



NEWSLETTER

Winter 2017

APM — Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health

President's MESSAGE — *Robert Boland, MD, FAPM*



I am writing this just before the holiday season, still freshly minted as APM's president. I see this as a chance to take stock of my goals for this year—what I most value from this organization and what we all can do to make it better.

In this regard, I have many ideas. In a sense, that is not hard, as I have so much to work with. APM is a strong organization. We are rich in resources, most importantly the talents we all bring to the table. With that in mind, I have a number of priorities that involve increasing our visibility and the value of our membership, both within and outside of our organization. You can hear a bit more about those plans by reading the article about my goals for the year in the January issue of the online (and emailed) *APM News* and by participating in a related project I have started: President's Podcasts. I would encourage you to subscribe to APM's podcast through either iTunes or the Stitcher app (search for "Academy of Psychosomatic Medicine" at either site).

With a new year, it is time to think of new ideas and changes. I want to discuss just one: our name. This is an example of something that seems small, but it has important ramifications for how others see us and how we see ourselves.

As you know, we last changed the name of our subspecialty—to Psychosomatic Medicine—in the early part of this century as part of our quest for accreditation. At that time, Consultation-Liaison Psychiatry was considered unacceptable, and Psychosomatic Medicine was chosen as a compromise choice. However, people in the field have never been comfortable with the name.

After hearing concerns from members, we conducted three surveys. In early 2016, we asked APM members if they believed an alternative name should be chosen for our field. The great majority supported a name change. Next, several months ago, we asked what members currently call their specialty. Most responded that they use the name Consultation-Liaison Psychiatry. We also asked what their preference for a specialty name would be, and again, Consultation-Liaison Psychiatry was the overwhelming choice. In November, we asked a final question: "If other key national organizations were in favor, would you support changing the name of the field to Consultation-Liaison Psychiatry, which would also include changing the name of the Academy to mirror that term?" The overwhelming majority (about 80%) voted in support of this proposal.

Thus, we feel we have strong support for a name change for both the subspecialty and for our organization.

In this regard, I have worked with several former presidents, including Steve Epstein, MD, FAPM, and David Gitlin, MD, FAPM, to begin the process of exploring a name change.

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Annual Meeting NEWS

APM 64th Annual Meeting in
Palm Springs, California

"Addressing Current Dilemmas in
Psychosomatic Medicine:
Consultants Consulting the Experts"

—Lisa Seyfried, MD
2017 Scientific Program Chair

Congratulations and many thanks to Jeff Huffman, MD, FAPM, and the entire 2016 Annual Meeting Committee for a terrific, record-breaking meeting in Austin, Texas, this past November. For the first time ever, we eclipsed the thousand-participant threshold with 1,037 meeting registrants. Outgoing President Steve Epstein's vision was brought to life, and our attendees were treated to a wide variety of up-to-date knowledge and research in neuroscience. Innovative and exciting plenaries, enhanced audience participation, and

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Issue HIGHLIGHTS:

- ◎ 2016 Meeting Highlights & Awards
- ◎ Lecture Summaries from 2016
- ◎ 2017 Meeting in Palm Springs, Call for Awards & Abstracts
- ◎ SIG and Committee News
- ◎ Journal Update & Article Highlights



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President's Message (*cont'd. from page 1*)

We first reached out to the American Psychiatric Association requesting its support. In mid-December, the Board of Directors of the APA voted to support a change to Consultation-Liaison Psychiatry. I next reached out to the American Board of Psychiatry and Neurology. Its chief executive, Larry Faulkner, agreed to take it to his board, which will be meeting in February. If the ABPN approves, the issue will be taken to the American Board of Medical Specialties, who could approve a name change for our subspecialty.

Thus, things are moving along. As our last survey suggested, a subspecialty name change would also mean an organizational name change. Although there is a lot of history behind our Academy's name, it makes sense that our organization's name reflect the name of our specialty, and both the APA and ABPN made clear that if they support us, they would expect us to make this change as well.

So who knows. When the next president, James Rundell, MD, FAPM, is writing to you at this time next year, he may be writing as the president of . . . what? Perhaps it is not too soon for us all to start thinking about how we can incorporate Consultation-Liaison into a new name. First rule: Acronyms tend to stick. In deference to the holiday season I am writing this in, I will make the first pitch: "Consultation-Liaison Association of the United States." Get it?

Hoping by the time you read this you are off to a great new year.

Annual Meeting Chair's Message (*cont'd. from page 1*)

a full program of pre-conference courses, posters, oral papers, and general sessions made for quite an exhilarating and dynamic event.

A highlight of the meeting was a moving presentation by Donald Rosenstein, MD, FAPM, 2016 recipient of the Eleanor & Thomas P. Hackett Memorial Award. In addition, we enjoyed a thought-provoking lecture by the Wayne Katon Research Award winner, Matthew Hotopf, MRCPsych, PhD. Jeff and his team introduced several new concepts to the program which, based on their success, are likely to be continued. For example, who could possibly forget the plenary debate on "Controversial Clinical Management Scenarios in Psychosomatic Medicine" between Theodore Stern, MD, FAPM, and José Maldonado, MD, FAPM?

The great success of the 2016 meeting serves to highlight the strength of this highly anticipated event and its importance as the pinnacle of APM's year. Attendance at the annual meeting has grown year after year. But now is not the time to rest on our laurels. In an effort to foster further innovation and continuous improvement, last year the APM Council enlisted Velvet Chainsaw Consulting (VCC) to conduct a 360-degree review and evaluation of our meeting. VCC is comprised of a team of industry experts who work to create an improvement plan that focuses on alignment of core organization missions with improved education, networking, and attendee experiences. They had many positive things to say about our meeting and our great collegial community. They also made a considerable number of recommendations.

Now, at this point, some of you may be thinking "If it ain't broke, don't fix it!" Please be assured that, in many ways, the Annual Meeting Committee agrees. We are not looking for radical change but rather incremental improvement in areas identified as important by attendees. For example, participants in the 2016 meeting overwhelmingly identified "sessions with more interactive teaching" as the change they would be most excited to see in 2017. This aligns nicely with VCC's recommendation that we work to foster and model innovative learning design and the principles of evidence-based education. We hope that you look forward to more new concepts and formats in the program as we look forward to your feedback about them. Together we can make an already outstanding meeting even better.

With the recommendations from VCC in hand, planning is well under way for the 2017 Annual Meeting. This year we head west to beautiful Palm Springs, California. APM President Robert (Bob) Boland, MD, FAPM, has chosen the theme ***Addressing Current Dilemmas in Psychosomatic Medicine: Consultants Consulting the Experts.*** Our 2017 Annual Meeting will present up-to-date, expert information about many of the key challenges we face in psychosomatic medicine. We will be bringing you experts in clinical care, research, education, and administration from both within and outside of

our organization, to share their knowledge about dilemmas we face every day. In addition, we will be looking to our members to help us identify the top issues with which they are struggling so we can tailor sessions to address those topics.

As always, much of the success of the annual meeting depends upon the dedicated, hard-working members of the Annual Meeting Committee and its subcommittees. The Pre-Conference Courses Subcommittee is co-chaired by Lisa Rosenthal, MD, FAPM, and Divy Ravindranath, MD. Following the success of the 2016 *Essentials* course (with 229 registrants), we will be offering a full-day *Updates* course, in addition to several half-day courses. Once again, Sandra Rackley, MD, FAPM, and Christopher Sola, DO, FAPM, will lead our General Sessions Subcommittee. Christina Wichman, DO, FAPM, Jon Levenson, MD, FAPM, and Janna Gordon-Elliott, MD, FAPM, will be joined by Dahlia Saad-Pendergrass, MD, in leading the Oral Papers and Posters Subcommittee. The Early Career Track Subcommittee remains in the capable hands of John Taylor, MD, and Kristen Somers, MD, FAPM. Christina Bilyeu, MD, will chair the Local Arrangements Subcommittee, and Thomas Heinrich, MD, FAPM, continues as our CME Liaison.

We are very excited to be meeting at La Quinta Resort & Club, a renowned desert destination and one of Palm Springs' premier resorts. It is located at the foot of the Santa Rosa Mountains and features 45 acres of lush lawns, vibrantly colored gardens, winding pathways, historic guesthouses, tree-shaded courtyards, and 41 on-property pools. Yes, you read that right—forty-one pools! We hope that this setting will provide stimulation, inspiration, and relaxation as you collaborate with peers and discover new knowledge and resources.

Remember, there is a firm deadline of Sunday, April 2, for submissions, so start working on your abstracts now! I look forward to seeing you in Palm Springs!



*Lisa Seyfried, MD
2017 Annual Meeting Chair*

New Members

The Academy welcomes the following new members who joined during the period August 1 – December 31, 2016.

