

Developing Psychiatric Research at Howard University, a Historically Black Medical School

by William B. Lawson, MD, PhD, DFAPA



The need for research at the Historically Black Institutions is undeniable. In a chapter of a book edited by Dr. Eliot Sorel¹, I noted that ethnicity was rarely identified in

biological studies in psychiatry. When it was identified, ethnic and racial minorities were rarely participants in these studies. This finding is consistent with the Surgeon Generals Supplemental Report on Ethnicity and Mental Health which showed that minorities were less than 10% of the subjects in key clinical drug trials². Yet multiple studies showing that African Americans are often under diagnosed or misdiagnosed demonstrated the need for such research³.

It remains unclear whether there are true phenomenological or epidemiological differences. African Americans and other minorities may lack genes for responsiveness and may metabolize medication differently, resulting in medication unresponsiveness or a requirement for lower doses of medication. Services outcome studies consistently show poorer outcomes for African Americans. Additional research is necessary to rule out the effect of disparities in care related to provider attitudes or socioeconomic status.

Historically Black Institutions seem ideal places to address this knowledge gap because of the patient populations

they serve. However, they have a number of problems that militate against active research programs. These include patient populations that fear research exploitation for historical reasons, heavy service and teaching demands, and limited economic resources.

When I arrived at Howard, the Department of Psychiatry did not have actively funded research. It did have an interested and dedicated faculty with heavy clinical and teaching responsibilities. Thanks to the effort of individuals like Drs. Dennis Charney and Hosani Manji of the National Institute of Mental Health, a contract was arranged with the Division of Intramural Research Programs, Mood and Anxiety Disorders Division which, until then, rarely included ethnic minorities in their studies. The contract met mutual needs in providing an infrastructure for research at Howard and in promoting minority subject recruitment at NIMH. When the contract ended, we were well on the way to getting other research support.

Currently I am funded with Dr. Evarista Nwulia, whom we were fortunate enough to recruit from Johns Hopkins University, to do the following projects:

GENred

This is a multisite NIMH funded project that seeks to study the genetics of depression. Depression includes a group of disorders which almost certainly have multiple etiologies and different degrees of genetic contribution. Previous work had shown that depressed patients with (1) recurrent episodes, (2) early onset, and (3) similarly affected first degree relatives

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had heavy genetic loading. This study investigates patients with this profile who likely have a more genetically determined depression. Subjects with early onset recurrent depression and first degree relatives with early onset recurrent depression were recruited. The study had been ongoing for over a decade but like many clinical psychiatric studies, it did not include African Americans. Howard joined the study as the site that, with Columbia University, would recruit African Americans. The study is ongoing and your patients who may be eligible should call: (866) 742-9522 or (202) 806-7642.

GENETICS OF BIPOLAR DISORDER

This an NIMH funded multi-site effort to elucidate the genetic basis of BIPOLAR DISORDER. Bipolar Disorder has one of the highest degrees of inheritance of any psychiatric disorder. The absence of a generally accepted biological marker has made it difficult to

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Ann English, Archbishop John Foley, Ann Eist, Dr. Joseph English, and Dr. Harold Eist

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Joining With Those Who Care

By Harold I. Eist, M.D., DFAPA

Talk of the importance of alliances has been around since the beginning of time. However, our efforts, though considerable, have sputtered and been plagued by lack of continuity.

In the photograph above, Dr. Joseph English, Past President of the APA, and his wife Ann hosted a dinner in Rome for Bishop John Foley. Bishop Foley, the Voice of the Vatican, translated into English what was said at major Vatican church services. My wife Ann and I were also guests. We dined on the eve of an important Vatican meeting that expressed concern for the well being of those suffering from mental illnesses and disabilities living in every corner of the globe.

Dr. English had planned for me to co-chair the meeting. He had also arranged a brief audience with Pope John Paul II who told us that he was praying for the mentally ill and who blessed all those working to help them. Ann and I were deeply moved.

During my 22 year directorship of DCIMH, a clinic providing care for the poor and near poor, I had several occasions to admire and envy the fund raising power of the Catholic Church. Several Sunday collections took in more than one million dollars for aid to the needy mentally ill. This money came at a time when a million dollars bought much more than it does today.

