

Community Update

A Report to the White Plains Community

Affiliated with Columbia University College of Physicians & Surgeons and Weill Medical College of Cornell University

Local Seniors Help Promote Wellness

Seniors in the greater White Plains community are participating in three major research studies at the Westchester campus at NewYork-Presbyterian Hospital with the goal of enhancing their mental well-being and benefiting their peers in the years ahead. They are volunteering their time to work with researchers in potentially groundbreaking studies at the Weill Cornell Institute of Geriatric Psychiatry, a pioneer and center of excellence in the study of mental health among the elderly, whose ranks are projected to swell with the aging of the country's population.

"So far our studies show that napping significantly improves daily functioning among the elderly."

Patricia J. Murphy, Ph.D.
Associate Director, Laboratory of Human Chronobiology

In the first study funded by the National Institutes of Mental Health (NIMH) and led by the



Robert C. Young, M.D. (center), Professor of Psychiatry at the Weill Cornell Institute of Geriatric Psychiatry, confers with researchers (clockwise) Herbert C. Schulberg, Ph.D., Professor of Psychology in Psychiatry; Patricia Marino, Ph.D., Instructor of Psychology in Psychiatry and Martha L. Bruce, Ph.D., M.P.H., Professor of Sociology in Psychiatry.

Weill Cornell Institute of Geriatric Psychiatry – two commonly used mood stabilizers, lithium and valproate, will be tested for treating patients over the age of 60 who suffer from symptoms that characterize bipolar disorder, formerly known as manic-depressive illness. About 10 million Americans – or approximately 3.3 percent of the total population – have been diagnosed with bipolar disorder. The American Psychiatric Association estimates that the number of elderly patients with bipolar

disorder will grow significantly over the next few decades.

Bipolar disorder involves periods of elevated mood – mania or hypomania – and periods of depression or "mixed" episodes in which patients experience both kinds of symptoms. Examples of manic symptoms are high levels of energy, going without sleep for extended periods, elated mood or irritability, and impulsive or reckless behavior. Patients also may not recognize that they are having symptoms.

So far, more than 80 patients at six study sites – including 19 patients at NewYork-Presbyterian/Westchester Division – have participated in the study. It is being led by Dr. Robert C. Young, a Professor of Psychiatry at Weill Cornell Medical College with more than 30 years of clinical and research experience, whose focus has been the elderly who suffer from severe mood disorders.

Over the course of the nine-week study, participants are closely monitored by a psychiatrist who checks their mood state, measures the level of medication in their blood, and assesses any side effects. "We're finding that studying older adults with bipolar disorder under standardized treatment is feasible and can be well tolerated," Dr. Young explains. "We hope that findings from this study will help physicians better manage the care of their elderly patients."

The second study will validate what some other societies have long known to be true and still practice – that daytime napping

(continued on pg. 2)

"Resident for a Day" Program Teaches Value of Graduate Medical Education

With teaching hospitals relying on state funding for graduate medical education (GME), coupled with a projected physician shortage in the coming years, NewYork-Presbyterian Westchester recently invited local state legislators for a "Resident for a Day" program to underscore the critical importance of GME to the future of hospitals and health care.

Senator Suzi Oppenheimer and Assemblyman Adam Bradley met with Hospital administrators for a briefing on GME and the crucial role it plays in physician training and patient care. They also observed the teaching

process with attending physicians and residents caring for pediatric and geriatric patients.

Currently, New York teaching hospitals are the nation's leader in GME, training over 16,000 medical and surgical residents per year. They also contribute to preparing the lion's share of New York State's practicing physicians – 74%.

GME funding in New York is approximately \$3.4 billion, with 70% coming from the federal government, 20% from New York State's share of Medicaid and 10% from private payers.

(continued on pg. 2)



State Senator Suzi Oppenheimer and Assemblyman Adam Bradley (second and third from left) wear white coats and display certificates of achievement given to them for successfully completing a "Resident for a Day Program." Joining the legislators are Sibel Klimstra, M.D., NewYork-Presbyterian/Westchester Division Director of Education (left) and Philip J. Wilner, M.D., NYP Vice President and Medical Director.

A Message to the Community



Philip J. Wilner, M.D.

