

behavioral health NEWS

What's happening in behavioral health in the Jefferson Health System

JUNE 2000

With Improved Awareness, Sleep Center Helps More Patients

Karl Doghramji, MD, Director of Jefferson's Sleep Disorders Center, reviews the results from a recent polysomnography test: "This line shows where her oxygen levels are, and this one shows where they should be. Right here," he adds, pointing to a pronounced dip, "her lips would be turning blue." Like many center patients, this woman suffers from obstructive sleep apnea, a condition in which the upper airway repeatedly collapses during sleep. Sleep apnea is associated with high blood pressure, heart attack, and stroke. Many people don't know they have it and may complain of daytime fatigue or headaches, or their bed partner may tell them they breathe or snore loudly.

For more than twenty years, the Jefferson center has helped patients get to the bottom of sleep problems. Doghramji and Associate Director Sharon Schutte, MD, both board-certified in sleep medicine, evaluate and treat disorders that also include chronic insomnia, narcolepsy, sleep walking, and periodic limb movement disorders (including restless legs syndrome), and other sleep disorders.

Crossing disciplines

Because sleep disorders have a wide range of causes and effects, Doghramji and Schutte work closely with otolaryngology, neurology, cardiology, pulmonology, psychiatry, and oral surgery and dentistry, as well as family medicine and pediatrics. Schutte says that the multi-disciplinary nature of sleep medicine attracted her to the field. "I think of myself as being a primary care physician at night," says Schutte. The sleep laboratory offers overnight and daytime testing as necessary, and conducts a variety of research (see page 3).

Growing attention

While sleep disorders are now more widely discussed, they are still commonly undiagnosed or misdiagnosed. "Often, patients have been through the mill by the time they come to us," says Doghramji. "They may have seen several physicians and tried many forms of treatment."

The title of a recent editorial in the *Annals of Internal Medicine* asks, "Do You Ever Take a Sleep History?" The author cites a 1998 study in which 222 patients at a Veterans Affairs center completed a sleep-related questionnaire. Nearly half reported excessive daytime

sleepiness or insomnia, but none had any record of sleep symptoms in their charts.

However, awareness is improving, partly because medical students and residents now get training in sleep-related conditions. The media also gets credit. In fact, Good Morning America recently featured a patient evaluated at Jefferson's center for an unusual parasomnia. This kind of attention, says Schutte, has led to a "grassroots movement" of patients who persist in asking for help.

To contact the Sleep Disorders Center, call 215-955-6175. ■



Senior sleep lab technician Bill Breuninger attaches head electrodes to a patient for a nighttime study at Jefferson's Sleep Disorders Center.

A Message from the Vice President

Jack Dembow



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Welcome to Behavioral Health News, a publication that will explore the diversity of mental health and chemical dependency programs in the Jefferson Health System (JHS). Ours is an extensive system of services coordinated by Thomas Jefferson University Hospital, Main Line Health, and Belmont Behavioral Health, the behavioral health product line of the Einstein Healthcare Network.

Through this publication, and with your help, we hope to impart a greater sense of "system." In today's market, in-house consultations and cross-referrals are important. Knowing what services exist is the first step to more effective care and sounder business practices.

Today, managed care organizations and other purchasers of healthcare request the very things that we offer. Our continuum meets their changing needs, matches their outcomes goals, and has a reputation for standards of excellence. Staff collaboration across our three core entities will provide greater training and patient care opportunities, and ultimately enhance the quality of our effort.

In this issue, we highlight three "niche" programs representative of the breadth and depth of our capabilities. We will also focus on the experienced, respected, and dedicated professionals that make up our dynamic system.

Let us know what you think. We'd be happy to spotlight your program in future issues of Behavioral Health News. ■

Eating Disorders Program: 15-Year Tradition of Care

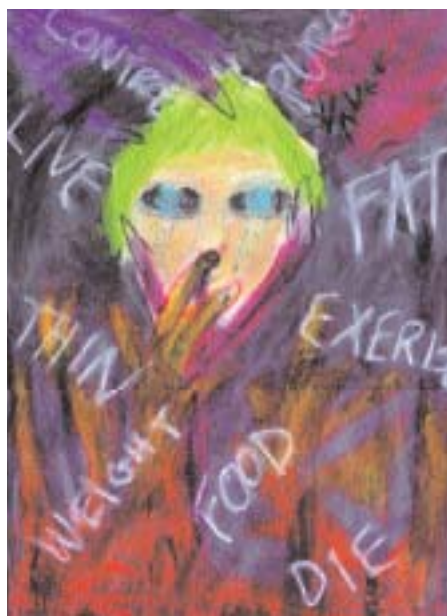
On any typical week, about twenty teenaged and adult women live, or are partially hospitalized at, the Eating Disorders Program at the Belmont Center for Comprehensive Treatment. Often, these women initially sought care for other types of physical complaints before being properly diagnosed. Not uncommonly, they also reveal emotional, physical, sexual, or substance abuse.

