatry & Behavioral Sciences, Laura Frey, PhD, LMFT, Assistant Professor, Couple and Family Therapy, Kent School of Social Work, University of Louisville

**Treatment of Perinatal Depression: From Conception Planning Through Pregnancy to the Postpartum Period**, Kathy Vincent, MD, Professor and Vice-Chair for Education, Jessica Reis, MD, Instructor, UofL Dept of Psychiatry & Behavioral Sciences

How to register


Registration fees

Non UofL Healthcare professionals: $100
UofL Physicians, Nurses, Residents, and students: Free
DEPRESSION AND YOUTH

These are complicated times and the indicators of stress suggest that people are suffering. The world’s level of perpetual uncertainty and violence has become a daily norm. The United States has struggled economically, politically, and has been strained with chronic military demands, ongoing substance dependence crisis, and homicide rates that are rising in some cities. Another area of concern is that the second leading cause of death in 15 to 34 year olds is suicide; it is the third leading cause of death in 10 to 14 year olds. This frightening fact acknowledges that families are experiencing chronic and severe stress. Each generation has had its challenges and current times are no different. Families are struggling to help their children navigate developmental paths.

If we look at depression in adolescents, it is occurring at a 12-month prevalence rate of 12%. This means that approximately one out of ten teenagers is struggling with Depression. Youth have increasing demands at even younger ages. Families push children to do more at younger ages. Children are overscheduled at times and other children get lost with eyes on screens. Families struggle to stay healthy and balanced. Parents find themselves struggling with their own health, which models for their children. Bullying and cyberbullying remain significant insults to mental well-being.

It is important to monitor our young people for changes in their functioning. Are they eating and sleeping in their usual fashion? Have they stopped smiling and enjoying activities? Are they isolating themselves? Are they using destructive ways to manage life and cope with stresses (i.e. drugs, promiscuity, cutting)?

A depressed youth will not succeed in school, may not show up for responsibilities, and may approach voiced concern with disdain and anger. What should parents do?

Parents should act instead of wait, seek advice from the youth’s Primary Care Physician, discuss concerns with a trusted family member or friend, seek support from a spiritual leader, or reach out to mental healthcare providers. Major Depression is one illness that children and adolescents can develop, but thankfully, there are good treatments. There is evidence to validate certain treatments for depression. Psychotherapy (i.e. Cognitive Behavioral Therapy) and anti-depressant treatment have been shown to be effective for Major Depression in children and adolescents. Also, family engagement in treatment and parental health and wellbeing are important factors in treatment and ultimately the youth’s response to treatment. Parents may have their own concerns about a struggling child leading to internalizing a feeling of inadequacy. Thus, it remains vital for families to reach out for help.

The UofL Depression Center remains dedicated to advance the identification and treatment of Major Depression and other mood illnesses in people of all ages. The Bingham Clinic is dedicated to helping families and youth heal and flourish in the face of mental health challenges.

Additionally, the UofL Kosair Charities Pediatric Clinical Research Unit at Norton Children’s Hospital is conducting a study sponsored by Allergan, to evaluate the safety and effect of Levomilnacipran ER in adolescent patients with Major Depression Disorder. For additional information, contact Trisha Aponte 502-629-5539, tnapon01@louisville.edu.

- Christopher K. Peters, MD, Bingham Clinic, Associate Professor, Training Director, Division of Child and Adolescent Psychiatry Residency Program, Department of Pediatrics, Uof L School of Medicine, Sports Psychiatrist.

HEALTHCARE QUALITY MEASUREMENT IN KENTUCKY

How well do primary care and pediatric clinics in Kentucky treat depressed patients? This is a complicated question to address when you consider that providers may choose to measure depression in a variety of ways. While each patient is unique and providers may have their own preferences for depression care management, use of different methods for measuring depression makes it challenging to determine the effectiveness of care throughout the commonwealth. At the same time, it’s important to avoid adding costly and/or time consuming methods of measurement and reporting that may undermine providers’ and clinics’ ability to provide high quality healthcare. To address this problem, a new project called the Measurement Initiative-Kentucky (MIK) has been created that draws upon the expertise of local and regional stakeholders, including our own University of Louisville Depression Center.

