

behavioral health NEWS

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

Consultation-Liaison Division Includes Special Focus on Women

What's the best psychotherapeutic approach with a woman who has become so anxious about her pending breast-cancer treatment that she is weak and losing weight due to insomnia and loss of appetite? What drug strategy is safest and most effective for a middle-aged man too depressed after a heart attack to participate in his rehabilitation therapy? What's the most prudent therapy for a woman experiencing severe depression during pregnancy?

These are the kinds of questions that Jefferson's Division of Consultation-Liaison Psychiatry addresses everyday. The division is a general consultation service for patients who have behavioral health issues related to or concurrent with a medical condition. It has recently expanded its research activities and has a special focus on women's issues.

"This was a natural development of our service, as we treat so many women who have oncologic or ob-gyn problems," explains Elisabeth J. Kunkel, MD, director of the division.

Two staff members have recently added skills: Catherine M. Piontek, MD, and Kathleen Peindl, PhD, came to Jefferson

within the past year from a renowned women's behavioral health group. Piontek offers highly specialized consultations for ob-gyn patients, while Peindl is conducting cutting-edge research in pregnancy and post-partum behavioral-health issues.

A Key Cancer-Center Service

Kunkel directs a busy academic division with exceptional expertise in a range of areas. But since coming to Jefferson in 1989 from Memorial Sloan-Kettering Cancer Center, where she completed her fellowship in psycho-oncology, Kunkel has served as a consulting psychiatrist for cancer patients.

Cancer patients are referred at any phase of disease. This includes prior to diagnosis; before, during, and after treatment; at the time of recurrence; while dying; or near death. Kunkel is also called on to help cancer survivors, some of whom have difficulty with re-entry into their normal lives after cancer.

Issues with which Kunkel helps patients include: fear of disease, depression after diagnosis, relationships to spouse and children, genetics of the disease, side effects of treatments, body image, sexuality, and sense of femininity or masculinity. In addition

to psychotherapy and medication, the division offers relaxation and stress-reduction strategies.

Women and Endocrine Issues

Piontek and Peindl have focused on mood conditions of women, especially

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Rosina Coltellaro created "Spirits in the Tree," as a participant in the pilot Mindfulness-Based Art Therapy study at Jefferson. In the study, now funded by the NIH's Center for Complimentary and Alternative Medicine, patients learn meditation and expand their capacity for active self-expression within a supportive group environment, with the goal of helping themselves to live better with the uncertainty of cancer.

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Kunkel (left) works closely with cancer specialists, including medical oncologist Rita S. Axelrod, MD.

as they relate to the burgeoning study of the premenstrual, post-partum, perimenopausal, and menopausal periods. Piontek co-authored an article this summer in the *New England Journal of Medicine* on recognizing and treating post-partum depression.

Piontek, who has a background in ob-gyn and women's inpatient psychiatry, manages the risk-benefit of using antidepressants during pregnancy or breast

feeding. Such decisions must account for critical questions about residual, long-term affects of not treating depression during and after pregnancy. Data already indicates that untreated post-partum depression correlates with greater risk of developmental problems in children.

"A new model also looks at depression during pregnancy as a 'toxic' exposure for the unborn and a risk for the mother," says Piontek. "We know that depression changes neurochemistry, stress hormones, and the endocrine balance, so what is the affect on the fetus? As for the mother, any untreated depression can lead to more persistent dysfunction."

Peripregnancy Depression Care

Peindl, who has 15 years of experience in psycho-epidemiology research, will collaborate with division clinicians on two pending grants:

- The group hopes to take part in a multicenter grant that will look at light therapy as a treatment alternative for women who have depression during pregnancy. Peindl helped generate pilot data indicating that the approach can be effective.
- She has also submitted a grant proposal for evaluating the Edinburgh Postnatal Depression scale as the tool of choice for diagnosing post-partum depression. "There are big problems in identifying this condition in primary care," she says. "With a 70-fold increase in the suicide rate of women post-partum, the stakes are high."

To contact the division, call 215-955-6683.

A Message from the Chairman

Michael J. Vergare, MD



*Director of Clinical Services,
Behavioral Health Services
Jefferson Health System*

The current period in healthcare history in this region will be remembered as one of the most challenging economic times faced in decades. But I am pleased to see that our behavioral health programs continue to move towards higher levels of care for special populations. This newsletter highlights three programs that are designed to meet the needs of special groups of patients.

Treating schizophrenia is often a challenge and requires careful coordination of pharmacologic treatments with psychosocial care. A recent innovation in treatment, gaining national recognition, is the Texas Medication Algorithm Project. Through the leadership of Marianne Klugheit, MD, we have applied this model to assuring that our clinicians use rational,

stepwise drug interventions. This issue of Behavioral Health News describes the project and the collaboration between Community Behavioral Health of Philadelphia, Belmont Behavioral Health, and Northwest Human Services.

The Consultation and Liaison group at Jefferson has moved in a direction that permits special focus on the needs of women and those with cancer. The division has expanded research in these areas. At the American Day Center at Main Line, we see further evidence of crossover efforts, as we link the worlds of addictions with more traditional interventions for depression and other psychiatric disorders.

Part of our success comes from our willingness to continually step back, reframe our thinking, and then reshape what we do. I think you will agree that, we are better meeting the needs of those who turn to the Jefferson Health System for care.

Standardizing Drug Treatment for Schizophrenia

Schizophrenic patients are often medicated with multiple antipsychotics, even though such treatment is usually not ideal from either a clinical or cost perspective. This was part of the challenge handed last year to Marianne Klugheit, MD, as a member of the Regional Pharmacy and Therapeutics Committee of the Community Behavioral Health (CBH) service of Philadelphia.