The program has two new leaders: Director Denise Lensky, PhD, a clinical psychologist, developed a similar program at St. Mary's Regional Medical Center in Lewiston, Maine. She was also on staff at the Eating Disorders Program at Northwestern Memorial Hospital in Chicago. The new medical director is John McCafferty, MD, a general adult psychiatrist who had been collaborating with Lensky.

Overcoming fear

"I've been in this field for ten years," says Lensky, "and I haven't seen any improvement in the toxic pressure on girls and young women to attain unrealistic and unhealthy standards

Patient art produced in therapy at the center.



for their bodies." The center's patients commonly suffer from severe anorexia nervosa or bulimia nervosa, and sometimes binge eating, and are too ill for outpatient therapy alone. The center uses family, group, and individual therapy as well as art, psychodrama, and movement therapies, and nutrition and cooking classes.

"We have to teach our clients to deal with foods that they fear or consider risky," says nutritionist Annette Marchinetti. "Some patients are very resistant, while others are well-aware that they have a problem and need to change."

Patients often have co-occurring depression or anxiety. Some receive treatment at Belmont for alcohol or drug problems. The Eating Disorders Program has also started a "survivors track" for victims of abuse.

Stay vigilant and inquire

"Anyone who treats adolescents or young women has to remain mindful of the prevalence of eating disorders," Lensky says. "Patients often won't volunteer information unless asked and may present with other somatic complaints, such as GI problems, headaches, dizziness, tiredness. Of course, they'll fail to mention that they've barely eaten for the past three months."

Revealing these physical symptoms may be the patient's way of: asking for help indirectly; pursuing relief from discomfort while avoiding confronting the eating disorder; or failing to make the connection between their symptoms and the eating behavior.

To contact the Eating Disorders Program, call 215-581-5489. ■

Just Ask... About Your Patient's Use of Alcohol

ASK: Has alcohol ever been a problem in terms of your health, family, job, social, or emotional functioning? If yes, ask if they had a drink within the past 24 hours. These two combined questions have a high likelihood of identifying patients with alcohol abuse problems.

Main Line Health recently mailed a card with this advice to primary care practitioners. Helping to design the "Just ASK" initiative was Eric Brown, MSW, Director of the Center for Addictive Diseases at Bryn Mawr and Paoli Memorial Hospitals, and Dennis Donnelly, MD, the center's Medical Director.

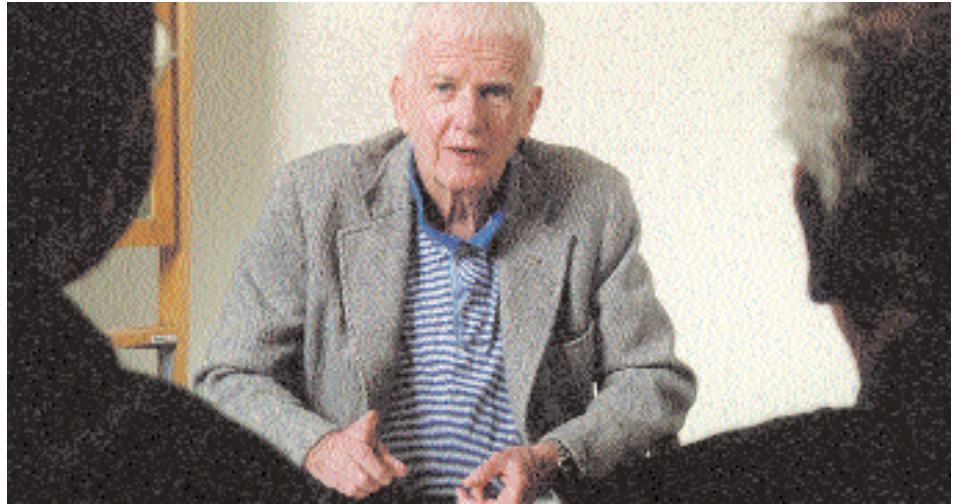
Making all else secondary

At any one time, the Center for Addictive Diseases has about 130 clients taking part in outpatient therapy to overcome problems with alcohol, cocaine, marijuana, prescription medications, heroin or, most commonly, alcohol. About half of the twelve certified addictions counselors and social workers at the Paoli location have overcome drug and alcohol addiction themselves. Two years ago, the center opened a second office at the Youth and Family Center at Bryn Mawr Hospital.

"Patients may claim many other contributing life problems, but the approach has to be that all other problems are secondary to the addiction," explains Brown. "They must convince themselves that only after they stop using can therapy focus on self-esteem, relationships, and goals."

Tailored therapy, seniors

Care depends on the needs and comfort level of the patient. Adults with the most serious problems participate



Addictions therapist John Dinnien conducts at group session at Main Line's Center for Addictive Diseases.

in intensive outpatient therapy, meeting at the center four nights a week and with an individual counselor twice a week, for up to six weeks. "Patients often come straight to the center from work each day," says Brown.

Other weekly groups are devoted to relapse prevention, DUI offenders, and teenagers. Brown points to the over-60 group as one of the center's notable successes. Alcoholism is a partly hidden

problem among the elderly, who spend more time home alone. About 25 seniors meet weekly at the center.

