

# behavioral health NEWS

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

SPRING 2002

## World-Class Geriatric Unit — Dementia, Neurosciences

It's rare to find a program like the Jefferson Geriatric Psychiatry Program. That's partly because such complete services are complex and expensive to run.

The program offers a comprehensive outpatient service and inpatient floor, with a dedicated dementia unit. Nationally, few health systems or hospitals have had the commitment and focus needed to offer such highly specialized care. (However, within the Jefferson Health System, Einstein and Belmont also offer similar inpatient and outpatient geriatric psychiatry programs. *See page 3.*)

"Administrators and clinicians around the country who set out to develop geriatric psychiatry services often underestimate the challenge of achieving good care and business solvency in such programs," notes Medical Director of the Jefferson program Barry W. Rovner, MD, who is a Professor of Psychiatry and Human Behavior, and Director of the Division of Geriatric Psychiatry at Jefferson. Last year, the program he oversees celebrated its 10th anniversary, as it continued to enhance its position of offering some of the best care in the

world for seniors with psychiatric conditions, including those with concurrent neurological or other medical conditions.

### *Getting to the Cause*

Misdiagnosis is a major issue for elderly patients judged to have psychiatric conditions. The Jefferson program uses an integrated team approach to differentially determine the exact basis of behavioral symptoms.

"The influence of medications, disease processes, and other factors can leave a patient with a presentation that mimics dementia," says Rovner, whose program benefits from the close interdisciplinary work of its psychiatrists with geriatricians. The staff collaborates with the Geriatric Evaluation Center in Jefferson's Department of Family Medicine and includes a specially trained nursing staff.

Other hospitals refer patients who are seriously ill and who pose complex management problems. Program geriatric psychiatrists also include David L. Buch, MD, who has a focus on patients with multiple conditions; Rona E. Pasternak, MD, who has a special interest in bereavement and depression; Rodney J. Pelchat, MD,

PhD, whose expertise includes the connection between medications and neuropsychiatric-like symptoms; and James M. Youakim, MD, who has a background in sleep disturbances.

The program's staff recently completed a geriatric-depression outcome study looking at factors that contribute to post-treatment success. The research found that when family caregivers feel that depressive symptoms are under voluntary control of the patient, the patient is less likely to recover.

### *Keys to Modern Geripsych Care*

The program's acute inpatient unit treats psychiatric and neurological

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*Orchestrating a rich set of care resources, Barry W. Rovner, MD, directs the geripsych program at Jefferson. A recognized national expert in Alzheimer's Disease, Rovner trained as a fellow at the Johns Hopkins Dementia Research Clinic.*

## A Message from the Chairman

Michael J. Vergare, MD



Director of Clinical Services,  
Behavioral Health Services  
Jefferson Health System

This is the first issue of this newsletter without comments from Jack Dembow. Jack retired from his position as Vice President for Behavioral Health recently and will be very much missed. It is fitting that this issue focuses on geriatrics, since Jack has been instrumental in providing the support and vision that has helped our clinicians to craft services that meet the needs of the elderly and that expand the diversity of behavioral health services in the Jefferson Health System.

Geriatric psychiatry is near and dear to my heart, since I have watched it evolve from an under-recognized field to the specialty that it is today. Starting with the geropsychiatric service units established at Einstein and Belmont, and later followed by the Jefferson program, our partners have historically helped to lead the way in care for the elderly in our region. These efforts integrate care provided by geriatricians, social workers, nurses, and psychologists. Whether dealing with the hidden problem of substance abuse, as addressed by Main Line Behavioral Health, or caring for patients in home environments such as Cathedral Village, we've been able to design care to meet real needs.

In closing, a reminder: May is not only Mental Health/Mental Illness Awareness month but also brings the Annual Meeting of the American Psychiatric Association to Philadelphia. We are pleased to sponsor a number of events at Jefferson, including the New Investigators Symposium. There will be scientific presentations during the week, as well as receptions. I hope to see many of you there.

## World-Class Geriatric Unit from page 1

conditions of the elderly, as well as the additional co-morbid medical conditions from which this population often suffers. Among common diagnoses are depression, Alzheimer's disease, stroke, and Parkinson's disease. The well-appointed, 20-bed unit is designed for a disabled elderly population, and is the only such unit in the area with a separate dementia section. The program also treats a small number of nongeriatric patients who have neuropsychiatric disorders.

