

NewYork-Presbyterian

# FORUM

News and Information for the Alumni of NewYork-Presbyterian Hospital Fall 2014

## Mobilizing Expertise for Mental Health

Youth Anxiety, Eating Disorders, and Autism



In the new Youth Anxiety Center of NewYork-Presbyterian Hospital, clinicians and researchers from Columbia and Weill Cornell have pooled their expertise in anxiety disorders to offer help and hope to undertreated and often misdiagnosed youth.



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# Mobilizing Expertise for Mental Health

## Youth Anxiety, Eating Disorders, and Autism

*The expertise in mental health at NewYork-Presbyterian Hospital is extraordinary, crossing three academic medical campuses with psychiatrists, psychologists, and neuro-behavioral scientists who integrate patient care, basic and clinical research, and education for the betterment of the field. In the past few years, the Hospital has harnessed its capabilities in three major disorders – youth anxiety, eating disorders, and autism – to establish comprehensive cross-campus programs to respond to the need for a collaborative focus on some of the most challenging psychiatric disorders affecting society today. In this issue of Forum, we introduce you to the people and programs that are making a difference in the care of patients facing life-altering diagnoses.*

### YOUTH ANXIETY CENTER

#### The Clinical Challenge

“Anxiety disorders are the most prevalent group of psychiatric disorders in the United States,” says **Herbert Pardes, MD**, Executive Director of the Youth Anxiety Center. “While anxiety can be a healthy emotion; alerting us to danger and letting us know when things are unsafe or inappropriate, for many it can become debilitating and disruptive to one’s everyday life.”

In fact, anxiety occurs as the dominant symptom in general anxiety disorder, social phobia, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder.

Importantly, a substantial proportion of these conditions have their origins in childhood. According to a national survey of adolescent mental health by the National Institute of Mental Health, about 8 percent of teens ages 13 to 18 have an anxiety disorder, with symptoms commonly emerging around age 6. However, of these teens only 18 percent have received mental health care.

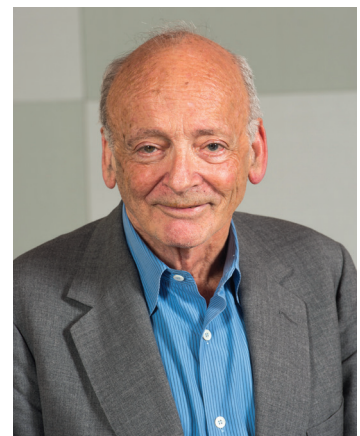
In 2013, NewYork-Presbyterian, in collaboration with Weill Cornell Medical College and Columbia University College of Physicians and Surgeons, established the Youth Anxiety Center to address the type of severe anxiety in children, adolescents, and young adults that threatens their education, livelihood, and ability to manage social relationships. “Our mission is to bring help and hope to undertreated and often misdiagnosed youth and young adults,” says Dr. Pardes.

“When early anxiety and avoidance behaviors are substantial and unaddressed, children and adolescents do

not develop the coping and adaptation skills necessary for young adult functioning,” says **John T. Walkup, MD**, Director of Child and Adolescent Psychiatry at NewYork-Presbyterian/Weill Cornell. “The needs of older teens and young adults with anxiety disorders have not been fully understood and their treatment needs have been underappreciated. The Youth Anxiety Center is dedicated to achieving a better understanding of these disorders as they develop over time, and to devise innovative treatment strategies to address the needs of this special population. We are also committed to



John T. Walkup, MD



David Shaffer, MD

*On the cover: Members of NewYork-Presbyterian’s bi-campus Youth Anxiety Center include (seated) Anne Marie Albano, PhD, ABPP; Francis S. Lee, MD, PhD; Herbert Pardes, MD; Helen Blair Simpson, MD, PhD; Moira Rynn, MD; and (standing) Philip J. Wilner, MD, MBA; John T. Walkup, MD; Shannon Bennett, PhD; David Shaffer, MD; and Cristiane S. Duarte, PhD, MPH.*



Anne Marie Albano, PhD, ABPP



Shannon Bennett, PhD



Moira Rynn, MD

raising awareness of this condition and, ultimately, train others who can help this group of patients.”

