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**Jeffrey A. Lieberman, MD**

Psychiatrist-in-Chief  
NewYork-Presbyterian/  
Columbia University  
Medical Center  
Director, New York State  
Psychiatric Institute  
jl2616@columbia.edu

**Jack D. Barchas, MD**

Psychiatrist-in-Chief  
NewYork-Presbyterian/  
Weill Cornell Medical Center  
jbarchas@med.cornell.edu

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## Embedded Psychiatrists: A Consultation-Liaison Model in the Era of Health Care Reform

As part of the Affordable Care Act, health insurance plans sold on the public health exchanges must include coverage for mental health care and substance abuse treatment. Rules were finally issued last fall to implement a 2008 parity law requiring insurers to provide mental health care coverage comparable to their physical health care coverage. The new parity rules, which apply to most health plans, are effective beginning July 1, but several plans will not have to comply until January 2015. These significant changes in mental health coverage will inevitably lead to an increasing demand for mental health services. Yet at present, this demand will have to be managed by approximately the same number of psychiatrists available before the initiation of these policies.

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Dr. Elena Friedman

## Advancing Strategies for Agitation in Alzheimer's Disease

Three of the four most common reasons for institutionalization for individuals with Alzheimer's disease are psychiatric symptoms – agitation, wandering, and psychosis. “A number of studies have shown that more than 90 percent of patients who have Alzheimer's disease develop one or more psychiatric symptoms during the course of the disease, including depression, anxiety, and delusions,” says Davangere P. Devanand, MD, Chief of Geriatric Psychiatry, Department of Psychiatry at NewYork-Presbyterian/Columbia University Medical Center. “But the most common symptom seems to be agitation, which can cause, among other things, pacing, sleeplessness, or aggression.”

Dr. Devanand, who is also Co-Director of the Memory Disorders Center and Co-Director of the Late Life Depression Clinic at the New York State Psychiatric Institute, has earned national recognition for his pioneering studies on the interface between depression and cognitive impairment in the elderly, and for his research into early diagnostic markers of Alzheimer's disease

and the treatment of psychosis and agitation. “Numerous studies over the years have focused on the treatment of agitation, including behavioral and psycho-educational interventions for the patient in conjunction with a family member or caregiver in the home,” says Dr. Devanand. “However, these studies have shown only a small advantage with personalized interventions because of the lack of a control group and the number of variables involved. We clearly need more large-scale systematic studies that directly compare behavioral management to use of medication. They just haven't been done yet.”

### Education and Medication Approaches

In coping with agitation, Dr. Devanand emphasizes the importance of educating caregivers about the nature of the disease. “Caregivers will often say, ‘my wife has just turned against me’ or ‘my husband just doesn't like me anymore,’ whereas that is really just a function of the disease progressing in the brain,” he says. “So education is very helpful in getting them to recognize that the change in behavior is due to the

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## Embedded Psychiatrists: A Consultation-Liaison Model in the Era of Health Care Reform *(continued from page 1)*

The pressure on mental health care services is further exacerbated by the rapid growth of an aging population. As people live longer, there inevitably are more patients dealing with anxiety and depression due to medical problems. Add to this the number of elderly developing some degree of cognitive decline – ranging from mild cognitive impairment to dementia, which can cause patients to be more prone to delirium and behavioral disturbances – will expand dramatically in the coming years. Therefore, it is essential to begin leveraging existing psychiatric services so they can provide care to the growing volume of insured patients facing mental health challenges.

One approach promising to reach more inpatients with comorbid psychiatric disorders than the standard consultation-liaison model is another liaison model – the embedded psychiatrist model – which was established with inpatient medical teams at NewYork-Presbyterian/Columbia University Medical Center and NewYork-Presbyterian/Weill Cornell Medical Center in 2010 and 2012, respectively. In this model, a psychiatrist is a member of the medical team. Rather than contacting the Hospital's consultation-liaison service for an independent psychiatrist who then would work with the team in treating a psychiatric comorbidity, the medical team now need only look to one of its own members: a psychiatrist who participates in daily rounds and is an active participant in the care of the patients.

