

THE VISN 5 MIRECC MATTERS

An Electronic Publication of the VA Capitol Health Care Network
(VISN 5) Mental Illness Research, Education, and Clinical Center
January 13, 2004 Volume 5, No. 1

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FROM THE EDITOR'S DESK

Amy Buchanan

The VISN 5 MIRECC has been fortunate to have increased its collaboration with several renowned investigators from the Maryland Psychiatric Research Center. **Brian Kirkpatrick, MD**, and **Gunvant Thaker, MD**, have begun working at the VAMHCS several days a week. We at the MIRECC are most pleased with this increased partnership, as collectively these investigators bring with them a vast amount of experience and knowledge. For this issue, I had the pleasure of interviewing Dr. Gunvant Thaker, whose research efforts will be of great benefit to the endeavors of the MIRECC.

DEVELOPMENT OF A COMPUTERIZED METHOD FOR VETERANS TO ENTER CLINICAL REMINDER DATA

Submitted by Paul E. Ruskin, MD

Clinical reminders help clinicians to practice at a higher level by reminding them to screen and/or monitor for illnesses that they might forget to consider. In fact, at least in part as a result of clinical reminders, the VA is currently a national leader in preventive medicine.

At the same time, filling out clinical reminders takes clinician time that could be better spent analyzing and responding to clinical data rather than simply gathering it. Clinicians are pressed for time when seeing patients, and may find themselves unable to complete clinical reminders thoroughly or to provide the follow-up patient education that is required for many of the reminders. We are developing a pilot program in which patients will complete clinical reminders by self-report.

This will allow us to:

1. Relieve clinicians of filling out the reminders, allowing them to use their skills in a more productive manner.
2. Screen and monitor for additional disorders.
3. Provide more in-depth education than is possible during a brief clinic visit.

In order for clinical reminders to be completed by patients, there needs to be a quick, efficient way for the results to get into CPRS so that clinicians would have access to them. Ideally, patients will have the option of completing self-administered clinical reminders in any of a number of ways:

1. A protected website, which they could use at home, a public library, etc.
2. A computer workstation at the VA.

3. Paper forms that could be scanned into CPRS.
4. Voice recognition data entry.

The VISN 5 MIRECC is beginning a project in collaboration with Clinical Informatics and Imaging Service to develop and implement such a system. As a first step, the MIRECC has obtained software that will allow us to scan self-administered rating scales into a computer database. We are in the process of testing that system, developing paper, self-administered versions of some of the clinical reminders, and will pilot test the forms in the VAMHS soon. Additional plans call for the development of a protected website, computer workstations, and a voice recognition system to allow patients several options for the self-administration of clinical reminders.

MIRECC SPOTLIGHT: GUNVANT THAKER, MD

by Amy Buchanan

We are fortunate that **Gunvant Thaker, MD**, has been able to increase the amount of time he is working in the MIRECC. Dr. Thaker is Chief of the Schizophrenia Related Disorders Program at the Maryland Psychiatric Research Center (MPRC). We at the MIRECC are privileged be able to increase our collaboration with this distinguished investigator. I recently had the opportunity to sit down with Dr. Thaker and discuss his work.

Amy Buchanan: To get some background, how much time will you be spending at the VA?

Gunvant Thaker, MD: I will be spending about forty percent time here.

AB: What are some of your research interests?

GT: For the last 18 years I've been looking at different phenotypes that are associated with schizophrenia. People know that schizophrenia is most likely genetic, but what's not known, or what's not very clear, is what is being transmitted when it runs in the family. Most of my work over the last 18 years has been looking at one of the eye movements, smooth pursuit eye movement system, and how to define impairment in the smooth pursuit eye movement system and seeing what runs in the families. So most of my work is related to refining that phenotype, and in the last five years we've expanded by moving into other phenotypes that are associated with schizophrenia.

AB: For someone not familiar with that particular area, how would you describe some of the results of your research?

