



MIRECC Matters

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Letter from the Acting Director

Lisa Dixon, M.D., M.P.H.

The Power of Administrative Data

One of the unique components of our MIRECC is our committee that focuses on the use of administrative data. The Research Core has an administrative data unit directed by Dr. Eric Slade, a health economist. Dr. Slade also heads a group of MIRECC investigators that use the administrative data, our so-called Data Use Group (DUG). DUG undertakes its own research projects as well as providing support to MIRECC investigators who require information to prepare for research studies. Increasingly, DUG provides information to VISN and VAMHCS clinical leadership.

What are administrative data? While there is no single definition and there are many types and sources of administrative data, the MIRECC most often uses the computerized VA data sets that are linked to the clinical charts and provide information on utilization of inpatient and outpatient services and medications. VA administrative data sets that we are able to access generally include limited information about individual Veterans such as age, gender, race, and diagnoses. The VA has some additional data sets with vital signs and other health indicators, though such data sets are somewhat more difficult to use, and our MIRECC has not tried this yet. When the MIRECC uses such data for our studies and to prepare for studies, the computer files are always stripped of all protected health information to preserve the Veteran's confidentiality. Further, only a limited number of qualified individuals within the MIRECC have permission to access the data.

When MIRECC investigators are planning to submit a research grant that involves human subjects, they must estimate the number of Veterans who might be eligible for the study as an indicator of feasibility. For example, a study of smoking cessation that included patients between 18 and 65 who are diagnosed with schizophrenia and bipolar disorder would need to know how many people in the VAMHCS or VISN met those criteria. Analyses conducted through the administrative data unit provided that information. Similarly, when the mental health service line needed to know how many Veterans were receiving services in more than one clinical program, that information was easily extracted from the administrative data to help the service line meet needs for treatment planning.

What have we learned from our analyses of VA administrative data? Dr.

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Letter from the Acting Director

(continued from page 1)

Julie Kreyenbuhl and colleagues (2011) recently investigated discontinuation of selected first- and second-generation antipsychotics among individuals with schizophrenia receiving usual care in our VISN. Continuous adherence to antipsychotic treatment is critical for individuals with schizophrenia to benefit optimally, yet studies such as this have shown rates of antipsychotic discontinuation to be high with few differences across medications. Examining 2138 VA patients with schizophrenia who initiated antipsychotic treatment with one of five non-clozapine second-generation antipsychotics or either of the two most commonly prescribed first-generation agents between 1/2004 and 9/2006, Dr. Kreyenbuhl found that the majority of patients (84%) discontinued their index antipsychotic during the follow-up period (up to 33 months). Only risperidone had a significantly greater hazard of discontinuation compared to olanzapine (Adjusted hazard ratio=1.15, 95% CI: 1.02-1.30, p=.025). Younger age, non-white race, homelessness, substance use disorder, recent inpatient mental health hospitalization, and prescription of another antipsychotic were also associated with earlier discontinuation. These findings demonstrate that current antipsychotic agents have limited overall acceptability by patients in usual care.

“Maintaining our capacity to utilize administrative data is an essential MIRECC function.”

Dr. Seth Himelhoch, Director of the Clinical Core, used national administrative data in collaboration with the SMITREC to ask whether individuals with schizophrenia and other serious mental illnesses were more vulnerable to HIV than those without such illnesses. This cross-sectional study examined data from a national sample of Veterans who received a diagnosis of serious mental illness (schizophrenia, bipolar disorder, and other, nonorganic psychoses) in fiscal year 2002 (FY2002) (N=191,625) and from a national random sample of Veterans in FY2002 who did not receive serious mental illness diagnoses (N=67,965). HIV diagnoses were recorded for 1.0% of patients with serious mental illness and 0.5% of patients without serious mental illness. Multivariate analyses indicated that individuals with bipolar disorder were no more likely than those without serious mental illness to have a recorded HIV diagnosis. An interaction was observed between schizophrenia and substance use disorder. Compared with patients who had neither schizophrenia nor a substance use disorder, those with schizophrenia without a substance use disorder were less likely to have a recorded HIV diagnosis, whereas those with a substance use disorder were more likely to have a recorded HIV diagnosis. Despite the elevated crude recorded prevalence of HIV, multivariate analyses suggested that HIV-related risk factors underlie the associations between HIV and the serious mental illness diagnoses. For patients with schizophrenia, this study is the first to demonstrate reduced HIV risk in the absence of a substance use disorder.