The committee, charged with overseeing the formulary issues of the Medicaid population of Philadelphia, included HMO representatives in need of controlling medication costs, CBH representatives seeking to contain the expense of inpatient stays, as well as community psychiatric providers and representatives from the state. All wanted to simultaneously improve the quality of care for schizophrenia.

“Atypical” antipsychotics have long been accepted as first-line therapeutics because of better efficacy and side-effect profiles compared to traditional drugs. But these and other newer psychotropic medications have increased costs. In addition, substantial variability remains in drug-prescribing patterns.

Klugheit, Associate Chair of Psychiatry at Einstein, and the Eastern-Regional Medical Director of Northwestern Human Services (NHS, a private, nonprofit behavioral health corporation) began working with committee chair, George Gardiner, MD, on a solution using the established concepts of clinical pathways and evidence-based medicine.

One of the most popular tools for best-practice prescription guidelines is the Texas Medication Algorithm.

“Though our committee endorsed this algorithm, it was too complex and expensive in terms of the staff needed,” says Klugheit. “We wanted to devise something that could be used within the limited resources of community mental health centers.”

The Philadelphia Schizophrenia Project, as their initiative came to be called, resulted in a simplified algorithm that physicians could apply using a two-page guideline and a two-page form for recording clinical status, progress notes, and medication regimen. A training video has helped participating staff members gain consistency in use of these materials. Clinicians at the partial hospital program at NHS and at the inpatient psychiatric unit at Einstein are treating patients using the guidelines.

“We’ve tried to put the best of what’s known into this strategy,” says Klugheit. She and co-workers



The Philadelphia Schizophrenia Project is testing an algorithm, or set of prescribing rules, for treating people with schizophrenia pharmacologically in community clinical settings

have presented the project to other segments of the Jefferson Health System, and are gathering data on the drug use and patient outcomes resulting from this approach.

To learn more, contact Cherian Verghese, MD, at 215-456-8925.

The guidelines of the Philadelphia Schizophrenia Project emphasize:

- thorough initial evaluations, including careful assessment for concurrent conditions;
- initial use of one of several atypical antipsychotics at full dose with titration;
- no more than two to three weeks between evaluations and progress notes to formally track symptoms;
- a switch to a second antipsychotic medication only after a sufficient trial of the first;
- a trial of Clozaril only for patients who have failed a third trial using a conventional or atypical antipsychotic;
- and strict criteria for when more than one antipsychotic may be used at the same time.

Valuable Day Hospital for Dual-Diagnosis Patients

It was not an unusual call for MLH-Behavioral Health's American Day Treatment Centers: An area high school had a student who appeared to be

Happenings

- *Appointed at Belmont Behavioral Health: Thomas Richardson, DO, Attending Psychiatrist, Addictions Division. Richardson is a recent graduate of the Addiction Fellowship Program at Jefferson.*
Denise Hernandez, MD, Attending Psychiatrist, Inpatient Division. Hernandez recently completed her residency at University of California, Irvine, where she also served as Chief Resident.
- *Appointed at Jefferson: Kathleen S. Peindl, PhD, Research Associate Professor. Peindl was previously an Assistant Professor at the University of Louisville.*
- *Clinical Trials: Jefferson Health System has numerous trials in progress for adolescents through older adults. Contact Howard Waxman, PhD, at Belmont, 215-581-3900; Ashwin Patkar, MD, at Jefferson, 215-955-2542; and Cherian Verghese, MD, at Einstein, 215-456-8925.*

seriously depressed and, as a result of a tip from another student, the school counselor suspected the student had been chronically cutting his body. The case was one of many types that fit the criteria for American Day's Dual Diagnosis Track.

“‘Cutting,’ as we call it, is just another addictive behavior that has become more prevalent recently among younger patients,” says Nancy Powell, PsyD, a counseling psychologist in the program. The dual track seeks to keep patients who have both a mental health diagnosis and addictive behavior out of the hospital but in intensive therapy during periods when they are debilitated by their conditions but still functional.

As one of the few such day hospitals in the area, the center offers a critical service for individuals who need addiction counseling and psycho-therapeutic treatment at the same time. Relying on a group-therapy model, American Day segments its sessions for younger, mature, and older/mature patients.

“Pull out” patients receive individual therapy as well. Addictions addressed by the experienced counselors include drugs and alcohol and nearly all other types of behavioral addictions. Patients typically receive care for a week to ten days. The staff maintains a 24-hour, on-call service.

MLH-Behavioral Health offers the program at its American Day centers in Exton, Pa. and in Drexel, Pa. In addition, Main Line's Center for Addictive Diseases shares these facilities, offering evening group



Counselor and addictions therapist Nancy Powell, PsyD, conducts an intake interview with a patient as part of the Dual Track program at American Day Treatment Centers.

programs for individuals with a wide range of addictions.

“Addictions are coping behaviors. The goal of treatment is to leave behind more positive methods of coping. And setting up separate tracks, with age-specific groups, for dual-diagnosis patients really helps,” says Powell, who is the Clinical Director of the Exton site. She notes that, depending on the addiction, patients must be reasonably clean of current use in order to enter the program. Centers for drug and alcohol detoxification, for eating disorders, and for other addiction-crisis intervention serve a different but complementary role. Care in the dual track includes didactic, solution-focused groups and help in transitioning back to work, school, senior center, or other daily activities.

To refer a patient, call 1-888-CARE Ext: 898.

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.