ASSOCIATE MEMBERS

Erica Greenberg, MD
Kristyn Pellecchia
Angela Weeks

FULL MEMBERS

Jose Aguilar, MD
Reji Attupurath, MD
Anna Beasley, MD
Ashley Belcher, DO
Iffat Bhuiyan, MD
Kathy Bottum, MD, PhD
Kevin Brazill, DO, MS
Gregory Brown, MD
Rachel Caravella, MD
Amanda Carrera-Alvarez, MD
Carla Eide, MD
Richard Ellsasser, MD
Ariadna Forray, MD
Samuel Greenstein, MD, BS
Nathan Harper, MD
Pochu Ho, MD
Virginia Hofmann, MD
Jon Hunter, FRCPC
Kelly Irwin, MD
David Karol, MD, MA
Suzanne Kennedy, MD
Kathryn Kenney, DO
James Lake, MD

Jae-Hon Lee, MD

June Lee, DO
Luciano Lizzi, MD, JD
Tessa Manning, MD
Judith Marcus, MD
Viveca Meyer, MD
Ryan Moroze, MD
Sharon Mozian, MD
Shujaat Nathani, MD
Joanna Quigley, MD
Charles Robinson, MD
Cristina Sanchez-Torres, MD
Lillian Segarra, MD
Holly Shiao, MD
Stephanie Smith, MD
Alexander Sojat, MD
Christopher Takala, DO
Patrick Triplett, MD
Christina Van derFeltzCornelis, MD, PhD
Christian Wiens, MD, FRCPC
Jonathan Worth, MD
Junko Yamaoka, MBBS
Mehboob Yaqub, MBBS

TRAINEE MEMBERS

Kolawole Adediran, MD
Mohammed Alblowi, MBBS
Mallikarjuna Bagewadi Ellur, MD

Mark Bahoura, MD

Thuraya Balhaj, MRCPsych
Katherine Blackwell, MD
Benjamin Braus, MD
Matthew Burke, MD
Jessica Butala, DO, MS
Andrew Carlo, MD
Deanna Chaukos, MD
Kristina Chechotka, MD
Suneela Cherlopalle, MD
Shaun Daidone, MD
Daniel Daunis, MD
Shalini Dave, DO
Gabriela D'Jaen, MD
Destry East, DO
Dominique Elie, MD, MSc
Daniel Fishman, MD
Amanda Franciscus, MD
Jose Galindo, MD
Jessica Gold, MD, MS
Jason Greenhagen, DO
Leah Grengs, MD
Vanessa Guerrero, MD
Rahul Gupta, MD
Rachel Hammer, MD
Sydney Harvey, DO
Rabiya Hasan, MD
Jennifer Hawken, MD
Jerzy Hubert, MD

Martha Ignaszewski, MD

Kevin Johns, MD
Anna Jolliffe, DO
Alvin Bryan Keng, MD
Shakaib Khan, MD
Franklin King, IV, MD
Timothy Kiong, MD
Ateaya Lima, MD
Dennis Maldonado, MD
Andrew Matz, MD
Joanne Orfei, DO
Deepa Pawar, MD, MPH
Geetha Reddy, MD
Aizhan Repchak, MD
Jessie Rice, MD
Sonia Riyaz, MD
Joan Roig Llesuy, MD
Sally Ryan, DO
Saadia Sediqzadah, MD
Patricia Serrano, MD
Sharvari Shivanekar, MD
Erik Shwarts, MD
Michelle Smith, MD
Elise Stephenson, MD
Jason Tatreau, MD
Justin Uzl, MD
Chase Warren, MD
Clara Westwell-Roper, MD, PhD

Pre-Conference Debate:

BRINGING COLLABORATIVE CARE TO CLINICAL PRACTICE: PIPELINE OR PIPE DREAM?

An animated, but friendly, pre-conference debate on bringing collaborative care to clinical practice took place at APM's Annual Meeting in Austin, Texas. The Wednesday evening program, which played to a packed room, began with a discussion by one of the nation's foremost experts on collaborative care, Kurt Kroenke, MD, MACP, Regenstrief Institute, Indiana University School of Medicine. It was followed by a debate by Michael Sharpe, MD, FAPM, University of Oxford, and Peter Shapiro, MD, FAPM, FAPA, Columbia University, and moderated by Carol Alter, MD, FAPM, Mindoula Health.

Why do we need a new model of collaborative care? The high prevalence of mental disorders and rising costs demand a new model of seeing patients, noted Dr. Kroenke.

He pointed to research (Kroenke & Unützer, *Journal of General Internal Medicine*, in press) that showed that the majority of mental health-dedicated dollars in the United States go to only 10% of patients with mental disorders. In addition, 90% of patients with mental disorders are seen only in the medical sector, and two-thirds receive no treatment. The research further demonstrated that the additional annual medical care costs for the 41 million Americans with mental disorders is \$290 million. His research showed that for every \$1 spent on collaborative-care depression care, \$6 may be saved in health costs, and the cost analysis of 30 collaborative-care trials showed more positive trials than negative trials.

Despite demonstrating the magnitude of the mental health problem, showing evidence of collaborative care effectiveness, and making a business case for its adoption, there has been a reluctance to adopt a collaborative care model. "If we are trying to change a system, we need to make comparable analogies so the system understands," said Dr. Kroenke.

There are medical thresholds for types of treatment. "Why can't we train primary care physicians to screen for mental illness the same way they do for physical illnesses?" he asked.

Dr. Kroenke said he also believed that we need to move beyond single-care management and use a stepped-care management system, using the lowest rung that works for the patient (mental health specialist, primary care physician, non-MD health care professional, such as a nurse, pharmacist, social worker, clinical staff without health-related degree, peers with similar symptoms, and even self-management). "It is important for us to swallow our hubris and decide if someone else on a lower pay grade can provide the service," he said. "In terms of extending our reach, we need to be open to other participation in patient management."



Kurt Kroenke, MD, MACP,
featured speaker at the debate.

Prior to the debate, Dr. Alter polled attendees on whether they thought collaborative care was a pipeline or a pipe dream. An overwhelming number of people (85) believed that collaborative care was in the pipeline as the way to provide good quality care to many people, while 15 people believed that it is a great idea that is not fiscally sound and not what our medical colleagues want.

"No doubt it's in the pipeline," said Dr. Shapiro, "but it's an opium pipe."

"We are all here because we believe in collaboration," retorted Dr. Sharpe. "Collaborative care allows us to extend what we do. It is a cost-effective way to make our patients' lives better."

While an increasing number of studies show evidence that collaborative care works, Dr. Shapiro pointed out that this treatment modality has several limitations: It is most tested for treatment of anxiety and depression, not established to be effective for all patient populations, not effective for everyone, and still a problem to work out financially.

The question remains: Will collaborative care become a widely accepted modality in the United States? Share your thoughts on this subject with APM; letters to the editor (via the executive office, info@apm.org) will be included in the next issue of this newsletter.



At APM 2016, Dr. Carol Alter moderated a lively debate between Drs. Peter Shapiro (center) and Michael Sharpe (right) on bringing collaborative care to clinical practice.

*See pages 6 and 7 for summaries of plenary lectures
at the 2016 Annual Meeting.*

From the Journal:

COLLABORATIVE CARE PSYCHIATRISTS SHOULD PLAY AN ACTIVE ROLE IN THE HEPATITIS C EPIDEMIC

The mental health community is well positioned to take a more active role in Hepatitis C virus (HCV) treatment, and psychosomatic medicine physicians should assume a collaborative role in caring for psychiatric patients with HCV infection, according to an article published in the January–February 2017 issue of *Psychosomatics*. “Hepatitis C Treatment: Clinical Issues for Psychiatrists in the Post-Interferon Era” notes that HCV infection is a widespread and costly cause of morbidity and mortality in the United States (affecting 3.5 million people, roughly 1% of the population), and globally (affecting some 150 to 200 million persons worldwide, roughly 3% of the world population).

About 65% of people infected with HCV in the United States contracted the virus by sharing needles. Other groups at risk include those who have received blood transfusions or transplanted organs before 1992, have had sexual contact with someone with HCV infection, are on hemodialysis, are infected with HIV, are born to mothers with HCV, or work in a health care setting where accidental exposures may occur.

“Research further shows that there is a significant overlap between HCV infection and mental illness,” says Yvonne Marie Chasser, MD, Massachusetts General Hospital, Boston, and lead author of the article. HCV infection occurs at rates 10 to 20 times higher among incarcerated individuals and the severely mentally ill and is also commonly found in those who present for treatment in emergency settings, where there is a high prevalence of mental illness. One study showed that among HCV-infected patients in a hospital liver clinic setting, the rates of mental illness are significantly higher than in the general population, with schizophrenia occurring at 3.9%, bipolar depression at 2.6%, and unipolar depression at 25%.

The authors advise psychiatrists to become more familiar with HCV treatment options, particularly the new oral direct-acting antiviral regimens, which are well-tolerated and more effective than their predecessors. “Psychiatrists should be aware of the potential drug interactions among psychotropic medications and a patient’s prescribed

direct-acting antiviral medication,” said Dr. Chasser. An online resource is provided by the University of Liverpool at www.hep-druginteractions.org.