DUG Director Dr. Slade has had several research grants funded that use both local and national administrative data. Dr. Slade’s most recent studies have focused on estimating the costs savings from MHICM over the course of time periods when rates of hospitalization and lengths of hospital stays have been reduced.

Maintaining our capacity to utilize administrative data is an essential MIRECC function!

Club Vet Suicide Prevention Conference

Aditi Vijay, M.A.

On September 8, 2011, Club Vet and the PRRC at the DC VA Medical Center presented "Epidemic of Veterans Suicide" to address issues of suicide in Veterans. Club Vet is a Veteran-run organization composed of alumni of the DC VAMC PRRC. Organized by a Club Vet alumna and PRRC staff, representatives from Club Vet were awarded a VISN 5 MIRECC Recovery-Oriented Small Grant to support this program.

Dr. Maria Llorente, Associate Chief of Staff Mental Health Services, and Mr. Michael Dunfee, Acting Director of the DC VAMC, discussed the importance of addressing suicide in Veterans. Ms. Patricia Toles, the DC Suicide Prevention Coordinator, spoke about the services offered by this office and about the National Veterans Crisis Line. Dr. Colanda Cato of the Defense Center of Excellence for Psychological Health and Traumatic Brain Injury and Dr. Teodor Postolache from the University of Maryland, School of Medicine discussed cutting edge research in suicide prevention. The widow of a Veteran who committed suicide after serving multiple tours also shared her personal experience with suicide.

The event was well attended with over 200 people in the audience. The audience was composed of both Veterans and providers, which allowed for a richer discussion of both the treatment and impact of suicide. During the lunch provided to all attendees, participants in the audience remarked on the power of listening to personal stories and the importance of continuing this dialogue on issue of suicide and Veterans. One of the program organizers noted, "The speakers were great and very professional. Their information was very clear for the audience to comprehend. The life-saving message was there. The evaluation survey showed attendees prefer a two day event in the future." As a result of discussions that began at the conference, the Club Vet alumna has been asked to serve on a panel for female Veterans. She remarked, "The success of this seminar had a strong impact, reaching out in our community to collaborate and share dialogue about this critical topic and to find solutions about military suicide prevention."

MIRECC Matters is also available online:

www.mirecc.va.gov/visn5/newsletter.asp

Recently-Funded Grants by MIRECC Investigators

Title: HEART to HAART: Smartphone Intervention to Improve HAART for Drug Users

PI: Seth Himelhoch, MD, MPH

Funding: National Institute of Drug Abuse

Summary: HIV-infected drug users have greater difficulty adhering to highly active antiretroviral therapy (HAART) compared to non-drug users. As sustained adherence to HAART is critical to reducing HIV related morbidity, mortality, and the spread of HIV, innovative and potentially sustainable treatment strategies that can optimize the durability of adherence enhancing interventions among drug users is urgently needed. The goal of this R-34 application is to further develop and pilot test a smartphone-based intervention called HEART (Helping Enhance Adherence to Retroviral Therapy using Technology) to HAART, to enhance adherence to HAART among HIV-infected drug users.

Title: A Smartphone Intervention to Improve Adherence to Antipsychotic Medications

PI: Julie Kreyenbuhl, Pharm.D., PhD

Funding: National Institute of Mental Health

Summary: The goal of this project is to evaluate the feasibility and acceptability of a mobile smartphone intervention, MedActive, on improving antipsychotic adherence among individuals with schizophrenia. MedActive is an ecological momentary intervention that provides medication reminders and queries individuals about their intentions to take the medication, while also collecting real-time psychiatric symptom and side effect data that can be displayed for individuals and their clinicians. Iterative versions of MedActive will be tested in a short-term field trial and a randomized pilot study involving individuals with schizophrenia and their psychiatrists.

Welcome to New Staff

Sarah Dihmes, M.A., BCIA, joins the MIRECC as an Administrative Coordinator. Ms. Dihmes recently worked with Seth Himelhoch, MD, MPH, as a therapist for a telephone-based CBT intervention called CONNECT, aimed to meet the needs of depressed individuals diagnosed with HIV who live in urban settings. She is a doctoral candidate at Alliant University in San Diego, CA. Her dissertation research is examining the role of female partners' expressed emotion in depression of male caregivers of breast cancer patients. Sarah arrived in Baltimore as a psychology intern in 2009. She is currently contributing to many programs and activities within the MIRECC Education Core, the Hub Site for the national VA Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery, Seed Grant Program, MIRECC Website, and the VISN 5 MIRECC Fellowship in Advanced Psychology and Psychiatry.

