

behavioral health NEWS

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

FALL 2003

Sleep Disorders – A Robust Field in the News

Greater awareness, greater demand. That rule has certainly held true for the field of sleep medicine in recent years. Consumers and referring health professionals have continued to pursue more care for disorders of sleep. As a result, Jefferson's long-standing program has recently increased its capacity.

With expanded facilities for sleep studies at Methodist Hospital, the Jefferson Sleep Disorders Center now ranks among the largest sleep disorders programs in the region. The result is shorter turn-around time for testing and evaluation.

"We are seeing more patients in accommodations that are more comfortable and spacious," says Karl Doghramji, MD, who directs the program. Outpatient visits and treatment take place at Jefferson's center city campus, with sleep studies now at the Methodist unit.

'The Sleepy Patient'

Most patients seen have a chief complaint of daytime sleepiness. This group includes individuals with sleep apnea syndrome, restless-legs

syndrome, narcolepsy, and shift-work sleep disorder, among others.

"The difficulty can be with the amount or quality of sleep, or both," explains Doghramji. Given the general sleep debt of American society, the center works to differentiate between sleepiness caused by poor sleep habits versus sleep disorders.

Doghramji also notes the importance of distinguishing between sleepiness and tiredness. "Fatigue and lack of energy tend to result from other types of physical or mental health conditions," he explains.

Many of the center's referrals come from behavioral health professionals. "ENT, internal- and family-medicine, and pulmonary physicians also commonly send patients," notes Coordinator Nicole Manerchia.

Sleep Lab Studies

At the new facility, state-of-the-science equipment and software permit the lab staff to record parameters of patients' sleep digitally and to better evaluate this data. Technicians can also telemeter the information to physicians at the main campus for data analysis and medical interpretation.

"Whereas the primary complaint with insomnia has to do with sleep quality or quantity, people with sleep apnea may feel as though they sleep continuously through the night even though their breathing problems are rhythmically disturbing that sleep," explains Bill Breuninger, R.PSG.T., Chief Technician.

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Daytime sleepiness is a common problem. Jefferson's Sleep Disorders Center, which is accredited by the American Sleep Disorders Association, evaluates and treats all types of sleep disorders.

A Message from the Chairman

Michael J. Vergare, MD



Director of Clinical Services,
Behavioral Health Services
Jefferson Health System

In our Spring Issue, we focused on how we use psychotherapy and therapeutic milieu to help our patients heal. This issue looks at procedures we utilize for patients with sleep disorders and severe depression.

The evaluation and treatment of sleep disorders, while not exclusive to our field, has been a longstanding area of excellence in the Department of Psychiatry and Human Behavior at Jefferson. As our awareness has increased greatly of the role that sleep disturbances play in daily functioning, so has the reputation of our center. Under the direction of Karl Doghramji, MD, this center has helped patients with all types of sleep disorders. Recently, the overnight studies section of this center relocated to beautiful, new quarters on the Methodist campus of Jefferson Hospital. Our evaluation and follow-up site remains at the Center City campus.

Electroconvulsive Therapy (ECT) is another specialized treatment available. Highlighted here are two recognized experts in its use, Richard Jaffe, MD, from the Belmont Center for Comprehensive Treatment and Rodney Pelchat, MD, from the Jefferson Hospital for the Neurosciences. ECT is usually reserved for those for whom other treatment has failed. Increased awareness of the niche that ECT holds in tackling depression has led to growing demand. Due to improvements in how ECT is administered, many patients are able to receive ECT on an outpatient basis.

Our commitment continues to insure that the full spectrum of treatment is available throughout the Jefferson Health System. ■

Sleep Disorders... *from page 1*

Common sleep treatments include adjusting the sleep-wake schedule, medication, relaxation techniques, phototherapy, and sleep-hygiene steps. The staff can often successfully treat apnea with dental devices, surgery, or CPAP (continuous positive airway pressure, delivered to the nostrils through a mask device at night).