GT: Even now, when we make a diagnosis of schizophrenia, it's mostly based on clinical symptoms. It's based on what we see and what a patient tells us they're experiencing, such as hallucinations, or other symptoms. Over the last thirty or forty years, people have been trying to find signs that can distinguish schizophrenia from other disorders. People have been using different techniques. One of them is the smooth pursuit eye movement system. It was discovered that schizophrenia patients are not able to follow a moving target smoothly. Normally when we ask someone to follow a moving target, they are able to keep their eyes right on top of the target and move their eyes almost with the target. Somehow patients with schizophrenia able to do that and therefore their eye movements are jerky when they attempt to follow the target. This phenomenon is, to some extent, specific to schizophrenia compared to other psychiatric disorders. It does occur with bipolar disorder, but only when patients are symptomatic but not when they are asymptomatic, whereas with patients who have schizophrenia it occurs even when

that are not symptomatic. Another interesting finding is that it also occurs in family members who do not have the symptoms, so it is related to the heritability of the illness.

Its application is going to be in the search for genes for schizophrenia and perhaps, identifying individuals at risk if we start thinking about early treatment and early intervention. Its application is not likely to be in making a diagnosis because the dysfunction occurs in a number of neurological conditions.

AB: Will you be doing research on smooth pursuit eye movement here at the VA?

GT: Yes. What I want to do, and not just with eye tracking, and possibly in collaboration with other researchers here such as Jim Gold, PhD, and Sarah Morris, PhD, is working with families of patients at the VA with schizophrenia to ask them if they would like to participate in our studies. We would bring them in to do clinical interviews to make a clinical diagnosis of schizophrenia or related personality disorders, such as schizotypal and schizoid. Also we do extensive testing looking at neuropsychological measures. We will be putting together a large cohort that we should collect, and looking at inter-relationships of some of the measures. What we are suggesting is there are distinct clusters marking the line of schizophrenia, and what this means is that there are going to be a number of genes, that in various combinations, cause schizophrenia. The effects of these different genes are being marked by different measures that we've collected. So if we collect a large enough sample, this will allow us to 1) look at the relationships among different measures, and 2) also start to look at the association of different candidate genes that people have. So this is a study we are going to be doing here and at other sites.

AB: Are there any other areas of research that you are interest in for the future? Is there anything you've been reading about that's been particularly interesting to you?

GT: My other area of research is smoking and schizophrenia. You probably know that the majority of patients with schizophrenia smoke; about 80% smoke. And not only do a larger proportion of patients smoke than the general population, they smoke more than other individuals in terms of number of cigarettes a day. Also when they smoke a cigarette, they take deeper puffs. So there's something different about smoking and schizophrenia. We are interested in finding out what makes it different. One of the genes that's been associated with schizophrenia liability is the alpha-2 nicotinic receptor, and people have wondered if that's why patients smoke more. So we are trying to look at physiological markers, again eye tracking for example, to see if we can identify patients who are more likely to smoke.

SCHIZOPHRENIA AND MEDICAL CO-MORBIDITY CONFERENCE: DIABETES AND HEPATITIS C

Submitted by Dan Nieberding, LCPC

On October 20, 2003 several nationally known speakers reviewed the assessment and treatment of diabetes and hepatitis C in patients with schizophrenia. Each speaker addressed several key topics. **Richard W. Goldberg, PhD**, opened the conference by reviewing the extent of medical co-morbidity in schizophrenia, implications, contributors to medical morbidity, and various models for coordinating psychiatric and medical care. **Thomas Donner, MD**, provided a succinct description of the symptoms, course, prevalence, incidence, and mortality rates of both Type I and Type II diabetes, as well as information regarding recommended treatment regimens. **Robert Conley, MD**, presented on the co-morbidity rates of schizophrenia and diabetes and potential risk factors that warrant further investigation. **Lisa Dixon, MD, MPH**, and **Gail Daumit, MD**, provided information about antipsychotic medication selection comparing the risks and benefits, the reduction of risk factors, and issues of monitoring and prevention as related to diabetes care. **David Oldach, MD**, reviewed current research on the Hepatitis C