As with any disease, the sooner treatment is initiated, the better the outcomes. However, despite the emergence of better medications, many patients face barriers due to the high cost of the drugs and the limited eligibility for treatment allowed by insurance companies. In addition, patients with severe mental illness are less likely to have access to HCV screening, diagnostic confirmation, and referral to treatment. “Because multiple barriers exist at every stage of HCV treatment, a portion of patients is lost to follow-up at each step in care,” says Dr. Chasser. This phenomenon has been described in other epidemics as the treatment cascade, named for its graphical appearance of a down-going slope representing decreasing percentages of patients remaining in treatment and achieving the desired outcome.

“Because the management of interferon-induced neuropsychiatric side effects is no longer relevant due to new medications now available, psychiatrists should adopt a more proactive role, reflective of the fact that psychiatric populations carry a higher burden of HCV,” suggests Dr. Chasser. Building trust is vital to the process of navigating multiple comorbidities together.

“By optimizing a patient’s mental health and reducing barriers to care, psychiatrists can improve a patient’s chances of successful HCV treatment. Over time, psychiatrists will build a record of successful outcomes that will facilitate ongoing collaboration between providers and exemplify the transformative effect of integrated care,” concludes the article.



Yvonne Marie Chasser, MD



It's not uncommon for the plenary symposia at APM Annual Meetings to pack a full-house. The President's Symposium, Part 2, on Friday morning was no different.

Annual Meeting President's Symposium, Part 1: Sad and Angry: What Neuropsychiatry Can Tell Us About Treating Negative Emotional States

Lecture 1: WHEN INFLAMMATION WEEPS: THE EMERGING ROLE OF THE IMMUNE SYSTEM IN DEPRESSION

"One of my favorite topics is the emerging role of the immune system in depression and the effects of inflammation on the brain," said Andrew Miller, MD, Professor of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia. Dr. Miller led off Part 1 of the President's Symposium at the APM Annual Meeting in Austin, Texas.



Andrew Miller, MD

Miller. Why is this important? Because a significant proportion of depressed patients

will have systemic inflammation. Millions of Americans have depression, and it is the 10th leading cause of death in United States. About one half of these patients are non-responsive to conventional medications. "We need to come up with new conceptual frameworks and targets to improve treatment options and outcomes," stressed Dr. Miller.

A 2004 *Time* magazine article talked about the role inflammation plays in heart attacks, cancer, and Alzheimer's disease. "We are Johnny-come-lately," said Dr. Miller, "increasingly recognizing that inflammation also plays an important role in many of the diseases that psychiatrists treat." Chronic inflammation can come from medical illnesses, including cancer, diabetes, and autoimmune and inflammatory disorders; medical treatments, including surgery, radiation, and chemotherapy; physical trauma; psy-

chosocial stress, both current and past; obesity; sedentary activity; and infections. These can all induce the release of inflammatory cytokines, which can lead to depression.

Dr. Miller explained his hypothesis that inflammation plays a key role in depression. Patients with depression (both medically ill and medically healthy) have been found to exhibit all the cardinal features of inflammation, and increased inflammatory markers are associated with treatment resistance.

Since inflammation affects specific neurotransmitters and neurocircuits that can serve as targets of treatment, Dr. Miller proposes that patients with high inflammation (e.g., C-reactive protein levels $>3\text{mg/L}$) may preferentially respond to dopaminergic medications. "Precision medicine is possible for behavioral complications of inflammation," he concluded.

Lecture 2: PSYCHOPHARMACOLOGICAL TREATMENTS FOR AGGRESSION AND VIOLENCE

Stuart Yudofsky, MD, Baylor College of Medicine, also presented during Part 1 of the President's Symposium at the APM Annual Meeting in Austin. Dr. Yudofsky, who spoke on "Psychopharmacological Treatments for Aggression and Violence," began with a brief overview of the prototypical clinical presentation of patients with impulsive aggression associated with central nervous system disorders.

The following are among the diagnostic criteria for a personality change due to another medical condition:

- A persistent personality disturbance represents a change from the individual's previous characteristic personality pattern.
- Physical examination, history, or lab findings indicate that disturbance is the direct physiological consequence of a general medical condition.

- The disturbance is not accounted for by another mental disorder.
- The disturbance does not occur exclusively during the course of a delirium and does not meet the criteria for dementia.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Dr. Yudofsky described the characteristics of organic aggressive syndrome, as well as the neuropathology of aggression. Aggression can manifest itself verbally (such as making loud noises, shouting, yelling insults, cursing viciously, or making threats of violence towards others or self) or physically (such as slamming doors, scattering clothing, making a mess, kicking furniture, breaking objects, smashing windows, setting fires, and throwing objects, safely or dangerously). Aggression can be exhibited toward other

people or toward self (such as picking or scratching skin, hitting self, pulling hair, banging head, hitting fists, mutilating self).

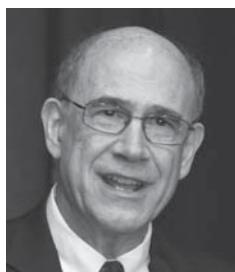
He also presented the psychopharmacological treatments of acute and chronic violence, aggression, and agitation in clinical and non-clinical settings, including medication classes, indications, side effects, and special clinical situations. He noted that several case studies have found that interoperative stimulation of the lateral part of the posteromedial hypothalamus of the brain induces aggression. "Can deep brain stimulation (DBS) of other brain regions treat impulsivity and aggression?" he asked.



Stuart Yudofsky, MD

Annual Meeting President's Symposium, Part 2:

PATHOPHYSIOLOGY OF FUNCTIONAL MOVEMENT DISORDERS



Mark Hallet, MD

Symposium. Mark Hallet, MD, addressed how consultation-liaison psychiatrists can recognize functional movement disorders and presented the current thinking about their causes. Dr. Hallet is Chief of the Human Motor Control Section, National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, Maryland.

Functional neurological disorders, which fall under the DSM-5 category of Somatic

Day 2 of APM's Annual Meeting in Austin, Texas, officially began with "Pathophysiology of Functional Movement Disorders" presented as part of the President's

Symptom and Related Disorders, are mostly conversion disorders, where the dysfunction is unconscious, but there are some that are factitious, where the abnormality is feigned and conscious. Malingering, which can have similar manifestations, is similarly feigned, but not considered a psychiatric disease. Unfortunately, there are no good methods for differentiating these three entities at the present time.

Between 10 and 15 percent of patients with a functional movement disorder will also have an organic neurological disorder, noted Dr. Hallet. "The challenge," he said "is how do you distinguish between a voluntary and involuntary movement?"

Physiological studies of functional weakness and sensory loss reveal normal functioning of primary motor and sensory cortex, but abnormalities of premotor cortex and as-

sociation cortices. This suggests a top-down influence creating the dysfunction. Studies of functional tremor and myoclonus show that these disorders utilize normal voluntary motor structures to produce the involuntary movements, again suggesting a higher-level abnormality. Motor agency is abnormal and studies show that dysfunction of the temporoparietal junction may be a correlate. The limbic system is overactive and might initiate involuntary movements, but the mechanism for this is not known. The limbic system would then be the source of top-down dysfunction. It can be speculated that the involuntary movements are involuntary due to lack of proper feedforward signaling.

"While we are making progress on the pathophysiology, the field, recently neglected, is receiving increased attention," said Dr. Hallet. His conclusion: More research and better therapies are needed.

Wayne Katon Research Award Lecture:

BIG DATA FOR INTEGRATIVE CARE

"The use of anonymous health data for research is fundamental," said Matthew Hotopf, MRCPsych, PhD, Professor of General Hospital Psychiatry, King's College London, United Kingdom. Dr. Hotopf presented the Wayne Katon Research Award lecture on "Big Data for Integrative Care" at APM's Annual Meeting in Austin, Texas.

Patients with psychiatric disorders have a poorer life expectancy, he noted. "For specific mental health disorders, we've found it to be reduced by up to 15 years."

The digital revolution affords huge opportunities to improve health care including the integration of physical and mental health. Gathering large amounts of data has shown, for example, that the incidence of cancer with mental disorders is not necessarily higher, but the incidence of mortality is greater. "In fact, mortality was about 70% higher," said Dr. Hotopf. "Armed with this data, we are then able to go to cancer physicians and ask: 'What are you doing about

mental health issues of cancer patients to reduce the mortality rate?'"

Using electronic health records (EHRs) for research has helped provide a better understanding of patterns of morbidity and has influenced health policy in the United Kingdom. "We have been able to translate the narrative of psychiatrists who describe a patient's condition and translate that text into coded data, which has provided a gold mine of information," he noted. One of his colleagues, for example, is examining suicidal behavior through language used in psychiatric records. "This could actually help predict when someone might attempt suicide by the language they use," he said.

Dr. Hotopf described an enabling platform—IMPARTS (Integrating Mental & Physical healthcare: Research, Training & Services)—which has been used to generate patient-reported outcomes and mental health screening in physical health settings in England. He also discussed the poten-



Matthew Hotopf, MRCPsych, PhD, delivering his lecture in accepting the 2016 Wayne Katon Research Award

tial for mobile devices (smartphones and wearables, such as Fitbits) to stream data that could not only describe current health status, but also potentially predict future relapse.