Sleep in the News

- This year, Doghramji was in the national media discussing the negative impact of vacations on sleep. "Though they are supposed to be getting R&R, vacationers are often up early, up late, using too much caffeine and alcohol, suffering from jetlag, and returning home sleepier," he says.
- The ACGME recently set limits on number of hours medical residents could be on duty without rest. "Sleep deprivation means impairment," says Doghramji. "We often assist patients who are having trouble dealing with shift work or different time zones."

- Doghramji also recently commented in the press on the scientific validity for a label expansion of the drug Provigil from narcolepsy to a wide range of sleep disorders.
- In addition, he has been interviewed about recent findings on the physical impact of sleep deprivation. These include a study linking inadequate sleep in children to injuries and a study correlating too much or too little sleep with increase risk of coronary events in woman. "Poor sleep and poor health have always correlated with one another. Animals studies show that sleep deprivation can be life threatening. Sleep apnea syndrome increases the risk of high blood pressure and thrombotic disease. The recent research continues to offer more evidence for a cause and effect between these areas."

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



The center's new laboratory at Methodist expands its capacity to eight beds, for night- and daytime studies, six days per week.

The Change of Sleep

The National Sleep Foundation has placed increased emphasis on the subject of women and sleep, including sleep disturbances connected with hormonal changes due to menopause and, by implication, PMS and perimenopause. Poll data indicates that roughly half of menopausal women experience sleep difficulties, including nighttime hot flashes, sweats, restlessness, or exacerbation of other sleep problems. Says Doghramji, "We evaluate and treat a significant number of women who experience menopausal-related sleepiness. These women may need more sleep because of interruptions to their sleep." ■

New Era of Improvements Make ECT an Essential Option

Mary,* a woman in her 50s, arrives faithfully and thankfully each month at the Belmont Center for Behavioral Health to receive her electroconvulsive therapy (ECT) as an outpatient. Mary has suffered from severe depression several times in her life, only to find in the past that drug therapies and other treatments were ineffective for her. ECT has been the only strategy that has brought her into remission and kept her there.

Dennis,* an elderly and somewhat frail patient, has fallen into a depression so deep that he has ceased to eat and may soon have imminent need for hospitalization. With his physical condition in danger, there is no time to attempt a course of antidepressants. At Jefferson's Geriatric Psychiatry Unit, though, he undergoes outpatient ECT. One week and three treatments later, he begins to show some response. Two weeks and six treatments later, his response is significant and he is eating again. Three weeks and nine treatments later his depression has resolved and he is doing much better.

Welcome to the modern era of ECT. One in which ECT has been refined so that few of the physical and cognitive drawbacks of the past remain, in which it is available on a regular outpatient basis to appropriate patients, and in which even some of the stigmatization of "shock therapy" is fading away.

ECT is widely thought of as having a higher percentage success rate for severe depression than any other form of treatment. "It's a very powerful antidepressant and remains one of the most dramatic forms of treatment in psychiatry," says Richard Jaffe, MD, Director of the ECT Service at Belmont Behavioral Health.

It's also one of the first procedures to come to mind when thinking of controversy in twentieth-century psychiatry. But the treatment is no longer the primitive one it once was.

"Because of its effectiveness, ECT never went out of use, even when it was predicted to in the 60s and 70s due to the boom in new psychotropic medications," says Jaffe. He notes that today only about 25 to 30 percent of patients with major depression fail to respond to appropriate pharmacotherapy, but that ECT should be considered in a patient who fails two adequate trials of medication.

Belmont's is one of the largest ECT programs in the region, serving as a center for referral from within and outside of the Jefferson Health System. Traditionally, such programs provided ECT primarily for inpatients. But more patients now take advantage of ECT for maintenance therapy and for outpatient treatment of acute symptoms. After treatment, patients normally have prophylaxis with continued convulsive therapy or medication, or both, depending on the assessed risk of relapse.

"Patients who need ECT to overcome a depression respond well to maintenance therapy," says Jaffe. Patients on continuation therapy typically undergo treatment every four to six weeks, sometimes remaining on this regimen for periods of up to years.