Recent MIRECC Publications

VISN 5 MIRECC staff are listed in **bold**.

Brown, C.H., Medoff, D., Dickerson, F.B., **Kreyenbuhl, J.A., Goldberg, R.W., Fang, L., & Dixon, L.** (2011). Glucose control over time among type 2 diabetes patients with and without serious mental illness. *Journal of Nervous and Mental Disease, 199(11)*, 899-902.

Day, H.R., Perencevich, E.N., Harris, A.D., Gruber-Baldini, A.L., **Himmelhoch, S., Brown, C.H.,** Dotter, E., & Morgan, D.J. (2011). The association between contact precautions and delirium at a tertiary care center. *Infection Control and Hospital Epidemiology, 33*, 34-9.

Dixon, L., Lewis-Fernandez, R., Goldman, H.H., Interian, A., Michaels, A., & Kiley, M.C. (2011). Adherence disparities in mental health: opportunities and challenges. *Journal of Nervous and Mental Disease, 199(10)*, 815-820.

Drapalski, A.L., Medoff, D., Unick, G.J., Velligan, D., **Dixon, L., & Bellack, A.S.** (2012). Assessing recovery in people with serious mental illness: Development of a new scale. *Psychiatric Services, 63(1)*, 48-53.

Ehrenreich, B., Righter, B., Rocke, D., **Dixon, L., & Himmelhoch, S.** (2011). Are mobile phones and handheld computers being used to enhance delivery of psychiatric treatment? A systematic review. *Journal of Nervous and Mental Disease, 199 (11)*, 886-891.

Hong, L.E., **Thaker, G.K.,** McMahon, R.P., Summerfelt, A., Rachbeisel, J., Fuller, R.L., Wonodi, I., **Buchanan, R.W.,** Myers, C., Heishman, S.J., Yang, J., & Nye, A. (2011). Effects of moderate-dose treatment with varenicline on neurobiological and cognitive biomarkers in smokers and nonsmokers with schizophrenia or schizoaffective disorder. *Archives of General Psychiatry, 68(12)*, 1195-1206.

Hou, Y.Z., Xiang, Y.T., Yan, F., Ungvari, G.S., Dickerson, F., Chiu, H.F.K., Lai, K.Y.C., Lee, E.H.M., Li, W.Y., Li, W.X., Zhu, Y.L., & **Dixon, L.B.** (2011). Cigarette smoking in community-dwelling patients with schizophrenia in China. *Journal of Psychiatric Research, 45 (12)*, 1551-1556.

Keshavan, M.S., Morris, D.W., Sweeney, J.A., Pearlson, G., **Thaker, G.,** Seidman, L.J., Eack, S.M., & Tamminga, C. (2011). A dimensional approach to the psychosis spectrum between bipolar disorder and schizophrenia: The Schizo-Bipolar scale. *Schizophrenia Research, 133 (1-3)*, 250-254.

Weissman, E., Jackson, C., **Schooler, N.,** Goetz, R., & Essock, S. (2012). Monitoring metabolic side effects when initiating treatment with second-generation antipsychotic medication. *Clinical Schizophrenia and Related Psychosis, 5 (4)*, 201-207.

Wonodi, I., Gopinath, H.V., Liu, J., Adami, H., Hong, L.E., Allen-Emerson, R., McMahon, R.P., & **Thaker, G.K.** (2011). Dipyridomole monotherapy in schizophrenia: Pilot of a novel treatment approach by modulation of purinergic signaling. *Psychopharmacology, 218(2)*, 341-345.

Xiang, Y.T., Wang, C.Y., Si, T.M., Lee, E.H., He, Y.L., Ungvari, G.S., Chiu, H.F., Shinfuku, N., Yang, S.Y., Chong, M.Y., Kua, E.H., Fujii, S., Sim, K., Yong, M.K., Trivedi, J.K., Chung, E.K., Udomratn, P., Chee, K.Y., Sartorius, N., **Dixon, L.B., Kreyenbuhl, J.A.,** & Tan, C.H. (2011). Clozapine use in schizophrenia: Findings of the research on Asia psychotropic prescription (REAP) studies from 2001 to 2009. *Australian and New Zealand Journal of Psychiatry, 45 (11)*, 968-975.