Since the Weill Cornell Institute of Geriatric Psychiatry was established 13 years ago, the 'invisible' population of older people in need of the Institute's services has

rapidly grown and will double in size by 2020, rising from 15% percent of the total population today to about 30% percent as the baby boom generation ages. I say 'invisible' because a good percentage of the elderly in our community live alone and many are socially disadvantaged, presenting all of us with the challenge of delivering mental health services to those in need. Indeed, intervention is critical, given the disproportionately high incidence of suicide among the elderly which is often the result of depression that goes untreated.

As a pioneer in treating geriatric psychiatric disorders, the Institute has made great strides in caring for older adults, especially those who are homebound due to illness or disability. As you will read on these pages, the Institute has embarked on new and promising initiatives that are designed to improve the delivery of mental health care in the community. They are unfolding in several major studies on the Hospital's Westchester campus as well as in the homes of the elderly in our area.

In addition, because nurses are often in the best position to recognize signs of depression in the homebound elderly, the Institute has created a first-of-its-kind training methodology to help them screen for late-life depression. This is a promising model to be adopted nationally as the ranks of homebound seniors grow rapidly in the years ahead.

Thanks to our collaboration with the Westchester County Department of Senior Services – now in its fourth year – our mental health professionals have been helping increasing numbers of elderly individuals in their homes. We are grateful for this local resource as well as the federal funding that has made it possible for the Institute to undertake these groundbreaking geriatric mental health research studies. At the same time, we are mindful of how that commitment will have to be substantially increased to meet the needs of the fastest growing segment of the population. Indeed, there's nothing invisible about what this challenge means for our society.

Sincerely,

Philip J. Wilner, M.D.
Vice President & Medical Director

Local Seniors Help Promote Wellness (continued from pg. 1)

can be beneficial to one's well-being. In fact, results so far show that napping significantly improves daily functioning among the elderly. It also doesn't rob them of their nighttime sleep, an area of concern as nearly half of all individuals over the age of 65 complain that they do not sleep soundly during the night.

Over the course of six weeks, volunteers are followed closely with a sleep monitor to measure the effects of a two-hour nap during the daytime. They spend the first two weeks living on campus in accommodations comprised of a private bedroom, kitchen and lounge. In the following two weeks, the schedule is reduced to three consecutive overnights per week at the campus. The volunteers then spend the last two weeks in their homes where they wear a wrist device to measure the effects of both their daytime naps and nighttime sleep and they also keep a daily sleep log.

According to Patricia J. Murphy, Ph.D., Assistant Professor of Psychology and Associate Director of the Laboratory of Human Chronobiology at Weill

Cornell Medical College, "Participants demonstrated an improved alertness and performance by significantly increasing the amount of their daily sleep." She added: "The study also shows there is no significant impact of naps on the quality or duration of nighttime sleep."

The third study will test if it is feasible and beneficial for adults suffering from major depression to participate in an ongoing supportive psychotherapy group. There's already evidence that it might be. Patricia Marino, Ph.D., a psychologist on the Hospital staff who will run the sessions with a social worker, said: "Research has shown that the role of a social network is important in mental health outcomes. I believe this study, will not only further add to that knowledge but, more importantly, will benefit individuals in our community." The plan is to run four psychotherapy groups – each comprising of 8 participants – in 24 weekly sessions. In addition to group psychotherapy, the Hospital also conducts individual psychotherapy and medication management studies on campus.

Relief Is On the Way for Homebound Elderly

The Weill Cornell Institute of Geriatric Psychiatry doesn't believe the homebound elderly should suffer needlessly from depression. In fact, the mission of the Institute's Advanced Center for Intervention and Services Research (ACISR) is to break down the barriers to mental health care for those who especially need it. Its two new research studies are designed to help bring relief to seniors who for the most part are confined to their homes.

In the first study – funded by the National Institutes of Health – individual psychotherapy will be added to the services that some of the community's most disadvantaged elderly receive in their homes. The idea is to test how 12 weeks of psychotherapy may alleviate depression.

A second study will examine if a type of psychotherapy called Problem-Solving Therapy is effective in treating individuals

over the age of 65 with major depression, disability and memory problems. Shown to be effective in treating depression, Problem-Solving Therapy teaches skills to patients for improving their abilities to deal with everyday problems. The therapy is based on the premise that when people have a positive experience with problem-solving, it promotes a growing sense of mastery and self-control, resulting in a reduction of depressive symptoms. The 12 weeks of therapy sessions will be available to participants of any income level.