"I'm not sure what we would do if we didn't have ECT available for certain patients who can't be given meds or don't respond to them," says psychiatrist Douglas Cosgrove, MD, who works with Jaffe. "ECT saves



ECT has proven safe and extremely effective for specialized circumstances of severe refractory or urgent depression, and for outpatient maintenance treatments.

lives. People who would otherwise be subject to suicide or wasting are highly treatable with this therapy." The program treats a substantial number of geriatric patients, including those referred from Belmont's geriatric unit as well as others living independently.

"These patients often have less physical tolerance to medications," says Cosgrove, noting that the program refers medically compromised patients to Jefferson or Einstein for ECT.

The Geriatric Psychiatry Program located at the Jefferson Hospital for Neuroscience can provide ECT to patients with significant physical conditions. "ECT is very effective and, even for these patients, is safe and well tolerated," says program director Rodney J. Pelchat, MD, who, with psychiatrist David L. Buch, MD, delivers ECT to both outpatients and inpatients. "We sometimes treat patients who are so depressed that they believe they have a severe illness or are dying, and often arrive very debilitated and in need of rapidly acting therapy," he says.

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** not the patient's real name*

New Era of Improvements... *from page 3*

Happenings

Jefferson

- *Appointed: Consultation-Liaison Division, Rajnish Mago, MD, 215-955-5379, and Dimitri Markov, MD, 215-955-5094, Attending Psychiatrists, and Kathryn Kash, PhD, 215-955-6105, Psychologist; Division of Substance Abuse, Jeffrey Bedrick, MD, 215-955-9453, Medical Director.*

- *The Robert S. Liebert Award in Applied Psychoanalysis was presented to Salman Akhtar, MD, on October 7, 2003, by The Association for Psychoanalytic Medicine.*

Albert Einstein Medical Center

- *Appointed: Department of Psychiatry, John O'Malley, MD, 215-456-7258, Associate Chair; Residency Education Program, Kim Best, MD, 215-456-7049, Training Director; Consultation/Liaison Service, Geraldine Mayor, MD, 215-456-7960, Attending Psychiatrist.*

Main Line Health

- *Paoli Hospital decreased its number of psychiatric beds to ten, effective July 1, 2003.*
- *Main Line Health's Center for Addictive Diseases will expand the range of services provided at its Drexel Hill location in December to include intensive outpatient services, 610-648-1130*



Belmont's Richard Jaffe, MD, is a national expert on ECT, who helps train colleagues in use of the therapy. Here, he teaches residents about ECT equipment.

In the ECT facilities at these hospitals, a staff psychiatrist delivers the treatment, with an anesthetist or anesthesiologist providing general anesthesia (with the patient fully under for only about 5 to 10 minutes) and airway management (including oxygen supplementation). An ECT nurse assists. The patient also receives a muscle relaxant to prevent body convulsion. The shock usually lasts less than three seconds, eliciting a controlled seizure of roughly 20 to 90 seconds. The team monitors the patient's EEG to confirm the seizure.

Patients often wake wondering if the procedure has taken place yet, although they may experience mild confusion or headache following treatment. A couple of hours after arrival, outpatients may depart for home. Clinicians and patients alike commonly characterize the visit as no more stressful than a trip to the

dentist. Most patients undergo 6 to 12 treatments to address a significant depression.

The level of electrical current delivered in ECT today is fraction of that used in past eras. Unilateral placement of electrodes has also helped reduce memory deficit. Memory disruption which, if it occurs, is normally mild and transient, is more likely when delivered with intensive therapy. A multicenter NIMH study is now looking at additional ways to minimize any memory effect.

ECT appears to work by stimulating a massive neurochemical release in the brain. It is also effective for mania and other types of psychoses, as well as for Parkinson's disease and neuroleptic malignant syndrome.

To contact Belmont's ECT Service, call 215 581-5427. ■

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.

