



MIRECC Matters

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The Role of Resveratrol in Reducing Atypical Antipsychotic-Induced Metabolic Changes

Richard Rosse, MD

The nutraceutical resveratrol has been popularized by such programs as *60 Minutes*. In early 2009, a *60 Minutes* show reported that “scientists across the country had identified a substance in red wine called resveratrol that they believe might do more than just protect the heart, but could in very high concentrations significantly extend life by preventing a number of age related illnesses [including diabetes]”. With such claims being popularized, an industry has grown up around this nutraceutical. This has further been fueled by solid scientific studies coming out of major medical centers showing that resveratrol could protect against the development of diabetic complications and insulin insensitivity, the latter a prominent feature of Metabolic Syndrome.

Atypical antipsychotics have gained favor among clinicians as a first line treatment because of their lower propensity to induce extrapyramidal symptoms (e.g., involuntary movements) and tardive dyskinesia compared to first generation, typical antipsychotics. However, metabolic issues associated with atypicals have become a serious concern to clinicians and the Food and Drug Administration (FDA). In 2003, the FDA required all manufacturers of atypical antipsychotics to change their labeling to include a warning about the risks of hyperglycemia and diabetes.

Our group at the Washington DC VA Medical Center has developed a long-term aim of studying whether adjunctive resveratrol will reduce or eliminate some of these harmful side effects in patients treated with atypical antipsychotic medication. In the process of obtaining an investigational new drug (IND) license from the FDA to study resveratrol as described above; the FDA would not grant the IND because of the potential for drug-drug interactions between resveratrol and antipsychotic medication is unknown. The FDA required an initial study examining the interaction of resveratrol (750 mg/day) and atypical antipsychotic medication.

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VISN 5 MIRECC at Society for Psychophysiological Research Meeting

Sarah Morris, PhD

The VISN 5 MIRECC was represented at the annual meeting of the Society for Psychophysiological Research (SRP) in Portland, OR, from September 29 – October 3. Monica Mann-Wrobel, Ph.D., a second-year MIRECC post-doctoral fellow, and Sarah Morris, Ph.D., MIRECC investigator, co-authored a poster reporting novel correlations between a measure of error-related brain activity and various cognitive measures. In the sample of psychiatrically-healthy comparison participants, increased brain activity following erroneous responses was positively correlated with performance on measures of motor speed, word reading, attention, working memory, and executive function. In contrast, in a sample of outpatients with schizophrenia, error-related brain activity

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Role of resveratrol

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In order to meet the FDA requirements noted above, a proposed study was recently approved by the FDA and grants us an IND to do a drug-drug interaction study between resveratrol and atypical antipsychotic medication. The original study that had the primary aim of determining if resveratrol could diminish insulin insensitivity in patients taking atypical antipsychotics is currently on hold until successful completion of the drug-drug interaction study.

The aim of the drug-drug interaction study is to evaluate clinical stability and safety of co-administration of resveratrol and quetiapine in psychiatric patients. Supplementation with resveratrol will be given for 7 days. Clinical stability is defined as less than 20% deterioration between baseline and day 7, as indexed by the Positive and Negative Syndrome Scale (PANSS) total score. Safety will be evaluated using vital signs, treatment-emergent side effects, and laboratory parameters. Blood levels of resveratrol and quetiapine will be obtained. Our hypothesis is that co-administration of resveratrol and atypical antipsychotic medication over 7 days will not result in clinical deterioration, adverse effects, abnormal laboratory results, or change in antipsychotic blood level.

For more information about this study, contact Richard Rosse, MD, at Richard.Rosse@va.gov.

VISN 5 MIRECC at SPR

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was selectively correlated with a measure of executive function. These findings suggest that the reductions in activation in neural circuits related to self-monitoring in individuals with schizophrenia may contribute to poor performance on cognitive tasks.

The Society for Psychophysiological Research brings together investigators in many basic and clinical research areas, with a focus on the use of non-invasive measures of central and autonomic nervous system activity in studies of psychological phenomena. The Society was celebrating its 50th anniversary, and the conference featured several retrospectives (including a humorous look at changes in technology from early pen-and-paper EEG systems and room-sized computers to today's sophisticated imaging tools and microcomputers) and a spirited discussion about the future of the Society and the field of psychophysiology.

For more information about the poster presented at the Society for Psychophysiological Research annual meeting, contact Monica Mann-Wrobel, PhD, at Monica.Mann-Wrobel@va.gov.

VISN 5 MIRECC Welcomes New Staff



Julia Surow, MA, is a new full time Research Assistant at the Perry Point VA Medical Center. Her primary responsibilities will be working on the Assessment of Recovery in Veterans with Serious Mental Illness (SMI) and a Randomized Trial of a Smoking Cessation Program for Persons with SMI studies. Julia will collect data, recruit and consent participants, and administer assessments for each study.

Julia has a Master's Degree from Boston College and has worked in both clinical and research settings with substance abuse and severe mental illness issues. Her work as a Research Assistant at Clinical Research Inc. Worldwide (CRI Worldwide) in Philadelphia, PA, and on a team at Rowan University in Glassboro, NJ, ignited an interest in work with substance abuse and severe mental illness issues.

Mary Brigid Walsh, MS, received her Master's degree in Clinical Psychology from Loyola University in Maryland. Her background includes educational and psychological testing in the Baltimore County Public Schools, as well as an undergraduate internship administering psychological tests at an inpatient psychiatric hospital. Mary Brigid also has prior work experience doing research for an endocrinology practice in Scranton, Pennsylvania. The research study she will be working on involves looking at the outcome of screening for metabolic side effects of second-generation antipsychotics in Veterans. She will be located at the Perry Point VA Medical Center.



Matthew Kendra, MA, joins the MIRECC as a Research Assistant at our Washington, DC VAMC site. He will be working on two studies: Assessment of Recovery in Veterans with Serious Mental Illness (SMI) and A Randomized Trial of a Smoking Cessation Program for Persons with SMI. Duties include collecting data, recruiting and consenting participants, administering assessments, and conducting manualized treatment interventions.



Mr. Kendra is currently a fourth-year doctoral student in clinical psychology at George Mason University. He is working on his dissertation on mental illness stigma, building off his prior research examining how stigma affects dimensions of the psychotherapy process and client well-being, and testing a classroom intervention designed to improve attitudes toward mental illness. Mr. Kendra completed externships at George Mason University Counseling and Psychological Services and at Primary Care Behavioral Health at the Washington DC VAMC. He is currently an extern in the Washington DC VAMC Health Improvement Program where he provides individual and group therapy to Veterans with co-morbid mental illness and medical disorders.

Upcoming Events

MONTHLY CONSULTATION SEMINAR

First Thursday of every month: November 4 and December 2, 2010

1:00 - 2:00 PM

MIRECC conference room, 6th floor, Suite 6A

or call 1-800-767-1750, code 79846

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

RECOVERY-ORIENTED SMALL GRANTS PROGRAM

Application Deadlines for 2010 & 2011: 1st of March, June, September, & December

Small Grant Amount: \$300-\$5000

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

Alicia Lucksted, PhD

MIRECC Recovery Coordinator

410-706-3244

Alicia.Lucksted@va.gov

VA SOCIAL SKILLS TRAINING FOR SERIOUS MENTAL ILLNESS

March/April 2011

Baltimore, MD

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

Matthew Wiley, MPH

VA Social Skills Training Program Coordinator

Matthew.Wiley@va.gov



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