2016 Annual Meeting

CONGRATULATIONS TO APM'S 2016

HACKETT AWARD

"I absolutely love the work that I do," said Donald Rosenstein, MD, FAPM, 2016 recipient of the Eleanor & Thomas P. Hackett Memorial Award, the Academy's highest honor, given in recognition of outstanding achievement across an entire career in psychosomatic medicine in training, research, clinical practice, and leadership.

"I love consultation-liaison work; I love the connection we have with medicine and surgery. I love learning from my students. I can't imagine doing this kind of work without being surrounded by people who love learning as much as I do."

Rosenstein, affectionately known as "Donnie" to his friends, spoke on "In the Middle of Where Everything Is Missing" at the APM Awards and Fellowship Luncheon at the 2016 Annual Meeting.



Maryland Pao, MD, FAPM, introduced the 2016 Hackett Award recipient, Donald Rosenstein, MD, FAPM.

Dr. Rosenstein is Director, Division of Hospital Psychiatry, Department of Psychiatry, University of North Carolina at Chapel Hill, as well as Professor, Department of Psychiatry, and Director, Comprehensive Cancer Support Program, University of North Carolina at Chapel Hill. He is an

innovative researcher, with more than 100 papers published. He has lectured extensively on topics ranging from "HIV Psychiatry" to "Psychopharmacology in the Oncology Setting" to "Co-management, Collaborative Care and the Role of Metrics in Outpatient Mental Health Care." He is a past president of APM (2011-12), and current president-elect of the American Psychosocial Oncology Society.

Dr. Rosenstein was introduced by Maryland Pao, MD, FAPM, Clinical Director & Deputy Scientific Director, National Institutes of Health.

The December 2016 edition of *APM News* included a more in-depth article on Dr. Rosenstein—see tinyurl.com/APM-Hackett-2016. A recording of Dr. Rosenstein's presentation is also now available in the Live Learning Center on the APM website.

WAYNE KATON RESEARCH AWARD

The Wayne Katon Research Award was presented to Matthew Hotopf, MRCPsych, PhD. Introduced by Michael Sharpe, MD, FAPM, Professor of Psychological Medicine, University of Oxford, England, Dr. Hotopf spoke on "Big Data for Integrative Care" (see article on page 7).

The research award was renamed in 2015 to honor Wayne Katon, MD, FAPM, president of APM 2012-13, and international leader in psychosomatic medicine. He lost his battle with lymphoma on March 1, 2015.

The award is given to honor the accomplishments and stature of a currently active researcher in the field of psychosomatic medicine.

Matthew Hotopf is Director of the National Institute of Health Research Biomedical Research Centre (BRC) at the South London and Maudsley NHS Foundation Trust, and a professor of psychiatry at King's College London's Institute of Psychiatry, Psychology & Neuroscience. He is an NIHR Senior In-



Dr. Michael Sharpe (left) congratulates the 2016 Katon Research Award recipient, Matthew Hotopf, MRCPsych, PhD.

vestigator. As the director of the BRC, he is responsible for ensuring that it meets its goal of improving the lives of people living with mental disorders by bringing new innovations to the clinic.

A psychiatrist with training in epidemiology, he has broad research interests including the inter-relationship between mental and physical health care, psychiatric epidemiology, mental capacity, and health care informatics. He is currently involved with two projects: trajectories of depression and anxiety symptoms in coronary heart disease, and the IMPARTS project (Integrating Mental & Physical healthcare: Research, Training & Services).



Anna Ratzliff, MD, PhD, received the 2016 Stoudemire Award.

AWARD RECIPIENTS

DLIN/FISCHER AWARD

The Dlin/Fischer Clinical Research Award is presented for significant achievement in clinical research and the best paper submitted for presentation at the annual meeting. The award is named for Barney "Ben" Dlin, MD, FAPM, president of APM 1983-84, and H. Keith Fischer, MD, FAPM, president 1975-76.

Jesse Fann, MD, MPH, FAPM, received the 2016 award and spoke on "Impact of a Tele-health Intervention on Common Comorbid Conditions of Mild Traumatic Brain Injury in Active Duty Service Members: A Randomized Controlled Trial."

Dr. Fann is a professor in the Department of Psychiatry and Behavioral Sciences and adjunct professor in Rehabilitation Medicine and Epidemiology at the University of Washington. He is Director of Psychiatry and Psychology Services at the Seattle Cancer Care Alliance and Affiliate Investigator at Fred Hutchinson Cancer Research Center. He received his B.S. in Electrical Engineering from Stanford University, his MD from Northwestern University, and his MPH in Epidemiology from the University of Washington.

A 2014 recipient of APM's Research Award, he was named one of the nation's "Top Cancer Doctors" by *Newsweek* in 2015. Dr. Fann's research focuses on the epidemiology and treatment of psychiatric disorders, particularly depression, anxiety, and delirium, in patients with neurological conditions and cancer. He has been principal investigator on studies funded by the NIH, the Department of Education, the CDC, and the American Cancer Society. Dr. Fann has authored more than 100 peer-reviewed scientific articles and has served on numerous national advisory boards, including the Department of Defense's Psychological Health Advisory Board, and editorial boards, including that of the journal *Brain Injury*.



Hochang Benjamin Lee, MD, FAPM, (left) presented the 2016 Dlin/Fischer Clinical Research Award to Jesse Fann, MD, MPH, FAPM.

DON R. LIPSITT AWARD



Jürgen Unützer, MD, MPH, MA, received the 2016 Lipsitt Award.

Jürgen Unützer, MD, MPH, MA, received the 2016 Don R. Lipsitt Award for Achievement in Integrated and Collaborative Care. Dr. Unützer is Professor and Chair, University of Washington School of Medicine, Seattle. In addition to presenting the Don R. Lipsitt Award Workshop on "Collaborative Care: From Research to Practice," he moderated a session on the "Role of the Psychosomatic Medicine Psychiatrist in Teaching Integrated Care to Trainees Across the Spectrum." He was also co-author of a Webb Fellow oral paper presentation on "Delivering Perinatal Depression Care in a Rural Obstetric Setting: A Pilot Study."

The Lipsitt Award recognizes an individual who has demonstrated excellence and innovation in the integration of mental health with other medical care through collaborative care, as demonstrated by success in one or more of the following activities:

- Research and scholarship
- Clinical care
- Clinical systems development
- Education
- Health care policy

STOUDEMIRE AWARD

The Alan Stoudemire Award for Innovation and Excellence in Psychosomatic Medicine Education was presented to Anna Ratzliff, MD, PhD, Associate Professor, Department of Psychiatry & Behavioral Sciences, University of Washington, Seattle, and director of the program for which she won the award, the Integrated Care Pathway Program. Her poster was titled "University of Washington Integrated Care Pathway: Psychiatry in Medical Settings."

The Alan Stoudemire Award is given to an individual or individuals who has/have developed or led a creative educational program in the area of

psychosomatic medicine directed at any level, from medical students to board-certified physicians, that is outstanding by virtue of its innovation and impact. The award is named for Alan Stoudemire, MD, FAPM, a highly respected clinician and educator and a prolific author and editor. Details about the Pathway Program and the award were included in the December 2016 edition of *APM News*; see tinyurl.com/Stoudemire-2016

BEST POSTER AWARDS

First Place: "Improving the Validity of Delirium Screening: A Quality Improvement Project"

Presenting Author: Thomas Heinrich
Co-Authors: Steven Denson, Christopher Emanuel, Amy Heidenreich, Stephanie Gresbach, Stanley Lyndon

Second Place: "Differential Impact of Low Dose Lorazepam on Executive Function in Cognitively Unimpaired Individuals at Varying Genetic Risk for Alzheimer's Disease"

Presenting Author: Cynthia Stonnington
Co-Authors: Brian Harel, Dona Locke, Joseph Hentz, Paul Maruff, Richard Caselli

Third Place: "Assessing Patients with Alcoholic Hepatitis for Early Liver Transplantation: Retrospective Review Using the Stanford Integrated Psychosocial Assessment for Transplant (SIPAT)"

Presenting Author: Akhil Shenoy
Co-Authors: Zorica Filipovic, Kanwal Mohan, Aryeh Dienstag, Elizabeth Schubert, Mary Brosnan, Margot Wankoff, Laura Ford, Gene Im

BEST TRAINEE POSTERS

First Place: "Psychiatric Comorbidities in Takotsubo (stress) Cardiomyopathy"

Presenting Author: Eric Rafla-Yuan
Co-Author: Arash Nayeri

Second Place: "Suicide Risk in Adult Medical Inpatients: Is Screening for Depression Enough?"