"In addition to a host of social problems, substance abuse is behind many ER visits and chronic illnesses," says Brown. "People trust their physicians, so it's important to 'just ask' in even routine assessments."

To contact the Center for Addictive Diseases, call 610-648-1130. ■

Sleep Research: Probing the Other Third of Life

It was only seven years ago that the federal government established a National Center on Sleep Disorders Research at the National Heart, Lung & Blood Institute at the NIH. Though the field is young, sleep researchers have made significant strides, finding new antidepressants and hypnotic agents that are safer and more effective than many of the barbiturates and amphetamines commonly prescribed in the past.

One current patient trial at Jefferson's Sleep Disorders Center is evaluating the effectiveness of a sleep medicine, traditionally used as a short-term treatment for insomnia, when taken intermittently over a long period. Another is evaluating a

pharyngeal "muscle-toning" medication as a treatment for sleep apnea. The sleep specialists have also worked with otolaryngologists on a study of laser surgical treatment for sleep apnea.

Drs. Doghramji and Schutte recently co-authored, with Jefferson pediatricians, a study of sleep complaints among young children. (One significant finding: 10 percent of children report falling asleep in school.) Other planned studies will investigate prescription compliance among narcoleptics, sleep quality in patients with gastrointestinal disorders, and the effects of medications on sleep and daytime functioning in depressives. ■

Profile: Lee Altshuler



Lee Altshuler

Director of Geriatric Partial and Intensive Outpatient Services
Belmont Behavioral Health
Jefferson Health System

Current roles: Administrative responsibility for eight Belmont geriatric centers with about 40 staff members. “One of my conditions for accepting this job was that I would remain a clinician – that’s still the essence of who I am.”

Happenings

- now open: Children’s Inpatient Psychiatric Unit (ages 5-12) at Belmont Center for Comprehensive Treatment. Mike DeStefano, PhD, Program Director. 215-581-3775
- now open: Alternatives at Belmont, an inpatient program for gays, lesbians, bisexuals, and transgendered adults, Caryn Hartman, RN, Director. 215-581-3775
- appointed: Dennis Donnelly, MD, Medical Director, Inpatient Psychiatric Unit, Bryn Mawr Hospital. 610-296-0142
- affiliation: Penn Council on Relations and Jefferson’s Dept. of Psychiatry and Human Behavior. Now the Division of Family and Couple Studies. 215-382-6686

Behavioral Health News is published by the Jefferson Health System to provide health professionals with information useful to them in patient care, research, and education.



Work history: Trained and worked as a movement therapist, starting in the late 1970s, and began concentrating on geriatrics; line-staff clinician and then a unit coordinator at Jefferson in the 1980s. “In 1990, I came to Einstein as the administrator for one geriatric partial unit. Within two years we had four, and now we have nine.”

Services provided: Behavioral therapy, including verbal group psychotherapy and music, art, and movement

- appointed: Patrick Heron, Coordinator for Medical Student Education. Department of Psychiatry & Human Behavior, TJU. 215-955-9823

Chairman’s Message

This first issue of Behavioral Health News grew from the retreat held in January by professionals and administrators representing the behavioral health leadership of JHS. It reflects everyone’s desire to learn more about the rich network of services we represent. Better communication was on the top of all of our wish lists. Through the efforts of Jack Dembow and support from JHS, we have been able to bring this newsletter to fruition.

From services for children to older adults, and at locations downtown to the suburbs, we offer state-of-the-art patient care. Our ongoing efforts to integrate these services will increase the ease with which patients and their families can turn to us for guidance and care. At the same time, we have seen the strength of our academic and research programs increase.

For the future, I hope that all of our readers will take advantage of this newsletter to highlight their programs and ideas.

Michael J. Vergare, MD
Director of Clinical Services
Behavioral Health Services
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therapy, as well as medication management. “People come to our centers with problems ranging from grief response to mood disorders to enduring mental illness.”

Favorite part of the job: “What I value most in life are relationships – with my patients and colleagues, as well as family and friends. Working with patients has been life giving. From them, I get the courage to grow old.”

Least favorite part: “The seemingly endless paperwork.”

Why aging is difficult: “Our culture has always been dismissive of older people. In addition, older people are trying to resolve the ‘baggage’ of their lives and face the end of life with peace of mind. Loss of youth, sexuality, dreams can be just as difficult as, say, the loss of a spouse.”

Most persistent myths about aging and mental health: “That dementia and memory loss, depression, and loss of sexuality are natural and normal.”

Point of professional pride: “In spite of regulatory changes and more insurance restrictions, we still manage to devote ourselves as caring professionals to the needs of the aged.”

Hobbies away from work: Arts, music, theatre, movies, the Phillies, “my marvelous new grandson.”

Hope for the future: “This generation of old people grew up thinking that getting psychotherapy meant you were ‘crazy.’ As the next generation ages, I hope that seeking help for emotional challenges and problems will become more acceptable.” ■