The service takes advantage of a variety of art, activity, and other creative therapies. "These approaches illuminate the patients' mental state by providing a unique view of how they are communicating and feeling," notes Rovner.

The program also incorporates occupational and physical therapies. Patients' abilities in these areas figure into a treatment plan aimed at maximizing function. Furthermore, the staff addresses the risk of falls for each patient. In addition, social workers on the team have a critical function, bringing together the program's emphasis on post-discharge support and teaching families about such issues as dementia and memory

loss, as they assist them in finding resources in the community. For patients who can be helped on an outpatient basis, the program offers a comprehensive assessment and management service.

### Neuroscience Collaboration Grows

Located in the Jefferson Hospital for Neuroscience (in the facility that was formerly Wills Eye Hospital), the program is increasing its longstanding collaboration with neurologists and neurosurgeons, whose clinical spaces and resources — and world-renowned services — are expanding within the same building. Faculty advancing research in gene therapy, neurodegenerative diseases, and other areas integrate their work with the geriatric psychiatry program.

"We are always looking to improve our capabilities for enhancing the quality of life for older persons," says Rovner. "Our goal, from the start, has simply been to deliver the very best care available."

*To reach the Jefferson Geriatric Psychiatry Program at Wills, call 215-928-3021.*

## Teasing Apart Depression and Loss of Vision

Impaired vision is a leading cause of disability in older adults, but which is more debilitating, the practical or emotional effects of vision loss? Collaborating with the Retina Service at Wills Eye Hospital, the Jefferson Geriatric Psychiatry Program is looking to answer that question in patients suffering from age-related macular degeneration.

These patients lose the ability to distinguish detail in the central part of their visual field.

"They don't become blind, but they are demoralized," says Rovner. "We theorize that patients withdraw because of depression superimposed upon their vision loss. This population has a very high rate of depression."

With a \$2.5 million NIH grant entitled "Preventing Depression in Macular Degeneration," Rovner and co-workers will study 230 patients who have developed this

# Helping Older Patients With Chronic, Combined Needs

Today, Carolyn Stupka got a hug from a patient. Hostile to staff up to this moment, the patient seems to show a positive turning point in treatment with this gesture. Even after 20 years working on Einstein's inpatient geriatric psychiatry unit, Stupka's days still turn on such events.

She is just one of many experienced staffers at the two geropsychiatry units in the Einstein network, one at the Einstein campus (a 17-bed unit) and one at Belmont (a 16-bed unit). These units accept older patients who have behavioral health problems and, often, medical conditions.

Belmont established its unit in 1980, as the first geriatric inpatient unit in Philadelphia, and Einstein's unit opened in 1985. These dependable, longstanding programs are well known to area care facilities.

"With the size and scope of our services, we see many patients from retirement homes, as well as personal-care or assisted-living facilities," says psychiatrist Marc Zisselman, MD, who directs the Einstein unit.

Individual therapy with staff geropsychiatrists is complemented by a variety of group therapies (including



*The staff of Einstein's inpatient geriatric psychiatry unit has found music therapy particularly effective for its patient group. Here, Joe Reilly conducts a music therapy session.*

activity, recreation, and art). Dedicated nurses, social workers, and psychiatric technicians, work with physicians on a range of proven approaches to help the patients, who usually have dual psychiatric and physical conditions.

In addition, Belmont Behavioral Health (the behavioral health services of Albert Einstein Healthcare Network) provides ambulatory geriatric psychiatry services across the greater Philadelphia area. The network offers geriatric partial hospitalization or intensive outpatient programs, or both, at eight locations in different sections of Philadelphia.

The network also runs a geriatric long-term structured residence in the Mt. Airy section of Philadelphia. "This is for

patients who can't live independently but who don't meet criteria for nursing home placement," explains Zisselman. The multidisciplinary staff offers an enriching and therapeutic experience to residents.