Presenting Author: Jarrod Smith
Co-Authors: Daniel Powell, Deborah Snyder, Elizabeth Ballard, Keenan Withers, Maryland Pao, Lisa Horowitz

Third Place: "In Search of Lost Time': The Evaluation and Management of Acute Amnesia's"

Presenting Author: Leslie Chavez
Co-Authors: Jennifer Erickson, Carmen Casasnovas, Daniel Safin, Davin Quinn

BEST CASE REPORT POSTER

(A new award introduced at APM 2016)

"High Dose Intravenous and Parenteral Thiamine Treatment Improves Outcomes in Medical Decision-making Capacity"

Presenting Author: Marie Rose Alam
Co-authors: Karin Neufeld, Durga Roy

WEBB FELLOWSHIPS

The William L. Webb Fellowship Program fosters the career development and leadership potential of advanced residents and fellows in PM/C-L psychiatry. The fellowship is named in honor of the late William L. Webb, Jr., MD, FAPM, president of the Academy 1986-87.

The 2016 recipients of the award are:

- **Katherine Blackwell, MD**, Yale University
- **Mario Caro, MD**, Yale New Haven Hospital
- **Deanna Chaukos, MD**, Massachusetts General Hospital
- **Jennifer Erickson, MD**, University of Washington
- **Neeta Shenai, MD**, Western Psychiatric Institute and Clinic
- **Nathaniel Sowa, MD**, University of North Carolina, Chapel Hill

Each Webb Fellow will present an oral paper at the 2017 Annual Meeting in Palm Springs, California.



E. Sherwood Brown, MD, PhD, FAPM (top left) presented 2016 William L. Webb Fellowship awards to: (top row) Drs. Mario Caro, Jennifer Erickson, and Nathaniel Sowa; and (bottom row) Drs. Neeta Shenai, Deanna Chaukos, and Katherine Blackwell.

MARK YOUR CALENDARS:

FUTURE APM ANNUAL MEETINGS

2018

November 14-17

65th Annual Meeting
Caribe Royale Orlando
Orlando, FL

2019

November 13-16

66th Annual Meeting
Sheraton San Diego
Hotel & Marina
San Diego, CA

2020

November 11-14

67th Annual Meeting
Arizona Grand
Resort & Spa
Phoenix, AZ

DORFMAN JOURNAL PAPER AWARDS

Wilfred "Bill" Dorfman, MD, FAPM was a founding member of APM in 1953, served as Academy president 1959-60, and was the first editor-in-chief of the Academy's journal, *Psychosomatics*, serving from 1960 through 1986. The Dorfman Award is named in his honor for the best papers published each year in the Academy's journal, *Psychosomatics*. Presenting the 2016 awards was *Psychosomatics* Editor-in-Chief Theodore Stern, MD, FAPM.

BEST CASE REPORT

Laurel Pellegrino, MD; Joseph Cerimele, MD; and Amelia Dubrovskym MD, for "Service Dogs in the Hospital: Helpful or Harmful? A Case Report and Clinical Recommendations."



BEST ARTICLE for Original Research

Gurneet Thiara, MD; Richard Yanofsky, MD, FRCPC; Sayed Abdul-Kader, MD, FRCPC; Vincent Santiago, BSc; Stephanie Cassin, PhD, CPsych; Allan Okrainec, MD, FRCSC; Timothy Jackson, MD, FRCSC; Raed Hawa, MD, FRCPC; and Sanjeev Sockalingam, MD, FRCPC, FAPM, for "Toronto Bariatric Interprofessional Psychosocial Assessment Suitability Scale: Evaluating A New Clinical Assessment Tool for Bariatric Surgery Candidates."



Dr. Theodore Stern (left) presented the Dorfman Best Case Report award to Drs. Laurel Pellegrino and Joseph Cerimele. Third co-author was not in attendance.

Dr. Sanjeev Sockalingam (right) accepted, on behalf of himself and his eight co-authors, the Dorfman award for Best Article for Original Research from Dr. Theodore Stern.

BEST REVIEW ARTICLE:

Laura McLafferty, MD; Madeleine Becker, MD, FAPM; Nehama Dresner, MD, FAPM; Samantha Meltzer-Brody, MD; Priya Gopalan, MD; Jody Glance, MD; Guitelle St. Victor, MD, FAPM; Leena Mittal, MD; Patrick Marshlek, MD; Laura Lander, LCSW; and Linda Worley, MD, FAPM, for "Guidelines for Management of Pregnant Women with Substance Use Disorders."



Dr. Stern with 5 of the 11 co-authors of the Dorfman Best Review Article (from left): Drs. Laura McLafferty, Nehama Dresner, Guitelle St. Victor, Leena Mittal, and Madeleine Becker.

TRAINEE TRAVEL AWARDS

To encourage residents and PM/C-L fellows to join APM, attend the annual meeting, and eventually become new leaders of the Academy, awards of \$750 each are presented to top candidates to help offset the cost of attending the meeting. From a fiercely competitive application process, the following award winners attended APM 2016:

Jose Arriola Vigo, MD, PhD
Vanderbilt University Medical Center

Arpita Goswami Banerjee
MD, University of Pennsylvania
Larkin Elderon, MD
Boston University Medical Center

Abraham Ghattas, DO
Loyola University Medical Center

Hermioni Lokko, MD, MPP
Massachusetts General Hospital - Boston
Subani Maheshwari, MD
Thomas Jefferson University Hospital

Laura Poellet, MD, JD
Vanderbilt University Medical Center

Deepa Pawar, MD, MPH
Medical College of Wisconsin
Robin Valpey, MD
Western Psychiatric Institute & Clinic, University of Pittsburgh Medical Center

Simon Sidelnik, MD
New York University School of Medicine

Jonathan Smith, MD
Vanderbilt Psychiatric Hospital,
Vanderbilt University
Thida Thant, MD
University of Colorado

APM FELLOWSHIPS

Fellowship is bestowed upon Academy members who manifest active participation in APM and have made exemplary contributions to the field of psychosomatic medicine as educators, researchers, or administrators. Elected to Fellowship at the 2016 Annual Meeting were

Wendy Baer, MD, FAPM

Brian Bronson, MD, FAPM

Daniel Elswick, MD, FAPM

Steven Frankel, MD, FAPM

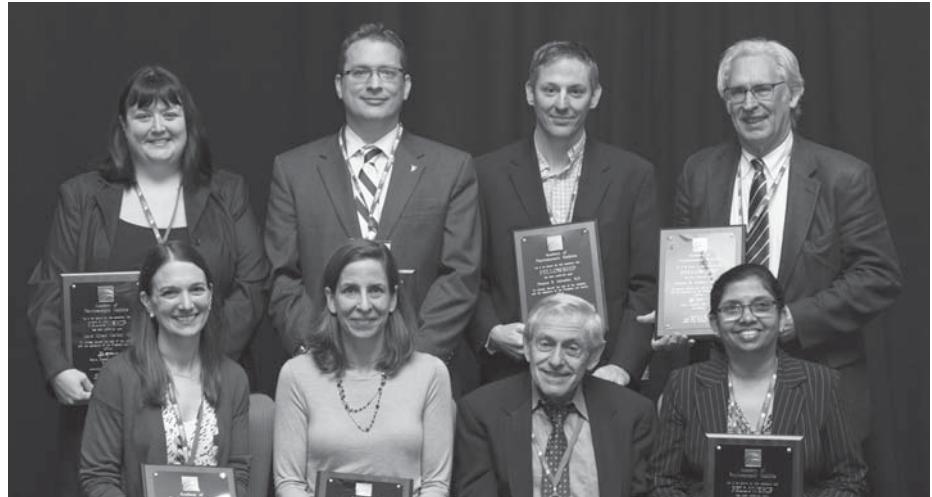
Dwayne Heitmiller, MD, FAPM

Jeanne Lackamp, MD, FAPM

Laura Markley, MD, FAPM

Beena Nair, MD, FAPM

Thomas Penders, MD, FAPM



2016 Academy Fellows

Back row: Drs. Laura Markley, Daniel Elswick, Dwayne Heitmiller, Thomas Penders

Front row: Drs. Jeanne Lackamp, Wendy Baer, Steven Frankel, Beena Nair

Not pictured: Brian Bronson

VISITING PROFESSORSHIPS

Visiting Professorship Awards support the travel expenses, lodging, meals, and honorarium for an APM member to serve as a visiting professor to a host university, hospital, or medical facility. Hochang Benjamin Lee, MD, FAPM, Associate Professor of Psychiatry, and Founding Director, Yale Psychological Medicine Service, Yale University School of Medicine, presented the Visiting Professorship Awards to:



Nancy Byatt, DO, MBA, FAPM, from the University of Massachusetts, visiting University of Washington School of Medicine. Nominated by: Joseph Cerimele, MD, MPH, Acting Assistant Professor, Department of Psychiatry & Behavioral Sciences.

Dr. Nancy Byatt



Sanjeev Sockalingam, MD, FRCPC, FAPM, from the University of Toronto, visiting Thomas Jefferson University. Nominated by: Omair Abbasi, MD, Assistant Clerkship Director for Psychiatry, Division of C/L Psychiatry.