Since 2003, the Hospital has been collaborating with the Westchester County Department of Senior Services to help bring mental health relief to the homebound elderly. The Hospital is also an active member of the Westchester Geriatric Mental Health Coalition which is developing effective and sustainable strategies to help treat late-life depression.

Interested in Participating in a Study?

The Geriatric Psychiatry Institute at NewYork-Presbyterian Hospital offers treatment opportunities for eligible individuals who participate in its studies. Participants receive free transportation, free magnetic resonance imaging (MRI), and free treatment with medication or psychotherapy.

To participate in one of the four research studies described in this issue of *Community Update* please call the telephone numbers listed below.

Bipolar Disorder Study:

Call (914) 997-4331
or (800) NYP-1902 for a free, confidential bipolar screening.

Sleep Study:

Call (914) 997-5825.

Note: Married couples may participate together.

Group Psychotherapy:

Call Dr. Patricia Marino
(914) 997-8691

Homebound Research Studies:

Call Dr. Joanne Sirey
(914) 997-4333

(continued from pg. 1)

"Resident for a Day" Program...

Willa Brody, MSW, JD, Director of Government Relations, NewYork-Presbyterian Hospital, said, "Cutting this funding could severely undermine our health-care system, considering that by 2020 the supply of physicians in the U.S. is expected to decline to about one million, while the demand is likely to grow to as much as 1.24 million. That would create a significant shortage of physicians."

She added: "It's important for legislators to recognize the critical role of graduate medical education, particularly the incredible amount of resources it takes to train resident physicians."

For Rita Traver, Life Starts at 83

Sixty is a good time to start a new career. Just ask Rita Traver who did exactly that in 1984 when she joined NewYork-Presbyterian's Westchester Division as an office temp. As one of her duties in the accounts payable department, she started to relieve the cashier for lunch, gradually learning the responsibilities of that position. Two years later, she became the Hospital's new cashier when the former one left, a position she has since held. At 83, Rita isn't thinking of retirement. "My doctor keeps telling me to work," Ms. Traver said.



Rita Traver

As cashier, she is responsible for managing about 30 patient accounts as well as distributing a weekly payroll to 150 members of the Hospital staff. In her high visibility position, Ms. Traver has come to know just about everyone who works here, a recognition she enjoys immensely. "What I love most about this job are the people I meet every day."

In addition to working full-time on a job that has her on her feet most of the time, Ms. Traver drives to and from work by car. She says, "Some of my colleagues who drive behind me kid me that they can't see my head as if I were a retired Floridian" She enjoys traveling throughout the U.S. and finds crossword puzzles and handicrafts excellent ways of staying sharp. Her four children,

five granddaughters, two great grandsons and one great granddaughter give her plenty of familial love and stimulation. Since her husband, John, passed away 12 years ago, Rita has been living with one of her daughters in Yonkers.

Except for taking time off for parenting, Ms. Traver has worked most of her life including a two-year stint with the U.S. Navy, in the middle of World War II. As a Yeoman First Class, she was one of about 3,000 female service personnel who were assigned to the Pentagon and recalls how all of the women lived in barracks facilities in nearby Arlington. With the end of the war, she married and started her family here in Westchester. Prior to joining the Hospital, she had been working for a mail order house in White Plains.

When asked if she had a personal philosophy that's informed her remarkable life thus far, Rita replied: "You live your life but don't criticize others."

Researcher Creates Tool to Detect Depression in Elderly

Nurses are often in the best position to detect signs of depression among the homebound elderly. But, until now they've had difficulty distinguishing between older patients who have a depressive disorder and those who do not. Thanks to a training model



Martha L. Bruce, Ph.D., M.P.H., shows training video to help nurses recognize signs of depression in the homebound elderly.

developed and tested by researchers at the Weill Cornell Institute of Geriatric Psychiatry at NewYork-Presbyterian-Westchester Division, nurses will be able to more effectively recognize signs and symptoms of depression and make sure their patients get the proper treatment.

"The results of the five-year National Institutes of Mental Health (NIMH)-funded study could not have come at a better time," says Martha Bruce, Ph.D., M.P.H., Professor of Sociology in Psychiatry at Weill Medical College of Cornell University and the principal investigator of the study. She continued: "Depression among the elderly takes a high toll. Though they represent only 13% of the population, the elderly account for 18% of all suicide deaths."

