

2018 SPRING NEWSLETTER

UNIVERSITY OF LOUISVILLE DEPRESSION CENTER

Depression and Anxiety Disorders 2018: Translating Science Into Clinical Practice

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The Twelfth Annual Conference of the University of Louisville Depression Center, November 1st and 2nd, 2018, will feature leading experts on the practical application of scientific findings in solving difficult clinical problems. Keynote presentations and interactive workshops will be given by David A. Clark, Ph.D., Chair of Experimental Psychology at Oxford University in England, Mark M. Frye, M.D., Chair of the Department of Psychiatry at the Mayo Clinic, and Laura Wright McCray, M.D., Associate Professor and Director of Residency Training in Family Medicine at the University of Vermont.

Dr. Clark, the world's leading expert on cognitive-behavior therapy for anxiety disorders, will lead off the conference with a public talk, **Thrive: How Psychological Therapies Transform Lives and Save Money**, on Thursday evening, November



1st. For the professional conference on November 2nd, he will lecture on **Social Anxiety Disorder: Why Is It So Persistent? What Does That Tell Us About Treatment?** and offer a workshop on **Cognitive Therapy for Social Anxiety Disorder in Adults and Adolescents**. He is widely known as an engaging speaker who helps clinicians burnish their therapy skills.

Mark Frye, M.D., an influential researcher and clinician, has centered his investigations on



genomics, proteomics, and brain imaging of mood disorders and alcoholism. He established the Mayo Clinic Individualized Medicine Biobank and is searching for new approaches to problems in treatment of psychiatric conditions. His keynote presentation will be on **Biomarkers That Can Potentially Inform Clinical Practice & Drug Development in Mood Disorders**, and he will give a case-based workshop on **Best**

Practice and Better Practice 2018: Difficult-to-Treat Mood Disorders.

Dr. McCray, a family physician who completed a re-



search fellowship at the University of Pennsylvania on primary care applications in

mental health, will share her expertise on the interface of medical and psychiatric disorders — **Bridging the Divide: The Intersection of Mental Health and Primary Care** and stress management in clinical practice — **Burned Out? Tools for Promoting Wellness in Clinicians and Their Patients**. These presentations should be of special interest to those who work in medical settings or wish to learn more about positive mental health and the interplay between physical and psychiatric illnesses.

National Network of Depression Centers

>Centers of Excellence

Baylor College of Medicine
Brigham & Women's Hospital-Harvard Medical School
Weill Cornell Medical College
Duke University
Emory University
Johns Hopkins
Mayo Clinic
McLean Hospital-Harvard Medical School
Ohio State University
Medical Univ of South Carolina Institute of Psychiatry
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University of California San Francisco
University of Cincinnati
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University of Iowa
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THE BENEFITS OF EXERCISE

...David A. Casey, M.D., Professor and Chair, UofL Department of Psychiatry and Behavioral Sciences

I frequently peruse one of my favorite medical journals, "The New York Times", which has devoted an increasing amount of attention to articles exploring the effects of exercise on



various aspects of aging, both mental and physical. Virtually all of these articles are prompted by important new studies published in leading journals.

These reports affirm that exercise across the lifespan can preserve vigor, cognition, and quality of life while delaying the effects of aging. Even modest exercise can enhance mood and functioning while having a measurable impact on physical health. Some studies in this field have suffered from lack of rigor, including the difficulties of separating causation from coincidence. Nevertheless, the growing number of studies with similar conclusions commands our attention. In my field of geriatric psychiatry, the impacts of exercise on dementia and depression are especially important.

Changing lifelong patterns of behavior is not easily accomplished. However, as attested by the dramatically reduced rates of smoking in the United States since the 1960s, change is possible, especially by capturing the imagination of young people who still are in the process of forming their beliefs and habits regarding health. In the 1970s and 80s, when the current boom of running and other forms of exercise was getting underway, the idea was that one had to reach a sustained elevated heart rate for at least 20 minutes, three times



a week, in order to have a health benefit. While there may be some truth in this idea, it misses the point for many people who are unable or uninterested in this level of exercise. Unfortunately, many people were dissuaded from exercise, erroneously concluding that more modest physical activity such as walking or gardening would not be beneficial. Another factor may be our emphasis on competitive rather than par-

ticipatory sports during our school years. We do not have a tradition of building habits of lifelong, sustainable physical activity.

Where do we go from here? Physicians may be skeptical about influencing attitudes about exercise, and believe they do not have the time to address this issue with their patients. However, studies have shown that patients take such advice seriously, and at least some patients will make lifestyle modifications if advised by their physicians. Finally, our medical

education curriculum does not emphasize the medical impact of lifestyle choices such as exercise. Hopefully, the future will bring changes in attitudes among the public, physicians, and medical educators.

