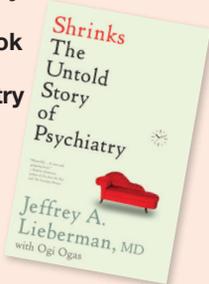


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Expert Care in a
Private Setting

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Research into the Treatment and Measurement of Psychotic Depression

“Psychotic depression is a serious but reversible form of major depression,” says **Barnett S. Meyers, MD**, Director of the Specialized Practice for Older Adults at NewYork-Presbyterian/Westchester Division. According to most established guidelines, psychotic depression should be treated either with electroconvulsive therapy (ECT) or a combination of an antidepressant and an antipsychotic.

“Although the depressive symptoms of PD may be mild, the depression is usually severe,” continues Dr. Meyers. “By definition, the depression is accompanied by psychotic symptoms, usually in the form of irrational beliefs or delusions. We do not think that the psychotic pathology is simply a result of the severity of depression. Most experts agree that the psychotic features result from an individual predisposition

to becoming psychotic during the psychological and biological stress of a severe depression. People who suffer a psychotic depression become asymptomatic following effective treatment.”

Dr. Meyers and his colleagues in the Department of Psychiatry at NewYork-Presbyterian/Weill Cornell and three other academic sites in the United States and Canada have been studying the effectiveness of medication treatment of psychotic depression for more than a decade. Their work has been supported by the National Institute of Mental Health. The acute phase study of their Pharmacotherapy of Psychotic Depression (STOP-PD) project was a 12-week, randomized controlled trial that demonstrated the efficacy of combined olanzapine plus sertraline compared to olanzapine plus placebo. A total of 259 patients who met DSM-IV

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Dr. Maria Oquendo New President-Elect of the APA

The membership of the American Psychiatric Association has chosen **Maria A. Oquendo, MD**, as President-Elect, effective May 2015. Dr. Oquendo, who is Vice Chair for Education and Director of Residency Training at the New York State Psychiatric Institute and Columbia University, is the second physician from Columbia to be elected to this prestigious position in the last three years; **Jeffrey A. Lieberman, MD**, Psychiatrist-in-Chief, NewYork-Presbyterian/Columbia, served as President of the APA in 2014.

Since beginning her career at Columbia University as a community psychiatrist on an inpatient unit teaching second year residents how to take care of acutely psychotic patients, Dr. Oquendo has become recognized for her expertise in the diagnosis, pharmacologic treatment, and neurobiology of bipolar disorder and major depression. She also has a particular interest in suicidal behavior and global mental health. As the Director of the Clinical Evaluation Core of the Conte Center in the Molecular Imaging and Neuropathology Division at Columbia, she serves as principal investigator on several National Institute of Mental Health-funded projects. These include a prospective study of suicidal behavior in patients with affective disorders, a training grant for translational neuroscience, and two training grants in global mental health. Additionally, she is a co-investigator on four other NIMH-funded research studies examining the neurobiology of suicidal behavior or mood disorders.

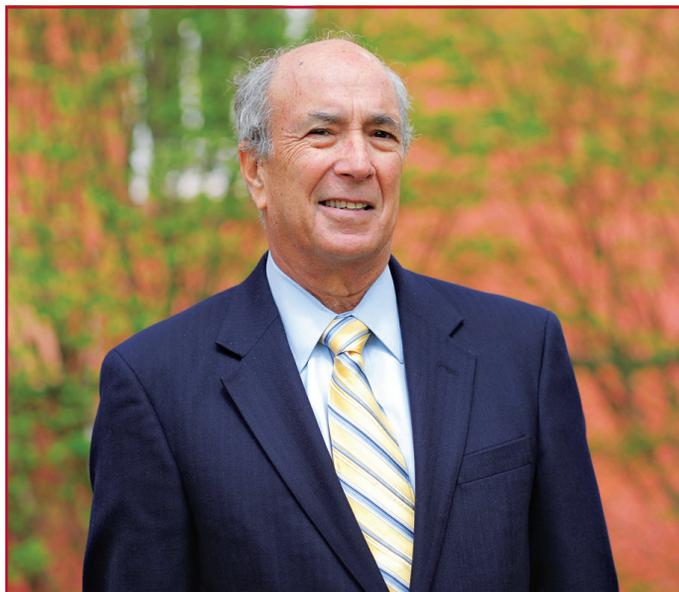
Dr. Oquendo has held several leadership roles at the APA and is the past Secretary of the Board of Trustees. She formerly chaired the APA's Workgroup on Minority and Under-Represented Caucuses, the Conflict of Interest

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Dr. Maria A. Oquendo

Measuring Treatment Response in Psychotic Depression (continued from page 1)



Dr. Barnett S. Meyers

for major depression associated with a delusion (fixed irrational idea) participated in STOP-PD. More than half of the subjects were over 60 years of age. The results, published in the *Archives of General Psychiatry*, provided the first evidence that geriatric PD patients can respond to medication treatment comparably to young adults.