Dr. Sanjeev Sockalingam



Jürgen Unützer, MD, MPH, MA, from the University of Washington, visiting the University of Southern California (USC). Nominated by: Isabel Lagomasino, MD, MSHS, Residency Program Director, Medical Director, Adult Outpatient Psychiatric Services.

Dr. Jürgen Unützer

CALL FOR AWARDS 2017

The Academy is pleased to announce that nominations for its 2017 awards are now being accepted online at www.apm.org/awards

Submission deadline: April 1, 2017

- Eleanor & Thomas P. Hackett Memorial Award
- Wayne Katon Research Award
- Don R. Lipsitt Award for Achievement in Integrated and Collaborative Care
- Alan Stoudemire Award for Innovation & Excellence in PM/C-L Education
- Award of Special Recognition
- Distinguished Service Award
- Visiting Professorship Program

Submission deadline: July 1, 2017

- Webb Fellowship Program
- Academy Fellowship
- Trainee Travel Award

Submission deadline: July 31, 2017

- Early Career Research Mentorship Program

EARLY CAREER RESEARCH MENTORSHIP PROGRAM

Created in 2016 to foster research in psychosomatic medicine, this new program provides to current or potential young researchers a combination of mentorship from a senior research leader, and financial support to attend the Academy's annual meeting. This year's research mentor, funded by the Foundation of the APM, is Kurt Kroenke, MD, Professor of Medicine, Indiana University School of Medicine.

The inaugural mentorship program received 26 candidate applications! Only three could be chosen:

Joseph Cerimele, MD
University of Washington School of Medicine, Seattle, WA

Hsiang Huang, MD
Cambridge Health Alliance
Boston, MA

Mark Oldham, MD
Yale School of Medicine
New Haven, CT



From left: 2016-17 research mentee Joseph Cerimele, MD; research mentorship professor Kurt Kroenke, MD; mentee Hsiang Huang, MD; mentee Mark Oldham, MD

After one-on-one mentorship with Dr. Kroenke at the 2016 Annual Meeting, Drs. Cerimele, Huang, and Oldham will

be spending the coming year as distance mentees to Dr. Kroenke via phone, Skype, email, and the like.

APM 2016-2017 COUNCIL



Back row (left to right): Drs. Steven Epstein, Michael Sharpe, Philip Bialer, Jeff Huffman, Thomas Heinrich, James Rundell, J. Michael Bostwick, Robert Boland, Robert Joseph, David Gitlin, Paul Desan

Front row (left to right): Drs. Maria Tiamson-Kassab, Catherine Crone, Rebecca Brendel, Madeleine Becker, Lisa Seyfried, Maryland Pao, Christina Wichman

2016 was an exciting year for APM Special Interest Groups (SIGs), which represent the subspecialty and special settings of experts and colleagues within our organization. There are 16 SIGs, with content areas as diverse as Transplant Psychiatry, Women's Health, Early Career Psychiatrists, and Community-Based Psychosomatic Physician Practice Issues. Most of the groups have their own listservs, and six have their own websites: Bioethics, Cardiovascular Psychiatry, HIV/AIDS Psychiatry, Pediatric Psychosomatic Medicine, Psychological Considerations, and Transplant Psychiatry. The APM website section on SIGs has links to these listservs and websites, and provides points of

contact and information about each interest group. Several SIGs maintain topical bibliographies for their members. There is information about how to easily join a SIG on the APM website.

SIGs contribute in very important ways to the practice of psychosomatic medicine/consultation-liaison psychiatry and are integral parts of APM. SIGs submitted proposals, sometimes with each other, in 2016 for symposia and workshops for the APM Annual Meeting, as well as to more than 20 other national and international academic meetings. Some SIGs have developed initiatives to mentor younger members and facilitate academic development.

Of particular interest to SIG members, plans are being developed to have SIGs play even larger roles in APM organizational efforts in the future, including a planned focus at the 2018 APM Annual Meeting on the importance and roles of subspecialty areas in the practice of psychosomatic medicine/consultation-liaison psychiatry. At that annual meeting, there will be an enhanced number of SIG-driven presentations.

It is an exciting time for APM and its SIGs—and an ideal time to become involved in the SIGs. Join one or more if you haven't already!

— James Rundell, MD, FAPM
2016-2017 President-Elect

Community-Based Psychosomatic Physician Practice Issues

Chair: Hindi Mermelstein, MD, FAPM

The Community-Based Psychosomatic Physician Practice Issues SIG meeting held during the 2016 Annual Meeting in Austin was well attended by APM members working in a variety of settings. In spite of differences in clinical and administrative configurations for each location, there was overarching interest in better networking, collaboration, and possible joint projects. In addition, the chair presented some of the work of other committees, such as how to create a business plan that would be applicable to this SIG. Following the meeting, there has been work on revising the mailing list/listserv, developing a survey tool to better assess how the SIG can better serve our membership, and considering possible topics for submission for next year's meeting. I invite all to send your thoughts and comments to me via email (drhmermelstein@optimum.net or hmermelstein@gmail.com) and to join our SIG.

Early Career Psychiatrists (ECP)

Co-Chairs: Alan Hsu, MD, and John Taylor, MD

The Early Career Psychiatrists (ECP) SIG partnered with the Business of PM Subcommittee on a submission for the 2016 Annual Meeting, focusing on real-world practice issues physicians face in the first stages of their careers. We plan

to continue fostering connections with other SIGs and subcommittees on joint submission for future conferences. If you are interested in working on an ECP SIG conference submission, contact the co-chairs at alanhhsu80@gmail.com or taylor.john@mgh.harvard.edu

Emergency Psychiatry

Co-Chairs: Scott Simpson, MD, MPH, and Cheryl McCullumsmith, MD, PhD

The 2016 Annual Meeting was a great opportunity for members of the Emergency Psychiatry SIG to share their expertise and interest in consultation psychiatry occurring in the emergency department (ED). SIG members spoke on topics familiar to ED consultants, including: toxicodromes; the management of excited delirium; the impact of marijuana legalization; and psychotherapeutic approaches for patients in crisis. At the SIG meeting, members planned for next year's annual meeting by considering how clinical challenges faced frequently in the ED are also salient to consultants in general hospital and outpatient settings. These challenges include caring for boarding patients, utilizing telepsychiatry, and delivering novel, fast-acting treatments for agitation, depression, and suicidality.

Many APM members consult frequently in the ED. Our SIG aims to help members with a particular interest in emergency psychiatry become more active in APM and, thereby,

disseminate the principles and progress of psychosomatic medicine to the unique ED environment.

In continuing this mission, we also had a change in leadership at the 2016 SIG meeting. Drs. J.J. Rasimas and Mary Jo Fitz-Gerald, who had co-chaired our SIG for three years, have passed the torch to Drs. Scott Simpson and Cheryl McCullumsmith. We are also excited that Dr. Naomi Schmelzer will continue to write journal article annotations of the latest emergency psychiatry literature.

We are pleased that APM provides a home for academic emergency psychiatry. APM's annual meeting will continue to be a forum for elite emergency psychiatrists to teach practical skills and introduce original research.

Pediatric Psychosomatic Medicine

Co-Chairs: Susan Turkel, MD, FAPM, Maryland Pao, MD, FAPM, and Laura Markley, MD, FAPM

The Pediatric Psychosomatic Medicine (PM) SIG morning meeting, held at the 2016 Annual Meeting in Austin, was very successful. Each year we attract more participants, adding energy to our discussions and expanding our plans, which bodes well for the future of our SIG.

Members of the Pediatric PM SIG were well represented in several presentations in Austin. Dr. Pao participated in a panel discus-

Psychosomatics

JOURNAL EDITOR'S UPDATE

sion on work-life balance; Dr. Turkel moderated a joint pediatric-bioethics symposium on maternal death; there were four posters applicable to child-adolescent topics; and Dr. Susan Swedo presented on PANDAS in the special presentation on "Neuropsychiatric Manifestations of Infectious Disease Across the Lifespan."

Additionally, our new co-chair, Laura Markley, MD, FAPM, submitted a manuscript to the *Psychiatric Times* on "New Challenges for Pediatric Psychosomatic Medicine Psychiatrists: Recognizing Toxidromes from Digitally Accessed Illicit Drugs."

We look forward to another exciting year.

Research

Chair: Jane Walker, MBChB, MSc, PhD, MRCPsych

The Research SIG hosted a fantastic Research for Researchers session at the 2016 Annual Meeting, during which Kurt Kroenke, MD, generously shared his wisdom and experience as our inaugural fAPM Research Mentorship Professor. We also held a great session on research careers. During the next year, we will be working on a number of initiatives to help research-active APM members connect with each other. We now have 120 members, and we look forward to reaching out to more of our APM colleagues.

Now in its 58th year, *Psychosomatics: The Journal of Consultation and Liaison Psychiatry* remains the official journal of the Academy of Psychosomatic Medicine (APM). The journal's goals are to serve the APM and its membership and to further the mission of the Academy—to advance medical science, education, and health care for persons with comorbid psychiatric and general medical conditions, and to provide national and international leadership in the furtherance of those goals.