### Role of the Embedded Psychiatrist

"Embedded psychiatrists are better prepared to preempt any psychiatric issues because they are alerted early to the admission of each patient their team is overseeing," says Elena Friedman, MD, a member of the Psychiatry Consultation-Liaison Service at NewYork-Presbyterian/Weill Cornell Medical Center. "I don't wait to be consulted. Instead I look through the charts of the new admissions to predict any issues that might come up. I can see right away if there is any history of psychiatric illness, or if the patient has been seen by psychiatry before, or if the patient has had any behavioral disturbances. I can then speak with the team and together we can figure out which patients I should see."

The embedded psychiatrist also works closely with the health care team to manage medications, including psychotropic drugs that some

patients may be taking along with their other medications. "Very often medications given in a hospital can make elderly patients worse – more confused or more agitated," says Dr. Friedman. "For example, working within the team enables us to make sure that elderly patients with dementia are not given medications for sleep or anxiety that can actually make them more confused."

As an essential member of this team, the psychiatrist plays a crucial role in identifying those patients who need to be transferred to a psychiatric service or to a rehabilitation program for addiction disorders. "This helps the patient and helps the team, and can also reduce length of stay, which is good for the Hospital as well," notes Dr. Friedman.

According to Dr. Friedman, this embedded psychiatrist model is a good one. "Working together with a team makes everything

function much more smoothly," she says. "You see each other every day and know each other, which helps all of us to take care of patients and to ensure they receive necessary treatment and receive it sooner."

A version of this model is also applied in some of the Hospital's outpatient clinics, where patients often present with psychiatric and psychological disorders. In these clinics, overseeing psychiatrists work closely with physicians, nurse practitioners, and social workers, supervising these staff members when necessary and providing direct psychiatric care to patients with serious mental health disorders.

"By partnering with inpatient medical or primary care clinic teams, psychiatrists are able to reach more patients, despite not personally interacting with every patient with mental health care needs," adds Dr. Friedman. "Embedded psychiatrists also have an invaluable opportunity to educate and supervise physicians and social workers on mild to moderate psychiatric disorders. For example, we work closely with internists who, even without formal training, are often very well versed in psychiatric issues because they see so many patients with these issues. When we work together, we really can help more patients and perhaps not be so overwhelmed by the increasing volume of patients requiring mental health services."

### For More Information

Dr. Elena Friedman • [elk2013@med.cornell.edu](mailto:elk2013@med.cornell.edu)

## Advancing Strategies for Agitation in Alzheimer's Disease *(continued from page 1)*

brain disease and not a voluntary action on the part of the patient or some deep-seated problem."

While atypical antipsychotic medications given in very low doses have shown to be somewhat effective in reducing agitation, these medications have associated side effects, compounded by a combination of the age of the patients and their disease. In addition, while many patients improve on antipsychotics, the side effects can prevent one from achieving a therapeutic dose.

In 2005, the Federal Drug Administration issued a black box

warning that these medications can increase the risk of death in patients with dementia, and subsequently the Centers for Medicare and Medicaid Services (CMS) decreed that nursing homes should reduce their use.

"Many nursing homes are trying to do this, but some of the patients are quite agitated and many are also psychotic so it becomes very difficult to manage their care without these antipsychotic medications," says Dr. Devanand.

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## Notable Achievements

### The American Psychoanalytic Association Recognizes Dr. Jack Barchas

Jack D. Barchas, MD, Psychiatrist-in-Chief, NewYork-Presbyterian/Weill Cornell Medical Center, was made an Honorary Member of the American Psychoanalytic Association (APsaA) at the national meeting in January 2014. This honor is bestowed upon individuals who have made extraordinary contributions to the field of psychoanalysis. Dr. Barchas received this award in recognition of his support of psychodynamic medicine in the field of psychiatry and his encouragement of the research and scholarly activities of an extraordinary group of faculty engaged in that field, as well as the Department's famed Oskar Diethelm Library in the DeWitt Wallace Institute for the History of Psychiatry.

Founded in 1911, the APsaA is the oldest national psychoanalytic organization in the United States. With a membership of 30 accredited training institutes and 39 affiliate societies throughout the United States, APsaA focuses on education, research, advocacy, and membership development. The Association also encourages young mental health professionals to specialize in the psychoanalysis discipline and continue their training at an accredited training institute.

Dr. Barchas, who is also the Barklie McKee Henry Professor and Chairman of the Department of Psychiatry at Weill Cornell Medical College, is internationally recognized for his contributions to fundamental and behavioral neurobiology, particularly in the area of neuroregulators. Throughout his research career, Dr. Barchas identified previously unrecognized neuroregulators, studied fundamental neuroregulator control mechanisms, and explored the roles of neuroregulators in animal and human behavior and in mental disorders and addiction.