In keeping with the Hospital's tradition of working closely with community-based services to improve the treatment and outcomes of depression in elderly patients, the study was undertaken in collaboration with three Westchester-based certified agencies: Visiting Nurse Services in Westchester, The Visiting Nurse Association of the Hudson Valley and Dominican Family Health Services. More than 400 nurses from these agencies underwent a 5-hour training program with instruction on how to evaluate behavioral signs of depression in elderly patients.

The training included traditional instruction, role playing, tool kits and the use of a video that illustrates various scenarios in which depressive feelings are reported or observed in the patient. The feelings watched for are depressed mood (e.g., feeling sad, tearful), a sense of failure or self-reproach, hopelessness and recurrent thoughts of suicide. The nurses are taught to then ask follow-up questions about the duration and persistence of symptoms.

The results of the study – which will soon be published in the Journal of the American Geriatrics Society – have been very encouraging as Dr. Bruce's team prepares to submit a grant to the NIMH to undertake a full research trial of the training program. "We've already seen the dramatic difference that the treatment of depression makes in improving the overall health of many homebound elderly individuals. Implementing this training methodology nationally would significantly help in our fight against late-life depression, especially as the population continues to age and home-health care expands."

HEALTH TIP Depression is Treatable

Two common misconceptions about late-life depression are that it's a normal part of growing old and that it's something to be ashamed of. "Persistent depression that interferes with your ability to function is not normal."



Patricia Marino, Ph.D.

says Patricia Marino, Ph.D., M.A., an instructor of psychology and psychiatry on staff at the Weill Cornell Institute of Geriatric Psychiatry. In

fact, depression in seniors is a treatable mental illness that affects about two million Americans over the age of 65.

The good news is that treatment including medication, psychotherapy or a combination of the two, have proven to be very effective in treating late-life depression, Dr. Marino pointed out: "That's important to understand because left untreated, depression can result in suicide, the incidence of which is higher among the elderly than the general population. Given what we know, no one should be a tragic statistic."

Early Signs of Depression:

- Persistent sadness lasting two or more weeks
- Difficulty sleeping or concentrating
- Feeling slowed down
- Withdrawing from regular social activities
- Excessive worries about finances and health problems
- Pacing and fidgeting
- Feeling worthless or helpless
- Weight/appearance changes or frequent tearfulness
- Thoughts of suicide or death

One does not have to experience all of these signs to be depressed. However, experiencing 5 of the 9 symptoms may indicate depression.

Dr. Marino says the first step in determining if one is suffering from depression is to rule out if there is a medical illness that is causing the symptoms. She explained, "If there is no medical illness, an individual can receive a free depression screening here at the Institute as hundreds of individuals from the community have done since this service was introduced in 1999." And, if treatment for depression is needed, it can be done on an outpatient basis, in one's home or in a nursing home. The Hospital's mental health clinicians also visit patients in nursing homes.

For more information, call:
(914) 997-4331 or (800) NYP-1902

www.nyp.org

Community Lecture Series

No Fee • No Registration • Free Parking • Refreshments Served

Lectures will take place from 7:00 pm to 8:30 pm in the Main Building with the clocktower.
All presentations will take place in the Auditorium located on the second floor.

FEBRUARY 2008

Wednesday, February 6, 2008

Dealing with Angry Family Members

Sharon Ward-Miller, RN, CS, APRN-BC

Wednesday, February 13, 2008

The Anger-Addiction Connection

John O'Connor, CASAC

Wednesday, February 20, 2008

Lasting Strategies for Reducing Anger and Tension

Aliza DeMasi, MA, OTR/L

Wednesday, February 27, 2008

Self-Management of Anxiety: When and How to Help Yourself

Mary Jo Curran, MS, RN, NPP

For further information and directions, call (914) 997-5779.

NYPH Speaker's Bureau

NYPH offers speakers for your organization, school, or business group to discuss topics such as eating disorders, depression, anxiety, stress management, and other issues concerning emotional health.

For more information, call Eliza O'Neill at (914) 682-6991.

WINTER 2007

IN THIS ISSUE



Local Seniors Help Promote Wellness



Rita Traver:
Life Starts at 83



"Resident for a Day" Program Teaches Value of Graduate Medical Education



Depression is Treatable

Photos by John Vecchiolla

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permit
number.

New York-Presbyterian
The University Hospital of Columbia and Cornell

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