Other experienced geriatric psychiatrists with decades of tenure on the staff of the programs include George S. Bell, MD, at Einstein, and Sook Hee Yoo, MD, at Belmont. As has Sharon Curlik, MD, at the Einstein program, these specialists have been involved in all of the multidimensional aspects of geriatric psychiatry. Yoo and Curlik, in particular, are experienced teachers, immersed in the instruction of students, residents, and geriatric psychiatry fellows. Bell provides a busy outpatient practice in geriatric psychiatry.

Some patients will leave the Einstein and Belmont units to go home to their families or otherwise enjoy greater levels of independence. Others must move to longer-term or residential care. But a hand squeeze or smile at the right time from these seniors is what keeps Zisselman, Stupka, and co-workers so enthusiastic about their work.

*For locations of these services and contact information, see [www.einstein.edu](http://www.einstein.edu)*

*type of vision loss in the second eye. They are randomizing half of the group to a preventive course of problem-solving therapy, delivered by a nurse once a week for six weeks.*

*"The therapy seeks to restore a sense of mastery, control, and self-sufficiency," explains Rovner. "We believe this treatment may be better and more effective than antidepressants for these patients."*



*A retinal examination is part of the screening for the NIH-sponsored vision-loss and depression study*

# Group Therapy for Seniors with Addictions

*Several drinks a day, for Mom or Dad? Why not? They've earned the right to some simple pleasures in their senior years, right?*

This kind of reasoning causes some families to miss a problem in their midst. For seniors — an age group that faces issues such as health problems,

change in work status, death of spouse or friends, and substantial time alone — substance use habits that were formerly not an issue can often develop into a pattern of abuse.

“Seniors may have earned a lot in their time, but not the right to self-destruct,” insists John Dinnien, MEd, CAC, who runs Act II, a once-a-week group therapy session for adults ages 50 to 80 with addictions. The program is offered at Main Line Health’s Center for Addictive Diseases.

“As we age, substance-use can affect the body and daily functioning differently than it did before,” says Dinnien. “Ignoring that can put seniors at risk. They may end up less available to friends and less part of the family, while at the same time more dependant on their adult children.”

Family members, personal physicians, or inpatient or outpatient addiction programs refer patients to Dinnien’s group, which offers a rare level of commonality to participants. For a variety of reasons, members of the group may have found that traditional self-help groups such as Alcoholics Anonymous come with too much diversity of age and other variables to serve their purposes best.

“I find that many seniors are more comfortable with a more homogeneous group,” observes Dinnien, who is a certified addiction counselor. Act II has served seniors for about 15 years and is currently held at Main Line’s Behavioral Health ambulatory site in Exton, Pa.

“This group provides participants with addiction therapy but also with social therapy,” says Dinnien. “Our group members meet and become friends with



*Alcoholism in the older adult population is sometimes overlooked or ignored. Main Line Health’s Center for Addictive Diseases offers a chance for recovery for person’s at this stage of life who are experiencing substance abuse problems.*

people who are also in recovery, but who may also share other life issues.”

Patients entering the group are often experiencing problems with relationships, finances, work, or retirement. “Our program supports them during their journey to abstinence,” says Dinnien. “We help them get back on track.”

As an educational effort, the Center for Addictive Diseases has recently produced a video on addictive diseases and older adults. The tape discusses the signs and physical symptoms of substance abuse, has interviews with the experienced addictive-diseases staff at the center, and offers testimonials from the center’s patients.

“Our staff is glad to present this tape to community groups and clinicians in the area,” says the center’s director, Eric Brown, MSW.

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

## Happenings

- *Salman Akhtar, MD, Director of Adult Outpatient Services at Jefferson, 215-955-6912, was recently appointed to the International Psychoanalytic Assoc.’s Working Group on Terrorism and also delivered a lecture on terrorism at the prestigious India International Center in New Delhi. Akhtar also delivered the Karen Horney lecture to the Assoc. for Advancement of Psychoanalysis.*
- *Appointed at Jefferson: Catherine Piontek, MD, Attending Psychiatrist, Consultation-Liaison Division. 215-955-6683.*
- *Clinical trials: For patients with fibromyalgia syndrome, contact Ashwin Patkar, MD, at Jefferson, 215-955-2542. For information about trials for treating depression, anxiety, and schizophrenia, contact Howard Waxman, PhD, at 215-581-3900.*

*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.*