**David Shaffer, MD**, Professor of Psychiatry and Pediatrics at Columbia and Founding Director of the Youth Anxiety Center, notes that younger children with anxiety that has not been properly diagnosed often exhibit behaviors such as outbursts of temper at school. “Their parents don’t understand why they lose their temper to such a degree – there doesn’t seem to be anything to precipitate it,” says Dr. Shaffer. “There had been a time when many of these children were considered bipolar. But when you look carefully at the few minutes before they lose their temper, you’ll see that they are anxious kids who are creatures of habit and have been asked to do something in a different way. The diagnosis of anxiety can be missed when you are preoccupied with the terrible tantrums and manifestation of aggression that are masking their fear.”

“Anxiety is a normal basic human emotion we all experience,” says **Anne Marie Albano, PhD, ABPP**, Director of the Clinic for Anxiety and Related Disorders at NewYork-Presbyterian/Columbia. “It’s part of our nature to worry about things, to be a little obsessed at times, to be a bit fearful. But there are those individuals who

are more vulnerable for a variety of reasons – genetic, biological, environmental – who develop much more of a sensitivity to respond with anxiousness and to have anxiety take over their being. And so we are concerned with those persons for whom anxiety dictates what they do in their life.”

*“The transition from adolescence into young adulthood appears to be the developmental period when anxiety disorders skyrocket in terms of prevalence.”*

*Dr. Francis S. Lee*

“We are seeing anxiety starting at a young age,” adds **Shannon Bennett, PhD**, Co-Director of the Pediatric OCD, Anxiety, and Tic Disorders Program at NewYork-Presbyterian/Weill Cornell. “Over time, young people struggling with anxiety and removing themselves from important situations start to move off the typical developmental trajectory. They’re missing out on academic, social, and familial milestones due to the interference of their anxiety. We look for kids taking themselves out of situations, avoiding school work, procrastinating, resisting attending

parties or dances – experiences that their peers for the most part are excited about doing. If they decide to go, there is a lot of reassurance seeking beforehand or second-guessing about the situation afterwards. So even if they are participating, there is distress throughout that participation.”

“As child psychiatrists, we’re investigators,” says **Moira Rynn, MD**, Director of the Division of Child and Adolescent Psychiatry at NewYork-Presbyterian/Columbia. “We need to talk to the teachers, to the pediatricians, the coach, the grandparent who is meeting the child after school – all the important adults who are involved in that child’s life.”

## The Treatment Mandate

Dr. Albano notes that anxieties do not abate without treatment. “They build steam. They evolve and become more complex. Separation anxiety leads to generalized anxiety and together they lead to depression and so forth,” she says. “So by the time you get to adolescence you’re dealing with a much more complex condition. And many of our young adults are at an age of great risk for other disorders taking hold, too, such as depression and substance abuse. So we want to be there to intervene now.”

The Youth Anxiety Center brings a history of evidence-based treatments that have been developed over many

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## YOUTH ANXIETY CENTER

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years and proven in clinical trials to be effective in treating anxiety across the ages. Several of the Center's faculty participated in the largest published study in pediatric anxiety disorders, the Child/Adolescent Anxiety Multimodal Treatment Study, demonstrating that cognitive behavioral therapy in combination with an antidepressant has the best efficacy as compared to treatments given individually.

"We now have very good treatments starting at age seven through adolescence and into adulthood," says Dr. Walkup. In addition to psychotherapy and pharmacological approaches, these treatments include specialized group treatments and family interventions that facilitate parent involvement in helping their young adult children meet the challenges of independence and small group programs for young adults to enable them to interact with peers with similar issues, build relationships, and learn skills they can apply in their everyday lives.

