

2017 SPRING NEWSLETTER

UNIVERSITY OF LOUISVILLE DEPRESSION CENTER

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

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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.

Dr. Jamison is co-author of the standard medical text on bipolar disorder, which was chosen as the most outstanding book in biomedical sciences by the American Association of Publishers. 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 2017 to widespread 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. . . ." *Mania can fire ambition, steel the nerve and give high wind to imagination. Or, as Lowell himself once put it, Darkness honestly lived through is a place of wonder and life.*

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

Presented by

Kay Jamison Redfield, PhD

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

Muhammad Ali Center, 144 North Sixth Street

\$125/person

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

KETAMINE: NEW HOPE FOR TREATMENT RESISTANT DEPRESSION

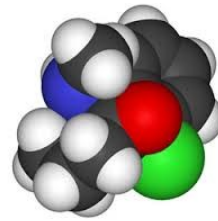
We expect well-informed treatment for cancer or heart disease; it matters no less for depression.

-Kay
Redfield
Jamison

Ketamine is a drug that was used in Vietnam War as an anesthetic. More recently, researchers have discovered that ketamine blocks a brain receptor called NMDA, part of the glutamate neurotransmitter system. This action is believed to be the origin of its antidepressant effect.

Although studies have found that ketamine has a dramatic and very rapid effect on reducing depressive symptoms, there are several problems with this drug, including the need to give it intravenously and a risk for causing hallucinations and other disturbances of perception. There has been a great increase in research on this drug because it may have unique potential for breakthroughs in treatment of depression.

Unlike other drugs for depression, ketamine works very quickly. But its positive effects usually disappear within 7-10 days. Thus, there are efforts underway to discover the exact mechanism of action of the drug and to develop similar medi-



cines that can be taken orally, last longer, and don't have the potential side effects of ketamine.

The most common side effects of ketamine are drowsiness, dizziness, poor coordination, blurred vision, and feeling strange or unreal. These side effects may happen in the first 4 hours after infusion but usually disappear afterwards. Other side effects include elevated heart rate and/or blood pressure. So, close supervision during ketamine administration is essential. Also, there are concerns about this drug's abuse potential. It is used by some people as a street drug (sometimes called "Special K") to alter sensation and "get high." Doses used for treatment of depression are substantially lower than the amounts used by drug abusers.

The UofL Department of Psychiatry is currently offering this novel treatment for patients who have been battling depression for many years and have not responded to many other treatments. It is given in an inpatient setting under the supervision of a licensed anesthesiologist.

Researchers are working on ways to reduce the side effects and abuse potential of ketamine or ketamine-like medications and lengthen the time of response. A recent investigation published in *Nature* identified a specific metabolite of ketamine that is responsible for its robust antidepressant effect without the side effects of the parent compound. However, this isolated metabolite is not yet available for use in humans.

- Hassan Khidr, MD, Psychiatry resident, and Rif El-Mallakh, MD, Professor, UofL Department of Psychiatry & Behavioral Sciences

LINKS TO LOCAL MENTAL HEALTH ORGANIZATIONS

National Suicide Prevention Lifeline

1-800-273-8255—visit

www.suicidepreventionlifeline.org

American Foundation for Suicide Prevention (AFSP) - visit

www.afsp.org for Louisville local chapter

Depression and Bipolar Support Alliance (DBSA) - visit

www.DBSALouisville.org

National Association for Mental Illness-Louisville—visit

www.namilouisville.org

Mental Health America of Kentucky—visit www.mhaky.org

DOES THE WEATHER AFFECT PEOPLE'S BEHAVIOR?

Research at the University of Louisville's Depression Center has found that weather can influence some aspects of behavior. Researchers at the University of Louisville found that when atmospheric pressure is low, people are more likely to act in an impulsive fashion. Specifically, researchers found that low atmospheric or barometric pressure is associated with more violent acts and greater use of the psychiatric emergency room.

