UPDATING THE SCHIZOPHRENIA PATIENT OUTCOMES RESEARCH TEAM (PORT) TREATMENT RECOMMENDATIONS

Submitted by Julie Kreyenbuhl, PharmD, PhD

The VA is engaged in a major initiative to carry out the recommendations from the President’s New Freedom Commission on Mental Health. This includes developing and implementing evidence-based treatment guidelines for persons with mental illness and substance use disorders. The VA is dedicated to providing the highest quality, evidenced-based care to all veterans with serious mental illnesses in order to enhance their likelihood of recovery from their illness.

A number of investigators from the VISN 5 MIRECC have been involved in the development of the Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations, the first evidence-based treatment guidelines for schizophrenia, which were initially published in 1998 and then updated in 2003. Treatments for schizophrenia, including new medications and psychosocial treatments, continue to rapidly evolve. To keep pace with new research findings, treatment recommendations must be regularly updated to ensure that efforts to improve quality of care reflect current empirical knowledge.

Julie Kreyenbuhl, PharmD, PhD, recently received a grant from the National Institute of Mental Health to organize and direct a conference in November, 2008, to develop expert consensus on the evidence in order to update and expand the Schizophrenia PORT Treatment Recommendations. Updating the PORT recommendations involves reviewing research findings published since 2002 on the efficacy and effectiveness of treatments for schizophrenia. Key participants in this effort include faculty from the University of Maryland Department of Psychiatry and VISN 5 MIRECC. The PORT Psychopharmacology Evidence Review Group (ERG) is led by Dr. Robert Buchanan and the Psychosocial Intervention ERG is led by Dr. Lisa Dixon. The ERGs are guided by an Advisory Board of scientific experts and other stakeholders, who also participate as part of a larger Expert Panel. The Expert Panel provides ratings and comments on the draft recommendations and will convene at the 2008 conference to reach consensus on the interpretation of the evidence base and the final wording of the recommendations.

Following the conference, the final updated recommendations will be posted to a website for dissemination to the public. Further, to ensure that veterans with schizophrenia receive care consistent with the most up-to-date research findings, we will have strategy sessions on implementing the Schizophrenia PORT recommendations in the VA.
DOES DIABETES WORSEN COGNITIVE IMPAIRMENT IN SCHIZOPHRENIA?

Submitted by Dwight Dickinson, PhD

Rates of diabetes and other metabolic disorders among individuals with schizophrenia are alarming. The prevalence of diabetes in schizophrenia is currently 13% or more, 50% higher than the general population rate. Additionally, more than 40% of schizophrenia patients meet criteria for a metabolic or “insulin resistance” syndrome, which strongly predicts diabetes and cardiovascular disease. Evidence is accumulating that widely used second-generation antipsychotic medications worsen these problems. Thus, the stage is set for dramatic increases in the cost and complexity of providing medical care for patients with schizophrenia. This challenge will fall largely to public health care systems, including the VA.

In addition to the well known somatic consequences of diabetes (e.g., cardiovascular and kidney disease, stroke, blindness, amputation), cognition is impaired in diabetes. Furthermore, cognitive impairment in schizophrenia is well established and widely seen as a critical determinant of disability and poor role functioning. In a new four-year VA Merit study funded by the Clinical Science Research and Development Service, Dwight Dickinson, PhD, and colleagues will explore whether diabetes significantly exacerbates cognitive impairment in schizophrenia. The study will involve carefully designed neuropsychological, clinical, functional, and metabolic examinations of schizophrenia patients with diabetes, schizophrenia patients without diabetes, and participants with diabetes only. In addition to testing for differences in cognitive impairment, the project will explore the biological mechanisms through which this effect occurs. In particular, the study will test the idea that insulin resistance and inflammation are associated with the exacerbation of cognitive impairment in schizophrenia + diabetes patients relative to comparison groups.

WELCOME TO NEW MIRECC STAFF

Neil Sandson, MD, joins the MIRECC after serving as the Director of Education and Residency Training and the Director of the Psychopharmacology Consultation Service at the Sheppard Pratt Health System. His areas of expertise are psychopharmacology and drug-drug interactions. He has recently authored a book published by American Psychiatric Publishing, Inc. entitled the Drug-Drug Interaction Primer: A Compendium of Case Vignettes for the Practicing Clinician. He is also the senior editor of the “Med-Psych Drug-Drug Interactions Update” column for the journal Psychosomatics. He will be working in the Education Core of the MIRECC and is available for psychopharmacology consultations on challenging patients within the VAMHCS. To request a consultation, please email Dr. Sandson at Neil.Sandson@va.gov, or page him at 1-888-342-7967.

UPCOMING EVENTS

Family Support and Education Program
January 15, 2008
2:30 - 3:30 pm
Baltimore VA, 6th floor lobby

The Family Support and Education Program is a monthly program for family members of veterans with serious mental illnesses, including schizophrenia, bipolar disorder, and major depression. The program is designed to help families support veterans' treatment and recovery, as well as assist family members and other caregivers as they cope with the effects of mental illness on the family. Group meetings are held one day a month at the Baltimore VA Medical Center, and involve presentation of information and discussion, which is adapted to the needs of family members and veterans who attend.

To register for the workshop, or for further information, please contact Amy Drapalski, PhD by phone: (410) 605-7000 x4899; or email: amy.drapalski@va.gov.

---

Monthly SGA Consultation Seminar

First Thursday of every month:
January 3, 2008
February 7, 2008
1:00 - 2:00 PM
MIRECC conference room, BVA (6A-168)
or PPVA VTel conference room, Bldg 364
or call 800-767-1750, code 79846

There has been increasing concern, both within and outside of the VA, about the metabolic side effects of second generation antipsychotic medications (SGAs). VAMHCS clinicians are encouraged to bring their difficult or complicated SGA cases to this seminar for consultation and advice. Anyone can present a case or just ask questions in this informal setting, so please join us as we learn from the consultants and from each other. The consultants are Robert Buchanan, MD, from the MIRECC Psychopharmacology Clinic and Maryland Psychiatric Research Center, and Julie Kreyenbuhl, PhD, PharmD from the MIRECC.

---

Recovery-Oriented Small Grants Program

Application Deadline: March 1, 2008

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, at Alicia.Lucksted@va.gov, or 410-706-3244.
SAVE THE DATE for this conference!

The Recovery Model: Meeting the CHALLENGE of Homelessness Conference
March 31, 2008
Maritime Institute
Linthicum Maryland

More details to follow.

VISIT OUR WEBSITE AT
http://www.va.gov/VISN_5mirecc