A major component of the Center's treatment program is LEAP (Launching Emerging Adult Program), a transition-focused cognitive behavioral therapy (CBT) for individuals aged 16 to 28 developed by Dr. Albano and her colleagues. "The approach recognizes that young adults with anxiety disorders face unique, age-related challenges," says Dr. Albano. "Along with applying core components of CBT, we added specific therapy procedures designed to address patient-caretaker dependency, role transitions, and the attainment of behaviors necessary for independent adult functioning. Patients are helped to figure out what they fear most and taught how to manage their anxiety better and understand the automatic thoughts that may be leading to some of the anxiety."



*Helen Blair Simpson, MD, PhD, and Francis S. Lee, MD, PhD*

### The Research Imperative

Led by **Helen Blair Simpson, MD, PhD**, Director of the Anxiety Disorders Clinic and the Center for OCD and Related Disorders at the New York State Psychiatric Institute, and **Francis S. Lee, MD, PhD**, Vice Chair for Research in Psychiatry at Weill Cornell, the Youth Anxiety Center is pursuing investigations ranging from brain biology to clinical therapeutics.

"Anxiety disorders are such an important public health concern given that some 29 percent of Americans will have an anxiety disorder at some point in their lifetime," says Dr. Simpson.

"We're interested in developing better treatments for patients today, and for the patients of tomorrow, we're hoping for a much better understanding of the basic mechanisms underlying the development of anxiety that becomes pathological."

"In the last decade, there has been a reconceptualization about psychiatric disorders," says Dr. Lee. "They are now known to be mainly neurodevelopmental disorders. And youth anxiety is a great example of something that erupts at a very specific or sensitive window of development. It has become clear that many of the underlying neurobiological processes are occurring just before symptoms occur. If we can start treating and diagnosing our patients much earlier and at critical windows, we actually

might have a better chance of gaining greater precision in correctly timed medications and treatments."

"If I see someone in their 30s and 40s and they have already been suffering for 20 years with anxiety, I might at that point be able to help their symptoms," says Dr. Simpson. "But I can't give them back their life trajectory. So our goal is to diagnose and intervene earlier with medications or psychotherapies so that we not only reduce symptoms at an earlier time point, but keep the younger patient on track so that their life can be the fullest possible."

"We need to find transformative treatments where basic scientists work hand in hand with clinical psychiatrists and translational researchers to come up with new ideas and new paradigms," adds Dr. Lee. "Bringing a group of people together who normally would not have sat at the same table to come up with new hypotheses of how to diagnose or treat anxiety disorders at a very early stage is something that has not been done previously. The Youth Anxiety Center will allow this to happen."

#### For More Information or to Make a Referral

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NewYork-Presbyterian/Weill Cornell  
(646) 962-2820

[nyp.org/youthanxiety](http://nyp.org/youthanxiety)



## CENTER FOR EATING DISORDERS

The Center for Eating Disorders at NewYork-Presbyterian, under the direction of **Evelyn Attia, MD**, a Professor of Clinical Psychiatry at Weill Cornell Medical College and Professor of Psychiatry at Columbia University Medical Center, offers a comprehensive range of treatment services complemented by a robust research program that seeks to address the often challenging medical and psychological manifestations of eating disorders. “These are severe illnesses that are associated with the very highest mortality rates in psychiatry,” says Dr. Attia, who was a member of the American Psychiatric Association’s Eating Disorders Work Group for the development of the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*.

Dr. Attia notes that treatments that address both the psychiatric and medical disturbances of eating disorders are somewhat unusual in the field of psychiatry. “They are usually multimodal and include attention to behaviors, to psychological support, and to medical stabilization and medical support, including nutritional intervention. A range of services is required if we’re going to expect people with these very complex conditions to make the kinds of changes that recovery requires.”

