MIRECC
Mental Illness Research, Education and Clinical Centers

VISN 4 Stars and Stripes Network

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Save the Dates!

Detoxification: Treatment Protocols and Strategies to Engage Addicted Patients in Ongoing Care

April 15, 2003
Pittsburgh

Contact Sara Salmon-Cox for registration information (sara.salmon-cox@med.va.gov)

Treating the Aging Veteran: Practical Approaches to Integrating Medical and Psychiatric Care

May 29, 2003
Philadelphia

Contact Katy Ruckdeschel for registration information (ruckdesc@mail.med.upenn.edu)

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MIRECC Messenger

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Congratulations!

MIRECC Co-Associate Director for Clinical Care, **Joel Streim, M.D.**, has begun his term as the new President of the American Association for Geriatric Psychiatry (AAGP).

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Buprenorphine Offers Office-Based Detoxification and Maintenance Treatment for Opioid-Dependent Patients

Buprenorphine is a partial opioid agonist that was approved by the FDA for the treatment of opioid dependence. It possesses a number of clinically desirable properties, including safety if ingested in overdose quantities, long duration of action, and low abuse potential relative to full agonists such as methadone or heroin. Although Buprenorphine is 20-50 times more potent than morphine, it exhibits a "ceiling effect" such that its effects level off despite increasing dose, and so the risk of death from overdose is much reduced compared to other opioids. Buprenorphine binds tightly to opioid receptors and dissociates very slowly from them, thereby blocking the effect of subsequently administered opioid agonists (e.g., heroin, morphine, methadone) and providing a disincentive to continued opioid abuse.

Outcome studies have revealed that Buprenorphine treatment reduces opioid use, retains patients in treatment, and has few side effects. Buprenorphine has been available in France for office-based treatment of opioid addiction since 1996. It is the first agent available in the U.S. for office-based treatment of opioid dependence under the Drug Abuse Treatment Act of 2000 (DATA 2000). The main objective of this law was to expand access to treatment for opioid dependence by incorporating the management of opioid dependence into mainstream primary care. This law requires that Clinical Practice Guidelines be developed to guide physician practice, and that physicians who will be prescribing Buprenorphine be educated and registered. The National Formulary Committee currently is working on developing guidelines, which then will be reviewed by the Formulary Committees of each VISN. According to DATA 2000, physicians must hold special certification in addiction treatment (see DATA 2000 for full criteria) or have completed at least 8 hours of authorized training on the treatment or management of opioid-dependent patients.

The MIRECC will co-sponsor, along with the Center for Substance Abuse Treatment (CSAT) and in collaboration with VISN 5, the necessary training this June. Laura McNicholas, M.D., Ph.D., will be the Course Director of this one-day training, targeted to physicians who wish to prescribe Buprenorphine from their offices. Watch your email for further information and registration materials.

Upcoming Events

The VISN 4 MIRECC is pleased to be a part of the National MIRECC Education Group's Biannual Conference, to be held in Portland, Oregon from May 4 –6, 2003. The conference, entitled, "Bringing Evidence-Based Mental Health Treatment to Veterans in the Community," will bring together speakers from across the country, including representatives from the National Alliance for the Mentally Ill (NAMI) and area Vet Centers. The conference will be organized into three tracks: Best Clinical Practices; Families and Caregivers in Community-Based Care; and Telemedicine and Technology. Speakers from our VISN will include MIRECC Director Ira Katz, M.D., Ph.D., Bruce Kinosian, M.D., Director of the MIRECC's CRE Team on Medical Care of Patients with Serious Mental Illness, Steven Sayers, Ph.D., MIRECC Sr. Research Coordinator, and Thomas Bartsch, Ph.D. Registration information will be emailed shortly.

See back page for spring conference information.