At the annual APA meeting, sessions sponsored by the Committee on Psychiatry and Religion are filled to the bursting point year after year. There is great interest in this subject on the part of many of our members.

Every major religion expresses concern for the welfare of those suffering from mental illnesses in spite of the wars and intolerances between many of these same groups. By the year 2020, according to the WHO, the greatest global burden of illness will be mental illnesses, with Major Depressive Disorder at the top of the list.

It seems clear that the WPS should send emissaries to all religious groups willing to work with us on this desperate shared problem. Mental illness is nondiscriminatory. It effects rich and poor, men, women and children of all colors and creeds. We must work to enhance the connection between psychiatry and religion.

We have it within our power to interact with all groups to increase political and economic attention to the needs of our neglected patients and their families and there are excellent reasons to do this with vigor, enthusiasm and urgency.

I am in the process of appointing, with the cooperation of our Chapter Chairs, Drs. Keisling, Steckler and Kopolow, a WPS Psychiatry and Religion Committee. We are looking for volunteer emissaries who will work with religious groups and with other WPS committees to maintain and strengthen our natural bonds, with continuity, over time. ■

Awards and Nominations

Harold Eist wins Award

Harold Eist was awarded a Presidential Commendation at the American Psychoanalytic Association's 2008 Annual Meeting in June. It read: In recognition of your undaunted and determined leadership in patient advocacy, your selfless devotion to protecting patient privacy and professional ethics, your courage under fire, and your central

role in critical patient privacy legal decisions, The American Psychoanalytic Association hereby extends its Presidential Commendation to our esteemed colleague Harold I. Eist, M.D.

Robert Kiesling MD Nominated to MSDC Board of Trustees

By Eliot Sorel, MD, DFAPA

It is our pleasure to inform you that the MSDC Nominating Committee ac-

cepted the DC Psychiatric Society's recommendation that our colleague, Robert Kiesling, be nominated as a candidate in the autumn election for the Medical Society of DC's Board of Trustees as an At-Large member. If you are a DC physician and a member of MSDC, please vote for Bob. We are counting on you. ■

APA Candidates for Election Announced

The APA Nominating Committee met during the APA Fall Component meetings and selected candidates for the 2009 APA election. This information was posted on the Board of Trustees' list serve on September 5, 2008 and will be reported to the Board of Trustees as information at its October 5-6, 2008 meeting:

PRESIDENT-ELECT:

Carol Bernstein, M.D.
Michael Blumenfeld, M.D.
Roger Peele, M.D.

VICE PRESIDENT:

Jeffrey Akaka, M.D.
Jeffrey Geller, M.D.
Sidney Weissman, M.D.

ECP-TRUSTEE-ELECT:

Joyce Spurgeon, M.D.
Harsh Trivedi, M.D.

The nominees for Area Trustee from Areas 1 and 4, selected by their respective Area Councils, are:

AREA 1 TRUSTEE:

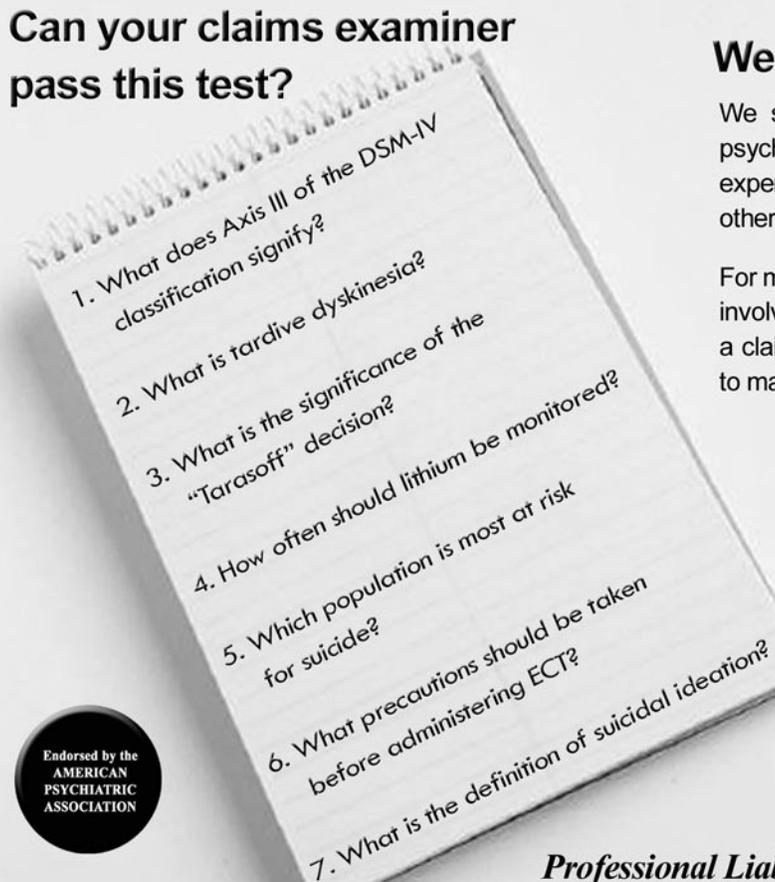
Robert E. Feder, M.D.
Frederick Stoddard, M.D.
Alternate: Robert L. Pyles, M.D.

AREA 4 TRUSTEE:

John J. Wernert, M.D.
Sul Ross Thorward, M.D.

Congratulations to our Dr. Roger Peele for his nomination as a candidate for election as President of the APA!

Can your claims examiner pass this test?

- 
1. What does Axis III of the DSM-IV classification signify?
 2. What is tardive dyskinesia?
 3. What is the significance of the "Tarasoff" decision?
 4. How often should lithium be monitored?
 5. Which population is most at risk for suicide?
 6. What precautions should be taken before administering ECT?
 7. What is the definition of suicidal ideation?

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Answers That Matter.

Melvin Sabshin's Book Published

Reported by Roger Peele, MD, DFAPA

WPS member and past APA Medical Director, Melvin Sabshin, MD had his long-awaited book, Changing American Psychiatry: A Personal Perspective, published in May. As Jay Scully, current APA Medical Director, writes, "This book weaves his personal journey with the history of the intellectual conflicts and changes in the field of psychiatry in the postwar era, describing how they culminate in the remedicalization of psychiatry and the development of DSM-III, and its impact on not only the APA but the world at large. "

About WPS: "No District Branch has been more visible in the history of the Assembly than the Washington group." He writes of the conflict between WPS and APA Headquarters over WPS's advocacy of psychoanalysis and writes: "This persisted until Harold Eist became president [1996-97] of the APA and made a special point of supporting me at the local district branch." He goes on to write that "the Washington Psychiatric Society and most of its allies shifted strategy to become the most vocal spokespersons for psychotherapy, confidentiality, and parity. Historians will need to decide whether we would be as close to parity as we are now if their earlier strategy had prevailed. An objective description of the history of psychiatry in the District of Columbia would be very interesting."

Besides Harold Eist, other WPS members are mentioned:

Carolyn Robinowitz's guidance on educational issues.

Darrel Regier's epidemiology work, research leadership at APA, and support of the Practice Guidelines.

William Granatir's services to the school system.

Robert Simon's contribution to the importance of psychiatric clinical competence to high level forensic practice.

Paul Chodoff and Walter Reich's involvement in defining the Soviet abuse of psychiatry. ■

A New Book on Pediatric Bipolar Disorder

Reported by Constance Dunlap, M.D.

As you return from what I hope were enjoyable summer holidays, I want to bring to your attention a recently published resource on pediatric Bipolar Disorder, co-authored by our friend and colleague, Dr. Janice Hutchinson.

In the first part of Losing Control: Loving a Black Child with Bipolar Disorder (Advantage Media, 2007), Dr. Cassandra L. Joubert provides a candid and descriptive account of her experience with her daughter's illness which was eventually determined to be Bipolar Disorder (BPD). In the clinical section, Dr. Hutchinson skillfully places BPD in a historical context, provides a useful description of pediatric Bipolar Disorder, reviews the etiology and prevalence among children and children of color, and emphasizes the importance of psycho-education as "the cornerstone" of psychotherapeutic interventions for this complex disorder. In the third part, which contains a list of important resources for families, Dr. Linda Thompson Adams addresses the lingering stigma associated with Bipolar Disorder and the continuing need for advocacy.

