

# MIRECC Messenger

## VISN 4 Stars and Stripes Network



### MIRECC Takes Up Pain Management Initiative

As many of our readers already are aware, the VA has initiated a comprehensive national strategy for pain management. The overall goal of the VHA National Pain Management Strategy is to prevent pain and suffering in persons receiving care in the veterans healthcare system. "Pain as the 5th Vital Sign Toolkits" were distributed to all VAs nationally in 2000, providing guidance to practitioners regarding barriers to pain assessment, the pain screening process, comprehensive pain assessment, and educational and resource information. The essential components of the VHA Pain as the 5th Vital Sign initiative include routine screening for the presence and intensity of pain using a 1-10 scale; documentation of present pain intensity; completion of a comprehensive pain assessment, as clinically indicated; and documentation of the comprehensive pain assessment, the plan for improved pain management, and a timeframe for reassessment.

Challenges to appropriate pain management exist at multiple levels: patient, system, and care provider. Different languages, expectations, and frames of reference may make it difficult for providers to understand patients' subjective pain experiences. The healthcare system may constitute a barrier by assigning pain care low priority, excessively regulating

controlled substances, failing to make pain specialists available or to provide adequate reimbursement for pain interventions, and emphasizing ineffective therapies. Care provider barriers include a lack of knowledge about options for adequate pain relief and fears of encouraging additional complaints or medication-seeking, or of triggering patient addiction. Fears related to addictions generally reflect a misunderstanding of opiates.

Given these gaps in providers' knowledge, the challenge of pain management is made all the more complex by patients who suffer from both pain and comorbid psychiatric or substance use disorders. To address this educational need, the MIRECC will offer a full-day conference on "Challenges in the Management of Chronic Pain: Patients with Psychiatric Comorbidity and Addictions" (see below).

#### References:

Geriatrics and Extended Care Strategic Health care Group, National Pain Management Coordinating Committee (2000). "Pain as the 5th Vital Sign Toolkit." Department of Veterans Affairs, Washington, D.C.

Quality Forum on Pain Management: Experts Advise VA (1999). *Veterans Health System Journal*, 4(3), 21-28.

#### Website Revamped

We have updated our website and relocated it to its new home, at [www.va.gov/visn4mirecc](http://www.va.gov/visn4mirecc). Visit this site for information on the MIRECC's research, education, and clinical efforts, staff listings, publications, contact information, upcoming events and registration forms, and links to comorbidity-related sites.

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### Upcoming Events

This fall and winter, we will be taking our suicide prevention workshop on the road, to present at sites throughout VISN 4. These "road shows" will include a didactic presentation by a psychiatric researcher/clinician, followed by discussion sessions. During these sessions participants will review cases to explore risk factors, assessment considerations, and possible avenues for intervention to prevent suicide. CE credits will be available for physicians, nurses, and psychologists.

As indicated above, the MIRECC's next major educational initiative will be on pain management. We will hold a full-day conference in Philadelphia on Friday, April 19th, 2002, on "Challenges in the Management of Chronic Pain: Patients with Psychiatric Comorbidity and Addictions." This conference will offer presentations by major figures in the field of pain management, and promises to be a valuable learning experience for clinicians from primary care, specialty medical settings, and

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## MIRECC Research: Diabetes Care in Serious Mental Illness

### Joel Streim, M.D. and Jeffrey Wittle, M.D.

The goal of this study is to use diabetes mellitus as a representative condition to evaluate the quality of medical care for patients with chronic and severe mental illness (i.e., chronic schizophrenia, bipolar disorder, and post-traumatic stress disorder) and a chronic comorbid medical disorder. It is widely recognized that mental illness can complicate the course and treatment of medical illness, but the chronic medical illnesses that occur among the seriously mentally ill (SMI) have rarely been studied. There is evidence that veterans with chronic and severe mental illnesses tend to utilize medical services less often. Current systems of referral, advocacy, and case management are not adequate to ensure that people with serious mental illnesses actually receive care. This study was designed to focus on diabetes as a target condition for the evaluation of the quality of medical care for the chronically and severely mentally ill. First, it will determine the prevalence of unrecognized diabetes. Next, it will evaluate the quality of care of patients with known disease by reference to the VHA practice guidelines for diabetes in patients with serious mental illness compared to others from general medical clinics. To estimate the prevalence of unrecognized diabetes, this study uses VISTA data to recruit and enroll a combined sample of SMI patients from the Philadelphia and Pittsburgh outpatient mental health clinics. The sampling is limited to those patients over the age of 40 in order to target efficiently those most likely to have undetected diabetes. A comparison sample of other patients is being recruited from both Philadelphia and Pittsburgh VA general medical clinics. In addition, patients with known diabetes from each group are being identified and compared with respect to whether or not elements of care recommended in the guidelines are being ordered and performed, and whether appropriate treatments are being prescribed and dispensed. Finally, the study assesses patients' knowledge of diabetes and factors affecting adherence to VHA guidelines for diabetes care. Although the target condition in this study is diabetes, the findings from this study will have implications for other medical issues in the care of patients with severe mental illnesses.