Health Services Research: Reducing the Burden of Bipolar Disorder among Veterans

Amy Kilbourne, Ph.D., MPH

Dr. Amy Kilbourne is Assistant Professor of Medicine and Psychiatry at the University of Pittsburgh and a Core Faculty member within the VA Pittsburgh Center for Health Equity Research and Promotion, a VA Health Services Research and Development Program Center of Excellence. Building in part upon her MIRECC-funded study on "Racial Differences in Depression Management Among Veterans," Dr. Kilbourne recently submitted a proposal for funding through the VA's HSR&D Merit Review Entry Program (MREP). Her MREP proposal comprises a series of projects that seek to elucidate the system, provider, and patient-level factors associated with improved processes and outcomes of care for nonwhite veterans with bipolar disorder. The research program addresses two current gaps in the VA Health Services Research portfolio: 1) the dearth of research on the quality of care of patients with bipolar disorder; and 2) the need to improve the quality and reduce disparities in care for nonwhite veterans with serious mental illness in general and for those with bipolar disorder in particular.

The objectives of the research proposed in conjunction with this MREP are to: 1) describe the processes of care (e.g., pharmacotherapy and outpatient utilization) and key outcomes (e.g., inpatient utilization and mortality) for bipolar disorder and their determinants; and 2) determine whether processes and outcomes of care for bipolar disorder differ between white and nonwhite veterans. Dr. Kilbourne will conduct a retrospective analysis of data collected from the VA National Patient Care Database (NPCD) on all VA patients with a diagnosis of bipolar disorder. Data from the NPCD including outpatient and inpatient use, demographics, and clinical information will be linked to pharmacy data collected from the VA National Pharmacy Benefits Management database (v.4.0). For the primary analyses, key independent variables will include race (African-American, Latino, Caucasian, Other) and coexisting substance use or other mental disorder. Multivariate analyses accounting for patient and facility-level characteristics will be used to determine the association between race and key covariates on guideline-concordant care for bipolar disorder, which is defined as: 1) receipt of a mood stabilizer or anticonvulsant compared to an antidepressant alone, receipt of a neuroleptic alone, or no medication; 2) adequate management of pharmacotherapy (e.g., continuation of mood stabilizer and therapeutic monitoring); and 3) number and type of outpatient psychiatric visits, including visits for Mental Health Intensive Case Management. We also will determine whether race is independently associated with hospitalizations and mortality based on VA death records. Findings from this research program will inform the implementation of effective treatment models to improve care for veterans with bipolar disorder.

As a next step, Dr. Kilbourne plans to study the care of veterans with bipolar disorder by examining the patient factors (e.g., older age and minority status) associated with the process, outcomes, and costs of care for bipolar disorder. She also intends to derive readily available process of care indicators that can be customized and translated into routine practice. Findings from this study will help to determine which subpopulations (e.g., nonwhites, older veterans) are especially vulnerable to inadequate care for bipolar disorder in order to customize treatment strategies for these groups.

Educational Offerings

The National MIRECC Education Group has convened a committee to develop a national website, to serve the eight MIRECCs nationwide. Led by Louise Mahoney, M.S., from VISN 22, the group is creating a site that will offer information regarding MIRECC educational activities across the country. Educational products, such as patient education manuals and videos, and manuals, videos, and CD-roms for clinicians, will be available for downloading. Resource lists also will be provided for researchers, educators, and clinicians. The site will provide links to websites hosted by the individual MIRECCs (remember, VISN 4's web address is www.va.gov/visn4mirecc), and to resources for veterans. It will provide extensive information on the MIRECC Fellowship program. Finally, the site will pose and answer frequently asked questions related to mental health. We hope to see the site active by the middle of April—a web address will be provided when it becomes available.

In addition to marking the beginning of Dr. Joel Streim's term as President, the American Association for Geriatric Psychiatry's (AAGP) annual conference, held March 1-4, 2003 in Hawaii, highlighted the work of several VISN 4 MIRECC faculty. Patricia Furlan, Ph.D., Ira Katz, M.D., Ph.D. (a former President of AAGP), David Oslin, M.D., and Katy Ruckdeschel, Ph.D., represented the MIRECC, presenting paper sessions and posters.