Psychosomatics remains vibrant in large part due to the increased productivity and creativity of the APM's membership. Over the past decade, the number of submissions for publication has nearly doubled. This has required the services of more and more reviewers, who help to evaluate the quality of the science as well as the relevance, practicality, and readability of manuscripts. We could not flourish without the yeoman's efforts of our reviewers, as well as those of our Editorial Board members, both past and newly appointed, including: Jonathan E. Alpert, MD, PhD; Madeleine A. Becker, MD, FAPM; Thomas H. McCoy, Jr., MD; Maryland Pao, MD, FAPM; Jeffrey P. Staab, MD, MS, FAPM; and Sanjeev Sockalingam, MD, FRCPC, FAPM. Your efforts are much appreciated.

Despite the increase in our volume, our efficiency in reviewing and in making a decision about publication has been remarkable; the time from submission to a decision about acceptance is now only seven days! Once accepted, the manuscript goes online within a matter of days, and the article is printed within the next one to two issues. Increasingly, our published works are being viewed and downloaded electronically (roughly 20,000 times each month). This ease of access continues to increase, with a variety of apps.

Thanks to all of you for your contributions and your support of *Psychosomatics* and its mission. Together we will keep our journal strong and help move the field of psychosomatic medicine forward.



Theodore Stern, MD, FAPM
Editor-in-Chief, Psychosomatics

Most frequently cited and/or downloaded *Psychosomatics* articles in 2016

Beach SR, Celano CM, Noseworthy PA, Januzzi JL, Huffman JC: QTc prolongation, torsades de pointes, and psychotropic medications. *Psychosomatics* 2013; 54(1):1-13.

Baslet G, Seshadri A, Bermeo-Ovalle A, Willment K, Myers L: Psychogenic non-epileptic seizures: An updated primer. *Psychosomatics* 2016; 57(1):1-17.

McLafferty LP, Becker M, Dresner N, Meltzer-Brody S, Gopalan P, Glance J, Victor GS, Mittal L, Marshalek P, Lander L, Worley LL: Guidelines for the management of pregnant women with substance use disorders. *Psychosomatics* 2016; 57(2):115-130.

Isenberg-Grzeda E, Kutner HE, Nicolson SE: Wernicke-Korsakoff syndrome: Under-recognized and under-treated. *Psychosomatics* 2012; 53(6):507-516.

DePicker L, VanDen Eede F, Dumont G, Moorkens G, Sabbe BGC: Antidepressants and the risk of hyponatremia: A class-by-class review of the literature. *Psychosomatics* 2014; 55(6):536-547.

Pope HG, Gruber AJ, Choi P, Olivardia R, Phillips KA: Muscle dysmorphia: An underrecognized form of body dysmorphic disorder. *Psychosomatics* 1997; 38(6):548-557.

Teslyar P, Stock VM, Wilk CM, Camsari U, Ehrenreich MJ, Himelhoch S: Prophylaxis with antipsychotic medication reduces the risk of post-operative delirium in elderly patients. *Psychosomatics* 2013; 54(2):124-131.

Maneta E, Garcia G: Psychiatric manifestations of anti-NMDA receptor encephalitis: Neurobiologic underpinnings and differential diagnostic implications. *Psychosomatics* 2014; 55(1):37-44.

Johnson JM, Nachtingall LB, Stern TA: The effect of testosterone levels on mood in men: A review. *Psychosomatics* 2013; 54(6):509-514.

Maldonado JR, Dubois HC, David EE, Sher Y, Lopal S, Dyal J, Witten D: The Stanford Integrated Psychosocial Assessment for Transplantation (SI-PAT): A new tool for the psychosocial evaluation of pre-transplant candidates. *Psychosomatics* 2012; 53(2):123-132.

Moroze RM, Dunn TM, Holland C, Yager J, Weintraub P: Micro-thinking about micronutrients: A case of transition from obsessions about healthy eating to near-fatal "orthorexia nervosa" and proposed diagnostic criteria. *Psychosomatics* 2015; 56(4):397-403.

Dubovsky AN, Arvikar S, Stern TA, Axelrod L: The neuropsychiatric complications of glucocorticoid use: Steroid psychosis revisited. *Psychosomatics* 2012; 53(2):103-115.

Subcommittee News

RESEARCH & EVIDENCE-BASED PRACTICE COMMITTEE

Business of Psychosomatic Medicine

Chair: Sarah Parsons DO

The Business of Psychosomatic Medicine Subcommittee of the Research and Evidence-Based Practice Committee met during the Annual Meeting in Austin. Our subcommittee was very active, presenting three workshops during the meeting. All were well attended and addressed issues important to the membership.

Goals for 2017 include creating business education and resources for APM members. We plan to focus on updating the subcommittee section of the APM website to allow members easier access to information and resources. Our subcommittee will be transitioning to be included under the Membership Committee, which better encompasses the purpose and goals of the subcommittee. We welcome any and all participation as this subcommittee continues to grow with ongoing excitement and innovation in this changing healthcare environment.

ANNUAL MEETING COMMITTEE

Early Career Track

Co-Chairs: Kristin Somers, MD, FAPM, and John Taylor, MD

The Early Career Track Subcommittee of the Annual Meeting Committee hosted a Western-themed Wednesday evening mixer at the 2016 Annual Meeting in Austin. Thanks to all who participated in the selfie contest and who donned Western attire! The Early Career Track Subcommittee also coordinated 14 Early Career Consultations at the meeting.

Pre-Conference Courses

Co-Chairs: Lisa Rosenthal, MD, FAPM, and Divy Ravindranath, MD

Every year, the Pre-Conference Courses Subcommittee organizes a full-day pre-conference course. It may seem mysterious, but every other year, the topic is either "Essentials of Psychosomatic Medicine" or "Updates

in Psychosomatic Medicine." The Essentials course aims to have speakers focus on basic, core information on topics at the heart of our field, with some new information in approximately an 80:20 ratio. The Updates course encourages speakers to present largely new or transformative content from the past few years, with more limited review information. Both all-day courses feature 20-30 minute lectures in rapid sequence.

All of the pre-conference courses are peer reviewed by the Pre-Conference Courses Subcommittee. Presenter slides must be submitted by September, they are reviewed and discussed, and revisions are requested. The hope is to continue to offer more interactive and skill-based options. We welcome your suggestions and feedback; the committee pays close attention to the reviews from prior years.

The quality and content of the presentations are reliant on the busy physicians who create submissions, who then also may be asked to revise and resubmit. It is inspiring that so many APM members have been generous with their time and expertise and have crafted so many outstanding programs and workshops.

EDUCATION COMMITTEE

Online Education

Co-Chairs: Mary Jo Fitz-Gerald, MD, MBA, DLFAPA, FAPM, FACP, and Seth Powsner, MD, FAPM

The goal of the Online Education Subcommittee of the Education Committee is to assess and improve online educational offerings for members. Members include: Andrew Alkis, MD; Pierre Azzam, MD, FAPM; Margo Funk, MD; Carrie Ernst, MD; Robert Lloyd, MD; Roger McRoberts, MD; and Sunil Parashar, MBBS.

One focus of the subcommittee this past year was the Live Learning Center (LLC), which is under the Education section of the website. Members asked for better editing of offerings and more concise information about available CME for the recordings. We also suggested taping several annual meeting general sessions which were felt to be of interest to the practicing psychiatrist, and having material on the LLC available (for free) to training directors to use for the education of trainees.

At our meeting, Dr. Powsner organized several 5- to 10-minute video presentations by members on topics including synthetic stimulant delirium, QTc prolongation, capacity, and perinatal issues. Our idea was to have brief YouTube-type videos which the consultant could watch prior to seeing the consult. We intend to expand the offerings to 20 at the next annual meeting.

Issues for the coming year include the development of a one- and five-year plan for our online education. Possibilities include recording the entire meeting and offering CME for viewers. Other ideas include offering online self-assessment questions which can be purchased for MOC credit or for board test preparation. We will be looking at the online educational offerings of similar organizations for comparison and assessment of member needs.

We welcome input from members. Email Mary Jo Fitz-Gerald at mfitzg@lsuhsc.edu with your suggestions for online education.

Interested in Joining a Committee or Subcommittee?

New committees, subcommittees, and chairs are assembled in the fall prior to the annual meeting, where each meets for the first time.

Contact the committee chair(s) of the group in which you'd like to participate prior to September. With the recommendations of the chairs, the president-elect completes the appointment process by October 15.

See APM's About > Organization web page for the complete list of committees, subcommittees, and their chairs. Find contact information in the online member directory.

Fellowship Education

Chair: Madeleine Becker, MD, FAPM

The mission of the Fellowship Education Subcommittee of the Education Committee is to support the educational development of fellowship trainees in our subspecialty. We would like to bring to your attention some of the notable events this year.