*“We have the opportunity to intervene early for individuals affected with eating disorders, as well as being there to support and work toward recovery for adult patients who may have been ill for a longer period of time.”*

*Dr. Evelyn Attia*

This was Dr. Attia’s goal with the establishment of The Outlook at Westchester – a 17-bed inpatient unit with six beds for adolescents and 11 for adults. It is a joint collaborative treatment program of NewYork-Presbyterian Hospital, Weill Cornell Medical College, and Columbia University College of Physicians and Surgeons, in affiliation with the New York State Psychiatric Institute. As such, patients treated at The Outlook benefit from the most recent clinical research findings and advances in the treatment of anorexia nervosa, bulimia, and other eating disorders.

“Basic life-sustaining eating and feeding behaviors have gone awry in illnesses like anorexia nervosa and bulimia nervosa,” says Dr. Attia. “Treatment needs to focus on behavioral change. We want to help individuals achieve normal weight if their weight is abnormal or achieve normal



*Evelyn Attia, MD*

eating behaviors if they’ve developed maladaptive ones. That requires help from a multidisciplinary team and a number of therapeutic components applied in a coordinated fashion.”

Many patients with these disorders develop a range of rules and rituals, says Dr. Attia. “There is often a whole set of eating behaviors patients adapt: cutting foods into many pieces and eating in a certain order, or only being willing to eat foods of certain colors or types. We introduce our patients to normal food from the day they arrive, so they’re exposed to eating in a normative fashion no matter how much they fear it. We want patients to realize that it’s essential to treatment. Food is their medication.”

**Sylvia R. Karasu, MD**, Clinical Professor of Psychiatry at Weill Cornell Medical College, agrees. In her clinical practice, Dr. Karasu is particularly interested in disordered eating or non-normative eating. “These include eating when not hungry, eating only certain foods in an unbalanced way, emotional eating, skipping meals, irregular eating habits in general, eating without a regular pattern, such as continual grazing, and eating all meals at night,” says Dr. Karasu.

In her book for clinicians, *The Gravity of Weight: A Clinical Guide to Weight Loss and Maintenance*, she addresses psychiatric disorders and weight, among other issues related to obesity and the metabolic complexities implicated in weight control. “With bulimia you have binge eating, but there are then compensatory behaviors to try to get

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## CENTER FOR EATING DISORDERS

(Continued from page 5)

rid of the food eaten from the binge – excessive exercise, purging, or the use of laxatives,” says Dr. Karasu. “What sometimes ends up happening is one disease morphs into another. The most common therapy used today is a cognitive behavioral approach to try to change patients’ behaviors and negative feelings about their bodies and themselves and even how eating makes them feel. CBT is considered a more short-term therapy, but ultimately these are very chronic problems and may require long-term treatment and even medication.”



Sylvia R. Karasu, MD

Dr. Attia believes that there is a system or a series of biological systems that may help to explain behaviors across individuals who are affected. “We look at patients with similar symptoms and say that there must be a consistent biological mechanism that’s behind the presentation; therefore, we ought to be able to identify effective treatments that target those abnormalities,” she says. “And yet, for anorexia nervosa, the field remains tremendously challenged in identifying highly effective strategies. We commonly get our youngest patients better, and patients who have not been affected for all that long. Yet, there remain a sizable number of patients whose eating behaviors we begin to turn around, and who may successfully restore weight, but who quickly relapse. In fact, relapse rates are very high. We’re still in search of improved understanding and improved interventions.”

To address the high rates of relapse in anorexia nervosa (AN), Dr. Attia and her colleagues at the New York State Psychiatric Institute evaluated a new approach – Exposure and Response Prevention for AN (AN-EXRP) – as an adjunctive strategy to improve eating during weight restoration at a pivotal point when treatment goals shift toward relapse prevention. The results of their study, published in the March 2014 issue of the *International Journal of Eating Disorders*, demonstrated that AN-EXRP, compared to cognitive remediation therapy, was associated with better caloric intake, and that additional studies are warranted to determine whether the use of these techniques in a longer-term treatment program will lead to enduring and clinically significant change.

