

2019 FALL/WINTER NEWSLETTER

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DR. CHARLES RAISON, NATIONAL MENTAL HEALTH EXPERT, TO SPEAK AT DEPRESSION CENTER BENEFIT DINNER

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Charles Raison, M.D., will be the guest speaker at the 2020 UofL Depression Center benefit dinner, April 21, 2020. Dr. Raison is the Mary Sue and Mike Shannon Chair for Healthy Minds, Children & Families in the School of Human Ecology and a Professor in the Department of Psychiatry at the University of Wisconsin-Madison. Dr. Raison has written and published over 100 scientific papers, review papers, and edito-

rials. He has written two books, most recently, *The New Mind-Body Science of Depression*, published by WW Norton in 2017. Dr. Raison has received research funding from the National Institute of Mental Health, National Center for Complementary and Alternative Medicine, and the Centers for Disease Control and Prevention. His visionary work focuses on the treatment of depression in response to illness and stress, translating neurobiological findings into novel interventions. In addition to his activities at the University of Wisconsin-Madison, Dr. Raison is the mental health expert for CNN.com. The benefit dinner is scheduled for **Tuesday, April 21, 2020**, 6-9 p.m., at the Muhammad Ali Center.

**Supercharged!
The New Mind-Body Science of Depression"**

Presented by
Charles Raison, M.D.

April 21, 2020
Muhammad Ali Center
6-9 p.m.
\$125/person

Watch our website in coming months for ticket information,
www.louisville.edu/depression
or call
502.588.4886

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Successful Annual Conference

The 13th annual Depression Center Conference was held November 7-8, 2019 drawing over 165 area professionals to the all-day conference on Friday, November 8. Keynote speakers included Linda Carter Sobell, PhD, Co-Director, Healthy Lifestyles Guided Self-Change Program, Nova Southeastern University, Susan McElroy, MD, Director of Lindner Center of HOPE at University of Cincinnati, and Randolph M. Nesse, MD, Director, Center for Evolution Medicine at Arizona State University. Dr. Sobell also gave a community presentation on Thursday, November 7th titled, "Improve Your Communication Skills."

TELEPSYCHIATRY IN KENTUCKY: INNOVATION IN PSYCHIATRIC TREATMENT



Dr. Robert Caudill, an internationally recognized expert in telepsychiatry and faculty member at the University of Louisville, has been leading the effort to maximize the potential of telepsychiatry to improve delivery of effective treatments throughout the State of Kentucky. He notes that Kentucky Senate Bill 112 that established parity of payment for psychiatric services delivered by video took effect on July 1, 2019. Senate Bill 112 allows for reimbursement of services delivered into non-clinical settings such as patient homes and thus begins to tap some of the ultimate potential of

telepsychiatry.

In September, Dr. Caudill traveled to New York where he gave a well-received presentation on incorporating telepsychiatry into established psychiatric practices to members of the Brooklyn Psychiatric Association. While many cutting edge technology developments are often associated with coastal regions (Silicon Valley and the US Northeast), telemedicine innovation has largely been driven by rural states such as Kentucky with specific needs and progressive regulatory environments. Kentucky continues to successfully serve as a productive laboratory for this innovative work.

At the University of Louisville we continue to engage psychiatry resi-

dents in telepsychiatry activities. Beginning in year two, residents have opportunities to perform psychotherapy with established patients directly to the patient's home over secure, cloud-based, videoconferencing technologies.

Fourth year residents have a dedicated four-hour block of time each week to work together with a faculty member providing psychiatric services to rural Kentucky clinics via videoteleconferencing. As a result, the residency program at UofL is seen as highly desirable by candidates seeking early and meaningful experiences of incorporating technology into their practices. Each year, residents finishing the program are able to begin independently seeing patients with telepsychiatry whether by aligning with an established telemedicine firm or establishing their own contacts.

....Robert A. Caudill, M.D., UofL Department of Psychiatry and Behavioral Sciences

WHY IS ALCOHOL USE DISORDER SO COMMON IN PATIENTS WITH BIPOLAR ILLNESS, AND WHAT DOES THE MECHANISM TEACH US ABOUT BIPOLAR DISORDER?

Alcohol misuse is very common in patients with type I bipolar illness. In the National Comorbidity Study, alcohol dependence occurred in 65% of people with type I bipolar disorder. This remarkable overrepresentation of misuse of a particular substance, has led to the "self-medication hypothesis." Work at the Mood Disorders Laboratory at the University of Louisville Depression Center led to the first biological evidence supporting the self-medication hypothesis.