Dr. Barchas was the first to demonstrate that various types of neurotransmitters are altered differently by stress. His studies in molecular neurobiological mechanisms led to advances in understanding the regulation of neurotransmitters, the first genetic



Dr. Jack D. Barchas

studies of these processes, the discovery of previously unrecognized neuropeptide transmitters, the mapping of transmitters, and the investigation of their roles in animal and human behavior, as well as in human mental disorders and addiction.

For many years, Dr. Barchas has been deeply involved in public policy issues. For 12 years he chaired the Board on Biobehavioral Science and Mental Disorders of the Institute of Medicine of the National Academy of Sciences. The Board produced evaluations for the federal government dealing with health needs and research opportunities. Dr. Barchas served for four years as Chair of the Board of Trustees of the New York Academy of Medicine, and was editor of the *Archives of General Psychiatry* for eight years. He is currently serving on the boards and award committees of various organizations and is the Weill Cornell Site Director of the Pritzker Neuropsychiatric Disorders Research Consortium.

### Dr. Barbara Milrod Honored by the New York Psychoanalytic Society & Institute

In April 2014, the Leon Kupferstein Memorial Award Committee of the New York Psychoanalytic Society & Institute presented its 2nd Leon Kupferstein Memorial Award for Innovation in Psychoanalysis to Barbara L. Milrod, MD, Professor of Psychiatry at Weill Cornell Medical College and a faculty member of both the New York Psychoanalytic Institute and the Columbia Psychoanalytic Institute for Treatment and Research. Dr. Milrod, who is an expert in psychotherapeutic treatment of adults and children with anxiety disorders, particularly in the areas of panic disorder and conversion disorder, spoke on *The Incorporation of Psychoanalytic Treatment into the World of Evidence-based Care*.

The Leon Kupferstein Memorial Award for Innovation in Psychoanalysis was established in 2006 in honor of Leon Kupferstein, MD, a graduate and Past President of the then New York Psychoanalytic Society. The award is presented to a person whose innovative or influential contribution has allowed psychoanalysis to move forward.

Dr. Milrod has dedicated her career to providing scientific, reliably reproducible evidence demonstrating the efficacy and utility of psychoanalytic forms of treatment. To this end, she became expert in psychotherapy research, specifically in clinical trials and outcome studies. In collaboration with colleagues, Dr. Milrod wrote the first psychoanalytic psychotherapy manual for an Axis I anxiety disorder, panic disorder.

"Dr. Milrod has made a unique contribution to the field of psychoanalysis by developing a specific addition to the treatment of a serious and prevalent disorder by demonstrating to the medical world, the funding world, and the research world that psychodynamic treatment is useful and practical," says Leon Hoffman, MD, Chair of the Leon Kupferstein Memorial Award Committee. "Her work connects psychoanalysis proper with the research world, is an avenue toward the reintroduction of psychodynamic concepts into medical education, and has achieved the respect of non-psychoanalytic clinicians."



### Dr. Jon Levenson Receives APOS Award for Outstanding Clinical Care

For more than 25 years, Jon A. Levenson, MD, attending psychiatrist in the Herbert Irving Comprehensive Cancer Center and Chief of the HIV Liaison Psychiatry Service at NewYork-Presbyterian/Columbia University Medical Center, has devoted his career to the psychiatric and psychosocial care of patients with cancer and their families. In recognition for his multifaceted clinical work in the field, the American Psychosocial Oncology Society (APOS) presented Dr. Levenson with its 2014 Outstanding Clinical Care Award at its annual meeting. APOS is the only multidisciplinary professional organization in the United States dedicated to advancing the science and practice of psychosocial care for people affected by cancer.

Dr. Levenson completed residency training in general psychiatry at Yale University and then went on to complete a two-year fellowship in psycho-oncology at Memorial Sloan-Kettering Cancer Center, where he served as chief fellow. In 1990, he joined the Psychosomatic Medicine Division at Columbia University Medical Center to care for medically ill patients and families, as well as to serve as an educator and mentor for medical students, residents, and fellows. He directs undergraduate medical education in consultation-liaison psychiatry within the medical center.