Presentations by VISN 5 MIRECC

VISN 5 MIRECC staff are listed in **bold**.

Buchanan, R.W., Boggs, D.L., Conley, R.R., Gorelick, D.A., McMahon, R.P., Gold, J.M., Waltz, J., Huestis, M.A., & Kelly, D.L. (December, 2011). A pilot study evaluating the cognitive effects of rimonabant in people with schizophrenia. Poster presented at the 50th Annual Meeting of the American College of Neuropsychopharmacology, Waikoloa Beach, Hawaii.

Chawla, M., Bond, J., Fulton, C., & **Himmelhoch, S.** (October, 2011). The effectiveness of modern treatment modalities on reducing recidivism in sexual offenders: A systematic review and meta-analysis. Poster presented at the Institute on Psychiatric Services, San Francisco, California.

Deutsch, S.I, **Schooler, N.R., Schwartz, B.L, Brown, C.H., Rosse, S.M., & Rosse, R.B.** (December, 2011). An intervention to test the alpha7 nicotinic receptor model in schizophrenia: CDP-choline, a cholinergic agonist, and galantamine, a positive allosteric modulator. Poster presented at the 50th Annual Meeting of the American College of Neuropsychopharmacology, Waikoloa Beach, Hawaii.

Dixon, L. (November, 2011). Results of a randomized trial of the NAMI Family to Family Education Program. Massachusetts General Hospital Schizophrenia Day, Boston, MA.

Fischer, B.A., Rowland, L.M., Keller, W.R., Holcomb, H.H., & **Buchanan, R.W.** (December, 2011). Acamprosate acts as a partial agonist of the NMDA receptor: evidence from a spectroscopy study in schizophrenia. Poster presented at the 50th Annual Meeting of the American College of Neuropsychopharmacology, Waikoloa Beach, Hawaii.

Himmelhoch, S., Slade, E., Kreyenbuhl, B, & Dixon, L. (November, 2011). Utilization of PTSD services by IEF/OIF Veterans with PTSD in VISN 5. Poster presented at the 27th Annual Meeting of the International Society for Traumatic Stress Studies, Baltimore, Maryland.

Miller, C., Weathers, C., & **Himmelhoch, S.** (November, 2011). Comparison of psychotherapeutic approaches in decreasing core symptoms of post traumatic stress disorder in adult survivors of sexual abuse: A systematic review and meta-analysis. Poster presented at the 27th Annual Meeting of the International Society for Traumatic Stress Studies, Baltimore, Maryland.

Ramos, P., Chiappelli, J., Vidal, C., Reese, C., & **Himmelhoch, S.** (October, 2011). Efficacy of adjunctive treatment of schizophrenia with celecoxib: A systematic review. Poster presented at the Institute on Psychiatric Services, San Francisco, California.

Schooler, N. (December, 2011). The process of informed consent: The perspectives of a clinical investigator on the past and future. Invited address presented at the 50th Annual Meeting of the American College of Neuropsychopharmacology, Waikoloa Beach, Hawaii.

Schooler, N.R., Buckley, P.F., Mintz, J., Goff, D.C., Kopelowicz, A., Lauriello, J., Manschrenk, T., Mendelowitz, A.J., Miller, D.D., Wilson, D.R., Bustillo, J., Severe, J.B., & Kane, J.M. (December, 2011). PROACTIVE: Initial results of an RCT comparing long-acting injectable risperidone microspheres to 2nd generation oral antipsychotics. Poster presented at the 50th Annual Meeting of the American College of Neuropsychopharmacology, Waikoloa Beach, Hawaii.

Schwartz, B.L., Deutsch, S.I., **Schooler, N.R.**, Rosse, S.M., **Brown, C.H.**, & **Rosse, R.** (December 2011). Effects of prolonged administration of an alpha7 nicotinic cholinergic agonist intervention on neurocognitive functioning in schizophrenia. Poster presented at the 50th Annual Meeting of the American College of Neuropsychopharmacology, Waikoloa Beach, Hawaii.