Recently we added to those findings by examining suicide records from Jefferson County over an 11-year period. Examination of a long time period allowed the investigators to have enough data to see if a relationship really exists. Over the 11 years of the study, there were 714 completed suicides in Jefferson County. Weather variables were obtained from

the Louisville Office of the National Weather Service. In addition to studying barometric pressure, we also investigated temperature and whether the days were sunny or cloudy.



The only variable that correlated with completed suicides was the barometric pressure. Sunny or cloudy conditions were not related to suicide risk, neither was the temperature. However, low barometric pressure had a small, but significant association. Low pressure is often associated with windy conditions and bad weather or impending bad weather. Researchers in Finland have previously found that low pressure conditions are associated with suicide attempts.

The study from the University of Louisville's Depression Center is the first to find a relationship in North America, and the first to show that low barometric pressure is associated with actual completed suicides, not just suicide attempts. This information will not help clinicians prevent suicide. The information is not specific enough, but it will eventually help scientists understand different aspects of behavior, how the brain interacts with the environment, and what aspects of the environment have the greatest impact on the brain. The study was presented in 2017 at the National Network of Depression Centers meeting in Denver, Colorado, and at the International Society of Bipolar Disorders meeting in Washington, DC.

- Rif El-Mallakh, MD, Professor, UofL Department of Psychiatry & Behavioral Sciences

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Thank you to
Humana Behavioral
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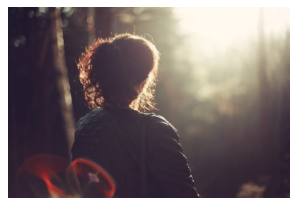
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ZERO SUICIDE PROJECT

The Zero Suicide project is coming to Louisville. Based on successful programs in other communities, such as initiatives at the Henry Ford Hospital system in Detroit, the *Humana Bold Moves Against Suicide* project is working with community partners, including the University of Louisville Depression Center, to use effective measures to save lives. Drs. O'Connor and Wright from the UofL Depression Center are leading the Zero Suicide

project at the UofL and are working with others to coordinate a community-wide effort.

A Suicide Prevention Summit, held in November 2016, was successful in engaging a large number of organizations and helping participants learn key principles of suicide risk reduction. The Zero Suicide framework includes improvements in identifying and assessing suicidal individuals, provid-



ing evidence-supported treatments, ensuring smooth transitions of care, and improving data collection to promote quality improvements over time.

At the UofL Depression Center, Dr. O'Connor is collaborating with directors of inpatient units, Emergency

Psychiatric Services, and consultation-liaison psychiatry to develop a systematic implementation of Zero Suicide methods. With funding from an anonymous donor, the Center will soon embark on a quality improvement initiative to make the Zero Suicide program a part of routine clinical care.

- Stephen S. O'Connor, PhD, Assistant Professor, UofL Department of Psychiatry & 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.

UofL Depression Center Eleventh Annual Conference
Searching for Solutions:
Advances in the Treatment of Mood and Personality Disorders

The most popular mental health conference in this region will convene again on November 10th at the Clifton Center in Louisville. Clinicians will be treated to presentations by some of the world's experts on mood and personality disorders. Featured speakers will include John Greden, M.D., Founding Chair of the National Network of Depression Centers and a leading authority on advanced treatments for depression, Kate Comtois, Ph.D., Professor of Psychiatry at the University of Washington and master teacher and researcher on dialectical behavior therapy (DBT), and G. Randolph Schrod, Jr., M.D., a perennial "Top Doc" and managing partner of Integrative Psychiatry – a premier Louisville private practice.

Keynote presentations will cover some of the most exciting and clinically useful topics in contemporary mental health practice:



**Personalized, Precision Treatments
for Depressions and Bipolar
Illnesses: The Time has Come!**

John Greden, M.D.



**Dialectical-Behavior Therapy
in Action: Core Principles and
Methods**

Kate Comtois, Ph.D., MPH

**Synapses to Circuits:
Neuromodulation of Brain
Dysrhythmias in Depression**

G. Randolph Schrod, Jr., M.D.