MIRECCs To Be Evaluated

As the first set of three MIRECCs, launched in 1998, reach their 5th year, VA Central Office personnel are interested in learning about the progress and success of the MIRECC program. Following the development, through extensive committee work, of assessment guidelines, each of the eight MIRECCs will be evaluated over the next three years. The first evaluation will take place at the conclusion of the National MIRECC Conference in May (see Upcoming Events). VISNs 1, 20, and 22 will be the focus this year, followed by VISNs 3, 16, and 21 in 2004, and, finally, by VISNs 4 and 5 in 2005. The process should strengthen the overall MIRECC program by identifying areas that need continuing development, as well as new ways in which the MIRECCs may contribute to the VA's overarching goal of improving care for veterans.

Prior to the official evaluation several of the MIRECCs will elect to conduct an internal "mock" evaluation in order to uncover problem areas that may be addressed in advance of the Central Office visit. The VISN 4 MIRECC plans to conduct its own "mock" evaluation in the spring of 2004.

"The [evaluation] process should strengthen the overall MIRECC program by identifying areas that need continuing development."

Spotlight on a MIRECC Investigator: Ihsan Salloum, M.D., MPH

Dr. Ihsan Salloum has a long-standing interest in improving treatment for patients with comorbid alcohol and mood disorders. After receiving his MD from the University of Bologna, Dr. Salloum completed an internship and residency at the University of Health Sciences at the Chicago Medical School. He came to the University of Pittsburgh Graduate School of Public Health in 1988 to complete an NIAAA fellowship under the direction of Nancy Day, Ph.D., and to begin a course of study for his Master's in Public Health. Currently an Associate Professor of Psychiatry at the University of Pittsburgh School of Medicine and Western Psychiatric Institute and Clinic (WPIC), Dr. Salloum also serves as Director of Research and Training for Addiction Medicine Services and has served as the Medical Director for the Center for Psychiatric and Chemical Dependency Services and for Drug and Alcohol Services.

Through his early clinical experiences, Dr. Salloum became aware of the lack of effective interventions for the common comorbid conditions of alcohol and mood disorders. Seeking to redress this gap in available treatments, he set out to develop and study potential interventions through a program of research on comorbid mood and substance use disorders.

Grants from NIAAA ("Efficacy of Valproate Maintenance in Bipolar Alcoholics," "Combined Pharmacotherapy in Depressed Alcoholics") and industry (e.g., "Valproate Utility in Patients with Comorbid Bipolar Disorder and Cocaine Dependence") have allowed Dr. Salloum to pursue a line of inquiry that is helping to improve clinical care for patients with these challenging comorbid disorders.

With MIRECC support, Dr. Salloum established a specialized VA clinic in Pittsburgh to focus on the treatment of bipolar disorder—the VA MIRECC Bipolar Disorder Research Clinic. Currently, three investigators and five studies are based in this clinic. One of the projects housed in this service is a new MIRECC study evaluating combined treatment for bipolar patients who abuse alcohol. This project is a follow-up to Dr. Salloum's MIRECC-funded pilot project, "Valproate vs. Valproate + Naltrexone Utility in Comorbid Bipolar Disorder and Alcoholism." Results of this pilot study suggested a trend towards better outcome for the combined naltrexone + valproate group, not only on alcohol-related variables, but also on depressive and manic symptoms, sleep disturbances, and functioning. Further, the combination medication was well tolerated by all subjects.

Dr. Salloum also developed an intervention, "Early Recovery Counseling for Concurrent Bipolar Disorder and Addiction," that focuses on enhancing patients' compliance with medication and adherence to treatment. The Bipolar Clinic held a half-day workshop on this intervention to introduce it to VA professionals in Pittsburgh.

Dr. Ihsan Salloum

Dr. Salloum contributes to the field not only through his prolific research but also through his service. He has served as a reviewer for no fewer than ten academic journals and as a member of numerous advisory boards, including the American Psychiatric Association's DSM-IV Cultural Issues Advisory Committee. We look forward to following Dr. Salloum's progress in all of these areas.