The Kentucky Health Collaborative (KHC) and the Kentucky Department of Medicaid Services (KDMS) have teamed up to lead the MIK, with the goal of developing a common measurement set to be implemented in clinics throughout Kentucky. In addition to depression outcomes, there may also be an emphasis on care transitions after inpatient psychiatric hospitalization and substance use referral and follow-up. The MIK will also include outcomes specific to pediatrics, acute care, chronic care, and preventive care. Each of these areas of emphasis has a subcommittee that will meet periodically in the coming months to reach consensus and make recommendations on a final set of quality measurements. Dr. Stephen O’Connor has joined the MIK Behavioral Health Subcommittee that will offer guidance on the selection of healthcare quality measures pertaining to depression, continuity of care, and substance use.

In addition to their work leading the MIK, the KHC (http://www.khcollaborative.org/) has worked for the past decade to provide indicators of Ambulatory Care to residents in the greater Louisville region. The KHC has developed an interactive website, http://www.gohealthshare.com/ that currently enables people to compare primary care and women’s health groups, and to compare hospitals and find providers. Antidepressant adherence measures (both acute and continuous) will soon be incorporated into the gohealthshare.com website, which will enable consumers to compare this indicator of depression care management among clinics throughout the greater Louisville region. It may be possible in the future to also include the measurements that will be recommended for the MIK project, but antidepressant adherence is certainly a great start.

- Stephen S. O’Connor, PhD, Assistant Professor, UofL Department of Psychiatry & Behavioral Sciences.
The University of Louisville Depression Center provides an interdisciplinary, multi-faceted approach to depression treatment through clinical services, research, and community and professional education. And through its involvement with the National Network of Depression Centers, the UofL Depression Center is part of a comprehensive and far-reaching effort to develop newer and more effective therapies. Together we are building the knowledge to improve the treatment of depression, bipolar illness, California, San Francisco, they will explore the impact of several depressive symptoms on telomere length. Telomeres, which are DNA-based structures in chromosomes, can be shortened by a variety of biological processes, including aging. And when shortened can increase the risk for diseases such as depression and cancer.

Findings of this study could lead to new directions for treatment of depression and cancer. Possible modifications in treatment could include specific targeting of methods to generate positive self-attitudes, reduced guilt, and heightened self-compassion - psychological functions that may influence telomere length and genetic resilience.

### Congratulations—

Dr. Jesse Wright, Director of the UofL Depression Center, and his family have established an endowment to support research on depression and other mood disorders. The first award from this endowment was made on July 1, 2017 to Chelsea Siwik, doctoral student, and Professor Sandra Sephton, Ph.D., from the Mindfulness and Biobehavioral Health Laboratory, Department of Psychological and Brain Sciences at the UofL.

Ms. Siwik and Dr. Sephton will utilize this grant to study the proposed link between depression and genetic changes in patients with cancer. Using the laboratory of a Nobel Prize winner, Dr. Elizabeth Blackburn at the University of Louisville, they will explore the impact of several depressive symptoms on telomere length. Telomeres, which are DNA-based structures in chromosomes, can be shortened by a variety of biological processes, including aging. And when shortened can increase the risk for diseases such as depression and cancer.

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### Welcome New Faculty.....

**Jessica Reis, MD**

Dr. Reis completed medical school and residency training at the University of Louisville School of Medicine. She joins the department as an adult outpatient psychiatrist working at the University of Louisville Physicians Outpatient Clinic and at Campus Health on the Health Sciences Campus. Dr. Reis is also serving as the Associate Program Director for the psychiatry residency program. Special interests include the treatment of addiction, ADHD and women’s mental health. In her free time, Dr. Reis can be found spending time with her family and enjoying the outdoors.

**Eugenia Brikker, MD**

Dr. Brikker completed her undergraduate education at Bellarmine University with a BA in Economics and a minor in Accounting. She completed her medical education and residency in psychiatry at the University of Louisville School of Medicine. Dr. Brikker will be joining the faculty with the Department of Psychiatry as the Director of Medical Student Education and as clinical faculty with ULP Physicians. In her spare time, she enjoys practicing yoga, traveling, and going on photo adventures.