To date, more than 1000 veterans with serious mental illness have been invited to participate in the initial project to screen for undetected diabetes. As of October 1, 2001, 138 patients volunteered and were screened, and six cases of previously undiagnosed diabetes were detected. This represents 4.35% of those screened. Of note, this is above and beyond the 13% rate of diagnosed diabetes in Philadelphia VA patients with serious mental illness. These rates are substantially higher than those found in the general U.S. population, where 5.1% are diagnosed with diabetes and another 2.7% remain undetected. These findings demonstrate that veterans with serious mental illness not only have higher rates of diabetes as a comorbid condition, but their diabetes is more likely to go undetected. Based on these findings, our MIRECC investigators plan to develop interventions to improve detection of diabetes in this vulnerable group of veterans.

Over the past six months, the investigators also have developed a program that utilizes VA electronic databases to compare adherence to VHA clinical practice guidelines in known diabetics with and without serious mental illness. This will enable the researchers to identify specific target areas for improving the quality of medical care given to veterans with serious mental illness who also have diabetes.

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## Educational Offerings

On October 3rd in Philadelphia and October 16th in Pittsburgh, the MIRECC put on a full-day conference entitled, "**Treatment of Substance Use and Dual Disorders: Current Advances.**" A plenary session on "Substance Abuse as a Chronic Medical Illness" was provided in Philadelphia by Charles O'Brien, MD, Ph.D., and by Laura McNicholas, MD, Ph.D. in Pittsburgh. A second plenary session, on "Treatment of Dual Disorders," was given by George Woody, MD in Philadelphia and Dennis Daley, Ph.D. in Pittsburgh. Numerous concurrent sessions were offered, on topics such as "PTSD and Substance Use Disorders," "Pharmacotherapy of Addictions," "Psychosocial Treatments of Substance Use and Dual Disorders," "Family Issues in Substance Use and Dual Disorders," and "Mood Disorders and Substance Use Disorders." The concurrent sessions provided opportunities for participants to exchange

ideas and obtain specific information regarding prevalence, historical approaches to treatment, assessment, treatment, and outcomes assessment.

A new video entitled, "**Chronic Pain Coping,**" has been developed by Jeffrey A. West, Ph.D., at the New Orleans VA Medical Center, with support from a South Central MIRECC Clinical Education Grant. The video presents an overview of treatment for coping with chronic pain in a group format, and includes patient testimonials about the benefits of the program. At the New Orleans VAMC, the video is played regularly on hospital TV monitors in waiting areas and has resulted in an increased number of appropriate referrals and enhanced patient and staff awareness of the program. Please contact Katy Ruckdeschel at 215-823-5957 if you would like to borrow the video.



## VA Special Fellowship in Advanced Psychiatry and Psychology

The primary goal of the VA Special Fellowship Program in Advanced Psychiatry and Psychology is to develop outstanding academic and/or healthcare system researchers who will work within the VA system to effectively translate their research findings into clinical practice and educational activities. This goal will be achieved by providing Fellows with state-of-the-art training in mental health research, cutting-edge educational experiences, and advanced clinical training.

Fellows will establish individual research, educational and clinical plans in collaboration with their mentors at the beginning of the Fellowship program. The research component of the Fellowship comprises 75% of the Fellowship training. Educational experiences and

clinical training comprise the remaining 25%.

Fellows will attend a monthly V-Tel seminar, hosted by the Fellowship Hub Site (Palo Alto). Supplemental information on the V-Tel and other key topics will be provided on-line as videos or Powerpoint presentations. The following key content areas and topics will be included in the seminar series and the didactic on-line component of the Fellowship program:

Research Administration (e.g., legal and ethical issues in mental health, IRB roles and responsibilities, grantsmanship, funding and resources), Research Methods (e.g., measuring inter-rater reliability, clinical

versus statistical significance, meta analysis), Health Informatics (e.g., mental health databases), Clinical Issues (e.g., mental health epidemiology, health services research, principles of comorbidity, intervention research, diversity issues), Educational Issues (e.g., translational research), and Science (e.g., genetics, neuroimaging).