A number of other research programs addressing these issues are ongoing at both Columbia and Weill Cornell. Under a five-year grant from the National Institute of Mental Health, Dr. Attia and her colleagues are currently participating

in a multi-site clinical trial examining olanzapine, an atypical antipsychotic medication, for the treatment of adults diagnosed with anorexia nervosa.

“The goal of the study is to determine if individuals with anorexia nervosa who take olanzapine will demonstrate reduced disordered eating attitudes and behaviors, as well as an increased rate of weight gain, as compared to those on placebo,” says Dr. Attia, who since 1999 has received funding for her research on the psychobiology and treatment of anorexia nervosa from the National

Institute of Mental Health. “Many of our patients with anorexia nervosa have anxiety and other associated psychological symptoms, including very disturbing ideas about body shape and weight and what they believe is normal to eat. We have reason to hope that they might respond to a medication that is already known to assist people in thinking more clearly, reducing anxiety symptoms, and decreasing obsessionality and really make a significant difference for these patients.”

**B. Timothy Walsh, MD**, is Director of the Division of Clinical Therapeutics at the New York State Psychiatric Institute and established the Eating Disorders Research Unit there in 1979. In his paper, *The Enigmatic Persistence of Anorexia Nervosa*, published in the May 2013 issue of the *American Journal of Psychiatry*, Dr. Walsh examined the role that habit might play in the perpetuation of some of the very unusual and maladaptive behaviors in individuals with eating disorders.

“One of the exciting studies that our research group is now pursuing involves using functional MRI to identify whether patients with eating disorders have a different method of learning and decision-making about food,” says Dr. Attia. “These patients may be more prone to using the part of the brain responsible for habit learning and therefore may become more fixed in certain automated behaviors, including consistently choosing low fat, low calorie foods in a way that distinguishes them from others without eating disorders.”

### For More Information or to Make a Referral

(888) 694-5700

[nyp.org/eatingdisorders](http://nyp.org/eatingdisorders)



Catherine Lord, PhD

One out of 88 children in the country today falls on the autism spectrum – a 1,000 percent increase over the past 40 years. To help address this dramatic rise in autism, NewYork-Presbyterian opened the Center for Autism and the Developing Brain in 2013 under the direction of **Catherine Lord, PhD**, a psychologist nationally known for groundbreaking longitudinal studies of children with autism.

A joint effort of NewYork-Presbyterian Hospital, Weill Cornell Medical College, Columbia University College of Physicians and Surgeons, and New York Collaborates for Autism, the Center for Autism and the Developing Brain offers comprehensive services for patients of all ages – from evaluation and diagnosis to speech and behavioral therapy for children to occupational training for teens and adults.

The innovative model for the Center, which is located at the NewYork-Presbyterian/Westchester Division campus in White Plains, New York, includes:

- focus on the lifespan
- evidence-based assessment and treatment
- treatment plans that work with each patient's strengths

- integrated treatments, including applied behavior analysis, medication management, and social groups in combination with other approaches
- collaborative research and training
- working with the community as a referral hub to forge connections among families, schools, and community organizations

While strides have been made in developing treatment protocols that markedly improve outcomes for people with autism, especially if intervention happens early, much of the disorder remains a mystery. One of the most sought-after answers is what causes autism – which has been attributed to factors from childhood vaccinations to wheat gluten.

*"We think there are going to be hundreds of different genetic abnormalities associated with autism. It's clear there's not 'a gene.'"*  
Dr. Catherine Lord

According to Dr. Lord, autism, like so many conditions, is likely caused by some combination of environment and DNA. "We think there are going to be hundreds of different genetic abnormalities associated with autism," says Dr. Lord. "It's clear there's not 'a gene.'" The Center's research mission is being carried out with numerous ongoing studies, including one that Dr. Lord has pursued for two decades following 200 people diagnosed with autism at age two. They're now young adults; eight of them test as normal, while 24 are very high functioning but have autism symptoms. "The diagnosis has been much more stable than we thought," notes Dr. Lord. "Almost everyone has stayed within the range of autism. So you can predict a lot, even at two."