Dr. Meyers offers that “we now have an evidence-based alternative to ECT, which is often considered the first-line treatment for adults across the adult age spectrum.” Dr. Meyers and the STOP-PD research group are currently studying the effectiveness of continuing the acute combination treatment for up to one year following remission to prevent relapses of PD. This STOP-PD project assesses both the benefits and metabolic risks of continued medication treatment.

“The major problem in PD is one of poor recognition and not of the availability of adequate treatments,” says Dr. Meyers. Researchers in the STOP-PD group have demonstrated that more than 20 percent of patients admitted to academic medical centers were not recognized as having PD before a careful research assessment. According to Dr. Meyers, “The irrational beliefs of PD are too frequently considered to be the preoccupations with physical health concerns, guilt, or financial pessimism that frequently occur in association with major depression.” He emphasizes that “failure to recognize and appropriately treat the irrational convictions held by people with PD can have tragic consequences, including suicide.” Dr. Meyers adds that “all too often, media coverage of suicides overlooks the potential contribution of delusional thinking to otherwise inexplicable self-destructive acts.”

As part of their work, Dr. Meyers and his colleagues have developed a new instrument that measures the severity and treatment response in PD patients. The rating scale, the Psychotic Depression Assessment Scale (PDAS), was developed by Søren D. Østergaard, MD, PhD, a Danish collaborator. Analyses of STOP-PD data, led by Dr. Østergaard at Aarhus University in Denmark, contributed to the development of the PDAS, which was published in the *Journal of Affective Disorders* in May 2014.

“Previously, we did not have a tool that captured both depression and psychosis with a single instrument,” continues Dr. Meyers. “Dr. Østergaard suggested that we combine items from validated and commonly used depression and psychosis scales to quantify the severity in both domains at one time in a simple way.” Dr. Meyers notes that “few treatment studies have systematically assessed improvement in both depressive and psychotic symptoms. The PDAS provides an instrument that measures both domains of psychopathology.”

The investigators tested the clinical and psychometric validity of the 11-item PDAS covering both depressive and psychotic symptoms among patients with psychotic depression. The scale consists of the six-item melancholia subscale (HAM-D6), derived from the 17-item Hamilton Depression Rating scale (HAM-D17), plus five items from the Brief Psychiatric Rating scale. The 11 items are:

- depressed mood
- guilt feelings
- work and activities
- psychomotor retardation
- psychic anxiety
- somatic symptoms (general)
- hallucinatory behavior
- unusual thought content
- suspiciousness
- emotional withdrawal
- blunted affect

Dr. Meyers and the STOP-PD group have also published an instrument to assess the various domains of delusional thinking in PD, including the impact delusions have on behavior. “We believe that being able to recognize uncomplicated major depression is insufficient,” says Dr. Meyers. “Psychiatrists must be able to elicit the patient’s concerns and assess whether the worries are unfounded and resistant to the rules of logic or what we call reality testing. The same attention should be given to fleshing out suicidal thoughts, if any, because these occur commonly in PD.”

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For More Information

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Dr. Jeffrey Lieberman's Take on the Field of Psychiatry

In his recently published book, *Shrinks: The Untold Story of Psychiatry*, Jeffrey A. Lieberman, MD, Psychiatrist-in-Chief, NewYork-Presbyterian/Columbia University Medical Center, takes readers through the history of psychiatry – from its unscientific beginnings to its current state as a legitimate scientifically driven medical discipline. *Shrinks* features numerous case studies and portraits of such important figures as Sigmund Freud and Eric Kandel, and describes the debacles and breakthroughs that have defined psychiatry.

The field of psychiatry predates the technology needed to truly understand the brain, so for decades psychiatry struggled as a discipline to gain a scientific foothold and lacked an empirical foundation, notes Dr. Lieberman. Also, the definition of mental illness has been susceptible to cultural inconsistency and has changed over time.

"I had never written a book for general audiences," says Dr. Lieberman. "I was prompted to write this book because after 30 years of studying mental illness and caring for patients, I could no longer bear the idea that 25 percent of the population – 90 million Americans, 1.5 billion people in the world – were at risk of suffering from mental illness because of lack of awareness, shame, or inability to find competent care. But that is the sobering reality. Too many people who develop a mental illness go untreated for no good reason. This simply cannot – and must not – continue."