Losing Control is a 206 page book which should be considered for parents, teachers and clinicians who grapple with differentiating normal childhood and adolescent behavior from Bipolar Disorder, Attention Deficit Hyperactivity Disorder (ADHD) and other comorbid illnesses. Copies can be obtained by contacting Dr. Jan Hutchinson at jhutchinson@howard.edu, and at Amazon.com, Barnesandnoble.com, or Borders.com. ■



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Positions Available

Georgetown University has a part-time psychiatrist position opening in its Counseling and Psychiatric Service (CAPS, the student mental health service), 24 hours per week during the academic year and 20 hours per week in the summer, to supplement our existing team of psychiatrists, psychologists, and social workers. It is possible that this could become a full time position. This position involves evaluation and treatment of university students who present to CAPS for treatment, as well as some after-hours on-call telephone coverage. The work primarily consists of consultation, medication management, and a limited amount of psychotherapy. Required: M.D. or D.O, licensure in the District of Columbia, board certification in Psychiatry plus demonstrated experience in one or more of the following areas: psychiatric emergency practice, eating disorders, or substance abuse.

Preferred qualifications: College student mental health experience.

The successful candidate will demonstrate flexibility to adapt to changing work demands, comfort with a fast-paced environment, a strong work ethic, a congenial and collaborative working style, and a readiness to address multicultural issues. Starting date: September 1, 2008. Applications will be considered until the position is filled. Women and members of minority groups are strongly encouraged to apply. Georgetown University is an equal opportunity/affirmative action employer.

Please apply through the Georgetown University Human Resources website at: http://www12.georgetown.edu/hr/employment_services/joblist/job_category.cfm?CategoryID=3#20080760

Telephone and email inquiries may be directed to Philip W. Meilman, Ph.D., Director, Counseling and Psychiatric Service, 1 Darnall Hall, Georgetown University, 37th and O Streets, N.W., Washington, DC 20057, pwm9@georgetown.edu, (202) 687-7060.

VACANCY ANNOUNCEMENT

The Commission on Mental Health of the Superior Court of the District of Columbia seeks applications for a part-time psychiatrist to serve as a member of the Commission. The position is a one-year appointment with potential to serve 4-year appointment terms thereafter. Interested parties are asked to send a letter of interest and a curriculum vitae to Goldfrankjl@dcsc.gov or Magistrate Judge Joan L. Goldfrank Chair, Commission on Mental Health Superior Court of the District of Columbia 500 Indiana Avenue, NW, Chambers 4450 Washington, DC 20001

Pursuant to D.C. Code § 21-502, the Superior Court appoints a Chairperson and 8 doctors to compose the Commission on Mental Health. When a petition for involuntary commitment is filed with the Superior Court, the Commission is responsible for conducting hearings to examine the allegedly mentally ill person and recommend commitment to the Court when a person is found to be mentally ill and likely to injure himself or others as a result of such illness if not committed.

The Commission consists of the Chairperson, who is a Magistrate Judge and serves full time, and two doctor members. The doctor members are psychiatrists or qualified psychologists. They serve on a part-time, rotating basis, sitting for 13 consecutive weeks each year, two days a week. Prior to hearing

evidence, the Commission doctors conduct a mental status examination of the person alleged to be mentally ill. Doctor members participate fully in the hearing by asking questions of witnesses, voting upon a recommendation, and reviewing the Commission's report before its submission to the Court. The Chairperson drafts reports and orders.

The statute permits doctor members to practice their profession during their tenure of office. The statute prohibits a doctor member from participating in the disposition of a case of a person in which they have rendered professional service or advice. D.C. Code § 21-502(c).

Hearings are scheduled on Tuesday and Thursday, beginning at 9:00 a.m. Most of the hearings are conducted at Saint Elizabeths Hospital. Commission hearings may be held at other hospitals in the District of Columbia. Doctors are expected to set aside the entire day for hearings.