Additional studies include a multi-site investigation, AIMASD (Adapted Interventions for Minimally Verbal Children with Autism Spectrum Disorder), that seeks to develop an effective school-based language intervention for young children diagnosed with autism with limited spontaneous expressive language; a Department of Defense study on brain function and learning in ASD; and a project testing various measures of outcome in ASD that could be sensitive to changes in treatment.

The Center's research program was further bolstered this past spring when the Department of Psychiatry at NewYork-Presbyterian/Columbia welcomed **Jeremy M. Veenstra-VanderWeele, MD**, a noted investigator in the molecular genetic basis of autism spectrum disorder and obsessive-compulsive disorder.

Dr. Veenstra-VanderWeele's current research includes the development of mouse models related to autism and OCD. Funded by a National Institute of Mental Health R01 Biobehavioral Research Award for Innovative New Scientists, he seeks to understand underlying molecular mechanisms that may point to novel treatments.

"Something captures you about working with children and adults with autism," adds Dr. Lord. "While many aspects of being social are difficult for them, children and adults with autism really want to interact with people, and their families really want to interact with them. And we can help make that happen."

**For More Information or to Make a Referral**  
(914) 997-5848  
[nyp.org/services/center-autism-developing-brain](http://nyp.org/services/center-autism-developing-brain)



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### NewYork-Presbyterian/Columbia Society of the Alumni Annual Dinner

Thursday, November 20, 2014  
6 pm: Reception • 7 pm: Dinner and Program  
The New York Academy of Medicine  
1216 Fifth Avenue, New York City

For information, please contact Meghan Kelly, (646) 317-7367  
or [mek9027@nyp.org](mailto:mek9027@nyp.org).

### Guest Speaker

**Henry S. Lodge, MD, FACP**

*Attending Physician*

NewYork-Presbyterian Hospital  
Robert Burch Family Professor of Medicine  
Columbia University Medical Center

*Presents*

**Physicians and the Role of the Public Intellectual**

## SIGN UP FOR CME

**Continuing Medical Education (CME)** activities are provided through **Columbia University College of Physicians and Surgeons:** (212) 305-3334 and **Weill Cornell Medical College:** (212) 746-2631. Both institutions are accredited by the Accreditation Council for Continuing Medical Education (ACCME) to authorize and issue CME credit. For all upcoming education events through NewYork-Presbyterian Hospital, visit [www.nyp.org/pro](http://www.nyp.org/pro).

### 8th Annual Otolaryngology Update in New York City

Dates: October 23-24, 2014  
Location: New York Athletic Club  
180 Central Park South  
New York, NY 10019

For more information and registration, call (212) 305-3334 or email: [cme@columbia.edu](mailto:cme@columbia.edu).

### Lymphoma and Myeloma 2014:

#### An International Congress on Hematologic Malignancies

Date: October 23-25, 2014  
Location: Waldorf Astoria Hotel  
301 Park Avenue  
New York, NY 10022

For more information and registration, call (678) 242-0906 or email: [registration@imedex.com](mailto:registration@imedex.com).

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The Alumni Association website is a valuable resource for the more than 10,000 physicians who have trained at NewYork-Presbyterian.

### Educational Programs – [nyp.org/pro](http://nyp.org/pro)

- CME Activities
- Newsletters

For more information about campus-specific Alumni Associations, contact:

**Tamiko B. Collier**  
NewYork-Presbyterian/  
Columbia University  
Medical Center  
654 West 170th Street  
New York, NY 10032  
(212) 342-0954  
[tac9036@nyp.org](mailto:tac9036@nyp.org)

NewYork Weill Cornell  
Medical Center  
Alumni Council (CAC)  
525 East 68th Street, Box 123  
New York, NY 10065  
(646) 317-7418  
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## FORUM

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