After a career spent in research, followed by becoming department chair at Columbia, Dr. Lieberman faced a number of challenging administrative issues. "I guess I got radicalized a little bit by the inefficiency and dysfunction of our health care system and decided to run for President of the American Psychiatric Association," he says. "I've never been active politically, but I saw that it could be an effective platform to influence government policy and public opinion."

During his tenure as President of the APA, Dr. Lieberman contributed to important health care legislation such as the Mental Health Parity Addiction Equity Act's Final Rule and the Patient Protection Affordable Care Act, and most recently the Helping Families in Mental Health Crisis Act. "Over the two years I was

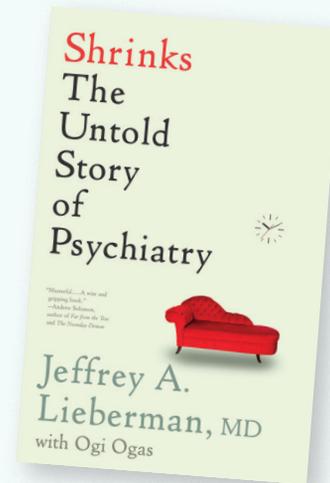
in Washington, I worked with the administration and Congress on legislation and dealt with the media on issues ranging from explaining the new DSM to mental illness and violence in the wake of tragic events like Newtown, Connecticut, and Aurora, Colorado," he says. "In the midst of this, a friend suggested that I write a book as an effective, very public way to set the record straight about what psychiatry is – and what it's able to do."

Dr. Lieberman is passionate about the importance of availing treatment to all people suffering from mental illness. "I have firsthand experience with people who have done terrible things while at the mercy of their symptoms, and after they are placed in jail or a hospital and finally receive the treatment they need, they become aware and insightful and experience real remorse," he says.

Dr. Lieberman notes that although it has taken a long time for psychiatry to find its stride, scientifically speaking, he believes it is now in a strong position and the momentum is building. "The maturational process has been longer and slower for our field," he says. "We're the late bloomers. It wasn't that psychiatrists weren't trying as hard as scientists in other medical specialties. It's that the brain proved much more difficult to understand than the other organs. And the functions of the brain we're studying are the most sophisticated and highly evolved in humankind. We didn't have the technology before. It's only now that psychiatrists have the neurobiology, neuroimaging, genetics, and pharmacology tools and approaches that we can begin to make adequate progress."

For More Information

Dr. Jeffrey A. Lieberman • www.JeffreyLiebermanMD.com



Dr. Maria Oquendo New President-Elect of the APA

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Committee, and the Substance Abuse and Mental Health Services Administration Fellowship Selection Committee. She is Vice President of the Board of the American Foundation for Suicide Prevention, President-Elect of the International Academy for Suicide Research, past president of the American Society of Hispanic Psychiatry, and serves on both the American College of Neuropsychopharmacology's Council and the National Institute of Mental Health's Advisory Council.

Dr. Oquendo served as Associate Editor of the *American Journal of Psychiatry* and has authored or co-authored more than 300 peer-reviewed articles. She is the recipient of numerous awards, including the Simon Bolivar Award from the American Psychiatric Association and the Stengel Award from the International Association for Suicide Prevention.

Dr. Oquendo received her medical degree from Columbia University College of Physicians and Surgeons, followed by her residency in psychiatry at the Payne Whitney Psychiatric Clinic at NewYork-Presbyterian/Weill Cornell Medical Center.

"I am honored and grateful to have been elected to lead the APA,"

says Dr. Oquendo, who will assume the APA presidency in May 2016. "This is an exciting time to practice psychiatry. Our knowledge base has grown exponentially in the last decades, and we still have the privilege of forming close therapeutic alliances with our patients and their families, offering relief for suffering. Yet, the APA has much work to do."

Dr. Oquendo notes that among her priorities are working toward securing a key role for psychiatrists as health care reform unfolds, while ensuring high quality care for all; securing robust federal funding for education and research; and strengthening collaboration with psychiatric subspecialties and primary care.

"Importantly, I believe the APA can continue to strive for diversity at all levels of the organization, including representation from women, minority psychiatrists, and LGBT members," says Dr. Oquendo. "I hope to harness my experience in teaching and mentoring to engage our trainee members and early career psychiatrists. They are our future."

For More Information

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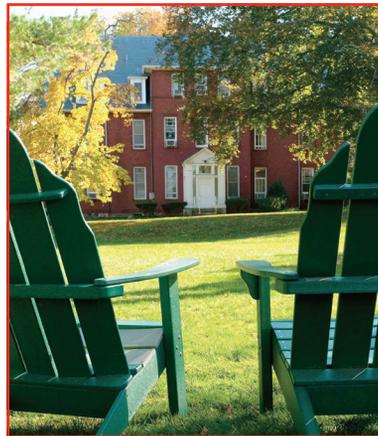
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