Doctor members must also be available to testify in court for trials. They may be called to testify at trial in a case they participated in as a Commission member, if a respondent contests the Commission's recommendation for commitment. They must prepare themselves by re-examining patients, reviewing medical records and reading transcripts of hearings.

Because of the restrictions on their time and interruption of their practice during their rotation, the Commission doctors earn approximately \$30,000 for the thirteen-week period.

Deadline to apply: October 1, 2008 ■

Office Space Available

Chevy Chase, MD. Highland House. Suite shared with psychiatrist and social worker. Walk to Red Line, garage parking, front desk 24/7, waiting room, kitchen, in-suite bathroom, storage, and fax.

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Foggy Bottom Office. Share a 4 office suite with other mental health professionals. Spacious, newly renovated 280 sq. ft. office in a large medical office building, 2440 M Street, NW. 7th floor. 17 feet of windows, in-suite bathroom, kitchen and a private entrance. Parking in the building. \$1600/month. Call 202-293-5482

Office at Foggy Bottom Metro. One block from the Metro and across the street from GWU Hospital. Newly renovated office in a 6th floor suite with a psychiatrist. Share waiting room, bathroom. \$1500/month. Call 202-293-5482. ■

Office Space Sought

My 10 year lease is expiring and I am seeking another location for my full-time psychotherapy practice in the Foggy Bottom/West End so that I can stay in the same neighborhood. Please let me know if you have an office or other information that might be helpful to me. Please call Gerald P. Perman, M. D. 202-331-8213 or email: gpperman@gmail.com. My web address is www.drperman.com ■

OBITUARIES

Fred G. Hilkert, MD

Fred Hilkert, a former President of WPS and a private practitioner in Washington DC since 1962, died June 14, 2008 at his home.

Dr. Hilkert saw patients the day before he died, “which is exactly what he would have wanted,” said his son.

His office was dominated by a 19th century red velvet “swooning couch” with feet shaped like lions’ paws. An etching of Freud hung on a wall over a Buddhist urn, a large bronze lion sat on the hearth and 18th century Chinese tables graced the room. He once joked that he considered birdseed a business expense because his patients could look out the window and watch the birds at their feeder.

Dr. Hilkert was born in New York City, the son of German immigrants. His father was a butcher in Harlem whose work ex-

posed Fred to so much blood and guts that he quipped he would never specialize in surgery. So he graduated from Syracuse University in 1951 and George Washington Medical School in 1955 and became a psychiatrist after a residency at Walter Reed Army Medical Center. He served in the Army in Panama.

A member of St. Albans Episcopal Church, Dr. Hilkert was active in the Washington Psychoanalytic Society and the American Academy of Psychoanalysis. He was a member of the Cosmos Club where he attended its monthly book discussions. He became a sailor in the 1970s and restored a Cape Cod style wooden catboat.

Survivors include his wife of 54 years, Margaret “Randy” Hilkert; two children, Tyree Hilkert of San Francisco and Elizabeth McTaggart of Chevy Chase; and two grandchildren.

With thanks to the Washington Post (writer Patricia Sullivan) Monday, June 14, 2008

In addition, Elaine Cotlove, MD writes that Fred, whom she has known since her residency when he was her supervisor and mentor, was a completely unflappable man, sensible, ethical, insightful, and deeply kind. “I made quite a few referrals to him among family members of my patients and they all stayed with him and did well in his care. Spunky Randy, his wife, was a delightful foil to his dryer wit, and they were a lively pair at Institute gatherings. Fred always had pictures of his children and grandchildren in his wallet, and I was never ashamed of being a doting grandmother to his doting grandfather.” ■

Donald L. Burnham, M. D.

By Darrel A. Regier, M. D.

Donald L. Burnham, M.D., 85, died July 27, 2008. Dr. Burnham was an esteemed psychiatrist and psychoanalyst in Bethesda, MD. He was a member of the Washington Psychiatric Society and the American Psychoanalytic Association, and a Life-Fellow of the American Psychiatric Association.