virus, focusing on epidemiology, clinical features, and treatment. **Fred C. Osher, MD**, evaluated risk behaviors associated with Hepatitis C infection and the alarming rates found within the SMI population. **Stan Rosenberg** and **Mary Brunette** explored three areas of research: Hepatitis C prevalence, development of community model of care, and feasibility and safety of Hepatitis C virus treatment for persons with mental illness. The two speakers concluded the conference by describing a model for care of Hepatitis C Virus and mental illness.

MARYLAND SCHIZOPHRENIA CONFERENCE

by Amy Buchanan

November 18th, 2003, marked the day of the 11th Annual Maryland Schizophrenia Conference. The one-day conference welcomed consumers, families, mental health clinicians and schizophrenia researchers alike with a variety of relevant presentations and opportunities for discussion.

The morning of the conference focused on issues of the direct medical care of individuals with schizophrenia, with talks by **Robert W. Buchanan, MD**, (diabetes risk), **Elaine Weiner, MD**, (smoking cessation), **Lisa Dixon, MD, MPH**, (health behaviors and utilization of services), and **Robert R. Conley, MD**, (medication choices). A veteran who has schizophrenia rounded out the morning presentations with a talk about his experiences of living with a severe mental illness and by taking questions from the audience.

When the conference reconvened for the afternoon, the discussion focused on issues of employment for individuals with schizophrenia. **Ruth A. Hughes, PhD, CPRP**, explained the importance of employment for individuals with SMI and explored strategies for successful long-term employment, while **Robert E. Drake, MD**, spoke on his own successful efforts to implement supportive employment services in place of day treatment programs.

The Maryland Schizophrenia Conference is presented by the Maryland Psychiatric Research Center (MPRC), the National Alliance for the Mentally Ill (NAMI) Maryland, the Community Behavioral Health Association of Maryland, the Mental Health Association of Maryland, the VISN 5 MIRECC, and Sheppard Pratt Health System.

CONGRATS ARE IN ORDER!

Congratulations to MIRECC investigator **Dwight Dickinson, PhD**, who has recently been awarded two grants. Dr. Dickinson received a treatment development grant from the National Institute of Mental Health to develop and pilot test an innovative cognitive rehabilitation program. He also has been awarded a career development grant from the VA.

Thanks to **Eileen V. Savage**, who has been tremendously helpful to the VISN 5 MIRECC conference planning efforts since our inception in her role as Director of Operations for the CHEP. Ms. Savage resigned from the CHEP in October in order to take a more clinical position. She will be greatly missed.

WELCOME TO NEW MEMBER OF THE VISN 5 MIRECC TEAM

Welcome to **Selvija Gjonbalaj, PhD**, the MIRECC's new post-doctoral fellow. Selvija received her PhD from Nova Southeastern University in Fort Lauderdale, Florida and completed her internship at Riverbend Community Mental Health in Concord, New Hampshire. She will primarily be involved with our program to develop treatments for patients with severe mental illnesses who abuse drugs and alcohol. We are excited to have you, Selvija!

UPCOMING EVENTS

April 27-28, 2004

Homelessness and Serious Mental Illness: From the Streets to Recovery

Location: Trump Plaza Hotel, Atlantic City, NJ

This conference is co-sponsored by VISNs 1, 3, 4, and 5 and features a panel of national speakers. Topics include treatment adherence/psychopharmacology; substance abuse; legal issues; medical co-morbidity; and non-profit, city and federal models for intervention.

For more information, contact Katy Ruckdeschel at ruckdesc@mail.med.upenn.edu.

May 8, 2004

Working Toward Recovery

Location: Baltimore VA

Purpose:

Spring, 2005

Women and Trauma

more information to follow

June, 2005

National MIRECC Conference

Location: New Orleans

more information to follow

Fall, 2005

Management of Violence

more information to follow