These studies employed a novel cellular model with olfactory neuroepithelial progenitor (ONP) cell lines obtained by biopsy from people with type I bipolar illness. When these cells are treated with glutamate, a neurotransmitter thought to be involved in mood disorders, the intra-

cellular sodium concentration increases. Lithium, used at therapeutic levels, normalizes the intracellular sodium concentration only in cells obtained from bipolar patients. Interestingly, ethanol at intoxicating concentrations also normalizes the intracellular sodium concentration only in cells obtained from bipolar patients.

What is the mechanism by which both ethanol and lithium normalize abnormalities brought about by excessive amounts of glutamate, and why only in cells from bipolar patients? These are some of the questions we sought to answer with new research sponsored by Jesse H. Wright, M.D., Research Endowment Fund at the UofL Depression Center.

The results of these new studies suggest that the alcohol effect is not mediated through the sodium pump in individual cells. However, the researchers were able to replicate previous findings of ethanol induced reductions in intracellular sodium levels in patients with bipolar disorder. They conclude that there are abnormalities of the sodium pump mechanism in bipolar disorder that should be investigated in further research.

....Rif S. El-Mallakh, M.D. and Yonglin Gao, M.D., UofL Department of Psychiatry and Behavioral Sciences

DID ABRAHAM AND MARY TODD LINCOLN HAVE PSYCHIATRIC ILLNESSES?



The psychiatric histories of Abraham Lincoln and his wife Mary Todd Lincoln raise fascinating questions about the nature of psychiatric diagnosis, how those diagnoses are viewed through cultural lenses, and how they may change over time. An important question is whether modern diagnostic constructs should be applied to historical figures. The historical record may be incomplete or distorted, and the reporters may be biased. Also, manifestations of psychiatric disorders may change over time as cultures evolve.

Abraham Lincoln experienced a difficult childhood on the frontier with a father who disapproved of his son's schol-



arly activities. He suffered several traumas including the death of his mother and a beloved older sister. Before he became president, Abraham and Mary Todd Lincoln were traumatized by the loss of a son, Edward ("Eddie"). And during the White House years, when Abraham was dealing with the most difficult period in American history, they lost a second son, Willie. After the assassination, Mary Todd endured the loss of a third son, Thomas ("Tad"). Abraham is believed to have experienced several prolonged periods of depressive symptoms, one after the death of a female friend and possible romantic interest and another after ending his first engagement to Mary Todd.

The case of Mary Todd Lincoln, who was involuntarily committed to a psychiatric hospital in Illinois several years after the assassination, continues to attract controversy. She had long been a moody person, and after the assassination she exhibited seemingly delusional and suicidal thinking. She has been retroactively diagnosed by some with bipolar disorder, among other conditions.

Mary Todd was a controversial figure. The daughter of a wealthy Lexington slaveholder, she hosted a relative, the widow of a Confederate officer, in the White House during the war, and was widely condemned in Washington and throughout the North. She had enemies in Congress who investigated her for spending lavishly on redecorating the White House. And after Willie's death, Mary held seances in the White House, which invited public disdain.



Mary Todd Lincoln's case also has been viewed through the prisms of feminism and anti-psychiatry. Was she treated fairly, especially by men in politics and the press? Should a diagnostic label be given to one who may be reacting to overwhelming stress?

...David A. Casey, M.D.

Chair, UofL Department of Psychiatry and Behavioral Sciences

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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, and related problems.



For more information about NNDC, visit <https://nndc.org>

DR. STEPHEN O'CONNOR TAKES NEW POSITION AT THE NATIONAL INSTITUTE OF MENTAL HEALTH

After spending the past 4 years in the Department of Psychiatry and Behavioral Sciences at the University of Louisville, Dr. Stephen O'Connor has accepted a new position at the National Institute of Mental Health (NIMH) as a Health Scientist Administrator/Program Officer in the Division of Services and Intervention Research. In essence, the National Institutes of Health (of which NIMH is one of 27 Institutes) is tasked with funding and conducting research on the most pressing public health issues for our country.

In Dr. O'Connor's new role, he will manage a portfolio of NIMH research grants on the topic of suicide prevention and health services research. This position provides the opportunity to help set funding priorities and work with the very best scientists to address our country's rising suicide rate.



Dr. O'Connor notes that decision to leave has been difficult, but he is able to look back with pride on the good work accomplished at the UofL Depression Center during his time in Louisville. He led three separate treatment studies designed to reduce risk for actively suicidal patients during and following in-

patient hospitalization. Additionally, he secured federal and foundation funding to conduct research specific to veteran suicide prevention, as well as contracts with GE Appliances and the Kentuckiana Health Collaborative to address barriers to mental health treatment among youth and families in Kentucky. And his quality improvement initiative on use of Safety Planning resulted in significant improvements in medical students' attitudes towards suicide prevention.

We are grateful for Dr. O'Connor's fine work at the UofL Depression Center and wish him the best in his new position at NIMH where he will have a large impact on national efforts for reducing the risk of suicide.