He was born December 6, 1922 in Lebanon, New Hampshire, and graduated from Dartmouth College (1943), where he excelled academically and athletically. Dr. Burnham attended Dartmouth and Cornell Medical School and completed his Residency in Psychiatry at the Bethesda Naval Hospital and Chestnut Lodge in Rockville, MD, with psychoanalytic training at the Washington Psychoanalytic Institute.

Dr. Burnham was a member of the medical staff at Chestnut Lodge from 1952-1963 and he became its first Director of Research. From 1963-1982 he served as a Research Psychiatrist at the National Institute of Mental Health, Intramural Program. As the lead author

of a book entitled Schizophrenia and the Need-Fear Dilemma with co-authors Arthur I. Gladstone and Robert W. Gibson, International Universities Press, 1969, he gained national recognition for his schizophrenia research. He served as a President of the Washington Psychoanalytic Society and as Editor of the journal *Psychiatry* (1962-1985)—while maintaining a private psychoanalytic practice in Bethesda. His publications included “A History of the Washington Psychoanalytic Society and the Washington Psychoanalytic Institute.” He was an active member of the Center for Advanced Psychoanalytic Studies, Princeton, N.J. from 1969 to the time of his death.

In 1946, Don married Betty Dunaway who was a well-known pianist and teacher of the piano. They raised three children and lived in Bethesda until her death in 1993. He married Liu Jaju and spent the last 13 years of his retirement with her, pursuing their interest in travel and the arts. Survivors include his wife Jaju Burnham of Bethesda, MD; daughters Amelia Kerrigan, M. D. of Santa Maria, CA and Diane Byrne of Epping, New Hampshire; son Judson Burnham of Sharon, Vermont; and six grandchildren.

Dr. John Kafka adds: Some of you may be interested in the fact that Donald Burnham was a widely acknowledged and significant scholar of the works of the playwright August Strindberg. Don learned Swedish in order to read the original texts. An introduction to his work in this area is a book review he published in *The Psychoanalytic Quarterly* (1985), 51: 316-320.

Dr. Elaine Cotlove writes: Don Burnham was my advisor at the Washington Psychoanalytic Institute and a gift, so far as I was concerned. He was unfailingly perceptive, courteous, and constructive in his job of fostering my analytic capabilities and sense of identity. He was wonderfully helpful in reviewing my work and although unsparing in his corrections or reservations, he had a knack of presenting them that never offended or demeaned me. I liked going to his office. It was wood-paneled, with a single wall entirely filled with bookshelves from floor to ceiling: colorful and tantalizing. I duplicated that wall of bookshelves when I set up my first office. I always thought of him as one of the stalwarts of the Education Committee: thoughtful, temperate, and decent to the core. I am deeply sorry to hear of his death. ■

Response to Dr. Green

Dr. Stephen A. Green, in his letter entitled “Pawns in the Game” which appeared in the last issue of this newsletter, raised many issues for WPS members to consider. I will address a few of these in what follows.

I don’t agree that the psychiatric profession has been “commercialized” by drug companies which I will refer to as Pharma. Arguing that Pharma is responsible for “bio-bio-bio” because they advertise medications ignores the fact that managed care is largely responsible for “bio-bio-bio.” If we had held back the ravages of managed care years ago, new and better medications would be part of comprehensive care, not the only care.

I am grateful to Pharma for sampling the inner city clinics for the poor and near poor which I directed for 22 years. We could not have provided the high quality care we did without the generosity of Pharma. Many thousands of patients benefited. Currently I provide samples to uninsured and/or unemployed patients- not the rich. There is a local government office in Northern Virginia that has a staff enrolling patients in Pharma charitable programs for seriously and persistently mentally ill individuals who are also poor. I know because I do and have done the paperwork required to aid this office in getting free medications for my needy patients.

Dr. Green has correctly challenged careless and/or self-serving research. Research is never so good that it commands immediate acceptance or obeisance, particularly when it flies in the face of extensive clinical experience. “Research shows...” is only a discussion opener, not a closer, of debate.