UofL DEPRESSION CENTER BEGINS TO IMPLEMENT SUICIDE RISK REDUCTION STRATEGIES

....Stephen O'Connor, Ph.D., Assistant Professor, UofL Department of Psychiatry and Behavioral Sciences, and Associate Director, UofL Depression Center

The University of Louisville Depression Center has begun to implement quality improvement efforts focused on suicide prevention at the University of Louisville Hospital and Norton Hospital inpatient psychiatry units. The primary aims of these efforts are to systematize the use of screening, assessment,



and treatment strategies to address suicide risk in the patients treated in an acute care setting, and to enhance the

continuity of care for with healthcare providers in the community. This work is especially important because the risk for suicide has been shown to be 100 times greater than the general population in the first 3 months for all patients who are discharged following hospitalization, and even higher for those who are hospitalized for concerns related to suicidal thoughts and behaviors. In an effort to ensure that the changes to standard of care are maintained over time, a rigorous approach to training and surveillance of suicide risk reduction strategies is being developed. Implementation

of our inpatient psychiatry programming is in line with the efforts of other healthcare organizations in Louisville to implement



what is known as Zero Suicide, a policy approach that emphasizes comprehensive reforms to prioritize suicide prevention.

In addition to our work in the inpatient psychiatry setting, we are also developing ways to support suicide attempt survivors and

family members, and significant others following hospital discharge. Drs. Stephen O'Connor and Laura Frey are collaborating on a project to combine aspects of the Collaborative Assessment and Management of Suicidality to help patients and family members and significant others move forward together after a suicide attempt. Thirty patients and family members and significant others will be recruited over the next year for the research study, which will involve 8-12 weeks of therapy and follow-up assessments of clinical symptoms at 1- and 3-months post-hospitalization.

TELEPSYCHIATRY BRIDGES TREATMENT GAPS

....Robert Caudill, M.D., Associate Professor, UofL Department of Psychiatry and Behavioral Sciences, Director of Residency Training and Telemedicine and Information Technology Programs

The University of Louisville Department of Psychiatry and Behavioral Sciences is pioneering delivery of mental health services through secure telemedicine links to community centers throughout the state of Kentucky. Using technological advances, psychiatrists at the UofL have clinical sessions by video with patients in rural areas and other parts of the state where access to psychiatric treatment can be difficult to obtain.

The state of Kentucky has promoted the development of telepsychiatry programs because it was among the first to

establish parity between telehealth services and in-person care in community mental



health centers. Although this forward thinking policy has enabled university-based psychiatrists to provide high standard care to patients who live in outlying areas, patients must come to a community mental health center or other medical facility to use the

telepsychiatry services. At the present time, insurers are not paying for telepsychiatric

treatment delivered directly to patients in their homes or other non-medical sites. However, there is growing evidence from research studies showing effectiveness of telepsychiatry. And it is hoped that the convenience and enhanced access of this method will lead to appropriate insurance coverage and more wide-spread use.

Dr. Robert Caudill, Associate Professor of Psychiatry, is the chair of the Telemental

Health Special Interest Group of the American Telemedicine Association and is a founding member of the American Psychiatric Association's committee on telepsychiatry. In his role as Director of the UofL Psychiatry Residency Training Program, he has introduced innovative programs that provide extensive opportunities for trainees to deliver telepsychiatry services under the supervision of experienced faculty. As the delivery of mental health services shifts away from full reliance on traditional office visits, graduates of the UofL psychiatry residency will be prepared to integrate technology into their clinical practices.

UNIVERSITY OF LOUISVILLE[®]

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THE UOFL DEPRESSION CENTER WELCOMES LAUREN GANOTE AS RESEARCH ASSISTANT

Through the generous donation of a community member, Ms. Lauren Ganote has joined our team as a research assistant to support work on suicide risk reduction strategies. Ms. Ganote is a graduate student in the Kent School of Social Work, where she works closely with Dr. Laura Frey. Lauren attended Western Kentucky University where she earned a Bachelors in Music Education. She taught choir and music at Oldham County Middle School for three years before returning to school to pursue her Masters at the University of Louisville. In her spare time, Lauren enjoys reading, singing in her church choir and spending time with family, friends, and her cocker spaniel, Darcy.



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,



National Network of Depression Centers

Congratulations—Dell Medical School at the University of Texas at Austin has been named a Center of Excellence member of the National Network of Depression Centers.

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

In the March issue of *esperanza*....

In the March issue of *bp*....



Dwayne Johnson Opens Up About His Depression

Dwayne Johnson, aka The Rock, overcame depression to scale the heights in pro wrestling and Hollywood. Meditation and gratitude help him stay positive.

<https://www.hopetocope.com>



Get Your Hopes Up

The belief that you and your life can and will get better is a vital part of recovery from bipolar disorder. Luckily, hope is a renewable resource.

<https://www.bphope.com>