Upcoming Conferences and Events

Supporting the Mental Health of Women Veterans

Baltimore VAMC
April 24, 2012

On April 24, 2012 the VISN 5 MIRECC will be hosting a day-long conference, "Supporting the Mental Health of Women Veterans," at the Baltimore VAMC auditorium. This conference is aimed at providing VA staff, Veterans, and community agencies information on the mental health service needs of women Veterans. Experts in the field of women's health will present on topics relevant to women Veterans including the mental health service needs of women Veterans with depression, trauma experiences and their effect on women's health, psychotropic medication prescribing considerations, parenting, and special considerations for the mental health of women Veterans of recent conflicts. For more information contact:

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Amy.Drapalski@va.gov
410-637-1855

HIV and Mental Illness: The Basics and Beyond

Baltimore VAMC
June 11, 2012

On June 11, 2012 the VISN 5 MIRECC will be hosting a clinical conference at the BVAMC auditorium entitled "HIV and Mental Illness: The Basics and Beyond." This conference is intended to provide mental health clinicians with critical and timely information on the HIV epidemic and how it impacts the lives of Veterans with mental illness. National leaders in infectious disease, neurology, and psychiatry will provide clinically relevant presentations focused on HIV prevention and treatment as well as the relationship of HIV to cognition, mental health and substance abuse disorders. For more information, please contact:

Seth Himelhoch, MD, MPH
Acting Associate Director, Clinical Core
Seth.Himelhoch@va.gov
410-637-1869

The VISN 5 MIRECC Seeks Veterans Interested in Mental Health Issues to Join Our Veterans Advisory Panel

Advisors are volunteer Veterans who meet once a month to hear about current VISN-5 MIRECC research, educational, and clinical projects and to contribute their perspectives, opinions and suggestions as Veterans.

All interested Veterans are encouraged to join!

Be part of the discussion.

Help shape MIRECC work in the VA.

Meet other Veterans with common interests.

Good on your resume, too.

To become a MIRECC Veterans Advisory Panel (VAP) advisor, or for more information please contact:

Alicia Lucksted, at 410-706-3244 or Alicia.Lucksted@va.gov

The MIRECC Veterans Advisory Panel is not connected to a research study.

It is an ongoing group of volunteer advisors who help the MIRECC further improve its work.

Upcoming Events

MONTHLY CONSULTATION SEMINAR

First Thursday of every month
1:00 - 2:00 PM
Call 1-800-767-1750, code 79846

Psychopharmacology Case Conference: **All VISN Clinicians are invited to attend** this conference and to bring questions about a difficult or challenging psychopharmacology case. Note that the topic of the conference has been expanded from a focus only on metabolic side effects of antipsychotic medications to include all areas of psychopharmacology. The MIRECC Case Conference facilitators are Robert Buchanan, MD, MIRECC investigator and Professor of Psychiatry at the UMB School of Medicine; Julie Kreyenbuhl, PharmD, PhD, MIRECC investigator and Associate Professor in the UMB Department of Psychiatry; Neil Sandson, MD, inpatient attending psychiatrist in the VAMHCS and MIRECC staff member.

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines for 2012: 1st of March, June, September, & December
Small Grant Amount: \$300-\$5000

The VISN 5 MIRECC offers a small grant mechanism to fund recovery-oriented clinical and educational innovations in response to the VA's Action Agenda to transform VA mental health services to a recovery model. This program especially encourages (but is not limited to) proposals such as: creating, adopting, launching or expanding recovery-oriented clinical or self-help projects, new programs to educate staff, Veterans, and/or family members of Veterans about mental health recovery models, or specific recovery-oriented services/programs. For more information or to receive an application, please contact:

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MIRECC Recovery Coordinator
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or

Sarah Dihmes, M.A.
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VA SOCIAL SKILLS TRAINING FOR SERIOUS MENTAL ILLNESS

March 13-14, 2012
Baltimore, MD

The VISN 5 MIRECC is training staff on the delivery of Social Skills Training for Veterans with schizophrenia and other serious mental illnesses (schizoaffective, bipolar, and treatment refractory depression). This is a national initiative being led by the Office of Mental Health Services. To date, this national initiative led by the Office of Mental Health Services, has trained **427 clinicians; 24 clinicians have also gone on to complete a Masters Training program.** Individuals in all VISNs are invited to participate. For this training initiative, only clinicians working with Veterans with SMI (as defined above) are asked to apply. Please direct all questions and application requests, including upcoming workshop dates, to:

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VA Social Skills Training Program Coordinator
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