WPS continuing education programs over the years have been excellent. I know they have received Pharma support: but I do

not remember which companies provided this support and I never heard commercials for any medication at any of our CME meetings. To get CME credit each attendee has to fill out a detailed evaluation form. I am not aware of any groundswell of criticism of Pharma for attempting to commercialize our educational events. It would be difficult to sustain a charge that WPS members were, nevertheless, subliminally manipulated to do the wrong thing. Such a charge smacks of “a priori” thinking.

Pharma has contributed to education, residency fellowships and publications. Assuming that this is all bad is throwing out the baby with the bath water.

The WPS Board has approved an action paper put forward by Dr. Peele on “me too” medications: those drugs created by a minor alteration in the structure of an older medication. Dr. Rodrigo Munoz, a distinguished APA Past President, a superb researcher, and a journal editor has prepared a symposium for the APA annual meeting on this same topic. I have treated patients too numerous to count with “me too” medications which sometimes help where nothing else has worked. This is and has been a common clinical experience, nationwide, as evolving medications and treatments increase our ability to effectively meet each patient’s individual needs

The WPS Board, and the majority of WPS members disagree with three opinionated NEJM editors. I disagree that our WPS members are mere “pawns in the game.” ■

Harold I. Eist, MD, DLFAPA

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7. Membership
8. CME
9. Nominating
10. Committee on Committees
11. Confidentiality
12. Mentors
13. Corporate Relations and Social Action

If you want to publish an article or letter, email your ideas to admin@wdcpsych.org

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identify genes. This study had also been proceeding for a decade, but with very limited African American participation. We were added as a site and reached targeted recruitment goals, contrary to what the literature would suggest. The study has ended data collection and we are doing both a genetic and phenotypic analysis. The latter is valuable because there are very few large scale studies of Bipolar Disorder in African Americans.

ETHNICITY AND THE DIAGNOSIS OF AFFECTIVE ILLNESS

Over diagnosis of psychosis and under diagnosis of mood disorders in ethnic minorities is a persisting problem. We joined six other sites in an NIMH funded study to determine why this misdiagnosis occurs and whether it impacts treatment. We recruited African Americans who had been shown by previous studies to be at the greatest risk of misdiagnosis. We have completed subject recruitment and are now involved in data analysis.

HALO

We are in the midst of the first industry- supported trial Howard has had in some time. It is based on the now widely recognized fact that cognitive deficits are the core symptoms of schizophrenia. The study is an Astra-Zeneca trial called HALO: a Randomized, Placebo-Controlled, Double-Blind

Phase IIb Study of AZD3480 in the Treatment of Cognitive Deficits in Patients with Schizophrenia. This novel compound may also block nicotine craving.

In addition to these research projects, Drs. Thomas Mellman and Tanya Alim have developed a strong portfolio of research. This includes the following:

PTSD SLEEP RESEARCH

Dr. Mellman recently completed a study funded by the NIMH that investigated relationships between sleep phenomena and the development of Posttraumatic Stress Disorder following traumatic injuries. Study centers included the University of Miami and Dartmouth University as well as Howard University. Findings have been published in the American Journal of Psychiatry, Biological Psychiatry, and the Journal of Traumatic Stress. The findings among those developing PTSD include reports of dreams with content similar to the traumatic memory, fragmented patterns of rapid eye movement sleep, and signals of increased sympathetic nervous system activity during initial periods of REM sleep. Dr. Mellman is now investigating relationships between PTSD sleep problems and the absence of nocturnal blood pressure dipping, which is known to be an important cardiovascular risk factor among African Americans.

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2. US Department of Health and Human Services. Mental health: culture, race, and ethnicity—a supplement to mental health: a report of the Surgeon General. US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Rockville, MD 2001
3. Lawson, W.B." Identifying inter-ethnic variations in psychotropic response in African-Americans and other ethnic minorities" in Ethnopsychopharmacology Advances in Current Practice Eds: C. H. Ng , K-M Lin, B. S. Singh, E. Chiu. Cambridge University Press. Australia 2007.

William B. Lawson, MD, PhD,
DFAPA

Professor and Chair
Director Mood Research Program
Department of Psychiatry and
Behavioral Sciences
Howard University College of
Medicine and Hospital
2041 Georgia Ave. N.W.
Washington, D.C. 20060
voice (202) 865 6611
fax (202) 865 3068

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