At Columbia University, Dr. Levenson has developed a novel outpatient psycho-oncology program with a specific focus on psychiatrically symptomatic cancer patients who have found it challenging to engage in cancer care. In addition, he has established a psychosocial rounds for oncology nurses, a program

that addresses issues of burnout, psychosocial skill set building, and professionalism. He also serves as senior psychiatric consultant within the NewYork-Presbyterian Hospital Palliative Care Service, as well as adjunct clinical psychiatrist in the Center for Supportive Care and Clinical Ethics at Columbia University.

Dr. Levenson's current research includes an ongoing National Cancer Institute-funded study with Columbia University colleague Carlos Blanco, MD, comparing the efficacy of three short-term psychotherapies for depressed breast cancer patients at all stages of disease. "These patients can be newly diagnosed with depression, those who have developed depression during the course of their chemotherapy, or the patient can be a breast cancer survivor – someone who was treated and is in remission, but has since developed depression," says Dr. Levenson. "We offer active treatment to a wide range of patients within the context of the study; there is no placebo. We're trying to determine which psychotherapy works best for any specific patient population."

Dr. Levenson is Past President of APOS (previously known as the American Society of Psychosocial and Behavioral Oncology/AIDS), as well as Past President of the Society for Liaison Psychiatry. He has authored numerous papers and chapters focused on the management of psychiatric and neuropsychiatric disorders in cancer and AIDS patients. Most recently he co-authored *The Crisis of Discovery: Psychological and Psychopathological Reaction to the Disease* in the American Psychiatric Publishing's textbook *Psycho-Oncology*.

### Dr. Melanie Wall Named Fellow of American Statistical Association

Melanie M. Wall, PhD, Director of the Division of Biostatistics in the Department of Psychiatry at NewYork-Presbyterian/Columbia University Medical Center, has been named a 2014 Fellow by the American Statistical Association (ASA). The ASA is the world's largest community of statisticians and supports excellence in the development, application, and dissemination of statistical science through meetings, publications, membership services, education, accreditation, and advocacy. Its members serve in industry, government, and academia in more than 90 countries, advancing research and promoting sound statistical practice to inform public policy and improve human welfare. Fellows, who are nominated by their ASA-member peers, are honored for their outstanding professional contributions to and leadership in the field of statistical science.

Dr. Wall has a strong sustained record of focused, innovative biostatistical methods research in the areas of latent variable modeling, spatial, and longitudinal data analysis, making distinctive developments in structural equation modeling that have moved the field significantly forward. Using various factor analysis models, she has led the analyses of several papers contributing to new recommendations for the psychiatric disorder manual DSM-5 for nicotine dependence, for illicit drugs, and for complicated grief. Taking full advantage of structural equation modeling methods, she identified common and specific effects of risk factors on the development of substance use disorders in

clinical populations and large national survey data. In addition, Dr. Wall has led research on the impact of recent state changes in the legality of marijuana for medical and recreation use and currently is co-investigator of an NIH grant, performing small area estimation on a 20-year national survey of youth to make it relevant to address state policy questions for marijuana.

She has an impressive record of securing funding as principal investigator for her methodological research, beginning in 1999 with a National Center for Health Statistics award to establish the Minnesota Center for Excellence in Health Statistics – a long-term partnership between the University of Minnesota and the Minnesota Department of Health focused on developing more advanced statistical methodologies that can be practically applied to high priority public health areas. This was followed by two consecutive NIH grants on latent variable models and methods for behavioral health data in public health and multilevel latent class and social network models for observational adolescent obesity data, respectively.

Dr. Wall has served as the associate editor of *The American Statistician* and presently is associate editor of *Psychological Methods*. Before joining the New York State Psychiatric Institute at Columbia University in July 2010, Dr. Wall served for 12 years on the faculty of Biostatistics in the School of Public Health at the University of Minnesota.

## Advancing Strategies for Agitation in Alzheimer's Disease (continued from page 2)

### Relapse Risk After Discontinuation of Risperidone

The CMS policy prompted Dr. Devanand and his colleagues to undertake research to examine the relapse risk after discontinuation of the antipsychotic drug risperidone. NewYork-Presbyterian/Columbia was one of eight sites and the lead investigator in this study funded by the National Institute on Aging, the results of which were published in *The New England Journal of Medicine* in 2012 and 2013.