We have been fortunate to recruit Patricia M. Furlan, Ph.D. as our Psychology Fellow. Dr. Furlan received her master's and doctoral degrees from the University of Pennsylvania. Her research will focus on cognitive-behavioral therapy approaches for patients with Parkinson's Disease.

## Spotlight on a MIRECC Investigator: Steven Forman, M.D.

Although he currently serves as Medical Director of the Center for Treatment of Addictive Disorders and Medical Director of the Opiate Substitution Treatment Clinic in the VA Pittsburgh Healthcare System, and as Assistant Professor of Psychiatry at the University of Pittsburgh School of Medicine, Steve Forman did not set out to be a psychiatrist. After graduating with a BS from MIT, he intended to train in internal medicine and bioengineering at the Mount Sinai School of Medicine. However, along the way, his interest was piqued by two cases that demonstrated the power of psychotropic medications to rapidly and significantly change thinking and mood and to dramatically alleviate patient distress. Dr. Forman decided he wanted to find out what made such changes happen.

Dr. Forman had his first experience in conducting psychiatric research during his residency at Western Psychiatric Institute and Clinic at the University of Pittsburgh. With Dr. Daniel van Kammen and others, he studied the effects of psychotropic medications on the stress response in schizophrenia. They demonstrated that the level of corticotrophin releasing factor, the main hormone controlling stress response in the brain, was decreased with haloperidol, an antipsychotic. His research focus shifted somewhat after completing his residency when, with partial support from a NARSAD Young Investigator Award, Dr. Forman pursued a cognitive neuro-

science research fellowship with Dr. Jonathan Cohen at the University of Pittsburgh. Together they completed work in neural network modeling, neuroimaging using PET, and fMRI.

Dr. Forman's career with the VA began in 1994, following his fellowship, when he became Medical Director at the Center for Treatment of Addictive Disorders. Dr. Forman entered this position with a mildly negative attitude toward opiate substitution that was common among his colleagues. However, partially as a result of a 1995 VA conference on opiate agonist treatment (OAT) and partly from his own clinical experiences, Dr. Forman began to acknowledge the substantial enhancements in quality of life achieved by opiate-addicted patients as a result of OAT. He also recognized that his patients' clinical improvements were accompanied by behavioral improvements, leading him to hypothesize that the brain function of impulsivity underlies these behavioral improvements. Dr. Forman obtained a grant from NIDA entitled "Neurobiology of Cognitive Gains with Opiate Maintenance" to test this hypothesis using both objective measures and fMRI scanning.

Results obtained so far from this study indicate that there are measurable differences in impulsivity between opiate-addicted individuals and controls at baseline. Data collection is ongoing, and over the next year Dr.



Dr. Steven Forman

Forman plans to analyze the fMRI data and data on performance over time-on-treatment. Positive results would contribute to ongoing efforts to destigmatize opiate-agonist treatment. Negative results would indicate that behavioral improvements due to OAT are unrelated to impulsivity and direct research towards other brain functions.

On the horizon, Dr. Forman is planning an expansion of his current research to include the effects of newer OAT agents, such as buprenorphine. He also is working to organize a multi-site collaboration between neuroimaging investigators at the Pittsburgh and Philadelphia VA Medical Centers, on a study combining impulsivity measures with craving measures (with which the Philadelphia researchers have great expertise).

As Associate Director for Clinical Care in  
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Philadelphia VAMC/116A  
University & Woodland Avenues  
Philadelphia, PA 19104  
Phone: 215-823-5957  
Fax: 215-823-4123  
www.MIRECC.org

**Focus on Comorbidity**

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**Upcoming Events**

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behavioral health. A focus of the conference will be on the integration of care across these different services. For registration information, look on the MIRECC website, watch your email for announcements, or talk with your site's Education Coordinator.

**Spotlight on a MIRECC Investigator**

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our MIRECC, Dr. Forman has fostered the development of clinician-researchers at VA sites across the VISN. He worked with other MIRECC faculty to develop the Clinical and Educational Demonstration Project Small Grants Program. Initiated in 2000, this program funded ten investigators, whom MIRECC faculty support through monthly teleconferences and individual mentoring.

Actively involved in the world of youth soccer as Commissioner for his local 8-and-under club and as coach for both of his young daughters, Dr. Forman still finds time for tennis, sailing, and skating. This, despite what he terms "a small mishap involving a fall" while skating earlier this year that led to the speediest recovery from brain surgery ever recorded. Not surprising, considering his exceptional achievements in other areas, as well.

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**Save the date:**

Challenges in the  
Management of Chronic  
Pain: Patients with  
Psychiatric Comorbidity  
and Addictions

April 19, 2002  
Philadelphia

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