Annual Meeting 2016: Program Directors Forum

The Fellowship Education Subcommittee again convened the Program Directors Forum at the APM Annual Meeting in Austin this fall. We reviewed trends in the number, size, and distribution of fellowship programs in the US. Over the last decade, there has been a steady rise in the number of PM fellows compared with the other subspecialties (see Figure 1), and also a steady rise in the number of PM fellowship slots. Last year these trends appeared to level out. We reviewed the results of last year's Match and rules of conduct for the Match. Possible upcoming program requirements were also shared. The Program Directors Forum is held Wednesday evening each year at the annual meeting, and we strongly encourage all program directors to attend. The Forum is intended to provide updates to program directors, to permit discussion of challenges facing fellowship programs, and to identify critical issues for subcommittee work in the ensuing year.

Annual Meeting 2016: Innovative Approaches to ACGME Fellowship Learning Requirements

The Fellowship Education Subcommittee aims to provide resources for program directors and presents a workshop each year at the annual meeting. This year the workshop was titled "Innovative Approaches to ACGME Fellowship Learning Requirements." Presenters were subcommittee members: Madeleine Becker, MD, FAPM; Mark Bradley, MD; Paul Desan, MD, PhD, FAPM; Daniel Elswick, MD; Robert Joseph, MD, FAPM; Lisa Rosenthal, MD, FAPM; Terry Rabinowitz, MD, DDS, FAPM, FAPA, FATA; Sejal Shah, MD; Marie Tobin, MD, FAPM. The workshop focused on ACGME educational requirements and demonstrated how these requirements can be fulfilled in diverse ways. Examples were given from the curricula of different institutions. Areas discussed included quality improvement/patient safety projects, ethics discussions, and integrated healthcare and neuroscience curricula. The subcommittee plans to continue to present a practical course for program directors yearly at our annual meeting.

Program Directors Guide

The Fellowship Education Subcommittee designed a Program Directors Guide, the product of critical review of both the ACGME One-Year Fellowship requirements and

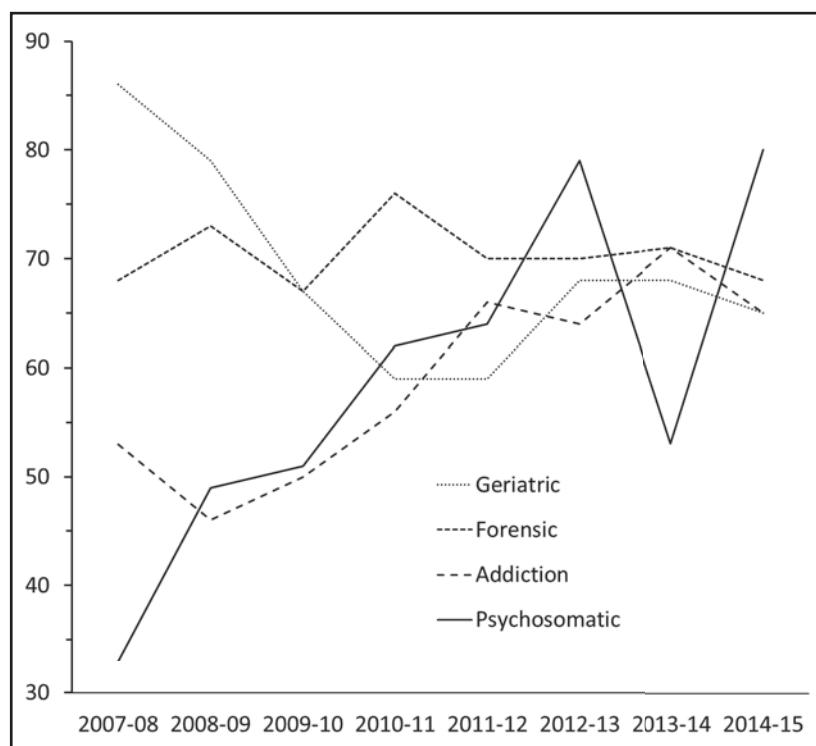


Figure 1. Graduating Fellows by Year, 2007 to 2015. Based on data provided by the ACGME, compiled by P. Desan, MD, Fall 2016.

the Psychosomatic Medicine Fellowship requirements. The committee abridged and developed a compilation of the two documents, including action items with check boxes. The guide is designed to help simplify and highlight critical requirements for program directors. This guide will be made available for program directors on the APM website.

The Match

This marks the third year that applications to PM training programs have been handled through the NRMP Match system. The results of the Match were announced on January 4th, 2017: 105 positions from 52 programs were offered, and 70 positions were filled. This represents a slight decrease from last year, when 73 positions were filled through the Match. Four applicants went unmatched.

We are grateful for all of your work in adapting to the Match process, as this is an essential part of our success as a subspecialty. As a reminder, the APM supported the introduction of the Match system in order to serve the best interest of our applicants. We want all our applicants to have an opportunity to interview at all programs they wish to consider, without undue pressure to accept a position before they have an opportunity to complete their interviews. The Match system offers all applicants a fair chance to visit and apply at their choice of programs. Prior to the Match, there were multiple complaints from applicants, and from program directors, about the process. The APM strongly encourages all programs to participate fully in the Match. We note that in our survey of fellows one year ago, 90% of respondents favored the Match as the means for entry to fellowship training. Applicants are our future, and we owe them a fair and unpressured process.

From the Journal:

USING THE RASHOMON EFFECT AS A TOOL TO WORK THROUGH MORAL DISTRESS



Caridad Ponce Martinez, MD

effect occurs when different observers perceive the truth of an event in different, often conflicting, ways.

"All clinicians have cases that haunt us," said Caridad Ponce Martinez, MD, co-author of "Cases That Haunt Us: The Rashomon Effect and Moral Distress on the Consult Service," published in the January-February 2017 issue of *Psychosomatics*. Most often, the article noted, this distress is caused when clinicians feel they are violating their sense of professional or personal integrity. "Because of the role that psychiatrists are placed in—caring for some of the most vulnerable members of society—psychiatric consultants are susceptible to moral distress because of the limitations associated with our role as consultants," she added.

The article presented a clinically complex case of a middle-aged man with failure to thrive due largely to poor nutritional intake, severe depression, and an overall poor quality of life, but lacking a terminal condition, where the treatment teams involved in his care struggled to reach a consensus regarding his refusal of treatment and all experienced moral distress. The article pointed out that legally and ethically, adults with decisional capacity may refuse medical interventions, including life-sustaining treatments, and under certain

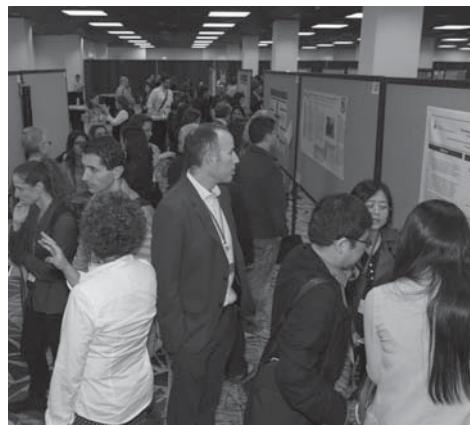
Applying the Rashomon effect to frame understanding of an ethically complex case can help psychosomatic medicine physicians and other clinicians work through their experiences of moral distress and potentially prevent clinical dilemmas from haunting them in the future. The Rashomon effect is named after the classic 1950 movie, *Rashomon*, which told the story of a violent crime from the perspective of four different characters. The Rashomon

circumstances, they may also voluntarily stop eating and drinking without interference from health care professionals.

When these decisions are informed and voluntary, clinicians generally have an ethical obligation to honor them even if they disagree, based on a patient's right to autonomy and self-determination. "However, when a mental illness plays a role, as it was in this case, it is widely accepted that honoring choices that result in a hastened death ethically may be delayed to assess a patient's decision-making capacity, detect a mental illness that might be contributing, and attempt to treat the mental illness with the goal of relieving the suffering that might be contributing to the decision," said Dr. Ponce Martinez. In this complex case study, the treatment teams disagreed over the degree of capacity this patient had to appreciate the possibility of benefit from the various treatment options presented to him and, therefore, whether he ought to be allowed to refuse treatment. They also disagreed in what they saw as ethically acceptable and unacceptable ways forward.

"In our case, moral distress for everyone was heightened as different parties truly found their professional ethical commitments challenged by the different truths being seen, each of which supported different treatment options," said Dr. Ponce Martinez. "Using the Rashomon effect in real time would have helped those involved to empathetically understand the ethical perspectives of different treatment team members, which could have decreased the moral distress for all involved."

While the use of reframing to work through distressing events is not a new concept in psychiatry, the authors hope that introducing the concepts of moral distress and the Rashomon effect into the psychosomatic medicine community provides a novel and useful framing device to think through ethically challenging cases, with the ultimate hope of reducing the number that go on to haunt psychiatrists in the future.



On Thursday evening of the APM 2016 Annual Meeting, attendees enjoyed the Poster Session (left) and Welcome Reception. While both are excellent opportunities to connect professionally and socially, the reception comes with food and drink!

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November 11–14, 2020

67th Annual Meeting
Arizona Grand Resort & Spa
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