"We treated patients who had either agitation or features of psychosis – most of them actually had both and were quite ill – for four months with an average low dose of 1 mg of risperidone daily," says Dr. Devanand. "After four months, we randomized those who had improved to either continue on the medicine or switch to a placebo, and again after another four months. At both time points – four months as well as eight months later – patients who switched to placebo were much more likely to relapse than patients who continued on risperidone. It ranged from a two- to four-fold increased risk of relapse."

The researchers concluded that if patients were going to be discontinued on the medication, they would need to be monitored carefully. "While some patients can discontinue the medication, many cannot and may need to resume taking it," notes Dr. Devanand. "We also had criteria for relapse because ethically we could not let somebody who has relapsed wait until they revert to their previous condition before taking the medication again. So when patients in the study met criteria for relapse we stopped the study and reinstituted their medicine."

### The Citalopram Study

With the significant drawbacks of antipsychotic medications for the treatment of agitation associated with Alzheimer's disease, citalopram, a selective serotonin reuptake inhibitor often used in older individuals, had been suggested as an alternative. But limited evidence was available to support the antidepressant's efficacy and safety profile.

Last year, Columbia researchers participated in the Citalopram for Agitation in Alzheimer Disease Study (CitAD), a National Institute on Aging clinical trial to evaluate the medication in patients with Alzheimer's disease and agitation, but who did not suffer from major depression. The study also examined the effects of citalopram on function, caregiver distress, safety, cognitive safety, and tolerability. The randomized, placebo-controlled, double-blind, parallel group trial enrolled 186 patients with probable Alzheimer's disease and clinically significant agitation from eight academic centers in the United States and Canada between 2009 and 2013. The results of this study were published in *The Journal of the American Medical Association* in February 2014.

"Among patients receiving psychosocial intervention, the addition of citalopram compared with placebo reduced agitation and caregiver distress," says Dr. Devanand. However, the researchers also noted in a follow-up report published in *PLoS One* in June 2014 that while citalopram at 30 mg per day was associated with improvement in agitation in patients with Alzheimer's disease, it was also associated with a greater increase in QTc interval and the risk for adverse cardiac events.

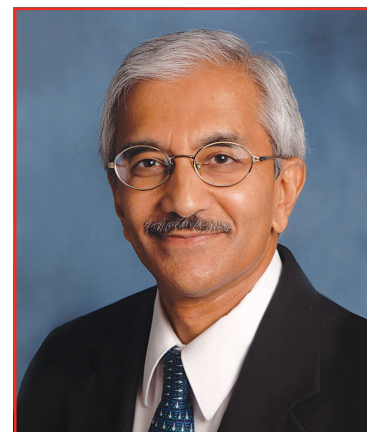
"These are challenging studies to conduct," says Dr. Devanand. "Most of the patients are in their 80s with severe agitation and psychosis and numerous medical problems. In my clinical view, citalopram for these more severe situations does not work that well."

### Now Exploring Lithium

Dr. Devanand and his Columbia colleagues are now interested in evaluating the potential of lithium in treating agitation. While traditionally used to treat bipolar disorder, lithium also has anti-agitation and antipsychotic effects. "In reviewing the literature, we did not find a controlled trial conducted on lithium for symptoms of agitation and psychosis, and thought it might offer a potential alternative," says Dr. Devanand. "We identified five patients who we had struggled to treat and placed them on very low doses of lithium. All showed some improvement, and a few showed great improvement."

Dr. Devanand has received funding to conduct a pilot study comparing lithium to placebo, but unlike previous studies, the lithium study will allow people to continue on their medications as long as it is not medically contraindicated. "We will add lithium or placebo to their current regimen to see if it can make a difference," says Dr. Devanand, who plans to enroll 80 outpatients over the next three to four years.

"Being able to manage a patient's agitation effectively not only reduces the risk of nursing home institutionalization quite a bit, but it makes a big difference in a patient's quality of life, as well as in the lives of their caregivers and families," adds Dr. Devanand. "We certainly know a lot more than we did 20 years ago about these medicines, but it's still a very difficult problem and investigating drugs beyond those in the antipsychotic class that may provide advantages in terms of greater benefit and manageable side effects is really quite important."



Dr. Davangere P. Devanand

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### For More Information

Dr. Davangere P. Devanand • ddp3@columbia.edu

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NewYork-Presbyterian Hospital  
525 East 68th Street  
New York, NY 10065

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